

Respondent



20

Christopher Sandles



11:46

Time to complete



1. Please provide your name, position title, and contact information. *

Christopher Sandles, Medical Center Director , 210-617-5140

2. Is this submission an idea for a Promising Practice or existing Promising Practice? *

☐ Idea for a Promising Practice

☒ Existing Promising Practice

3. What is the name of your Promising Practice? *

Vaccine Hesitancy- Telephone Town Hall

4. What type of Veterans does this practice serve? *

☐ Rural

☐ Urban

☒ Both

5. How does this practice promote vaccine acceptance? *

Allows potentially like-minded veterans to be heard and educated collectively, but a multidisciplinary group of professionals at their VA medical center. Takes national messaging and makes it more personal.

6. What are the specific steps you took, or would take, to implement your practice and the timeline/timeframe for each? *

We used a company called Broadband to conduct these calls, which are not new for us, only using them for vaccination outreach. STVHCS has 65k unvaccinated veterans and plan to call 10k of them a week until we've called them all. The calls include live polling questions, and the opportunity to take live Q&A on the line with the entire audience. The polling questions and responses are recorded and at the conclusion of the call the vendor provides the responses which include the phone numbers. We use the responses to target callbacks and schedule those who indicated they would now like to be vaccinated as a result of our group conversation. The list for patients to call came directly from the VSSC report for vaccination status so no overly burdensome data mining was needed to target the population. From concept to implementation took 1 week.

7. What departments are involved in implementing your practice? *

Pharmacy, MAS, Infectious Disease, Nursing, Public Affairs

8. What are the costs associated with your practice? *

\$2,000-\$3,000

9. What primary metric data is tracked and collected to determine your practice's success? *

number of veterans reached, and number of daily vaccinations. We've only had one call so far, and will continue to hold one per week for the next 5 weeks. We'll have vaccination data to indicate whether there was an impact on vaccination. However, whether they increase or not, the healthcare system will have the moral victory of knowing we tried to connect with every veteran we care for.

10. What are the potential risks or barriers of implementing your practice and the proposed mitigations? *

No risks, other than having veterans spread conspiracy theories on the line. We can re-educate while not allowing them to dominate the call.