Common Health Coalition

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Shared Clinical Decision-Making Guide on Vaccines for Clinicians

Takeaways on Shared Clinical Decision-Making (SCDM)

- SCDM for vaccines is a decision process between the health care provider and the patient or parent/guardian about a vaccine.
- Multiple vaccine recommendations have recently shifted by HHS from a routine recommendation to SCDM, including COVID-19, influenza, hepatitis A, hepatitis B, meningococcal and rotavirus vaccines. These new recommendations are not based on any newly presented evidence.
- There are multiple ways to do SCDM with a patient. It can be short or long, synchronous or asynchronous, may occur over multiple touchpoints, and may involve a variety of clinicians.

What is Shared Clinical Decision-Making (SCDM)?

Shared clinical decision-making – also sometimes referred to as individual decision-making – involves a decision process between the health care provider and patient/caregiver about a vaccine, including the benefits and risks of vaccination. Clinicians already routinely counsel patients about vaccines, and patients share in the decision to get vaccinated, even if the process is not called SCDM.

Who Can Participate in Shared Clinical Decision-Making for Vaccines?

CDC defines a "health care provider" for SCDM as "anyone who provides or administers vaccines: primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists." Depending on state scope of practice laws, additional health care providers who offer vaccines, including medical assistants, pharmacy techs, and dentists, may be able to offer SCDM. Please refer to your state's scope of practice regulations.

How to Do Shared Clinical Decision-Making

Multiple options – and you're probably already doing it! SCDM can be a short or long interaction, synchronous or asynchronous, may occur over multiple touchpoints, and may involve a variety of clinicians. Importantly, these conversations can include a strong recommendation for vaccination. Here are some example conversations for COVID-19 vaccine and hepatitis B vaccines:

Conversation 1:

- *"I recommend your baby get the hepatitis B vaccine today. The vaccine information sheets you have explain the vaccine's benefits and potential risks."*
- *"Do you have any questions about the vaccines that you want to talk about?"*

Conversation 2:

- *"I see that you (your child) are due for your COVID-19 vaccine today. Generally, if you are older or have medical conditions, you are more likely to benefit from the vaccine's protection against severe disease. These vaccines cut the risk of being hospitalized by about half. The risks of vaccination are low and rare. The information sheet you reviewed shared some additional considerations."*
- *"What questions or concerns might you have that I can help answer about this vaccine?"*

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Conversation 3:

- *"I understand that you're wondering if your baby really needs a hepatitis B vaccine and that's perfectly normal. Are there any things you're particularly worried about?"*
    - *"Even though you tested negative for Hepatitis B in pregnancy, the virus can be easily passed, sometimes silently, by other people around the baby. Holding off on the dose at birth leaves newborn babies vulnerable - and unfortunately we don't have good data that spacing doses or lab testing protects them."*
    - *"On the flip side, we do have decades of data - and I've seen 100s of babies - protected from lifelong hepatitis infections with this vaccine. The full hepatitis B vaccine provides near complete - 99% - immunity protection."*
    - *"I am always considering side effects for anything I recommend. If I see any reactions, the most common reactions are things like fussiness or redness at the vaccine site. These are mild and usually last no more than 1-3 days."*

If the patient chooses to not get vaccinated after a conversation, try again: *"I respect your decision. I'm happy to answer any additional questions, and we can revisit at your next appointment."*

Documenting Shared Clinical Decision-Making:

No additional documentation should be required for health insurance reimbursement. The language below is an example, but there are multiple ways to document the conversation.

Sample EHR Documentation for Vaccine Shared Clinical Decision-Making (e.g., dot phrase, smart phrase): *The patient/caregiver and I engaged in shared clinical decision-making about the benefits and risks of the [Vaccine Type]. This included an opportunity for them to ask questions. No contraindication to vaccination was identified, and the patient/caregiver and I collaboratively determined the patient would benefit from vaccination. A [Vaccine Type] was ordered in the context of shared clinical decision-making and educational materials were provided.*

Where applicable for patients with underlying conditions add: *The patient has _____ (indicate underlying condition or high risk group).*

Frequently Asked Questions

Are vaccines recommended as SCDM required to be covered by health insurance?
Yes. Under the Affordable Care Act, immunizations listed as SCDM on the immunization schedules of the CDC are required to be covered by health insurance without any cost-sharing and is described by CMS here.

Can a medical assistant (MA) or pharmacy technician provide SCDM for vaccines?
CDC defines a "health care provider" for SCDM as "anyone who provides or administers vaccines: primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists." Depending on state scope of practice laws, additional health care providers who offer vaccines, including medical assistants, pharmacy techs, and dentists, may be able to offer SCDM. Please refer to your state's standards of practice.

MAs and pharmacy technicians can administer vaccines in most states, again per state scope of practice laws. Of note, pharmacy techs can administer COVID-19 and flu vaccines in all states under the PREP Act. If states do not include SCDM within MA and pharmacy techs scope of practice, an MA or pharmacy tech could still administer the vaccine if the patient has had the opportunity to participate in SCDM with a qualifying health care provider.

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Are pharmacists in all states able to provide vaccines through shared clinical decision-making for all ages?
While pharmacists have the training, experience, and expertise to do SCDM, whether they can vaccinate all ages may differ by state based on their scope of practice and authority.

Can standing orders be used for vaccines with a shared clinical decision-making designation?
Yes, if SCDM has occurred with the patient or parent with a qualifying clinician - which may depend on state scope of practice regulations.

Does a shared clinical decision-making engagement need to be on the day of vaccine administration?
Based on CDC guidance on SCDM, there is no requirement for the communication to happen on the same day of administration. Additionally, there is no prohibition against SCDM being done by a different person than the vaccine administrator.

Does shared clinical decision-making need to be a face-to-face conversation or could a triage nurse counsel the patient on the phone or using electronic communication prior to a vaccine visit?
There is no requirement for SCDM to be a face-to-face conversation. SCDM can be done on a separate day and does not need to be done by the vaccine administrator.

Does a standard consent to treat, ICD-10 code, and CPT code for immunization counseling cover shared decision-making?
SCDM should occur and it would be reasonable to include a brief sentence in the visit documentation. This is dependent on the specifics of the code, but in terms of content, SCDM regarding a vaccine should cover the same topics as immunization counseling, such as benefits and risks of vaccination.

Would a message through the MyChart or other portal by a qualified health provider count as shared clinical decision-making?
While there is no prohibition against this per CDC guidance, a single message through a portal is not a two-way communication and thus may not qualify as “shared” clinical decision-making. However, if there is an opportunity for patients to request additional information or engage a clinician via an electronic portal, this could meet the expectations of SCDM.

Additional Resources on Shared Clinical Decision-Making for Vaccination

- CDC guidance and FAQs
- American Pharmacists Association article on Shared Clinical Decision-Making
- American Academy of Pediatrics News Article on Shared Clinical Decision-Making
- Champions for Vaccine Education, Equity + Progress (CVEEP) report on Shared Decision Making for Vaccines
- Children’s Hospital of Philadelphia article on Shared Clinical Decision-Making
- The Announcement Approach Training and Tools

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