

Partnering with primary care for local COVID-19 vaccine rollout in Ontario

A practical guide

Key messages

1. Public health leadership is committed to strong primary care partnerships in all phases and in all regions. These relationships are key enablers of an effective, efficient, and equitable rollout.
2. To ensure successful partnership with primary care, 1) invite primary care professionals and teams in planning and co-design, 2) involve them in feedback and rollout, and 3) inform them of local opportunities, uncertainties, and changes.
3. The enclosed partnership checklist can inform and validate existing strategies from health leaders involved in local COVID-19 vaccine planning in engaging primary care.

Background

Local COVID-19 vaccine campaigns face many barriers: vaccine confidence, distributed administration, and disparities across communities. Between childhood vaccines and annual flu shots, primary care delivers the majority of vaccines in Ontario. For a successful rollout that is effective, efficient, and equitable, public health leadership will need to be supported by strong primary care partnerships in all phases and in all regions.

This document is meant to support **public health units, hospitals, Ontario Health Teams, and other groups involved in local COVID-19 vaccine planning** in engaging family doctors, general practitioners, nurse practitioners, and primary care teams who provide clinic-based episodic or comprehensive generalist care. Beyond this guide, we emphasize the need to engage pharmacists, nurses, paramedics, and other community-based professionals in COVID-19 vaccine efforts. **A “Team Ontario” approach is key to our shared vision of a post-pandemic Ontario.**

How is primary care organized in each community?

In many communities, primary care is already organized and works together with hospitals and public health to care for their community. However, each region will need to tailor its engagement plans to capture local formal and informal networks, and can start by involving

existing leaders. We share several practical steps later in this document. These networks include the following:

- Ontario Health Teams, Ontario Health regions
- Primary Care Networks, Physician Networks
- Hospitals (e.g. through the Chief of the Department of Family Medicine)
- University academic departments
- Local medical societies (e.g. Ontario Medical Association districts or branch societies)
- Family Health Teams and Community Health Centres
- Other practice models and groups of primary care clinicians (e.g. FHO/FHG/FHN/FFS)
- Aboriginal Health Access Centres (AHACs) and/or Indigenous-Led Primary Health Care Teams (see resources below for a tailored resource from the Indigenous Primary Health Care Council in engaging Indigenous communities)
- Nurse Practitioner-Led Clinics
- Primary care focused practice clinicians or groups who provide end of life care, care for older adults, people living with substance use, or other populations
- Local communities of practice for continuing professional development

The people of Ontario need us to implement vaccine administration quickly, with a focus on health equity, across all communities. This will require:

People. Throughout Ontario, over 20,000 primary care professionals and teams are ready to support vaccine distribution in rapid efforts, mobile teams, and mass vaccination hubs. Primary care holds trusted relationships with their communities, and can help health leaders reach those underserved by the health system.

Vaccine confidence. A key behavioural driver of vaccine uptake is social influence, often a person's trusted health professional (World Health Organization, 2020). While supply increases, primary care professionals can promote vaccine confidence in their practices.

Data. Data can map disparities in immunization rates and proactively inform local planning. Health officials are also continually gathering data on the safety and effectiveness of the vaccines as they are used to immunize more people across Ontario.

Partnerships. Primary care is the community health bridge from public health leadership. In its [lessons learned from Israel's vaccine plan](#), Ontario's COVID-19 Science Table identified strong ties to community-based clinicians, infrastructure, and resources as a key opportunity for vaccine rollout. **Developing these bonds amidst COVID-19 vaccine rollout will lead to strong relationships for decades to come, and ultimately healthier communities across Ontario.**

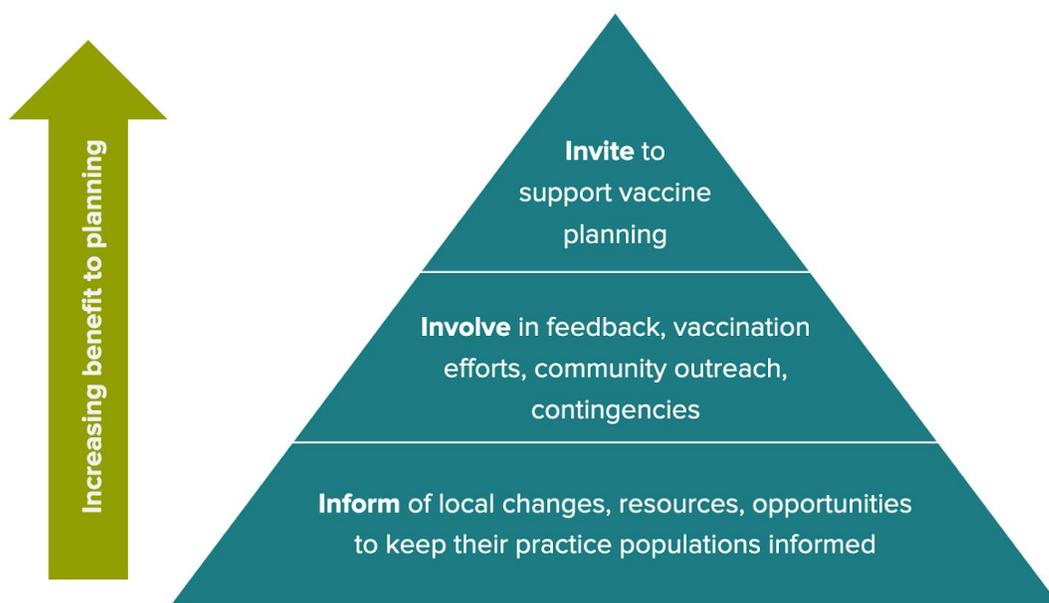
2. Principles of primary care partnership

At each step of COVID-19 vaccine planning, there is a continuum of engagement by which primary care professionals will support your region's rollout. Meaningful engagement starts early, and continues until everyone eligible and willing in your region has been vaccinated.

Invite. Invite primary care professionals and teams to support your leadership. Early on, it may involve supporting you in planning and working groups. It may also involve supporting you in liaising with the rest of the primary care community in your area. Co-design is especially important amidst concerns around vaccine hesitancy. Almost all Ontarians have a primary care professional who knows them best, and promoting vaccine confidence will be a critical health promotion intervention for 2021.

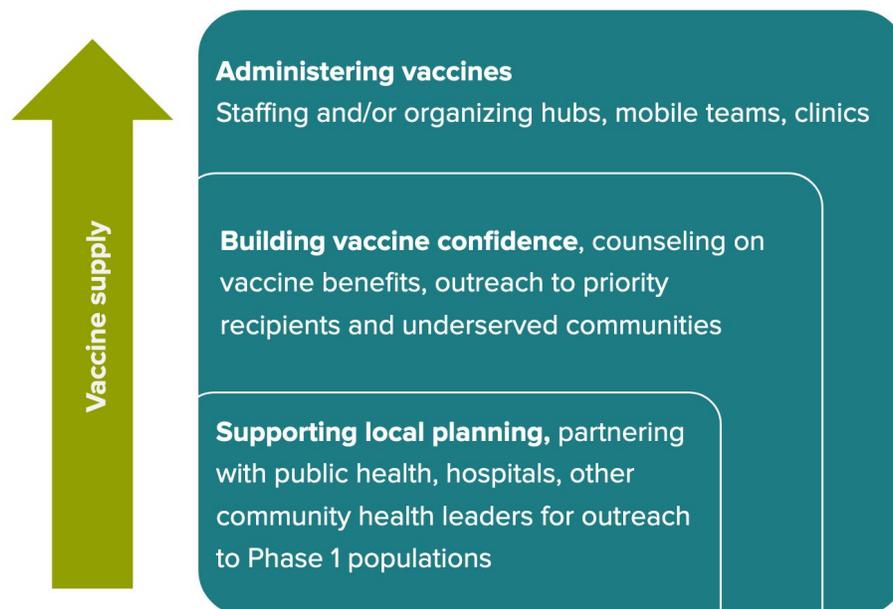
Involve. Involve in feedback as well as shared opportunities in your vaccine plan. In many regions, primary care is already planning for their role in vaccine rollout. Ask for involvement in building vaccine confidence through patient-facing resources such as those on the [Centre for Effective Practice COVID-19 vaccine hub](#) or [Ontario College of Family Physicians website](#). As vaccine supply increases, ask for involvement in counseling and staffing mobile teams, vaccine hubs, and addressing community-specific needs (e.g. tailored approaches for underserved communities).

Inform. Inform primary care professionals of resources and changes specific to your context regarding vaccine supply, and opportunities to keep their practices informed.



3. Primary care partnership checklist

Effective primary care partnership will evolve with vaccine rollout in your region. The visual below shows ways in which you might lean on your community's primary care professionals as vaccine supply increases. We propose the following framework for all leaders involved in local COVID-19 vaccine planning, corresponding to changes in vaccine supply.



Phase 1 Checklist

- Invite local primary care professionals to take part in the planning process, regional task force, or working groups.
- Disseminate your region's vaccination plan on a public website as soon as there is a draft.
- Involve primary care in input and shared opportunities in the vaccination plan (e.g. in email communications).
- Involve primary care in vaccination efforts such as mobile teams and vaccination hubs. Plan around contingencies and back-up staffing of these efforts.
- When considering health equity, ask for help reaching priority populations, especially in places served by Community Health Centres and other primary health care teams with existing relationships and trust built with their communities.
- Implement communication and outreach plans to build vaccine confidence in collaboration with local primary care professionals. Communication and outreach plans

should be mindful that there are communities that have mistrust due to historic and present violence in the medical system.

- ❑ Share local resources including medical directives, patient FAQs, consent forms, and other items.
- ❑ Communicate clearly and regularly (even when uncertain) about likely timing for vaccination of primary care professionals and their staff.
- ❑ Ensure all stakeholders are engaged and working with united vision — pharmacies, primary care professionals, hospitals, and public health units — in prioritizing higher-risk groups and ensuring vaccine rollout is as efficient and equitable as possible in the region.

Phase 2*

Key role — Targeted efforts. Beyond mass communication efforts, primary care professionals and teams engaged in phase 2 can **reach priority populations in their practices** (e.g. people over a certain age, or people with certain risk factors). They can also proactively promote vaccine confidence.

Phase 3*

Key role — Volume. In phase 3, primary care will be able to **support distributed administration** for anyone who wishes to receive a vaccine.

*We will release further checklists relevant to Phase 2 and Phase 3 within the coming months, as vaccine rollout progresses.

Materials & Resources

- a. Indigenous Primary Health Care Council: Engaging Indigenous Communities with COVID Vaccine Implementation.
https://cdn.ymaws.com/aohc.site-ym.com/resource/group/560bcf1a-d19b-40da-8b60-39bb845f9b8a/vaccination/iphcc_engaging_indigenous_co.pdf
- b. Centre for Effective Practice: COVID-19 Vaccine Knowledge Hub.
<https://tools.cep.health/tool/covid-19-vaccines/>
- c. Ontario College of Family Physicians: Involving Family Physicians in Health Reform.
https://www.mcmasterforum.org/docs/default-source/rise-docs/partner-resources/ocfp-tip-s-for-ontario-health-teams.pdf?sfvrsn=f7e557d5_2
- d. LHIN Primary Care Physician Engagement Resource Guide and Toolkit.
<http://www.torontocentrallhin.on.ca/communityengagement/ceresources.aspx>

Existing contacts

The Ministry of Health and the primary care associations have identified primary care contacts for vaccination efforts in each community. Please connect with communications@allianceON.org if you would like support in reaching out to your local primary care leaders. The associations have strong local ties and are also ready to support communications and engagement efforts.

About this document

This document has been prepared by the following coalition of primary care organizations, to advocate for the opportunity for primary care partnership in COVID-19 vaccine planning:



This document has been reviewed and endorsed by the Provincial Primary Care Advisory Table established by the Ministry of Health.

The following partners supported this document's creation and provided valuable feedback:

