



# Guide for COVID-19 Vaccine Providers

**A framework for rollout and  
tips for evaluating tech tools**

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# COVID-19 Vaccine Provider Guide



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## Summary

This guide provides a framework for vaccination rollout and tips for evaluating tech tools, with the goal of helping vaccine providers make smart decisions, faster.

The information in the guide distills what we've learned and the trends we've seen through 1) working with multiple government vaccine providers across the country, 2) evaluating major tech vendors in the vaccination ecosystem, and 3) our collective decades of experience in the tech industry directly building and evaluating tech tools ourselves.

*This is a living document.* We will continuously update it as we learn more from government officials, other vaccine providers, and tech vendors.

## Who is this guide for?

Government teams who are responsible for providing COVID-19 vaccines to their communities.

## How is this guide different?

1. Agencies and associations like the CDC, CTSE, ASTHO, NACCHO, and APHL are sharing strong guidance on **what** to do. But relatively few organizations are sharing guidance on **how** to do it. Our approach is to give you concrete tips on what to do so you can execute your job more quickly and effectively.
2. A common theme we've heard from providers is they are interested in what other providers are doing. Since we've partnered with several government providers across the country, our guide is a way to quickly learn the tips and pitfalls that other government providers have experienced. Our recommendations are based on conversations and partnerships with government providers like you who are on-the-ground responsible for delivering vaccines to their residents.

## What's in this guide?

1. **Background:** General facts about vaccination rollout in the US.
2. **Key areas for vaccination rollout:** USDR has identified 8 key areas of work for vaccine providers.
3. **Tech tool categories:** Top needs identified by USDR partners include scheduling/queue management, reminders, and registration.
4. **Vendor categories:** A high-level overview of the vendor landscape.
5. **How to evaluate vendors:** Tips for choosing a set of vendors to consider; concrete, detailed factors and questions to ask vendors offering queue management and registration tools.
6. **Vendor evaluations:** Detailed write-ups and recommendations of vendors we've talked to so far.

## Who created this guide?

A team of volunteers at U.S. Digital Response. The authors of this guide 1) have directly supported multiple city, county, and state governments on their COVID vaccination planning, 2) have done detailed evaluations of multiple vendors in the vaccine provider space, and 3) collectively have decades of experience building directly building and evaluating tech tools.

[U.S. Digital Response](#) (USDR) is a nonprofit that is providing free support to government departments across the US on anything that is affected by the COVID crisis (e.g. unemployment insurance, food assistance), and the [USDR Health Program](#) is focused specifically on supporting health officials and policy makers on direct COVID-19 response.

## Next steps after reading this guide

- Find this guide helpful? Please share with other vaccination planners who might benefit from this information.
- Want support from USDR? Please [fill out this form](#). We're fast, free, and non-partisan, and we'll get back to you within hours.
- Want to stay up-to-date? [Sign up](#) to get periodic email updates on new information we've learned.
- Got questions or feedback? Email [vaccinations@usdigitalresponse.org](mailto:vaccinations@usdigitalresponse.org)

# Vaccination Rollout

# Background

**Good news, vaccines are here:** Several COVID-19 vaccines have passed FDA approval, and the first batches of these vaccines are being distributed. These COVID vaccines were developed in record-time and at high efficacy.

**Lots to do, with lots of uncertainty:** Since this is the largest vaccination effort that the country has ever undertaken, we understand the urgency of administering vaccinations quickly to save lives and reopen the country. There is still a lot of uncertainty. For example,

- **Availability of supply:** It is unknown when and how many doses will be available. In scenario planning, USDR partners are prioritizing different communities in a phased rollout plan under a range of assumptions.
- **Tech vendors:** Vendors are also sprinting to create large-scale, reliable technology solutions that meet the needs across vaccination focus areas.

USDR's goal is to offer guidance to vaccine providers during this period of uncertainty. Our hope is that we can help vaccine providers plan for multiple scenarios in advance so that they are able to act quickly as new information comes in.

**Phased approach:** Due to limited initial supply of the COVID-19 vaccine, states are planning a phased approach to administering vaccinations. Each state is defining and prioritizing the different groups that qualify for the different phases and subphases. For example, a state may decide that Phase 1 is broken into two phases, where Phase 1a includes all front-line workers and elderly populations, and Phase 1b includes healthcare workers. Depending on the state, more granularity within the subphases may be necessary (e.g. ICU healthcare workers before everyone else). Many states are still refining their phase definitions.

**Timing:** The timeline and eligibility for the different phases will depend on the availability date and the quantity of vaccines provided by the suppliers. At this time, Phase 1a is expected to begin mid-to-late December. The early phases will mostly be closed POD (point of dispensing) operations. Open POD operations are expected to begin February - March.

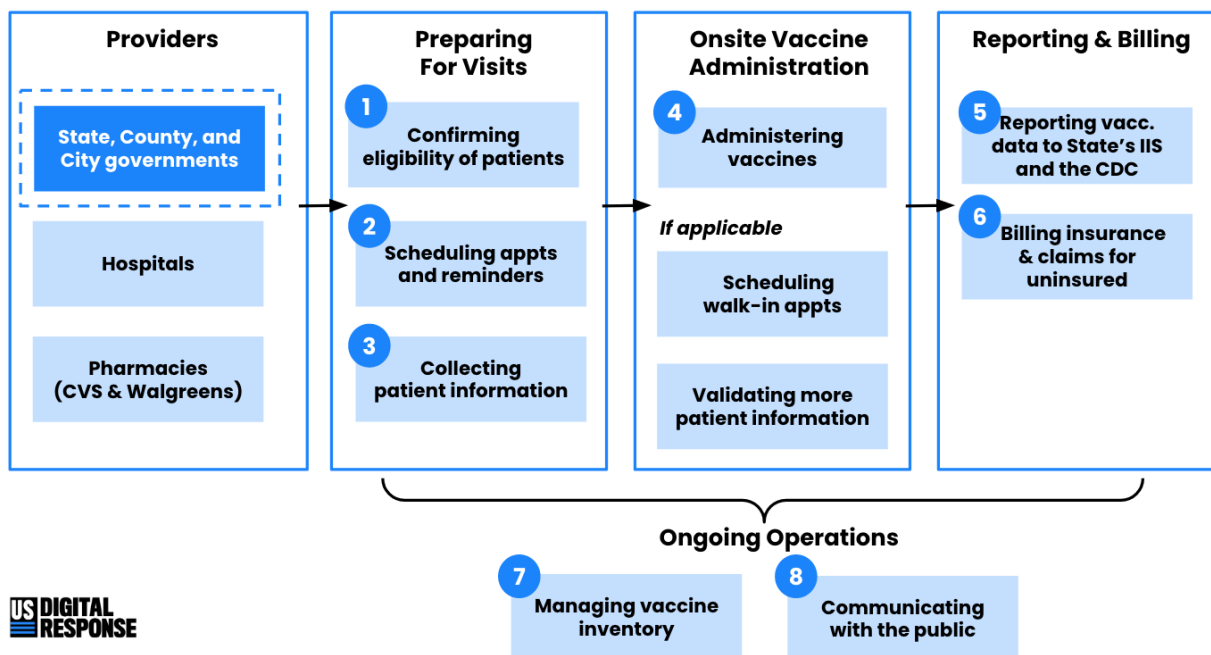
**Vaccine providers:** Vaccine providers are responsible for administering the vaccines to the population. Major vaccine providers include the State/County/City government (the level of government and departments responsible vary by region), hospitals, CVS and Walgreens,

and long-term care facilities (e.g., nursing homes). **The main audience for this guide is the first group: government providers.**

# Key Areas

We've identified 8 key areas for COVID-19 vaccine providers, based on our conversations with City, County, and State government teams who are responsible for administering vaccinations. Our focus is on the work needed for [open POD operations](#).

We see the high-level ecosystem in the following diagram:



## Tips and Considerations

For each of the 8 key focus areas illustrated above, below are some tips and considerations that we've heard from the government teams we've worked with. (Got other tips, or need help on other parts of the vaccine ecosystem? Let [us know!](#))

# 1. Confirming eligibility of patients

Since vaccines will be available on a phased basis, vaccine providers will need to confirm whether a resident qualifies under the current phase before administering the shot. The more providers can screen residents' eligibility ahead of time, the smoother logistics will be on-site.

## Here are different strategies to consider

- **General screening at scheduling, strict screening on-site:**
  - When residents schedule appointments upfront, ask some general screening questions (are you a medical worker? yes/no). Rely on this to discourage non-qualified residents from signing up.
  - On-site, ask for document/photo proof that they fall under the current phase. This could create complications if residents don't bring their proof and the requirement would need to be communicated in advance, during screening.
- **Strict screening at time of scheduling:**
  - When residents schedule appointments ahead of time, ask for upload of proof of eligibility (e.g., medical badge for healthcare workers). Not all residents will be tech-savvy, so this may need to be optional.
  - Before vaccination appointments, someone on your team verifies the uploaded proof and confirms their eligibility.
- **Employer-based screening:** for determining eligibility based on employment (e.g., medical workers, front-line workers, essential workers):
  - Ahead of time, ask employers to submit a list of eligible employees (with contact information), identified into phases. One complication is ensuring that employers accurately and reliably do this latter step.
  - Email eligible employees asking them to schedule a time. One benefit of this approach: Since broad "who's eligible when" public announcements may be confusing, this alternative approach enables you to notify people as they become eligible, instead of relying on residents to know when to sign up .
  - In patients' scheduling flow, mention that only people on the employee list will be accepted. You could also have a screener question asking who their employer is. Rely on this to discourage non-qualified residents from signing up.
  - Before patients' appointments, someone on your team verifies that the resident is on the correct employee list.



- If this specific strategy sounds interesting to you and you'd like help rolling this out, please let us know. USDR has helped a government partner implement a version of this out.

### **Keep in mind**

- You may also want to identify the number of residents who are eligible but opt out of vaccinations. The employer-based screening route gives you visibility into these metrics.

## 2. Scheduling appointments and reminders

Given the high volume of residents to vaccinate, many vaccine providers are considering using a scheduling or queue management tool. These tools can help you manage the flow of residents throughout the day and across multiple sites. They can also be used for communication and reminders.

### Keep in mind

- Do you want residents to schedule ahead? Allow same day walk-ins? Particular vendors shine depending on how you want to manage the flow of patients upfront and on-premise.
- Anticipate weather-related cancellations: If you have any sites that are outside, and your area has inclement weather during the winter, it's likely you will occasionally have to cancel. Plan for this by leaving gaps in your vaccine administration timeline and ensuring robust notifications to residents. This is particularly important for patients coming in for their second dose, since they have a small time window to be effectively treated.
- Plan for reminders. The leading vaccine candidates are multi-dose, "prime and boost" vaccines. Without reminders, members of the public may not return for their second dose; [a UK study](#) showed that only 11% of adults completed a two-dose Hepatitis A vaccine series. SMS-based reminders are likely to raise the rate of vaccine series completion.
- Inventory management will be a particularly important factor for scheduling. See more details in the [Managing Inventory](#) section.
- Some scheduling tools can be used to help track the vaccine brand (e.g., Pfizer) of the resident's first dose.
- You'll likely want to check the resident's eligibility in some way at the time of scheduling. This can be done in a lightweight way (quick screener question before scheduling) or in a more heavyweight way. See next section for more details.
- You'll also likely want residents to input their patient information at the time of scheduling. This can be done with your scheduling tool (if they provide this feature) or with a separate patient registration tool.

# 3. Collecting patient information

While you may already collect patient information, there may be some additional requirements that are unique for administering the COVID-19 vaccine:

## Reasons to collect patient information

1. Reporting to the state IIS.
2. Billing residents' insurance provider or creating reports of uninsured patients for reimbursement later.
3. Keeping track of who was given the vaccine, who needs a second dose, and the brand of the doses.
4. Identifying eligibility - patient medical information can be used to identify who falls into specific phases (e.g. residents with co-morbidities).
5. Ensuring equitable access - patient demographic information can give you visibility into whether you are equally serving all segments of your population, and help ensure that certain demographics don't fall through the cracks.

## Here are a couple ways to collect patient information:

- **(Recommended) Upfront, at the time of scheduling.** This will make on-site logistics smoother and also save time on data entry
- Collect this information on-site via paper forms or electronically. Even if you try to collect information ahead of time, you'll likely still need to collect patient information (e.g., any patient symptoms) on-site for some residents.

## 4. Administering vaccines on-site

There are a plethora of on-site operational challenges, including finding appropriate sites, recruiting and training workers, mitigating operational bottlenecks, and ensuring climate controlled vaccine storage. However, our focus is on technology systems and considerations.

### **Some technology and tools tips**

- Make sure the site has good internet service and consider getting some backup internet pucks.
- Schedule residents for their second vaccine dose appointment while they are on-site getting their first shot. This will likely increase your overall 2-dose completion rates and save you precious time following up with them later.
- Have paper printouts of forms available in case residents did not fill out information ahead of time.
- As you ramp up sites, print out copies about your vaccine administration schedule, patient eligibility criteria, and vaccine brand information in case you have any digital-related hiccups.
- Make sure your additional staff and volunteers have the right access and training to use your technology tools (and new licenses are within your budget) in advance.

# 5. Reporting data to your State's Immunization Information System (IIS)

The CDC is [requiring](#) that vaccination administration data are reported to your respective State's IIS no later than 72 hours after administration.

## Here are some potential ways to report vaccinations to your IIS:

- Integrate your patient registration tool directly with your State's IIS.
- Your EMR likely already integrates with your IIS, so you could integrate your patient registration tool and your EMR; then the EMR likely will be able to automatically report patient information to your IIS.
- Perform a CSV data export from your patient registration tool that can then be imported either directly to your IIS or to your EMR integrated with your IIS.
- (With caveats) If you collect patient information via pen and paper, you could use an OCR tool (optical character recognition) to scan in this information, and then ingest this into your IIS. The OCR process is error-prone, so you'll need to have someone quality check the work. We do not recommend this route.
- The fallback solution is to manually enter information into your IIS. This is time consuming and error-prone, so we do not recommend this route.

## Note:

- The [CDC has indicated](#) that vaccinations need to be reported to the CDC's Data Clearinghouse (DCH). This will likely be done via the IIS at the state level, so this doesn't seem like something local governments need to worry about. Check with your State public health agency to understand this workflow.

## 6. Billing insurance and claims for the uninsured

Since government vaccine providers will not be receiving grant money for the COVID vaccines, you will need to bill insurance on your residents' behalf.

### Here are some ways this can be done:

- Some registration tools may be able to handle billing for you.
- EMRs are often already integrated with an insurance billing tool. If you use your EMR as part of your registration process (either directly, or integrated with your patient registration tool), you can use your EMR to bill insurance.
- If there's no direct way to integrate between your registration tool and your billing tool, you could do a CSV data export from your registration tool, then import that data to your insurance billing tool. This will require some manual work on your end.
- The fallback solution is to manually bill insurance. This is time consuming and error-prone, so we don't recommend this route.

For the uninsured, you can [submit claims to HRSA](#).

### Keep in mind:

- Do not bill uninsured residents: insurance billing systems are often set up by default to automatically send bills to people who aren't covered by insurance. Make sure this doesn't happen for COVID vaccines, since everyone is guaranteed access to COVID vaccines regardless of their ability to pay.
- Depending on the insurance companies and the vaccine type, you may need to bill insurance twice, once for each dose of the vaccine.

## 7. Managing vaccine inventory (ongoing)

Due to the nature of the distribution channels and the vaccine itself, there are some special considerations that need to be made when managing the COVID vaccine inventory.

- Providers are **required to report** vaccine inventory daily through their State IIS (if your state signed up to report to CDC on your behalf) or directly to VaccineFinder on a daily basis. This reporting should be straightforward and should not require any technology integrations.
- Providers will order doses through VTrckS, a CDC tool. This should also be a straightforward report and should not require any technology integrations.
- Once a vaccine is thawed there is risk of spoilage, so it's important to have tight scheduling operations to mitigate risk.
- Since the vaccine requires two doses 3-4 weeks apart and both doses need to be the same brand, consider reserving half of your inventory for each brand to ensure that supply chain disruptions don't risk your ability to administer the second dose.

## 8. Communicating with the public (ongoing)

Given that the public has experienced confusion and misinformation about COVID-19 and the vaccines from unofficial outlets, we've heard from government providers that giving clear and timely information is critical to bolstering public trust.

Without clear communication about the following points, there is the risk of wide-scale misconception:

1. The vaccines are likely to have side effects such as fatigue, headaches, mild fever, or soreness. It is critically important that these expectations are set with the public ahead of time.
2. Making it clear that the vaccines are multi-dose will increase the likelihood that patients return for their second dose.
3. By definition, at-risk communities are being prioritized in the first phases of state vaccination programs. It is statistically likely that some members of those communities will get sick or die for reasons unrelated to the vaccine. If these outcomes are misattributed to the vaccine, they may dissuade other members of the public from signing up to receive the vaccine in later phases.

### Key considerations for messaging

For effective messaging, here are the key considerations:

- Information to include on website and communications:
  - Which resident demographics fall into which tiered phases
  - Which phase(s) is/are currently eligible
  - How eligible residents should sign up for vaccine
  - Where residents should go to receive vaccine
  - What residents should bring on-site
  - (If applicable) Eligible residents' contraindications
  - Contingency planning for residents (e.g. how residents can check for vaccination administration changes due to events like inclement weather)
- Explanatory content can build understanding and trust: convey that the vaccines are safe and free for everyone, vaccine access is based on ethical considerations, and it's important for everyone to get vaccinated.



- Partner with local news outlets to maximize residents' awareness of vaccination administration and eligibility.

## Messaging resources

USDR recently conducted research to explore how at-risk and vulnerable\* communities receive critical COVID information.



**39 Voices of COVID-19 | U.S. Digital Response**

<https://www.usdigitalresponse.org/our-offerings/39-voices/>

Public health communications experts have also offered guidance and sample messaging to communicate well about the COVID vaccine and build trust with the public.



**Communicating about the COVID-19 vaccines: Guidance and sample messages for public health practitioners - Berkeley Media Studies Group**

<http://www.bmsg.org/resources/publications/communicating-covid-19-vaccines-guidance-and-sample-messages-for-public-health-practitioners>

The following government sites are helpful references for publicly communicating the importance of the vaccine, accessibility to all residents, and eligibility phases:

- [State of Missouri](#)
- [State of North Carolina](#)
- [State of Colorado](#)
- [County of Broomfield \(Colorado\)](#), which links to State of Colorado's website
- [King County \(Washington\)](#)
- [City of Chicago](#)
- [New York City](#)

# Miscellaneous considerations

- Given the uncertainty in the timing and supply of vaccines, you should plan for a range of scenarios. For example, be prepared in the event that there are not enough doses to cover an entire phase, which may require you to break down a phase into smaller sub-phases (e.g. Dividing Phase 1a into Phase 1a Tier 1 and Phase 1a Tier 2).
- Another unknown is how many residents within each phase may choose not to receive the vaccine. Consider what to do if a number of residents decide to take the “wait and see” approach (e.g. if a resident is in Phase 1a but opts out, can they jump back in line at any point, or do they have to wait until Phase 3?). Additionally, consider what the impact will be to your approach if a large number of the resident population is not being vaccinated.
- Finally, how strict will you be in adhering to eligibility requirements for each of the Phases? For instance, if the family of an immuno-compromised resident shows up with them to be vaccinated, do you accommodate them to protect the immuno-compromised resident, or do you ask them to wait? Some States may provide guidance when it comes to this particular scenario while others may not.

## Tech tools

# Tool Categories

Below are categories of tools that government teams are assessing. We've also identified the most common and urgent use cases for each category, based on government partners' feedback.

**1**

**Scheduling Management Tool**

**Most Helpful Use Cases**

- **Scheduling and queueing:** allows eligibility screening, residents to pick a time slot, and see where they are "in line"
- **Reminders:** These tools often allow you to send reminders (before and after visit) to your residents and communicate custom information via text message or email
- **Operational efficiency:** helps you determine resourcing (staff & volunteers) to mobilize, how many sites to set up, and reduces the number of no-show residents

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**2**

**Patient Registration Tool**

**Most Helpful Use Cases**

- **Information collection upfront:**
  - Allows collect information from your residents ahead of time, like patient information and ID, medical history, waiver signatures, and insurance information
  - This will make on-site logistics easier and faster, alleviating time spent to collect additional patient info real-time
- **Data reporting & billing later:** saves you time and reduces the need for manual data entry after visits, since Reg. tools often integrate directly with EMRs and other specialized tools

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# Vendor Categories

There appear to be three types of vendors that are building additional functionality to support COVID vaccinations.

## EMRs

- Many EMRs have been building out additional functionality to help support the COVID vaccination efforts across the country.
- An upside of using your EMR is that they often already integrate with your IIS and insurance billing system, so you don't need to worry about setting up additional connections.
- We highly recommend considering your EMR's new feature and integration offerings, if applicable, as this may save time.

## Specialized tools for particular vaccination focus area(s)

- There are many tools that specialize in scheduling management or registration developed pre-COVID that are now pivoting these services to support COVID testing and vaccinations.
- An upside of using specialized tools is that much of their offerings have already been vetted by many customers in similar scenarios.
- The downside of using one of these tools is that quality and experience varies wildly across these smaller specialized vendors, so make sure the vendor you're considering has a good reputation and is already capable of supporting your most critical needs.
- Examples of tools in this space include Solv for patient registration and scheduling, and QLess for scheduling management.

## End-to-end "big company" tools

- There are several big players that have built offerings to support COVID; they tend to offer end-to-end functionality for supporting vaccination administration.
- An upside of using one of these end-to-end tools is that they could be an all-in-one solution for your needs. They also tend to have well-staffed support teams.
- A downside of these tools is that they may not have domain expertise and experience in the same way as a specialized vendor, so ironically they may not be as vetted as

some of the smaller specialized players for COVID tooling. Additionally, they may be the best-suited for budget-constrained scenarios.

- Examples of tools in this space include Microsoft's VRAS, Salesforce's Work.com, VAMS by Deloitte, and Qualtric.

# How to Evaluate Vendors

As you evaluate vendors, here are some high level considerations.

These were compiled based on our experience evaluating several vendors in this space, plus our collective decades of experience building and evaluating tech tools ourselves.

- [What are your goals and constraints?](#)
- [Which vendors do you evaluate first?](#)
- [What are some key questions to ask?](#)
- And what are detailed questions to ask for [scheduling / queue management](#) and [patient registration tools](#).

The next sections go into detail on each of these areas.

# What are your goals and constraints?

Before you start talking to vendors, it is important to identify potential constraints - this will serve as a guide as you decide which vendor is most appropriately suited for you. Below are some questions to consider.

- **Current systems:** Which systems do you currently use - EMR, State IIS, Scheduling, Billing insurance?
- **Gaps:** Do your current systems support the eight key areas of the vaccine rollout or do you need to integrate additional functionality (e.g., a scheduler or a way to pre-register and upload necessary documents)?
- **Resources:** What's your budget? What skills/resources do you currently have? What additional technology support will you need?
- **Timeline:** What's the lead time needed for vendor procurement? What's your vaccination timeline for all your residents, and timeline for residents in tiered phases?
- **Size & scale:** How many vaccines do you expect to administer per day within each phase? How many vaccination sites do you expect to run within each phase? Do you prefer spinning up more sites as you go, or have a steady number of sites? What's the setup of the sites: outside vs. inside, drive through vs. walk up vs. both?
- What language accommodations are you planning for in your area?
- What vaccination and resourcing risks should you scenario plan for?



# Which vendors to evaluate?

There are many vendors out there. Here are some tips on who to consider first.

- Talk to vendors you currently use (e.g. your EMR, scheduling tools for COVID testing) to see if they have add on solutions that can work for the vaccine rollout. This may save you time in procurement and integrating solutions.
- Consider tools that other counties have used or are using.
- If you'd like to get support from USDR in vendor selection or see our detailed vendor evaluations, [please reach out](#).

# Key questions

Given the rapidly evolving vendor landscape and the unique challenges with COVID vaccinations, here are some questions to keep in mind as you do vendor evaluations.

<b>Key questions (Keep in mind throughout evaluation)</b>	<b>Specific questions to ask the vendors</b>
<p><b>Would I be a guinea pig?</b></p> <p>Understand vendors’ past government client experience. If a vendor hasn’t supported situations similar to yours, it’ll likely be a lot of work for you to get what you want out of them, and there are likely some gotchas that neither you nor the vendor are aware of. It’ll make your life easier to use a tool that has proven features and functionality solving similar problems in the past.</p> <p>Having experience with wide scale COVID testing is the gold standard, since many of the requirements for COVID testing and COVID vaccinations are similar.</p>	<p>What’s your experience working with:</p> <ul style="list-style-type: none"> <li>● Governments?</li> <li>● The medical sector?</li> <li>● COVID?</li> </ul> <p>How many customers do you already have signed on to use your tool for vaccinations? What are their biggest needs?</p>
<p><b>What capabilities are they offering?</b></p> <p>Be clear on timeline of capabilities: “available right now” vs. “near future” vs. “maybe later.” If you absolutely need a capability, make sure it is in the “available right now” bucket.</p> <p>Understand the experience for each type of person using the tool (e.g., sometimes a tool will be great for residents to use but terrible for administrators’ data reporting needs). Ask to see both in the demo.</p>	<p>What do you currently offer? For features that are not currently available, exactly when will they be available for customers to use?</p> <p>What’s the experience like for:</p> <ul style="list-style-type: none"> <li>● Residents</li> <li>● Vaccine providers on-site</li> <li>● IT Administrators setting up the tool</li> <li>● Data Administrators analyzing the results</li> <li>● IT or Data Administrators sharing data to other systems</li> </ul>
<p><b>Will I be supported?</b> It’s unlikely any product will fulfill your needs perfectly out of the box, so make sure the vendor will support you in implementation, rollout, and in the</p>	<p>What kind of day-to-day support do you provide? How can I get help (email, phone call, chat)?</p>

<p>early days of multi-user usage.</p>	<p>What are your contractual SLAs (Service Level Agreements, e.g., resolution rates, and speed they commit to clients? What are the consequences if you don't meet SLAs?</p>
<p><b>How are their operations scaling?</b> Many vendors have been receiving an influx of business due to COVID, which can affect how well they provide support to you (for example, customer support might be slow to respond to emails because they are overwhelmed by requests).</p>	<p>How much has your company grown this year in employees and customers? Any growing pain points that I should be aware of?</p> <p>How well have you been adhering to your SLA over the last few months?</p>
<p><b>Is the tool reliable?</b> Many vendors are seeing much higher day-to-day product usage than prior to COVID. Unexpectedly heavy usage can cause the tool to crash or be really slow.</p>	<p>Who are your biggest customers? How much do your biggest customers use your tool?</p> <p>Across all customers for this tool, how many transactions are you dealing with each day? What's your maximum capacity?</p> <p>What kind of load-testing have you done? ("Load-testing" simulates how the tool will perform under heavy usage. If they don't have heavy customer usage currently, insist they do this before committing to them.)</p> <p>What's been your application's up-time over the last few months? (up-time is how often the site is running and unavailable, e.g., Google's site is up 99.978% of the time)</p>
<p><b>How does this fit in with my current workflows and tools?</b></p>	<p>Do you integrate with my EMS?</p> <p>Do you integrate with my IIS?</p> <p>Do you integrate with my billing system?</p> <p>Do you support data export? In what file format? (e.g., CSV, JSON)</p>
<p><b>What are the costs?</b> Understand the fixed setup fee, ongoing fees, and costs for custom work.</p>	<p>What's the setup fee? What's the fee for setting up additional sites?</p> <p>What are the ongoing fees? And is the fee per site, per resident, per provider, etc?</p> <p>What is the per-hour cost for custom work? What circumstances would require custom</p>

	<p>work? Based on what you've heard about my situation, do you expect custom work will be required? Do you have an estimate for how many hours might be required?</p> <p>(If your budget is constrained) We're on a limited budget: is there a way to ensure cost efficiency of the tool(s) we buy?)</p> <p>Any other costs I should be aware of?</p>
<p><b>How fast can they move?</b></p>	<p>How long will it take to get set up? (days, weeks, months?) If I need to make adjustments like set up additional sites, change input fields, etc, how much lead time will that take?</p>
<p><b>Are they compliant?</b></p>	<p>Are you HIPPA compliant? Is your tool ADA compliant? What kind of language translation support do you provide?</p>
<p><b>Can I trust this company and this team?</b> You can ask specific questions to get at this, but keep asking this question throughout your evaluations. For example, a smooth sales meeting doesn't necessarily mean that they'll be able to deliver, but a disorganized / unaccommodating meeting is a red flag on their operating ability.</p>	<p>How long have you been operating? How many employees are part of the company? How much have you been growing over the last year? What's the background of your leaders / investors?</p> <p>Do you have examples of success stories? customer testimonials to share? Customer referrals?</p> <p>In what ways do you think you shine? Who are your competitors, and how are you differentiated from them? (They likely will have a guarded response, but this is a way to understand how they view their offering compared to competitive alternatives.)</p>

Since the two focus areas we've repeatedly heard from government partners right now are: 1) scheduling/queue management and reminder tools and 2) patient registration tools, we've included additional detailed questions for both below.

We've already evaluated several vendors for scheduling/queue management and patient registration; let us know if you'd like to see our candid reviews. We're also happy to hop on the phone with a vendor and help you evaluate a vendor. Just [let us know](#).

# Scheduling / queue management tool - Questions

Here are some key questions to ask as you evaluate a scheduling / queue management tool.

## Resident experience

- What's the overall flow for scheduling?
- Flow for scheduling an appointment ahead of time
- Flow for scheduling a day-of visit and schedule a real-time walk-in
- Lightweight screener at time of booking to confirm eligibility
- Do they have a way to upload eligibility information? (e.g. ID card)
- Reminders: day before, day-of, "you're up soon", with information on what to expect to prepare them in advance
- Ability to reschedule and/or cancel

## Provider on-site experience

- Workflow manager
- 2-way messaging between resident and provider
- Determine whether 1st or 2nd shot and what the brand is
- Manually add patients

## Scheduling admin experience

- Easily manage multiple locations at the same time, manage # of lines available
- Dynamic scheduling day-of
- Grace period for residents running late
- Ability to shut off line (e.g. if running behind)
- Cancel a block of appointments (e.g. due to weather) and message people about the cancellation

## Logistics manager experience

- See workflow stats (for operational improvements)

# Patient registration tool - Questions

These are key considerations to ask as you evaluate new patient registration tools.

## Patient information

- What information do they collect?
- How would they track whether this is the patient's first or second dose, and what brand they're using?
- Do they integrate with EMRs? If so do they integrate with the one you use?
- Do they integrate with IISs? If so do they integrate with the one you use?
- What are their data exploring functionalities?

## Waivers

- Are they able to collect and report (if applicable) signatures on fully digital forms?

## Insurance

- Do they collect insurance information?
- Do they have a way to scan insurance cards?
- Do they have a way to bill insurance companies on your behalf?
- What happens if someone doesn't have insurance?

## Eligibility screener

- Do they have a way to ask whether the resident is eligible to receive vaccines?
- Do they have a way to upload eligibility information? (e.g. ID card)

## Resident experience

- What's the overall flow?
- What languages do they automatically translate?

# Vendor Reviews

We've evaluated several vendors and are happy to share our detailed write-ups and recommendations. [Please reach out.](#)



# What's next?

As you know, the situation around vaccinations is evolving quickly. As we learn more, we'll add the relevant new information to this guide. You can [subscribe for future updates](#).

In the meantime, if you'd like more information or support from USDR, please [reach out](#). We'll get back to you within hours.

And if you found this guide helpful, please share with other vaccination planners who might benefit from this information.

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