

Vacheria Tutson (00:00):

Good afternoon and welcome to the February edition of the COVID 19 Vaccine Mandate Office Hours. Thank you for joining us today, I am really excited. For our presentation, as folks are trickling in, we could just go over some quick housekeeping thing. So I am Vacheria Tutson, I'm the director of regulatory affairs here at NACHC. Quickly just want to let you know today's webinar will be recorded, we will be sharing the slides. The recording sometimes takes about a week, so please bear with us, but we will be able to share the slides immediately after the presentation. And also please fill out the evaluation after the webinar as well. Next slide.

Vacheria Tutson (00:46):

If you're having any audio issues, feel free to go down to where the mute and unmute is and switch to audio, and then you should be able to call in to the webinar and continue to listen. As well as we have a Q&A box, so we have the Q&A option as well as chat option. If you would like to direct questions to specific panelists, the Q&A box is probably the best for that. So make sure that you select all panelists so that we can see your question. And then as well, feel free to put in the chat box any comments, if you have it, if you want to share your story and what's happening at your health center, just make sure that you click everyone when you're entering your messages in the chat box. Thanks Alyssa.

Vacheria Tutson (01:34):

So today's overview, we are first going to just walk through quickly what's coming up for the phase two deadlines and what needs to be on your radar for implementation. And then we're going to just discuss new NACHC resources to help you get through this process a little bit better. And then we have some amazing presenters lined up. So we have Dr. George Garrow, who's the chief medical officer and Tina Adamson, who is the VP of HR for Primary Health Network from Pennsylvania.

Vacheria Tutson (02:03):

Then we also have Cris Houston, compliance and equity officer from Waco Family Medicine in Texas. They're going to share their experience at their health centers and hoping that that's really helpful for you all. So please feel free to put any questions in the Q&A box or in the chat box, so we can make sure that we have the presenters address anything you guys would like additional follow up on. Next slide. So, first I just want to give a reminder about the upcoming compliance deadline. So we know that there are three different tracks for the compliance timeline based on if your state was a part of the Supreme Court lawsuit or not.

Vacheria Tutson (02:43):

So group one states were not a part of the Supreme Court vaccine mandate lawsuit, so their second compliance date is actually coming up next week. Next slide. So phase two deadline for group one states, which are states that were not a part of the Supreme Court case, the deadline is this Monday, February 28th. So, for this deadline, you want to make sure that a 100% of staff have completed the primary vaccination series for COVID 19, or they have granted a religious or medical exemption.

Vacheria Tutson (03:17):

And so, completing the primary vaccination series does not mean they need to be fully vaccinated as in 14 days from their last shot, it means that they just need to have completed the series. So if they are receiving Johnson and Johnson, they have received one shot by this deadline, or they have received two

shots of the Pfizer or Moderna. At this point, CMS has not required that all employees or staff need to have a booster shot, but it is required for you as a health center to track that information and to have it documented. So make sure that you are documenting if any of your staff members have been boosted or make sure that they're letting you know as the health center.

Vacheria Tutson ([03:57](#)):

Additionally, what is required under phase two deadline, these facilities need to have the required appropriate policies and procedures developed and implemented, including a contingency plan for unvaccinated staff. And I'll elaborate on that contingency plan a little bit later, but it's very important to know that, at phase two, you really need to have your policies and procedures documented, approved by your board and solidified so that staff are very clear on expectations. Then you also want to make sure that all your staff have completed their primary vaccination series or have been granted an exemption.

Vacheria Tutson ([04:35](#)):

So, there is a grace period where there's a third compliance date, and the third compliance deadline will be at the end of March. So in between the end of February and the end of March for group one, facilities that are at 90% compliance, which means 90% of your staff have either submitted for an exemption or have completed this primary vaccination series, and you as a health center also have a plan in place to achieve a 100% staff vaccination rate by the end of March, then you would not be subject to additional enforcement action.

Vacheria Tutson ([05:14](#)):

So this is just a grace period where CMS is showing that if you are making a good faith effort and you just have a few more staff members who need to work through the process or figure out they would like to be vaccinated, CMS will not hold that against you as the facility. So for group one, just a reminder, this is for the states that were not a part of the Supreme Court lawsuit. Next slide. Group two has the same phase two requirements, but it is a different deadline. So for group two states, those are the states that were a part of the Supreme Court, here they are up here.

Vacheria Tutson ([05:51](#)):

Next slide, the deadline for phase two for group two states is March 15th, 2022, having an ultimate deadline of April 14th, 2022. So it's about a two week delay in between group one and group two, but definitely wanted to make sure that you are working towards this process as CMS's purview and really mindset this whole time, throughout all these litigation challenges is that, facilities should have been making a best faith effort to comply with the regulation with the staff vaccination requirement since the rule was released in November. So keeping that in mind, we hope that you have been making progress towards this, but definitely hope that today's presentation helps you tighten up maybe on your policy and procedures. Next slide.

Vacheria Tutson ([06:39](#)):

Then the last date that has a different compliance timeline is Texas just because their legal case was outside of the timeframe during the Supreme Court case. So they are on a slightly different schedule than group two, where phase two deadline for Texas is March 21st, 2022. So having the same phase two's requirements of all staff completing their primary vaccination series or being granted religious exemptions, that all facilities have the appropriate policies and procedures developed and implemented

as well as having a contingency plan, and that same 90% grace period for enforcement, hoping that you work to a 100% of staff vaccination rate by April 21st, 2022. So, these are the deadlines coming up and please be mindful of what state you're in and what timeline you're on. Next slide.

Vacheria Tutson ([07:35](#)):

So, what really should you be focusing on at this point in time? And I hope that you are actually further along maybe than what we are touching on today, but under the interim final rule, all facilities need to have policies and procedures in place ensuring that all staff have completed the required vaccination series prior to staff providing care, treatment and other services for clinicians. I mean, for the clinic at this point. And so, this is an important distinction entering phase two deadline. If that person is unvaccinated and they also do not have a religious or medical exception, you really need to evaluate what is your contingency plan, allowing them to interact with staff. As at this point, they need to have completed the vaccination series to continue providing that care.

Vacheria Tutson ([08:24](#)):

Additionally, you need to have policies that reflect nationally recognized infection prevention and control guidelines, additional precautions for staff that are not fully vaccinated, also having effective policies that allow staff to request vaccination exemptions for medical, religious and temporary delays. You need to have policies around verifying documentation for medical exemptions as the interim final rule and survey guidelines provide a lot of background on how to evaluate medical exemptions. Then additionally, you want to have that contingency plan. Next slide.

Vacheria Tutson ([09:05](#)):

So as far as documentation requirements go, because I think this is another very important part of the interim final rule, all facilities need to track and securely document each staff member's vaccination status, and this should include the detail, the what vaccine they received, when those doses were administered, and if they're scheduled for a next dose in their process. You also need to have a documentation that reflects the percentage of unvaccinated staff, excluding those staff that have been approved for exemption. So you want to know just how many staff are unvaccinated and have not really worked towards compliance under the regulation of pursuing an exemption or pursuing a vaccine.

Vacheria Tutson ([09:47](#)):

You want to also have documentation of any staff member that has been boosted as well as you want to have a separate documentation for staff that have been granted an exemption, and also what type of the exemption, including the supporting documentation. And then you also want to have documentation that reflects any staff that are in the temporary delay period, which means they just had caught COVID and recovering and waiting before they can get vaccinated, because of a certain medical determination, or they just received the antibodies treatment, which is something else that qualifies under the rule to have a temporary delay before getting vaccinated. Next slide.

Vacheria Tutson ([10:28](#)):

So, let's talk a little bit about the contingency plan as I think that's really important at this point in the staff vaccination requirement implementation. So, all health centers must develop a contingency plan for staff who have not completed their primary vaccination series. And so this includes staff who have indicated that they will not get vaccinated, nor do they qualify for an exemption or folks who are not fully vaccinated due to an exemption or temporary delay. So, health centers should prioritize

contingency plans for those staff that have obtained no doses of the vaccine at this point, over staff that have received at least one dose of a multi dose vaccine.

Vacheria Tutson ([11:10](#)):

And that is straight guidance from CMS telling you which type of staff to focus on, or to make sure that you have a plan in place for, and it's really for the staff members that are not going to be vaccinated at all. So, also the contingency plan needs to include deadlines for unvaccinated staff to have received the required dose of the vaccine. So let's say you have your 10% of staff that have not completed the vaccine series, you need to have a plan that's detailing what are the next steps. Are you giving them an additional 30 days? Are you going to put them on administrative leave, if they do not meet the requirement?

Vacheria Tutson ([11:51](#)):

These are things that you need to be working through with your leadership team, maybe with your board of how you're going to approach if your certain staff do not comply with the interim final rule. Additionally, the contingency plan also really needs to detail educational outreach. What are you doing to educate your staff? How are making it a comfortable environment for them to learn more about the vaccine and hopes that they will become fully vaccinated? Next slide.

Vacheria Tutson ([12:21](#)):

So here's some recommended accommodations for staff that are unvaccinated who have been granted an exemption. So, you can reassign them to duties or points in the office where they're not involved in patient care. This can also include telework. You can require unvaccinated staff to adhere to the universal source control and social distancing, especially in areas where they're interacting with other staff and patients, you can require them to do weekly testing or wear N95, but definitely also consult with your local health department to make sure that they do not have additional requirements for unvaccinated staff in the workplace. Next slide.

Vacheria Tutson ([13:05](#)):

So I'm not going to get too much into the religious exemptions, but I always just want to point out that if you are surveyed, the surveyor is not going to dive into the details of why you did or did not approve an exempt. They're going to be looking at specifically, do you have an equitable process for someone to apply for an exemption? So that's just an important distinction that I want to mention as it really does take a lot to figure out if you are going to approve an exemption or not, and that is not what the surveyor is looking for, but they do want to make sure that process was communicated to staff, that they were able to take advantage of it. Next slide.

Vacheria Tutson ([13:40](#)):

And so, we have some new resources here at NACHC, we have our February operational guide that is like a quick and dirty checklist of all the different policies and procedures as well as documentation requirements. And you could find this on the NACHC employee vaccine mandate technical assistance web page. We will make sure we also send that out with the slides as well as put a link in the chat for you all. But this is a really helpful just checklist for you to make sure you have all the right policies and procedures in place.

Vacheria Tutson ([14:09](#)):

Next slide. We also have a new board member FAQ, as we know that this is a point of concern for a lot of health centers on how board members will comply with the vaccination requirement. And so, we have a great FAQ that summarizes all of the top questions that NACHC has received, and that's also available as well in our technical assistance page for the employee vaccine mandate.

Vacheria Tutson ([14:34](#)):

And then the next few slides are just different resources that we have for you, navigating if you do need to find new board members and how that would work out for you, so that is included in the materials for you to review. Then on this slide, you can just see other resources that we have, they're NACHC resources, as well as direct links to CMS, FAQs and the FQHC guidance. Next slide. So now, I will turn it over to Dr. Garrow and Tina to start their presentation.

George Garrow ([15:06](#)):

Hello everyone, I'm George Garrow. I'm the chief medical officer at Primary Health Network, and I'm joined by Tina Adamson, who is our vice president of human resources at Primary Health Network. Next slide. So, who are we? Primary Health Network is obviously a federally qualified health center. We were first founded in 1984 in a small town in the Rust Belt of Western Pennsylvania called Farrell Pennsylvania. And around that time, the economy of Western Pennsylvania was really going through a pretty turbulent times with the loss of steel and mining industries. And the founders of Primary Health Networks saw great opportunity to bring services to an economically distressed community by bringing a federally qualified health center into the community.

George Garrow ([16:01](#)):

And since that time, over the intervening 37 years, Primary Health Network has grown to become the largest FQHC in Pennsylvania, and one of the largest in the nation. Last year, Primary Health Network reached over 70,000 patients, serving 16 counties in Pennsylvania and one county in Northeastern Ohio. We staff with over 150 providers, including physicians, dentists, physicians assistants, nurse practitioners, and over 450 support member. Next slide.

George Garrow ([16:37](#)):

So, early in the conversations related to mandated COVID vaccines, we deployed a multi-pronged approach to address vaccine hesitancy or concern among our employees and our providers. Some of the steps that we took to try to address and understand their hesitancy is to offer a series of virtual town hall meetings, really to provide helpful and hopefully trustworthy information and practical resources about the safety and efficacy and benefits of the COVID vaccines. I tried to be very present and mindful that everyone is coming from a different perspective and really wanted to listen to their concerns. What were they hearing? What were they concerned about? And to try to address them in a way that hopefully they would find comforting and reliable.

George Garrow ([17:36](#)):

We then met with employees one on one after the town hall, they had wanted to talk with Tina and me about their concerns. We traveled to the health center so that we could sit down and talk with them one on one, just to have good conversations. What we learned through all of this is that, building the trust of our employees who might have vaccine hesitancy was critically important, and we wanted to provide education to try to overcome this vaccine hesitancy. We then developed a series of peer to peer

video testimonials to encourage and engage participation from our employees that we shared on our intranet page, as well as on our social media platforms. Next slide.

George Garrow ([18:23](#)):

So, back in September of 2021, when we began to understand that the vaccine mandates were going to be coming, we developed a policy and a procedure with a framework that established a hierarchy for our policy, we really took it as a pyramid of responsibility, really focusing on doing what is right for our patients and for our community. Throughout the pandemic, we wanted our health centers to be recognized as a safe place for our employees to come to work and a safe place for our patients to come to receive care.

George Garrow ([19:02](#)):

We conducted a risk benefit analysis of those individuals who are vaccinated compared to those who are not vaccinated, we wanted to assure confidentiality of our employees health information. We really limited access to the information that the employees were sharing with us to individuals and our human resources department and to myself, and really committed to maintaining confidentiality. We communicated a vaccine policy and its development to our employees throughout the entire process, we kept everybody up to date regarding the development of the policies. We have monthly management meetings, and we kept our managers updated as to where we were in the process.

George Garrow ([19:52](#)):

And as I mentioned earlier, we utilized our intranet to make sure that everybody had access to see the policies as they were evolving. And then we had mandatory trainings using electronic ePolicy and learning module and required signatures from all of our employees that they had read and understood our policies. Tina, I'd like to turn it over to you now to talk about the next slide, which is our exemptions.

Tina Adamson ([20:19](#)):

Yeah. Thank you. So, that was one of the big things that we knew we wanted to get right, especially when it came to our employees requesting an exemption from their vaccine mandate and how we were going to go about reviewing that and what consideration we were going to give to that and how we were going to accommodate it. So we worked through two different phases, actually, it was the initial phase where we had intended to comply with everything, with the original CMS mandate, which was back in early December. So, we really drove most of our policies and the educational pieces and requirements based on that original date.

Tina Adamson ([21:01](#)):

So, I think that having the stay on the mandate there for a few weeks really bought us some extra time, which was nice. So that way we had plenty of time to clarify some things and get additional information. So really to ensure the policies for religious and medical exemptions were consistent, we started off right away with the help of our legal counsel creating the forms for employees to request for religious and medical exemptions. We did communicate with our employees as well on that process, how to go about requesting that form and the timeline for that.

Tina Adamson ([21:39](#)):

We also developed an exemption request review committee. We knew that it wasn't something that we wanted to only have one person, I did not want to take on the responsibility of being the person who decided whether we could accommodate the request or not. So we created this review committee. I think that something that was really interesting with this, not only myself, Dr. Garrow, we had a board member, we had our legal counsel involved, and then we also have our chief compliance officer who was part of that. And what we did when we reviewed those situations was based on the employee's position within the organization. How could we accommodate that? And based on the information that they provided to us on their sincerely held belief or a medical exemption. Next slide.

Tina Adamson ([22:30](#)):

So the exemption request process that we used, again, this was based off of that initial process that we went through in November, in hopes of complying by that early December original CMS deadline. We had communicated by email to all of our employees, every employee has access to company email. So we felt like that was a good way to get the information out to them and let them know that there was a particular deadline that, if they needed an exemption request, to reach out to me directly by a particular date, and I would send them the forms to send back to me.

Tina Adamson ([23:06](#)):

We also gave them a deadline of when those forms needed to be returned back to us so that we had plenty of time for that committee to review that and to make determinations on how we were going to accommodate and/or to request additional information if we felt like we were unsure or needed to have further clarification. Once that determination was made, we communicated with employees on what the next steps would be. And then at that point, which was very close to the original deadline for the CMS mandate, is when we did communicate with the managers of any direct reports that they had, who either had an accommodation, or if we were unable to accommodate and what the next steps would be in all of those different scenarios. Next slide.

Tina Adamson ([23:54](#)):

So in between all of that happening is when the stay happened and it gave us a chance to catch our breath a little bit, continue with the education pieces that Dr. Garrow had mentioned, and answer questions for our employees, answer questions for our new employees who were coming in and update the policies and get our plan updated. So following the reinstatement of the vaccine mandate with the new dates that Vacheria just went over with all of us, we knew where our employees stood at that time. We knew which ones were already fully vaccinated, and we knew which ones were in between stage.

Tina Adamson ([24:33](#)):

So we really focused on the communications, just to those people that we knew were less than fully vaccinated, basically. So, we had three different groups that I communicated directly with privately, and really started with the partially vaccinated group. So that group of employees who maybe had already received first dose of a two dose series, and just let them know that these are the upcoming dates, we need you to get your second dose of that vaccine no later than February 28th. Then we reached out separately to the group of employees that had not started the vaccine series at all.

Tina Adamson ([25:12](#)):

They had waited for the last minute before and got the stay, and now we are at the point that they do need to move forward and meet those deadlines, the original one in January, and now the second one.

So communicating those dates with them. And then also following up again with those employees who had previously submitted an exemption request, we re-reviewed that information, talked about where we were, we had more information, more clarification now from CMS on what a reasonable accommodation might be, especially for those folks who were in patient facing areas. So we felt like we had a much better understanding of what a reasonable accommodation would be for those people.

Tina Adamson ([25:52](#)):

So, we communicated with those folks as well, what the next steps would be that your accommodation has been or your exemption rather has been accommodated, and here is what is going to be required of you going forward. We did not disclose what to type of exemption request they had or what was in the details of that exemption request. So that still has been kept extremely confidential, and the knowledge of who has what is extremely limited to the HR office. Next slide. So, for the employees that have been given accommodations for their exemption request, we do require them to wear N95 mask at all times.

Tina Adamson ([26:35](#)):

We're extremely lucky to have a training department who is able to do those fittings in house for the majority of our employees. So that took place very quickly. Then we also require those folks who have an accommodation to be tested weekly, specifically with a PCR test. Currently, we are three weeks into that process with those employees that seems to be going really well. The testing is completed by Monday and Tuesday of each week, unless they have made alternative arrangements with either Dr. Garrow or myself.

Tina Adamson ([27:11](#)):

We also have a COVID 19 centralized scheduling department, and they assist us with helping those employees who need the accommodation and the weekly test to get their COVID 19 tests scheduled. Our employees have the option to have their COVID 19 test, the PCR test, done outside of the organization if they choose, but they have to understand that they then are responsible for making sure they get the results of that weekly test to me by 5:00 PM on Friday of each week unless again, there's been some other alternatives.

Tina Adamson ([27:46](#)):

Dr. Garrow and myself actually meet every Thursday afternoon at four o'clock just to review the folks who need to have the weekly testing and make sure they have all completed that process. And then of course, the last thing when possible for them to maintain social distancing of six feet. Next slide. So, we do have in our policy about what happens if they fail to comply, knock on wood. We've only had one person up to this point who has fallen into this category, and she was very forthright that she was not going to go through the process. So, we anticipated this was coming.

Tina Adamson ([28:26](#)):

So, really, if they fail to comply with the COVID 19 testing accommodations, they're subject to a suspension for five business days without pay. And during that time, those five days that they're suspended, they are then required to get their weekly PCR COVID testing and turn in the results. If they fail to do that for that second week, while they're on the five day suspension, then we move to termination of employment at that point. Next slide. So this last one really talks about the ... For new employees going forward, and what are expectations are for new employees. Really, we are saying in our policy that they must be fully vaccinated prior to starting employment.



Tina Adamson ([29:17](#)):

So if there's a new employee who is requesting exemption, our recruiting staff is letting them know that the process that they can go to, to reach out to directly, and I supply them with the exemption form prior to their start date. And then we have up to 10 business days to make a determination if we are able to accommodate that. If we are able to accommodate their exemption request, they will be fitted for their N95 mask during their first week of employment, before they even leave orientation and head out to their sites where they may be in contact with others.

Tina Adamson ([29:55](#)):

And then those employees will also be given information on how to comply with the weekly testing, and we will assist them with getting their tests set up for a few weeks in advance. So that is our plan for new employees going forward. I believe ... Next slide. I think that's it for us. I know there's lots of questions coming in, I'll try to take a peek at those as well.

Vacheria Tutson ([30:20](#)):

Yeah. So, we'll just keep rolling and do questions last, just in case Cris's presentation also touches on some of the things that are in the chat box. So, next up, we have Cris Houston.

Cris Houston ([30:40](#)):

Good afternoon, everyone.

Vacheria Tutson ([30:48](#)):

Oh, I think you just went mute. Cris, we can't hear you.

Speaker 5 ([31:04](#)):

Might be the headphones.

Vacheria Tutson ([31:07](#)):

Can she hear us? Hey, Chris, if you can hear us, we can't hear you.

Cris Houston ([31:16](#)):

Can you hear me?

Vacheria Tutson ([31:17](#)):

Yes, we can hear you now.

Cris Houston ([31:19](#)):

Okay. Let's take it from the top. I'm so sorry, everyone. My name is Cris Houston. I'm the compliance and equity officer at Waco Family Medicine. My presentation compliments Dr. Garrow's and Ms. Adamson's. They have given you a lot of specifics, specifics quite frankly that mirror the policy that we set up to mandate the vaccine, the processes, as well as the process for applying for and evaluating the medical and religious exemptions that we received. So, I am going to speak from a more bird's eye view level of that process that we went through last year in October.

Cris Houston ([32:03](#)):

My information is in the chat and it is in these slides, you are welcome to my slides. If you are in my area, especially if you're in Texas and you would like my materials and more specific information from me, I'm happy to share it with you. Next slide, please. So, the first topic that I want to discuss for everyone is the pre-work that we did for our vaccine mandate. That is how we prepared our organization for the change to come. We are in Texas, and there are very mixed views on what to do in this pandemic. So, questions about whether we should social distance, questions about whether we should mask, we're already swirling about.

Cris Houston ([32:52](#)):

So you know that questions about whether to be vaccinated still lingering people's minds even to this day, and there was a lot of vaccine hesitancy back in October when we started looking at mandating the vaccine. Next slide, please. So as part of this pre-work, there are some things that I would recommend that you do, and probably do quickly given the deadlines and timelines that we are all being faced with. The first thing is to learn the legal landscape, work with a lawyer in house, and if you don't have one, or you have a small legal staff, you might want to work with lawyers in other organizations, just to get a full understanding of the legal landscape.

Cris Houston ([33:35](#)):

And that doesn't just mean those at the top, that means anybody who is needed to help the organization carry out and enforce any rules and policies regarding mandating the vaccine. Next, you really want to gauge the sentiment of the staff. As was the case at Primary Health, we held town hall, a large one, over 100 staff out of our about 600 staff attended that town hall. We gave a lot of advanced notice and really encouraged staff to come. After the town hall, for a period of about two weeks or maybe more, but at least two weeks, various members of the leadership team made themselves available for staff to schedule either small group meetings or individual meetings so that they could continue to sound off about how they felt about the vaccine, the mandate, and also ask us questions.

Cris Houston ([34:36](#)):

We knew that there was a great deal of misinformation swirling about, and that some people just were confused or hadn't quite decided on whether to be vaccinated. So we gave them three opportunities to give us feedback and to ask us questions so that we could gauge the sentiment of the staff. The third thing that we did was gauge the work environment in our city, in our region and in our state. What happened in Waco is that, there are only two hospital networks, actual hospital networks, and they announced on the same day that they were mandating the vaccine for all staff. We found out a day before they went public with this. So, we started doing the work that we needed to do to determine whether we would also mandate the vaccine.

Cris Houston ([35:27](#)):

One of the things that we were allowed to do in that instance, though, was to quickly get a gauge, in Waco, it's easier to do, of our staff's local options for employment. I'm from Houston, Houston Methodist, I believe, was the first hospital system to mandate the vaccine. So luckily I had former students of mine who were lawyers there, whom I could reach out to, and I was able to get some information on what the other hospital systems in Houston were doing, many more hospital systems to find out about, but Waco is small. So we were able to look citywide and then regionally, and then of

course, started contacting [tech 00:36:17] to find out what was being done in the whole state of Texas. That helped us with our pre-work.

Cris Houston ([36:24](#)):

Knowing what the other medical facilities were doing, informed our decision to mandate in our process and timeline. Next slide, please. So, more pre-work, we needed to understand the information that staff were relying upon to decide whether to vaccinate. Different parts of Texas had a different response to the pandemic itself. So the phase in the pandemic where the vaccine became available was no different. So we needed to gain a better understanding of the various bits of information that were out there that our staff were relying upon.

Cris Houston ([37:05](#)):

And then when we better understood the information that they had, we could then work together, the leadership team is what I mean by we, to begin to counter that information. We have weekly COVID webinars to update everyone within our network on the vaccine. Now, prior to that it was the virus, case numbers, death rates, CDC guidelines, and recommendations, all of that. So we were able to weave into those updates, information that was directly designed to counter some of the misinformation that might have been ratcheting up the vaccine hesitancy.

Cris Houston ([37:47](#)):

So next, I spearheaded our ... Next slide. I'm sorry. Can you go back? Okay. So, I spearheaded the effort to begin to gather templates for policies, procedures and exemption applications that others had used within our state. You'll be happy to know that our colleagues are happy to share this information with you. I'm happy to share it. If you're in Texas, tech has a file that they can pull from, and they can put you in touch with others who are doing this work or have done the work.

Cris Houston ([38:25](#)):

And then finally, we had to huddle as a leadership team to get on one accord, because believe it or not, everyone in leadership did not agree on every facet of the policy, every approach to, whether to accept or reject exemptions for medical or religious reasons, we needed standard communication and messaging. That was key. Next slide, please. So then, after all that pre-work was done, it was to do the actual work to mandate the vaccine. The time has come, let's do this. So let me talk to you a little bit about that. We worked at every turn with lawyers to develop our policies and our procedures and our exemption applications, both medical and religious exemption were part of our process and that's legally required.

Cris Houston ([39:19](#)):

And as I listened to Dr. Garrow, I realized we also worked with our lawyers to form two committees, committee mainly of doctors and medical care providers who looked at our medical exemption applications and made decisions on them. And then, another team of staff working with the lawyer once again, to look at our religious exemption applications. One piece of advice that I have for you is, do not reinvent the wheel. There are too many templates out there for policies, for procedures and for exemption applications. And it's not as if any of us need another iota of work. So please, please use your resources, do not reinvent the wheel.

Cris Houston ([40:05](#)):

Also, allow ample time for people to process and accept the mandate, and then get vaccinated. I hope that the conversations have already been taking places. We knew that we would be where we are today based on what has been happening in the nation legally in order to get federal qualified health center staff vaccinated. But if the process feels too rushed, and I don't remember if it was Ms. Adamson or Dr. Garrow who stated this, but if people feel forced ... It may have even been Ms. Hudson. If people feel forced, they're more likely to become entrenched in their original position they will dig their heels in.

Cris Houston ([40:48](#)):

The decision took time for some of our staff, but they eventually embraced the decision to vaccinate for various reasons. Next slide, please. So, then you have to look at your policies, procedures, and exemption applications. And here, I want to tell you something that the lawyers in this webinar will probably think, "Oh, I've heard that before." Because there are 4Cs to legal writing [inaudible 00:41:16] clear, concise and coherent, policies, procedures, and applications was the way that we went. Brevity and clarity are key to having staff at all levels of your organization with various educational levels, with various comfort levels, about the pandemic, about the vaccine, to understand.

Cris Houston ([41:40](#)):

So, brief and clear, every step of the way. When we gathered templates, we saw some very detailed templates. Sometimes detail is what is needed, especially if it's a legal matter and you want to cover all your basis. But sometimes the devil is in the details. And so we separated our work, we had a short and sweet policy, and then we drafted another document that was procedures and FAQs, and that is where the details could be found when people had questions or needed more information. And then we had a short and sweet exemption application as well.

Cris Houston ([42:16](#)):

One of the things that we did throughout this process of actually implementing our vaccine mandate is we implored the staff without telling them outright. We implored them to look at this from a, what is in it for me perspective. We played to the staff's self-interest in helping them to embrace the mandate. Much of the feedback that we got in the town halls was about people wanting the individual right to remain unvaccinated and they wanted to have their individual liberties and freedoms respected.

Cris Houston ([42:55](#)):

And so, broadly put, they're acting in their own self interest in a global pandemic where a contagious disease will affect more than just you, the individual. And so, when it became clear that, this is a decision that will likely have to happen, the other two hospitals in Waco have made the decision to mandate the vaccine, where will you work? How will you pay your bills if we are all collectively making the decision in the healthcare industry to move in this direction? And I think we gently utilized that reality to persuade some people to get vaccinated. Next slide, please. So the next thing I want to talk about is managing the exemption process. And as you know, there are religious and medical exemptions.

Cris Houston ([43:55](#)):

Next slide, please. It is my humble opinion as attorney that the medical exemptions are a lot easier to evaluate and reach a conclusion upon than the religious exemptions. Others may disagree with me and I welcome questions or a dialogue if that is the case. But the biggest thing you have to do is know the law. What legal options do we have as employers if we mandate this vaccine and members of our staff apply

for a medical or religious exemption? There are myriad trainings and guides and things that you can read, legal documents that you can read to get up to speed on what the law is regarding this, but also consider the different work environments in your clinic.

Cris Houston ([44:44](#)):

The one thing that resonated with me, I was on the review committee for the religious exemption applications. The one thing that resonated with me is that, exemption decisions are not a one size fits all decision, employees have different work circumstances, and while some of us may believe that, vaccination really ought to happen, there are others who believe just as strongly that it shouldn't, and these are staffing issues at the end of the day. So, regardless of personal beliefs and how valid they are, we need to be able to staff our clinics. So, we did consider different work environments.

Cris Houston ([45:30](#)):

If a person works in an office and answers a phone and they don't have patient contact, and they have very limited contact with other colleagues, there may be some leeway in their religious exemption process as opposed to a dentist, or as opposed to a phlebotomist, or as opposed to a nurse who is constantly in contact with patients, and who is also constantly in contact with other staff members.

Cris Houston ([45:56](#)):

So, some priorities, we had to communicate to those applying for the exemptions as well as those considering whether to be vaccinated, that we really are respecting everyone and valuing everyone, but we have two priorities that we must consider as well. We must protect our patients, after all we are in the business of providing healthcare. And we know we have vulnerable patients because they may be too young to be vaccinated, or we have high risk patients who are sick with preexisting conditions when they come to our facility to access care, and they need to be protected where we can protect them.

Cris Houston ([46:34](#)):

And also we need to protect our staff. Many of our staff are in similar situations with children too young to be vaccinated, or they themselves, or people in their home or their bubble who are very high risk. And finally, we had to consider staffing needs. We decided that a safe but flexible approach to looking at these exemption applications was the right way to go. We revisited some applications where we initially denied the exemptions and we looked at staffing needs, and we said, "Okay, maybe we can be a little bit more flexible, maybe we can be a little more creative with some of the conditions that we placed upon the staff who did not want to get vaccinated." Next slide, please.

Cris Houston ([47:24](#)):

So, what was the impact on the workforce that we saw? Who will stay? Who will go? And are we ready for this? Before we advance to the next slide, I just want to say there were a few employees who were indispensable the way we had set up our workforce. So we may still ... Even now, we did this in October of 2021, we may still be, in February of 2022, feeling the impact of losing some of those employees because they absolutely refused to vaccinate and they wouldn't even apply for exemptions. They just voted with their feet and went to work elsewhere. Next slide.

Cris Houston ([48:06](#)):

Surprisingly, I think we had a decent outcome. Initially we had a little over a 100 unvaccinated staff. When we first started looking at whether to mandate the vaccines and we held the first town hall meeting, our records showed no proof of vaccine for a little over a 100 of our staff. And they worked in different areas. It went from doctors and dentists to nurses, to clerical staff, to everything in between. And we lost about 30. They refused to engage the discussion, they refused to get vaccinated, and we granted 12 exemptions. So we were able to get 58 staff vaccinated and 12 to agree to weekly testing and masking.

Cris Houston ([48:58](#)):

We retained 70 staff when it was all said and done. I'm almost done, Vacheria, I see you giving me the signal. Next slide, please. Takeaways. Some of the highs, the town hall meetings and the smaller meetings allowed people to have a voice in the decision they felt heard, that had a lot to do with whether they would change their minds. We used our resources to do the mandate legally, ethically, and compassionately. We retained the majority of our previously unvaccinated staff in the end. And after, it wasn't clear because the legal landscape changed, and we didn't know if the law was on our side, we stepped back a little bit.

Cris Houston ([49:40](#)):

Lows is on the next slide. So, we couldn't please everybody, and we couldn't overcome the misinformation. We could not communicate the dangers that we were trying to prevent with the mandate to some staff. They just refused to vaccinate. We also had to slow the process down from October to the beginning of the year, while the courts duked it out over whether we could even mandate the vaccine. That's the end. Here's my contact information on the next slide. If there's anything that I can do, especially if you're in Texas, and you need further assistance. Let me know. Thank you so much.

Vacheria Tutson ([50:18](#)):

Thank you so much, Cris. I think that was such a great ... You can't hear me? Can you guys hear me?

Cris Houston ([50:26](#)):

Yeah.

Vacheria Tutson ([50:27](#)):

Okay. Thank you so much, that was such a great overview and deep dive into the exemption space. I feel like we got a lot of questions in the chat. So I know that you provided some great background. We're going to quickly try to get through some of this Q&A. The first question I have, and I will throw this to maybe you, Tina, about new hires. There's a few questions about like ... And at this point, if you're hiring someone new this close to phase two, the rule does require that that person should be fully vaccinated, but we know that there's gray area of trying to get people on board and having that communication. So, are you upfront with that and interviews that you need to be vaccinated?

Tina Adamson ([51:09](#)):

Yeah.

Vacheria Tutson ([51:10](#)):

Everyone is shaking their head. Yes.

Tina Adamson ([51:12](#)):

Yeah, and actually we found it really helpful, put it in your job postings even, so that when folks are looking for jobs, they can see it right there, that that is something that we require. We talk about it when we're doing the initial screening, when they come in for an interview, we talk about it. So, they're getting it on every step of the process and they know right from the beginning, even when they apply for a job with us that we do require that for them to be fully vaccinated.

Vacheria Tutson ([51:39](#)):

Yeah. I know that, for some areas that might hinder recruitment and recruiting has ... We're all aware of these workforce challenges and recruiting, but definitely want to be transparent as these are requirements, and you don't know when you will be surveyed or if you will be surveyed, but you would hate to bring on an employee that would make you not be in compliance.

Tina Adamson ([52:02](#)):

Right. We can answer questions if someone has a question they're unsure about before they apply. Dr. Garrow has been willing to speak with anybody who's interested in that, but is unsure or has specific questions that we can get him right ... Get them right to him rather, and he's able to answer their questions.

Vacheria Tutson ([52:22](#)):

That's great. One question we have that we just got is, "Do you, as the health center pay for that weekly testing or is that the employee?"

Tina Adamson ([52:34](#)):

Yeah. Cris, I see you shaking your head as well. Yeah, as the employer, we do pay for that weekly testing here at PHN. It looks like Cris also does from her side too.

Cris Houston ([52:45](#)):

We do too, because the way that we view it is, it's part of our compliance plan, and we need to be able to track that information and make sure that the testing gets done.

Tina Adamson ([52:58](#)):

Right.

Vacheria Tutson ([52:58](#)):

Yeah. Sorry, my dog is making appearance in the back if you see this black little dog appearing somewhere. So, I do want to address about contractors and volunteers, because I keep seeing this in the chat. The definition of staff under the interim final rule is very expansive. It includes volunteers, it includes contractors, students, trainees, and it's based on the frequency. So, if this is a one time volunteer, no, you do not need to extend the vaccine mandate to them.

Vacheria Tutson ([53:29](#)):

But if they are coming into the health center frequently, or they have a six month stay at your health center, or maybe even two weeks, you have to have this documented in your policies and procedures [inaudible 00:53:41] protocol for your health center, but based on the rule, it is on the frequency of when, how much that person comes into that health center. So, as much as that might also be a hindrance and a barrier, we do want to make sure that you all are following the regulation.

Vacheria Tutson (53:55):

Another thing I saw in relation to just volunteers and contractors is attestation forms. So the rule does require for you to collect that documentation on the contractor or volunteers vaccination status, but I throw it to our presenters on how you all are navigating this with like third party companies or outside contractors.

Tina Adamson (54:20):

Yeah. I hate to keep jumping in. I want others to be able to jump in too, but we're also going through and just working through it one by one. We do have those contractors that we know are on site 100% of the time, for example, our IT staff, and we do know their vaccination status. We have a copy of those vaccines, same with the board members. Contractors, I think it's just going to be evaluating those one at a time as they come through. But our understanding is that, we would be responsible for maintaining copies of those vaccine records and making sure that we know what their status is as well. That's our understanding.

Cris Houston (55:03):

And anybody who, whether they be ... So for example, we have contracts with OB/GYN because we are primary care facility, but they have regular contact and prolonged contact with our patients. So, our policies say that anyone who works in any capacity, be they a student, intern, a resident, a contractor, or a paid hourly or salaried employee, as far as COVID is concerned, they're in the same boat. And if we are trying to protect our patients and staff, those people are in the same boat. I see Dr. Garrow nodding his head.

George Garrow (55:42):

I agree completely.

Vacheria Tutson (55:45):

Then I see a question just about what does that documentation need to look like? So it could be the actual vaccine card, if they went somewhere like CVS or Walgreens, it could be the online printout from there. It could be from their provider or medical facility, but it does need to be official documentation. It cannot just be them signing a form that says, "Yes, I've been vaccinated." That does not meet the requirements of the rule. Last question we saw is, how are you tracking this documentation? Do you guys have certain systems that you are using or programs that you purchased to track all this documentation related to the rule?

Tina Adamson (56:25):

Yeah, we did look at options for actually programs that do that, that would also follow up on the COVID weekly testing. That's not something that we have currently. We simply chose to do it in Excel, in an Excel spreadsheet right now. We do have an HRIS system that could have housed that information, but



our fear was that, it was not as confidential as we would've liked, because some of the information about employees does transfer over to an employee self-service system where managers can see certain information about their employees, and we wanted to make sure that we had that tightened down really nicely so that folks did not have access to it.

Tina Adamson ([57:03](#)):

So for right now, we are tracking it just in an Excel spreadsheet, and so we have the dates, we know where they went to get their vaccine, we know that we have verified that we have a copy of the card, and then we also keep notes in there as well, especially as we go through the process of them finishing their vaccination series of what date they're going to go and finish that up, and then any other notes that we've had about when we've communicated with them about the vaccine.

Vacheria Tutson ([57:31](#)):

Thank you so much. So we are right at time. I really just want to give a round of applause to our presenters, as I learned so much today. You guys have just adapted so quickly. So I really appreciate all the work that your health center is doing and all the work that's happening on the ground for everyone listening as well. We have put their emails in the chat box, if you would like to reach out to them or thank them, or ask any other additional questions, just so you know, we have another vaccine mandate office hours in March. I believe it's March 24th, but I might be wrong about that. However, we will send out information, but thank you all for your time today, and thank you for supporting NACHC as always. Thank you.