Vaccine Provider Models for COVID-19 Vaccination Efforts in Minnesota Long-term Care Facilities

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The Minnesota Department of Health (MDH), long-term care (LTC) associations, and existing LTC vaccine providers have partnered to establish a framework consisting of five models aimed to identify the options of ensuring access to vaccinations for LTC providers.

This document outlines five models aimed to deliver vaccine in LTC settings. Each model has a set of core programming functions outlining roles and responsibilities for the primary vaccine provider (e.g., pharmacies, health system-affiliated hospitals/clinics, or LTC facilities) and the supporting partner (e.g., LTC facility). A LTC facility may be a primary or supporting partner, depending on the model. For the purpose of this document, the primary vaccine provider must be registered as an MDH COVID-19 vaccine provider and will take the lead in vaccination efforts in LTC facilities, whereas, the supporting partner does not need to be a registered MDH COVID-19 vaccine provider and will serve in a support role for the primary vaccine provider.

Each model consists of five core functions (reference Vaccinator resources section below for additional information): vaccine inventory management, logistics planning, vaccine transport, vaccine administration, and vaccine reporting.

Planning assumptions:

- Attempts should be made to vaccinate new staff and residents before they enter the LTC setting. Vaccination settings include pharmacies, clinics, local public health sites, and community vaccination sites.
- Vaccine can only be shipped to and stored by COVID-19 vaccine providers registered with the State of Minnesota.
- Currently, Moderna vaccine is the primary vaccine available, and it comes in minimum shipments of 100 doses. Johnson & Johnson vaccine may be available in the future and comes in a minimum shipment of 100 doses. Pfizer 450-dose packs are no longer available and are currently available in 1170-dose packs. Smaller amounts of Pfizer may be available for delivery in the fall of 2021.
- Vaccine can be redistributed by the primary vaccine provider in smaller quantities following the COVID-19 Vaccine: Redistribution and Off-site Vaccination Guide (PDF) on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html).
- Providers must have a redistribution agreement signed in order to redistribute vaccine.

Purpose: For LTC providers to identify which vaccination model is most appropriate based on their current capacities and capabilities as an organization.

For any questions regarding this document, please email the MDH LTC Battle Plan team: Health.SEOCLTC@state.mn.us.
Model 1: Full service on-site vaccination at LTC facilities

**Scope:** Primary vaccine provider (e.g., pharmacy, health system, etc.) manages all core functions of the model to coordinate on-site clinics at LTC facilities. Continue ongoing vaccination services with your LTC facility partners to ensure LTC staff and residents have access to vaccine. The supporting partner will fall under the direction of the primary vaccine provider. Primary vaccine provider must be fully registered with the state: [COVID-19 Vaccine Provider Registration](www.health.state.mn.us/diseases/coronavirus/vaccine/vaxreg.html).

**Vaccine inventory management:** Requesting, receiving, and storing COVID-19 vaccines. If applicable, redistribution of vaccine may be warranted.

**Logistics planning:** Schedule clinics at LTC facilities based on minimum doses in a vial to avoid wasting vaccine. The development of a waitlist is recommended. Leveraging consultant pharmacists as the vaccinator during monthly visits to facilities may also be a sustainable strategy.

**Vaccine transport:** Transport vaccine and ancillary supplies to on-site LTC facility clinics.

**Vaccine administration:** Administer vaccine according to immunization best practice guidance.

**Vaccine reporting to the Minnesota Immunization Information Connection (MIIC):** Enter doses administered into MIIC within 24 hours of administration.

Model 2: Full service off-site vaccination

**Scope:** Primary vaccine provider (e.g., pharmacy, health system, etc.) manages all core functions of the model to coordinate regularly scheduled off-site clinics convened at their pharmacies, clinics, or community sites. The supporting partner will fall under the direction of the primary vaccine provider. Primary vaccine provider must fully register with the state: [COVID-19 Vaccine Provider Registration](www.health.state.mn.us/diseases/coronavirus/vaccine/vaxreg.html).

**Vaccine inventory management:** Requesting, receiving, and storing COVID-19 vaccines. If applicable, redistribution of vaccine may be warranted.

**Logistics planning:** Invite staff and residents to schedule appointments at your pharmacy, clinic, or a community site for vaccinations. Consider planning monthly clinics to meet on-going first and second dose needs. The development of a waitlist is recommended to avoid wasting doses.

**Vaccine transport:** May need to transport vaccine and ancillary supplies to the clinic location if being stored at another location within your organization (e.g., pharmacies, clinics, etc.).

**Vaccine administration:** Administer vaccine according to immunization best practice guidance.

**Vaccine reporting to MIIC:** Enter doses administered into MIIC within 24 hours of administration.

Model 3: Hybrid of on-site and off-site vaccination

**Scope:** Primary vaccine provider (e.g., pharmacy, health systems, etc.) manages all core functions of Model 1 and 2 as described above to coordinate on-site vaccination clinics at the LTC facilities and/or offer regularly scheduled off-site clinics convened at their pharmacies, clinics, or community sites. The supporting partner will fall under the direction of the primary vaccine provider. Primary vaccine provider must be fully registered with the state: [COVID-19 Vaccine Provider Registration](www.health.state.mn.us/diseases/coronavirus/vaccine/vaxreg.html).
Model 4: Partial service on-site vaccination at LTC facilities

Scope: Primary vaccine provider (e.g., pharmacy, health systems, etc.) manages vaccine inventory and transport to LTC facilities where the supporting partner (LTC facility nursing staff) administer the vaccine. The primary vaccine provider is responsible for reporting doses administered to MIIC. Both the primary vaccine provider and supporting partner must be fully registered with the state: COVID-19 Vaccine Provider Registration (www.health.state.mn.us/diseases/coronavirus/vaccine/vaxreg.html). Primary vaccine provider must have a redistribution agreement with the state and document each time the vaccine is transferred to the LTC.

Primary vaccine provider responsibilities:

- **Vaccine inventory management:** Requesting, receiving, and storing COVID-19 vaccines. If applicable, redistribution of vaccine may be warranted.
- **Vaccine transport:** Arranging transport of the vaccine and ancillary supplies to the LTC facilities for on-site vaccination. Unopened vials should not be stored at the LTC facility following the clinic and need to be transported back to the primary vaccine provider.
- **Vaccine reporting to MIIC:** Enter doses administered into MIIC within 24 hours of administration.

Supporting partner responsibilities:

- **Logistics planning:** Schedule clinics at LTC facilities based on minimum doses in a vial to avoid wasting vaccine and communicate vaccine needs to the primary vaccine provider. The development of a waitlist is recommended.
- **Vaccine transport:** If arranged by the primary vaccine provider, the supporting partner may pick up the vaccine and return unopen vials following the LTC facility clinic.
- **Vaccine administration:** Administer vaccine according to immunization best practice guidance.

Model 5: LTC facility staff-led on-site vaccination

Scope: Primary vaccine provider (LTC facility) manages all core functions of the model to coordinate scheduled on-site clinics at their facilities. LTC facilities choosing this model should have a minimum of 75 new resident admits annually across primary and affiliate sites, have access to affiliated sites, and serve as a vaccine provider for other LTC facility residents/staff in their communities. LTC facility must be fully registered with the state: COVID-19 Vaccine Provider Registration (www.health.state.mn.us/diseases/coronavirus/vaccine/vaxreg.html).

Note: It is imperative that any agency seeking to partner under model 5 review the guidance on becoming a registered COVID-19 vaccine provider. There are numerous key aspects to take into consideration/requirements, including but not limited to: storage of vaccines, adhering to a site visit, and have plans in place to fully utilize all vaccine allocated.

Vaccine inventory management: Requesting, receiving, and storing COVID-19 vaccines at designated hub LTC facility locations as it is not feasible for the State of Minnesota to enroll all LTC facilities within an organization as MDH COVID-19 vaccine providers. If applicable, redistribution of vaccine may be warranted. Please review all key aspects of storage and handling specifics to ensure you have the capacity and capability to do so.

Logistics planning: Schedule clinics at LTC facilities based on minimum doses in a vial to avoid wasting vaccine. The development of a waitlist is recommended.
Vaccine transport: Transport vaccine and ancillary supplies between LTC facility locations as needed.

Vaccine administration: Administer vaccine according to immunization best practice guidance.

Vaccine reporting to MIIC: Enter doses administered into MIIC within 24 hours of administration.

For more information about becoming a COVID-19 vaccine provider, please complete the pre-registration form: COVID-19 Vaccination Pre-registration Survey (https://redcap.health.state.mn.us/redcap/surveys/?s=AW3ENNY4YM).

Vaccinator resources

Below is a list of resources for both primary and secondary vaccine providers to review.

- **Registration**: COVID-19 Vaccine Provider Registration (www.health.state.mn.us/diseases/coronavirus/vaccine/vaxreg.html)
- **Logistics planning**: Appendix D: Vaccination at Satellite, Temporary, or Off-site Locations (PDF) on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)
- **Transportation**: Transporting COVID-19 Vaccines (PDF) on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)
- **Vaccine administration**: See Interim COVID-19 Vaccine Provider Guide (PDF) and appendices on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)
- **MIIC**:
  - Participating in MIIC (www.health.state.mn.us/people/immunize/miic/participate/index.html)
  - Appendix E: MIIC Data Quality and Provider Outreach (PDF) on COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)
- **Long-term Care COVID-19 Vaccine Resources** (www.health.state.mn.us/diseases/coronavirus/hcp/ltcvaxres.pdf)
- **Find Vaccine Locations** (https://mn.gov/covid19/vaccine/find-vaccine/locations/index.jsp)