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).¹

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.¹

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.
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.²

**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 or go as far as schedule the appointment for the 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.

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.
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 in a collaborative discussion with researchers, advocacy organizations, educational societies, and PCPs in clinical practice to inform policy development.

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

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References


Importance of ICD. www.who.int. https://www.who.int/standards/classifications/frequently-asked-questions/importance-of-icd

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