

January 7, 2021

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Leadership Actions Needed to Expedite the Administration of COVID-19 Vaccines

Dear Secretary Azar:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, we write to you as we approach the first anniversary of identification of the first case of COVID-19 in the United States. We do so with hope that the pandemic soon will come to an end. Effective vaccines, if administered properly to enough Americans, can tame this awful virus and halt the devastating impact it has had on the country. But, hope alone will not be the remedy.

There was great celebration in America's hospitals and health systems last month as we administered the first vaccines to our courageous clinical staff who have been working to save the lives of COVID-19 patients. But the slow pace of the vaccine rollout has led to concern about whether the task of vaccinating all who are able to take the vaccine will happen as quickly as federal leaders have suggested it would. We share your goal of rapidly vaccinating as many individuals as needed to get to a level of herd immunity that will allow this country to return to normal activities. In the first few weeks of administering vaccines, hospitals have seen a number of barriers to smooth and effective vaccinations. We raise these to your attention so that you and your team can begin to eliminate the barriers and expedite vaccination.

- **Share your goals and expectations and be transparent about what must be done to achieve the goals.** Various federal leaders have alluded to the need to vaccinate millions of people in America to be able to eliminate the grave public health risk from COVID-19. If there are 328 million people in America, and the desired level of herd immunity, according to Dr. Fauci, is to have at least 75% vaccinated by the end of May, that means that all of us need to combine efforts



to ensure that 246 million people are vaccinated. That would mean vaccinating 1.8 million individuals every day between January 15 and May 31, including weekends and holidays.

Currently, there are 64 disparate microplans developed by the states, a few large cities, and other jurisdictions. Has the Department of Health and Human Services (HHS) assessed whether these plans, taken as a whole, are capable of achieving this level of vaccination? If not, is the Department working with the jurisdictions to amend their plans to achieve this goal?

Hospitals are committed to be a central part of the vaccination effort, but hospitals alone cannot do it, especially as we care for burgeoning numbers of critically ill COVID-19 patients, and struggle to maintain sufficient staffing work to have enough personal protective equipment and other resources. We are aware that large chain pharmacies also have been enlisted, but it would be good to have a clear idea of precisely which organizations are engaged and for each to know what is expected of them to get to herd immunity.

- **Provide ongoing support.** An effort of this magnitude requires initial guidance and authorization, which your department has provided. It also requires ongoing and visible coordination with all critical stakeholders. It requires prompt decision-making based on both science and practical considerations, and for those decisions to be communicated to all stakeholders.

To deliver millions of doses of vaccine at the pace necessary requires that tasks be simplified and standardized. Otherwise, unnecessary confusion and complexity will slow down the effort and may lead to errors. In short, to accomplish our vaccination goal will require consistent and effective communication and coordination among stakeholders. Your department has had success in providing such coordination with the distribution of remdesivir, for which routine calls were held frequently with all key stakeholders. On the calls, relevant federal leaders provided brief updates and stakeholders were encouraged to ask questions or raise problems that needed to be resolved. A similar strategy might serve you well here.

- **Track vaccination and share the data against expectations.** All of the key stakeholders and the public will want to know how the vaccine rollout is going, whether there are delays, and what is being done to resolve any issues causing delays. HHS is collecting the daily vaccination data, and currently displaying how many vaccines have been given in each state, but without any sense of how much progress is being made against the goal for each state or jurisdiction. Without this comparison, it is impossible to know whether sufficient progress is being made by those engaged in the effort or more help is needed. We all need to know this to know if our efforts are sufficient or need to be improved. Further,

this information will become more crucial as more and more organizations are added to the list of those offering vaccinations to the public and greater numbers of Americans become eligible to get vaccinated. It is essential that such leadership and communication be provided by HHS, and that it be done by staff who can continue to be part of the team coordinating the vaccine work over the next several months.

- **Communication and coordination is needed to simplify a complicated task.** HHS has chosen to undertake vaccination by putting each of the 64 states and jurisdictions in charge of its own microplan, enabling each to determine its own strategies for distribution and administration of the vaccine. Upon review of the microplans, it was clear that there was substantial variation, only some of which might have been necessary to address the geographic or resource constraints in a particular state or locality. Since initially written, each of the plans has been amended as more information became known, and these amendments have added to the complexity. Throughout the country, we are hearing of issues that need to be addressed, including hearing that some hospitals received far less vaccine than they requested and needed, while others received more than they could use for Priority 1 individuals, but without an explanation for this mismatch. We are hearing from hospitals and health systems that serve more than one state that it is hard to manage vaccine distribution when their patients live in jurisdictions with different rules about which patients are prioritized and that are at different priority levels. As this rollout rapidly evolves, it is absolutely critical that effective situational, real-time leadership is provided nationally.
- **Provide a process for quick resolution of questions that arise.** In the initial weeks of the rollout, many issues arose that were not anticipated or addressed in the microplans. Hospitals asked for guidance from their jurisdictions, and the jurisdictions may have developed their own unique answer or may have asked for guidance from federal agencies. It is unclear who is responsible for answering questions or by what mechanism all interested parties will receive the answers to these questions that should shape their actions going forward. Hospitals and all of the other stakeholders need a clear understanding of both how to communicate with HHS when critical issues arise and how decisions will be made that will impact the work we are doing to administer vaccines. Given the pace at which we are being asked to work, we need those decisions to be both well informed and swift. Further, we need consistency in the decisions so that the differences among the various state microplans are minimized.
- **Share effective approaches and lessons learned.** In the initial phases of the rollout, states, distributors, and hospitals and other vaccine providers have learned some valuable lessons, but it is not clear who is taking these lessons and disseminating them to all states and jurisdictions to increase the effectiveness of the vaccination rollout. HHS can expedite vaccine administration by finding a way

to identify and share effective practices among the relevant stakeholder groups and provide help to other jurisdictions that want to adopt similar approaches.

We urge you to establish a process within HHS with the ability to be able to coordinate the national efforts among all of the states and jurisdictions and the many stakeholders; answer all of the questions expeditiously; establish and maintain effective communication among all involved; and identify and resolve barriers to the rapid deployment of millions of doses of vaccines.

We look forward to working with your team to provide perspectives from our membership on identifying barriers and developing workable solutions. Please feel free to contact me or to have your staff contact Nancy Foster, AHA's vice president for quality and patient safety policy, at nfoster@aha.org. I look forward to discussing this with you further.

Sincerely,

/s/

Richard J. Pollack
President and Chief Executive Officer