MSSNY
Draft Minutes
Committee on Bioethics Meeting
February 12, 2021

Present
Joshua Cohen, MD, Commissioner
Janine Fogarty, MD, Asst. Commissioner
Jeffrey Berger, MD, Chair
Patricia Bomba, MD
Stanley Bukowski, MD
Joseph Maldonado, MD
Cheryl Morrow, MD
John O'Brien, MD
Anthony Pivarunas, DO
Joel Potash, MD
Peter Rogatz, MD
Corinne, Salonson-Lojos, MD
Robert Schloss, MD
Renee Solomon, MD
Jane Marie Simpson, DO
Sally White, MD
Cheryl Stier, Alliance

Absent
Maria Basile, MD
Stanley Pietrak, MD

Excused
Arthur Cooper, MD

Invited Guests
Bonnie Litvack, MD President
William Valenti, MD, Chair MSSNY
Infectious Disease Committee

Staff
Pat Clancy, VP/Managing Director
Public Health Education
Maureen Ramirez, Administrative Asst.

1) Welcome

2) Approval of October 23, 2020 minutes – approved with correction of MOLST.org website and the proper spelling of eMOLST.

3) Covid 19 Vaccine Distribution

a) Bonnie Litvack MD President of MSSNY - Dr. Litvack reported that MSSNY is in constant contact with the DOH and the governors' office. Reports are that over 10% of the state has had the 1st shot. The governor reports that the vaccine supply will be increased by 5% over our current allocation. Demand is definitely outstripping supply. It is improving, but it is taking time. While the governor has opened access to vaccination to group 1A and 1B, he has also opened it to people with comorbidities. The inability to get the vaccine, especially by community physicians is becoming difficult/near impossible. Long term care facilities have reached 40% vaccination rate.

Question - whether those numbers included skilled care, assisted living and adult home in those numbers. Pat Clancy said she would would try and find out.

Question – is that any data regarding people who have received the 1st dose becoming reluctant to take the second dose? No one on the committee had heard anything about that. Information is 80% experiences a reaction at the injection site. Once the Johnson & Johnson vaccine is

available that will eliminate the potential of that problem. At this point there are 5 million people eligible for vaccination. While the community physicians seem to have been skipped over, MSSNY is pushing to get the vaccine to the physicians' office. There are many people with co-morbidities that do not want to go to a mass vaccination site feeling it would be safer just to go to their doctors' office. Getting the vaccine to the people rather than the people to the vaccine is a priority.

b) William Valenti, MD Chair of MSSNY Infectious Diseases Committee – Regarding the vaccine rollout the rollout has been uneven, frustrating, disappointing and inconsistent. At times, it has been hindered by overregulation. Groups 1A and 1B are eligible for the vaccine at this time, but there are many things making it a challenge along the way. How to overcome the equity challenge is difficult. Many things prevent people from coming to the distribution sites. It is imperative that the vaccine be brought to the people. It often requires cooperation between several agencies to bring vaccine to the people. Lack of supply and logistics within DOH hinder this process. Because of lack of supply, most locations are only vaccinating one or two days a week. One change is that the Federal Government is going to start sending vaccines to federally approved centers thus bypassing the state. Doses that had been reserved for health care workers will be released in the next few weeks for other use.
Physicians are prepared to do more but are hindered by lack of a centralized plan and short supply of vaccine. This should change once the Johnson & Johnson vaccine is approved. Astra Zeneca should be next. Once two more vaccines are approved, things should improve. Vaccine hesitancy needs to be worked on while we wait for the supply to improve. What happens moving forward? It is becoming apparent that boosters will be required. This will be a vaccine that will need to be repeated just like the flu vaccine. This is the same as the HIV epidemic in 1987. This is not going away.

Is there are way that organized medicine can get in front of this? The Federal Government required that distribution had to be entered into a system. NYSIIS is the system utilized in the State of New York. Notice was given that if you wanted to be able to distribute vaccine you had to sign up for the NYSIIS system. Most pediatricians are already in the system, but many internists were not. Many did sign up. There was an assumption that most physicians would not have the storage capability. Also, you couldn't order smaller quantities, if you wanted vaccine you had to order an entire tray. This may have been more then smaller organizations were capable or willing to handle.

MSSNY needs to continue to advocate for physician offices to be included. We need to learn from this for the future. The AMA should be encouraged to get involved.

Question – does MSSNY have a public media campaign to get the word out? MSSNY as been working on that. Dr. Litvack has been actively engaging the media to get MSSNY's position out there. Physicians emails with concerns or complaints have been forwarded by Pat Clancy to the Governor and the Department of Health. MSSNY is putting together a GAC letter to involve more physicians.

New York State is one of the few states that does not collect data on ethnic background. The Health Disparities Committee has asked the state to start to track this information right down to including the zip code.There are many variables in ethnic and disparate communities regarding vaccine distribution: internet access, transportation, geography. Living situation has bearing on vaccine allocation. There is a need to think about how we are going to get the vaccines into people's arms. There are many distribution sites that won't take appointments on line and there are others that will not take appointments over the phone. There are many home health aides

going in and out of senior or homebound individuals. It is important to get them vaccinated as well.
Public health and clinical health is often considered at odds with one another. It's time to get them working together. It is expected that physicians will become overwhelmed next week when vaccination is opened to people with comorbidities. People will need to get notes from their physicians that verify the conditions that qualify them for vaccination.

The mantra should be "we will not waste a dose". There appears to be a lack of trust in physician decision making process. Judgement sometimes must outweigh established policy. Physicians must be able to use "best judgement" in situations – for example – where there are vaccine doses left over. A physician should be able to use their judgement as to how those extra doses can be used. Nothing should go to waste. Another hindrance to be considered is there is no unified health system in the United States. This will probably be more of a focus for MSSNY next year.

Each Public Health Education Committee of MSSNY has met over the winter and have voiced their concerns. MSSNY forwards those concerns to the Department of Health and the Governors office. MSSNY has found that the concerns that have voiced are slowly coming to the forefront with the state.

Future topic for discussion:

- Equity and Justice between Community and Public health.
- The Roll out – Community vs Public Health and how do we handle that in the future.
- Stakeholder engagement – how an organization manages its stakeholders.
- Policy making – all users should be brought together to shape policy rather than being managed. How do we as clinicians come together to shape policy rather than being managed? There needs to be organization on how people are managed.
- Public Health vs. Clinical Medicine. How can this committee have a discussion with the Department of Health on how to bring the clinicians into the conversation? Perhaps inviting the DOH to the next committee meeting to discuss lessons learned? The DOH is short staffed at this time and it is unlikely they would be able to send someone to the next committee meeting in April. The AMA might need to be involved.
- COVID Disparities resource allocation and vaccine distribution.
  The committee asked Pat Clancy to reach out the Health Disparities Committee to see if there can be a joint meeting with Bioethics to discuss vaccine hesitancy. Can this committee play a role to determine most at risk? Can geo-mapping be used to address and assist with health Disparities?

  To forward to the DOH and the Governors' office from this committee:
- Physicians should be allowed to use their discretion with a small percentage of (extra) doses, to use those doses in order to avoid vaccine waste? Clinical judgement should be allowed to prevail without legal ramifications.

The next scheduled committee meeting is April 30, 2021. Pat will let the committee know if that will change.

Adjourned.