



# HIV+ COVID Screening & Testing Model

## CDC Guidelines on COVID-19 Vaccine Screening; Policy Background and Recommendations

Patrick G. Corr, Leah Hoey, Abigail Konopasky, Maranda C. Ward

### Background

The Centers for Disease Control (CDC) offers **varying guidelines** based on age, health status, priority populations, and the vaccine type.

**All individuals over the age of six months are eligible** for most COVID-19 vaccines, with the exception of Johnson & Johnson (recommended for patients older than 18).<sup>1</sup>

The CDC's Advisory Committee on Immunization Practice (ACIP) maintains a **repository** of all past and present COVID-19 vaccine guidance including guidelines for **bivalent booster doses** of the COVID-19 vaccines and for **initial vaccination** of children aged six months to five years, six to 11 years, 12 to 18 years, and people older than 18 years of age. **There are four existing** COVID-19 vaccines: Pfizer-BioNTech, Moderna, Novavax, and Johnson & Johnson's Janssen. These four vaccines have **distinct guidelines** based on the classification of the vaccine, recommended amount of doses, effectiveness, and risk.<sup>1</sup>

This policy brief reviews current definitions of COVID-19 vaccine **screening**, outlines the **problems** with current practices, and offers specific **policy recommendations** for addressing these problems.

### Policy Recommendations

- Provide guidance on compassionate communication
- Use EMRs to prompt more frequent conversations
- Increase collaboration in disseminating guidance to PCPs
- Clinicians to still screen even if not vaccinating
- Create billing codes specifically for discussing vaccination
- Focus on patient by monitoring care quality

### COVID-19 Vaccine Screening, Defined

The CDC does not provide a **definition** of screening in their COVID-19 vaccine guidelines.

Screening in the literature has been described as the process of **asking questions** about the patients' health status, contraindications, and precautions before administering a vaccine.

School of Medicine  
& Health Sciences

THE GEORGE WASHINGTON UNIVERSITY

A stakeholder group including primary care practitioners (PCPs), policy experts, public health practitioners, and academics vetted the following policy recommendations which address existing problems with the CDC's COVID-19 Screening Guidelines.

### **Gap 1: No CDC Screening Guidelines**

The CDC does not have any guidelines on COVID-19 vaccine screening as we have noted above. Moreover, **screening frequency, information, and conversations are done at the discretion of the provider.** The conversations that occur in a clinical setting between patient and practitioner are a critical part of screening and are not clearly addressed in any of the guidance documents available through the CDC.

### **Recommendation 1: Develop Guidelines**

The CDC should develop guidance for clinicians on **compassionate and nonjudgmental communication for all of their patients.** When discussing COVID-19 vaccines, clinicians need especially to **rely on culturally responsive communication when caring for racial, ethnic, sexual, and gender minoritized patients.** This **reflexivity** will allow clinicians to practice **antiracist and unbiased care.**

### **Gap 2: Patients Need More Reliable Information**

**Patients are individually responsible** for keeping up with COVID-19 vaccine recommendations and booster guidance. Americans are constantly bombarded with vaccine information, misinformation, and disinformation, and have to navigate when and where to get vaccinated. **Many Americans receive their vaccine information from social media or other media outlets or are unreached by vaccine information.**<sup>2</sup>

### **Recommendation 2: Increase Conversations**

Conversations around COVID-19 and COVID-19 vaccines should occur regularly between all patients and PCPs to eliminate stigma. **Electronic Medical Records (EMR) should include COVID-19 vaccination status as well as prompts and recommendations for COVID-19 vaccinations and boosters (at least annually).**



### **Gap 3: PCPs Not Updated**

Practitioners do not have updated vaccine guidelines consistently communicated to them **either through the government or academic/professional organizations.** As with patients, practitioners are required to seek information and determine its relevance and timeliness.

### **Recommendation 3: More Collaboration**

**Collaboration between state and local public health departments and major healthcare providers** is critical for successful screening guidance and vaccine rollout. **Many patients rely on their PCP to receive vaccines.** Collaboration between the state and primary care clinics is essential to reaching these patients.

#### Gap 4: Most PCPs Not Vaccinating

COVID-19 vaccines pose unique challenges for vaccination in a primary care clinic due to **storage and distribution requirements**. PCPs are the main source of immunizations for many Americans, and, unfortunately, most PCPs are not administering COVID-19 vaccines. **Patients must navigate the barriers to receiving vaccines outside of their PCP visits.** Additionally, patients who receive a COVID-19 vaccine outside of the organization of their PCP have to bring their vaccination card to be manually entered into the EMR.

#### Recommendation 4: PCPs Should Still Screen

CDC guidance should indicate that **clinicians who are unable to provide the COVID-19 vaccine should still screen patients for vaccination status and refer patients to vaccination sites nearby.** Provider recommendation is an influential factor in vaccine acceptance. Providers may direct patients to [Vaccines.gov](https://www.vaccines.gov) or go as far as schedule the appointment for the patient.

**15  
min**

**average  
amount of  
time that  
primary care  
providers can  
spend with each  
patient**

#### Gap 5: PCPs Can't Bill for Discussions

Current CDC guidelines direct patients to **their healthcare or vaccine provider for any information or concerns regarding the COVID-19 vaccines.** There are currently ICD-10 codes for providers to utilize when screening or administering COVID-19 vaccines with patients. **But, on average, primary care providers only have 15 minutes with each patient and are not incentivized to take the time to navigate the difficult conversations around COVID-19 vaccines when they are specifically unable to bill for these discussions.**

#### Recommendation 5: Create Billing Codes

There must be a **unique billing code created by the WHO, AMA, and other relevant agencies to incentivize health delivery service organizations to allow clinicians time to have discussions about the COVID-19 vaccines with patients.** Billing codes improve health care costs and ensure fair reimbursement policies. In addition to financially incentivizing PCPs to screen for COVID-19 vaccines, billing codes facilitate the collection and storage of data that can be utilized by patient organizations, policy-makers, and insurers.<sup>3</sup>

#### Gap 6: Focus on the Patient Is Lacking

There is currently **no focus on the patient experience** related to screening and counseling present in CDC guidelines. This gap presents ongoing concerns that **emerging policy guidance may continue to perpetuate structural inequities that contribute to health disparities.**

#### Recommendation 6: Monitor Quality

Accountable Care Organizations must **partner with clinicians and public health practitioners to identify indicators of quality care** for patient engagement. One such example may include patient satisfaction.



# GET INVOLVED



## JOIN

Join our [Mailing List](#) and commit to engaging with our stakeholder network in the coming months to discuss policy design, practice, and health improvement efforts.

## ENGAGE

Engage in a [collaborative discussion](#) with researchers, advocacy organizations, educational societies, and PCPs in clinical practice to inform policy development.

## ATTEND

Plan to attend the GW [Two in One Program Policy Summit](#) (details to come in early 2024)!

## Acknowledgements

The authors would like to acknowledge the [Two in One Core Research Team and National Advisory Board](#) for their guidance and support in reviewing the policy problems and proposed recommendations.

## References

Clinical Guidance for COVID-19 Vaccination | CDC. [www.cdc.gov](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html). Published May 25, 2022 <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>

Skafle I, Nordahl-Hansen A, Quintana DS, Wynn R, Gabarron E. Misinformation About COVID-19 Vaccines on Social Media: Rapid Review. J Med Internet Res. 2022;24(8):e37367. Published 2022 Aug 4. doi:10.2196/37367

Importance of ICD. [www.who.int](https://www.who.int/standards/classifications/frequently-asked-questions/importance-of-icd). <https://www.who.int/standards/classifications/frequently-asked-questions/importance-of-icd>



**HIV+ COVID  
Screening &  
Testing Model**

For more information, contact us:

✉ [twoinone@gwu.edu](mailto:twoinone@gwu.edu)

🌐 [twoinone.smhs.gwu.edu](https://twoinone.smhs.gwu.edu)