

March 8, 2021

Paul Markovich
President and CEO
Blue Shield of California
601 12th Street
Oakland, CA 94607



CALIFORNIA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR CALIFORNIA

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Submitted Electronically

Re: Equitable and Streamlined COVID-19 Vaccine Distribution

Dear Mr. Markovich,

On behalf of the California Academy of Family Physicians, which represents about 11,000 family physicians and medical students across the state, we applaud you for taking on the difficult task of distributing the COVID-19 vaccines. We hope you view family physicians as a partner in the vaccine distribution efforts. While it is important to have an experienced administrator to assist in the efforts to reach the insured population, it is also important to understand how to reach hard-to-reach populations, including the unsheltered, undocumented immigrants, and minority and marginalized communities. Family physicians have championed community vaccination for decades, because we know how to reach these populations. **If we are truly committed to distributing vaccines to communities left behind in the pandemic, we must allocate vaccines to the community-based primary care clinics and physician practices who serve them.**

Accordingly, as you continue to plan and implement the distribution of vaccines, we urge you to consider the following priorities:

Ensure an equitable approach to the vaccine distribution. Equitable distribution of vaccines must center around patients who commonly have the most difficult time accessing preventive care. As you know, a patient's zip code, access to transportation and technology required to make an appointment, language barriers, and experience with the health care system affects their ease of access to any health care service, including the COVID-19 vaccine. Because community-based primary care clinics and physician practices are able to serve patients in spite of these barriers, they are often the only point of contact for many patients, especially vulnerable and disadvantaged populations.

We urge you to include community-based primary care clinics and physician practices in the distribution network, no matter their volume capabilities. While many solo and small independent primary care practices cannot contribute to administering the vaccine in volume, they can contribute to advancing health equity by reaching those that have been disproportionately impacted by the pandemic. Moreover, many of these clinics and practices are in hard-to-reach communities, which are by definition not high volume. We understand the

desire to achieve volume and expediency in the distribution of vaccines, however, it should not be done at the expense of health equity.

Use existing trusted providers. Many family physicians are already embedded in the communities that are disproportionately affected by COVID-19, hence have been able to serve on the frontlines of providing care to these communities during the pandemic. Moreover, family physicians have the trust of their patients to administer vaccines and provide educational information and support to patients' vaccine hesitancy. As such, family physicians are well positioned to offer COVID-19 vaccine education and doses to their communities, including the vulnerable and disadvantaged populations.

More than 80 percent of primary care practices are willing to help with COVID-19 vaccine distribution, according to a January [survey](#) from The Larry A. Green Center, the Primary Care Collaborative, and 3rd Conversation. We urge you to use these existing community-based primary care clinics and physician practices that are known and trusted in the communities they serve and are well-positioned administer the vaccine.

Provide clear and timely communications to physician practices on the distribution process and provide them with the support necessary to participate in the distribution efforts. Many physicians are still unclear on the various roles of all of those involved in the vaccine distribution process and how and when community-based physician practices will be included in the vaccine distribution network. Moreover, the requirements and process for participation are unclear. We urge that physician practices are sent clear and timely communications on the distribution process and requirements for participation; are afforded administrative flexibilities for participation; and are provided with funding to offset upfront costs. It would be a misstep if trusted community-based clinics and physician practices are not equipped with the vaccines and the resources they need to reach the patients in their communities, especially the vulnerable populations and those that have been disproportionately impacted by the pandemic.

CAFP, an organization representing about 11,000 members and with multiple communication channels, can be a great resource for distributing timely and accurate information. Family physicians stand ready to partner with you in the vaccine distribution efforts. We look forward to working with you and the State to ensure an equitable vaccine distribution to protect the health of all Californians.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Bazzo, MD, FFAFP'. The signature is stylized and cursive.

David Bazzo, MD, FFAFP
President, California Academy of Family Physicians

CC: Richard Figueroa, MBA, Deputy Cabinet Secretary, Office of Governor Gavin Newsom
Yolanda R. Richardson, Secretary, Governor Operations Agency
Mark Ghaly, MD, MPH, Secretary, California Health & Human Services
Will Lightbourne, Director, California Department Health Care Services
Tomás Aragón, MD, PhD, Director & State Public Health Officer, California Department of Public Health
Dr. Nadine Burke Harris, California Surgeon General