



Scheduling Second Dose Appointments in VAMS Information for Connecticut COVID-19 Vaccine Providers



VAMS currently does not have a way to distinguish between the scheduling of first and second doses. This can lead to challenges when a slot that is intended for a patient coming for a second dose is filled by a patient scheduling their first dose of a COVID-19 vaccine.

Future product enhancements are being planned to:

- support reservation of certain number of slots for second-dose appointments
- block slots for walk-in appointments
- distinguish between first and second dose appointments

Until these features are available, there are two primary approaches that clinics can use to manage second dose scheduling.

Please ensure that your clinic has reviewed these options and selected its approach for handling second-dose scheduling. Effective implementation will require coordination between clinicians and clinic management to ensure that VAMS Clinic Administration, Patient Communication, and Clinic Experience are aligned.

Approach	Benefits	Drawbacks
 <p>Option 1: Scheduling Approach Primary approach</p> <p>Providers direct recipients to schedule second-dose appointments immediately after receiving first dose.</p>	<p>Leverages VAMS system as designed to schedule second-dose appointments</p> <p>High probability that if “second dose slots” are published just-in-time for scheduling, they will not be filled by first dose seekers</p>	<p>Potential that if slots have been published, they could be filled by first-dose seekers</p> <p>(If appointments are not available, walk-in approach can still be used – see below)</p>
 <p>Option 2: Walk-In Approach Back-up approach</p> <p>Provider instructs recipients to return for second dose appointment on a walk-in basis. Reserve treatment statement capacity for walk-ins (e.g., by not publishing treatment station operating hours).</p>	<p>No issue with second dose slots being filled by first dose patients</p>	<p>Slightly confusing user experience since users will need to ignore follow-up appointment scheduling reminders from VAMS system</p> <p>More difficult for clinics to plan inventory and scheduling with walk-in appointments</p>
<p><i>Information on each option in the next pages</i></p>		



Option 1: Scheduling Approach (primary approach)

Overview of approach: Providers direct recipients to schedule second-dose appointments immediately after receiving first dose.

Clinic manager responsibilities:

Provider responsibilities at time of first-dose appointment:

- Immediately after first dose is administered, ask patients to schedule second dose visits (doing so while the patient is there maximizes chances that slot is available for scheduling, and also supports patient behavior to return for second appointment)
- (If a slot is not available, a walk-in appointment can be suggested for the patient for the second dose – see next page)



Option 2: Walk-In Approach:

Providers accommodate recipients for second-dose appointments on a walk-in basis. Create a walk-in appointment within VAMS when recipient comes for their second dose. Support walk-ins either with additional capacity or by adjusting clinic or treatment station operating hours.

Clinic manager responsibilities:

- Do not publish clinic hours for second dose slots – only accommodate via walk-in appointments
- Ensure there is sufficient capacity to take the second dose walk-in appointment by:
 - Adjust operating hour time slots for clinic or treatment stations as needed, to provide you flexibility to take walk-in appointments at specific times.
 - Adjust the number of treatment stations as needed, to provide you flexibility to take walk-in appointments at any time.

Provider responsibility at time of first dose:

- Inform patient that they should *not* schedule a second-dose appointment in VAMS but rather return to this location at specified date to receive their second dose of vaccine – *requires patient education, as VAMS notifications will still be sent for patient to schedule a second dose appointment*

Key drawbacks to be aware of:

- Recipients will need to ignore follow-up notifications that they receive to schedule a follow-up appointment
- Clinic managers need to carefully manage inventory proactively to account for anticipated walk-in appointments