



Health Care Strategy Insights: The Changing Landscape of the COVID-19 Vaccine

About the author: Anne Phelps & Bill Laughlin are leaders within Deloitte's Life Sciences & Health Care practice. Anne Phelps is Deloitte's US Health Care Regulatory leader and Bill Laughlin is a leader in Health Care Strategy practice. This editorial represents insights gleaned from discussions Anne and Bill held with health care organization Chief Strategy Officers (CSOs).

As of late March, over 130 million doses of the COVID-19 vaccine have been administered to frontline workers and priority populations; 14% of the U.S. population has been fully vaccinated.¹ This is a hopeful figure, and if vaccine deployment continues at this rate, it appears that the Biden Administration will achieve their goal of 200M vaccinations by President Biden's 100th day in office. However, there is a long road ahead to deploy vaccinations to the majority of the U.S. population before the pandemic is fully over.

Vaccine distribution has been slowed by a multitude of logistical challenges

Limitations in qualified staff², bottlenecks with the supply chain of the vaccine, coordination of second dose deployment, and uncertainty about site planning strategies have created delays in vaccine deployment.³ Challenges are further underscored in some cases by a lack of public awareness and systemic barriers associated with vaccine registration. In a recent study, an American health care non-profit organization found that 58% of older Americans do not know their eligibility status for the COVID-19 vaccine (given states' varying vaccine deployment plans) or how to register

themselves for the vaccine.⁴ This lack of awareness is often connected to economic and technological barriers such as limited accessibility to broadband services, computers, and smartphone apps.

The pressure on health systems to distribute the COVID-19 vaccine is increasing as additional, more contagious variants of the virus emerge.⁵

As a result, many health systems and non-profit collaboratives are experimenting with creative approaches in tackling the COVID-19 vaccine rollout:

- **Partnering to deliver vaccines to hard-to-reach populations** – Healthy Davis Together, a public-private partnership between the University of California Davis, the City of Davis, CommuniCare, and Yolo County, has brought together health provider organizations, retail pharmacy chains, and a FQHC to open mass vaccination sites and deploy mobile units focused on the elderly, vulnerable, uninsured, and undocumented populations in Yolo County, CA. HDT has utilized innovative strategies to support vulnerable populations, i.e. mobilizing a call center to contact patients with limited access to technology.
- **Leveraging volunteers** – In New York City, health systems recruited local medical, nursing, and dental students to work at vaccine deployment sites. In addition, organizations have outreached to retired health professionals to help with vaccine administration and community volunteers to assist in non-clinical roles.⁶
- **Simplifying the registration process** – Organizations are leveraging mobile apps for registration to create a user-friendly experience that provides real time data and push notifications.
- **Streamlining to a single site of care** – While some health systems have created combined sites for COVID-19 testing and vaccine deployment, others have organized one large vaccine deployment facility instead of operating multiple smaller vaccine sites. CSOs have discovered utilizing a centralized site can enable more efficient resource management and processes.

CSOs should also prepare for the changing COVID-19 landscape as vaccine administration scales up

Over the past few months, the Biden administration has initiated new COVID-19 executive orders and released a [200-page national strategy](#) for COVID-19 response. One of the primary goals of the strategy is executing an effective and comprehensive vaccination campaign. Since a key requirement of the vaccination campaign is increasing vaccine supply, the new administration has already taken numerous tactical steps in hope of boosting the supply. Efforts include the enactment of the Defense Production Act, which alleviates bottleneck issues in vaccine manufacturing,

and increasing state funding for vaccine supply through the FEMA Disaster Relief Fund.⁷ With these efforts already in motion, it could be advantageous for CSOs to begin scenario planning for the potential influx of vaccines.

One major lesson learned from the past year is that the path forward from the global pandemic often requires collaboration of many different organizations. Going forward, health care CSOs can gear up for partnerships with organizations in both the private and public sectors. Various stakeholder organizations have already stated their intent to partner with providers on COVID-19 initiatives:

- **Collaboration with government** – In the national strategy, the federal government stated intent to collaborate with providers on specific initiatives. As an example, the Biden Administration will seek assistance from providers in building a comprehensive campaign to build public trust in the vaccine.⁸
- **Collaboration with private sector** – Many private sector companies have started projects aimed at supporting pandemic response efforts. For example, a leading technology company recently committed over \$100M in grant funding to promote COVID-19 vaccine education and equitable distribution to underserved communities.⁹ In January 2021, another American technology company partnered with multiple health providers to set up public pop-up vaccination clinics, resulting in thousands of vaccinations.¹⁰ CSOs can prepare to work with private sector partners on a wide range of issues from new technology development to site logistics.

As the pandemic continues to evolve with new variants and the scaling of vaccine deployment, health care CSOs should balance a focus on health equity with the urgent need to administer vaccinations and slow the spread of COVID-19. However, health care CSOs can take comfort in knowing there is an ecosystem of public and private sector organizations who want to contribute and partner in the mission to vaccinate Americans, both comprehensively and equitably.¹¹

Please reach out to Anne or Bill with any additional questions.



Anne Phelps
Principal
annephelps@deloitte.com



Bill Laughlin
Principal
blaughlin@deloitte.com

Contributors: Adam Hewson, Olga Karlinskaya, Tanuka Raj, Julia Kenney, Alyssa Lam, Tanisa Mahalingam

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