

# Supporting Vaccine Decisions Through Shared Clinical Decision-Making

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# Disclosures

Elizabeth Skoy does not have any relevant financial relationships to disclose.

# What's happening?

## JANUARY 5, 2026

HHS released a memo stating that the CDC's recommendations on childhood vaccines will be updated to align more closely with those of other high-income countries.

### **Confusion surrounds CDC's 'shared clinical decision-making' paradigm for childhood vaccines**

*Stephanie Soucheray, MA, January 6, 2026*



### **AAP's 2026 immunization schedule keeps routine recommendations intact after overhaul of federal schedule**

January 26, 2026

Melissa Jenco, Senior News Editor

## AAP News™

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# Objectives

- 1** Describe the history and clinical context of shared clinical decision-making, including scenarios in which SCDM is commonly applied to vaccines.
- 2** Explain the roles of healthcare providers and patients within the shared clinical decision-making process for vaccination.
- 3** Identify system-level considerations involved in implementing shared clinical decision-making in clinical practice.

# What is Shared Decision-Making?

**“SHARED DECISION-MAKING IS AN APPROACH WHERE CLINICIANS AND PATIENTS **SHARE THE BEST AVAILABLE EVIDENCE** WHEN FACED WITH THE TASK OF MAKING DECISIONS, AND WHERE PATIENTS ARE SUPPORTED TO CONSIDER OPTIONS, TO ACHIEVE INFORMED PREFERENCES.”**



**TWO PARTICIPANTS  
(PROVIDER & PATIENT)**



**INFORMATION IS SHARED**



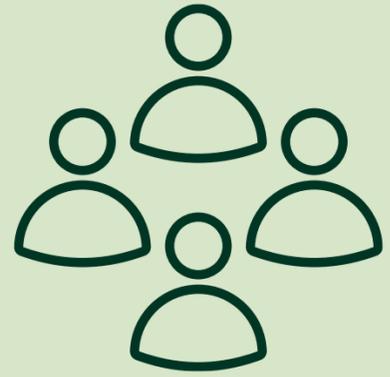
**CONSENSUS IS BUILT**



**AGREE ON A TREATMENT PLAN**

# Shared Decision- Making

- COLLABORATIVE APPROACH TO CARE
- BENEFITS AND RISKS OF CARE ARE WEIGHED



# Different Context

## DEFINITION A (COLLOQUIAL DEFINITION)

The patient (or parent) is involved in decision-making.

- At face value, every medical decision uses “shared decision-making” – it is the patient’s decision if they want to accept provider recommendations.

### EXAMPLE

**Patient requires a blood transfusion.**

Physician recommendation > Explains need > Explains risks > Answers questions > Obtains consent

**Is this SDM?**

# Different Meaning



## DEFINITION B (MEDICAL DEFINITION)

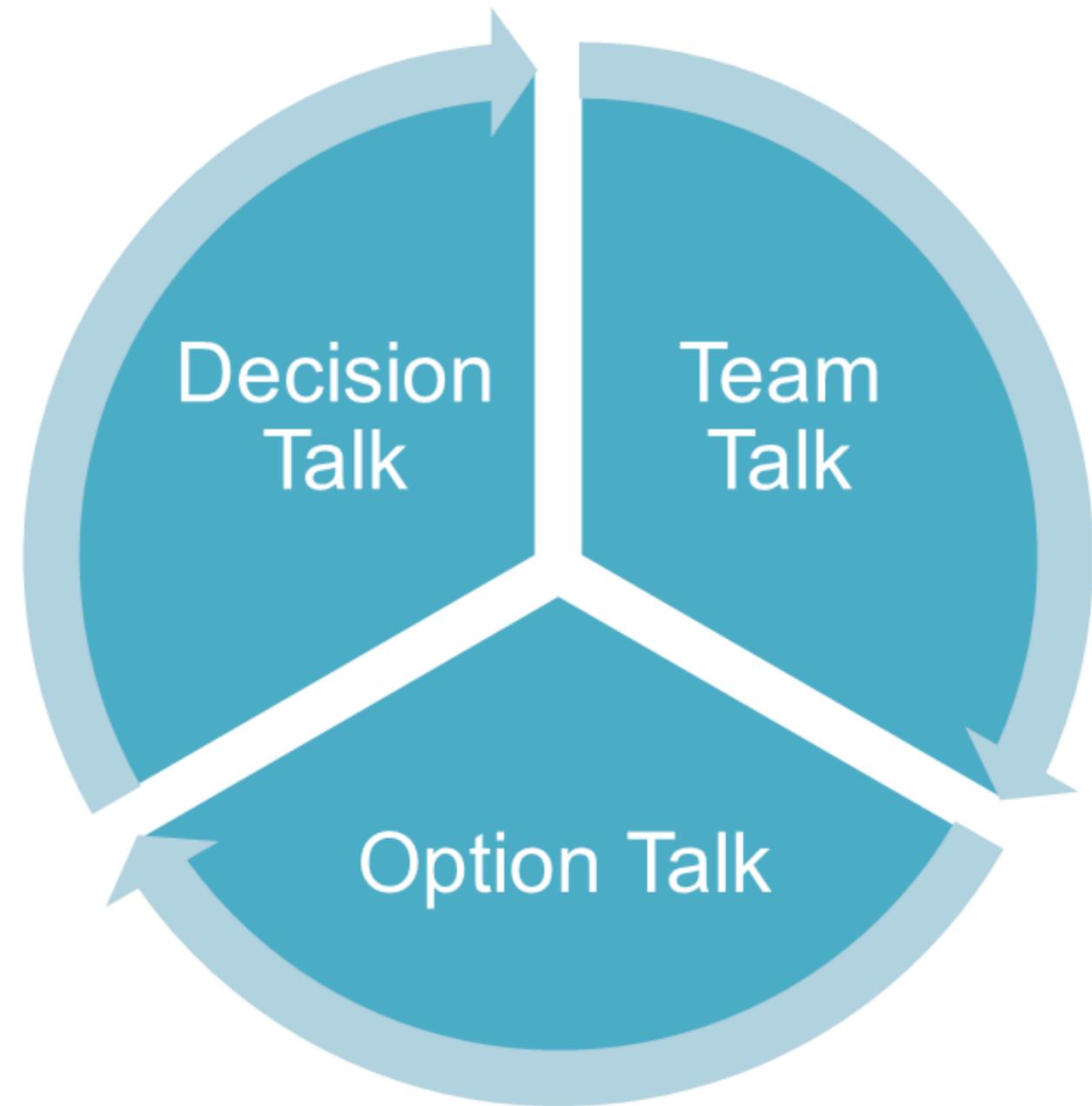
A collaborative discussion of benefits and risks when there isn’t one clear recommended treatment.

- When medical evidence provides a clear recommendation for treatment, the phrase “shared decision-making” is often not used, even though the patient is still involved in the decision.

The blood transfusion example would typically not be referred to as “shared decision-making” because there was one clear evidence-based treatment option.

# Model for Implementing SDM Into Practice

Three-Talk Model of Shared  
Decision-Making



Elwyn G, et al, A three-talk model for shared decision making:  
multistage consultation process. BMJ. 2017 Nov 6;359

# Three-Talk Model of Shared Decision-Making

## Team Talk

- Agree on the discussion and decision to be made
- Gather information:
  - Lived experience
  - Goals/what matters
  - Concerns



*Offer support and understanding*

Elwyn G, et al, A three-talk model for shared decision making: multistage consultation process. BMJ. 2017 Nov 6;359



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# Three-Talk Model of Shared Decision-Making

## Option Talk

- Provide the options
- Discuss the risks and benefits of each option
- Use decision aids:
  - Videos
  - Pamphlets
  - Surveys/guides

Elwyn G, et al, A three-talk model for shared decision making: multistage consultation process. *BMJ*. 2017 Nov 6;359



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# Three-Talk Model of Shared Decision-Making

## Decision Talk

- Weigh options
- Let expertise guide communication
- Guide patient to decision
- Match patient preferences to options
- Agree on continuing to work as a team



# Knowledge Check



Which of the following is a component that needs to be present to be considered shared clinical decision-making?

- A. Provider must follow routine recommendations
- B. Both patient and provider share information and come to a consensus
- C. Provider must make recommendations for care
- D. Patient must listen to the provider

# SDM and Vaccines (SCDM)

# Vaccine Recommendation & Approval Process

TRADITIONALLY



Clinical Trials

Vaccine & Related Biological Product Advisory Committee (VRBPAC)

FDA

Advisory Committee on Immunization Practices (ACIP)

CDC

Vaccines are made available to the public

FDA approval determines whether a vaccine can be used.

ACIP recommendations determine how vaccines are used in public health practice.

CDC director approval > publish official guidance > U.S. routine immunization schedule

BOTH VRBPAC and ACIP includes public, documented deliberation

**What does VRBPAC do?**  
 Independent panel of career scientists and vaccine experts  
 Reviews manufacturer licensure or EUA applications  
 Evaluates safety, efficacy, and appropriate use

**What does ACIP do?**  
 Independent medical & public health experts vote on recommendations using:  
 ✓ GRADE framework  
 ✓ Epidemiology & disease burden  
 ✓ Population-specific analysis

**Public opinion informs communication and implementation - not scientific evidence thresholds.**

# How are vaccine recommendations typically made?

## Evidence to Recommendation (EtR)

- Is the disease problematic to public health?
- What are the benefits vs. harm of vaccination?
- What is the certainty of evidence available for vaccination?
- What does the target population think about vaccination?
- Would the amount of resources be reasonable?
- What is the impact on health equity?
- Would it be feasible to implement?

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# How are vaccine recommendations typically made?

## ONE OF THREE RECOMMENDATIONS:



### **Routine**

All individuals in age  
and/or risk group



### **Catch-up**



### **Shared Clinical Decision-Making (SCDM)**

# Shared Clinical Decision- Making (SCDM)

WHAT IS IT?

“Individually based and informed by a decision process between the health care provider and the patient or parent/guardian.”

“Unlike routine, catch-up, and risk-based recommendations, shared clinical decision-making vaccinations are not recommended for everyone in a particular age group or everyone in an identifiable risk group.”

Classic examples: meningococcal B vaccines in adolescents and HPV vaccination for adults 27-45 years old



# SCDM is not informed consent.

- SCDM recommendations are (traditionally) used when there may be individual-level benefit from vaccination, but there is uncertainty about the benefit of a broad recommendation.
- SCDM is a type of recommendation, not an approach to individual healthcare.

# Knowledge Check



Which of the following best defines shared clinical decision-making in the context of vaccination?

- A. The clinician recommends a vaccine and the patient agrees
- B. The clinician provides vaccine information and patient independently decides
- C. A collaborative process in which clinicians and patients make decisions together based on evidence, risk, benefits, and patient values
- D. A standardized approach where all eligible patients receive the same vaccines

# Evidence to Recommendation

## HPV VACCINE 27-45 YEARS

EtR Consideration	Decision
Is the disease problematic to public health?	Uncertain for age group
What are the benefits vs. harm of vaccination?	Variable
What is the certainty of evidence available for vaccination?	Moderate
What does the target population think about vaccination?	Varies/lack of evidence
Would the amount of resources be reasonable?	Probably not
What is the impact on health equity?	Varies
Would it be feasible to implement?	Probably yes

# Current SCDM Vaccine Recommendations

Vaccine	Population
HPV	Adults 27 to 45 years
Meningococcal B (MenB)	Individuals 16 to 23 years
Hepatitis B	Adults 60+ with diabetes
Pneumococcal conjugate (PCV20/PCV21)	Subgroup of adults 65+
Additional COVID-19 doses	Immunocompromised individuals
*COVID-19, rotavirus, influenza, hepatitis A and B, and meningococcal	Pediatric

\*Announced January 5, 2026, by HHS Secretary – not based on EtR framework or supported by professional organizations such as AAP, AMA, AAFP, IDSA, and others.

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# Who is considered a healthcare provider with regards to SCDM?

Primary care  
physicians

Specialists

Advanced  
Practice  
Providers (PAs  
& NPs)

Registered  
nurses

Pharmacists

# With this SCDM model – who can give vaccines?

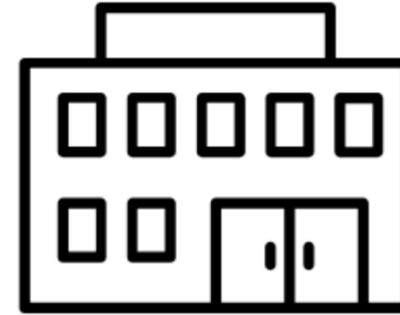
NOTE: May vary by state



CLINICS



PHARMACY



PUBLIC HEALTH

**What DOES change:**  
When a vaccine is under SCDM, the vaccinator should engage in a documented risk/benefit discussion with the patient within their scope of practice.

## **Standing Orders STILL apply.**

- Standing orders are already used for many SCDM vaccines and are compatible with protocol-based care

## **Pharmacists are legally authorized** (under ND state law and scope of practice - 3 years and older) to:

- Assess patients, engage in SCDM, administer vaccines without a physician's direct order - already routine for adult vaccines.

## **Health departments operate under medical director-approved protocols and standing orders.**

- SCDM fits within these frameworks. Vaccinations do not require individual prescriptions for each patient.

# SCDM & Vaccines



SCDM DOES NOT INDICATE ANY UNCERTAINTY  
ABOUT THE VACCINE'S SAFETY.

- Vaccines provided under SCDM are covered by insurance.
- SCDM and vaccine administration are NOT the same thing.
- You can engage in SCDM with anyone who is eligible for vaccination.

“Changing vaccine  
‘recommendations’ to  
‘shared decision-making’  
falsely implies there is no  
clear evidence-based  
recommendation.”

-Kristen Panthagani, MD, PhD

# Shared Clinical Decision- Making

WHAT DOES THE U.S. PUBLIC THINK?



1 in 5 believe shared decision-making means that “taking the vaccine may not be a good idea for everyone but would benefit some.”



1 in 4 think that shared decision-making means talking to family.

*Only*

**33%**

thought they could engage in a SCDM conversation about vaccines with a pharmacist.



SCDM can present numerous challenges for providers – balancing communication and comprehensive education on vaccination



**Missed opportunities to vaccinate.**

Limited consultation time

Resource constraints

Diverse cultural beliefs

Varying health literacy levels

Increases in misinformation and mistrust



# Challenges of SCDM

## UNINTENDED CONSEQUENCES: OUTCOMES

- Decrease in vaccination rates
  - PCV13 case example
    - Rates declined by 23% (SDM)
    - Rates declined by 21% for immunocompromised despite recommendation
- Increase in health disparity
  - Access
  - Provider/patient communication



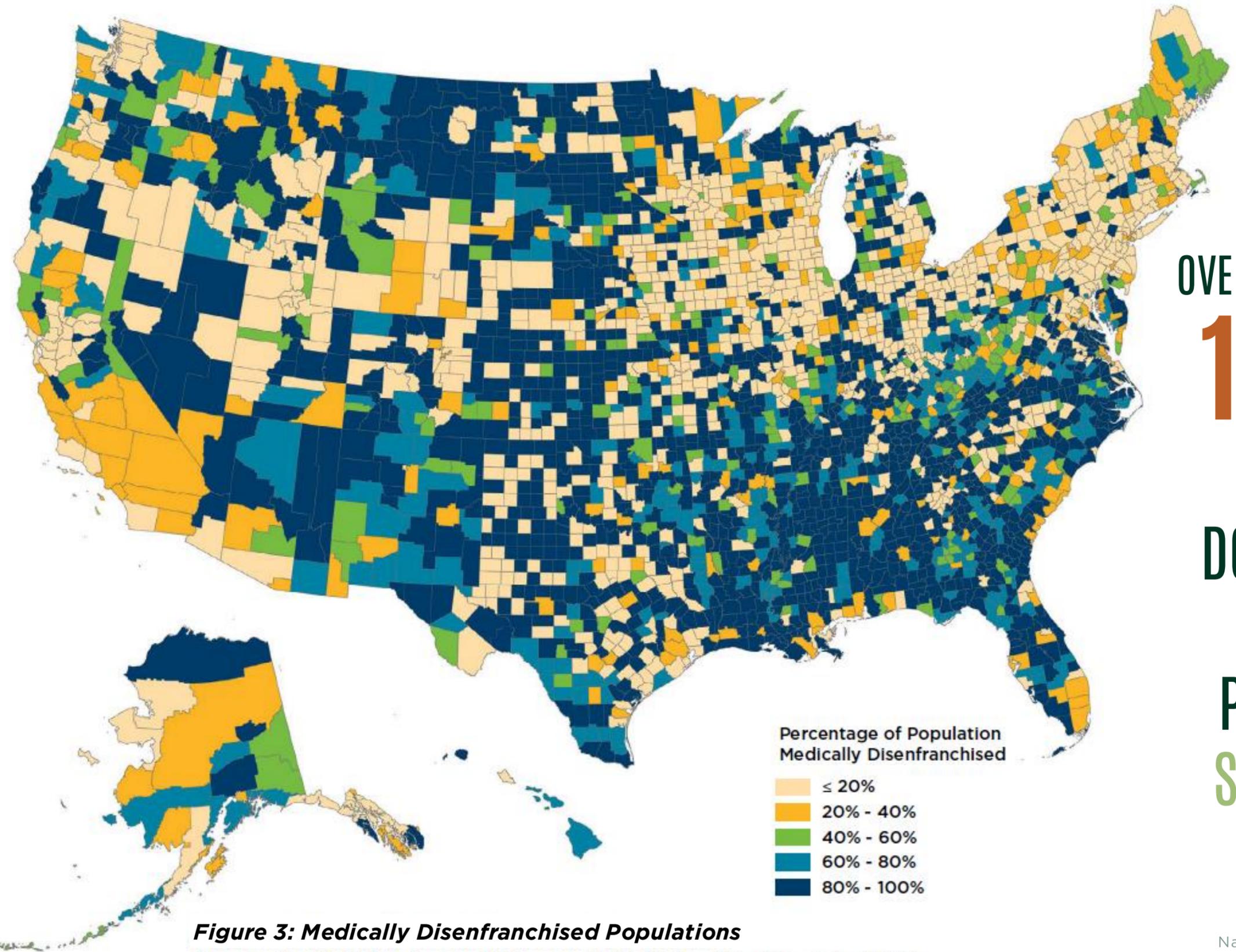


Did you know?

OVER

**100 MILLION**

PEOPLE IN THE U.S.  
DO NOT HAVE ACCESS TO A  
USUAL SOURCE OF  
PRIMARY CARE DUE TO A  
**SHORTAGE OF PROVIDERS**  
IN THEIR COMMUNITY.



Percentage of Population  
Medically Disenfranchised

- ≤ 20%
- 20% - 40%
- 40% - 60%
- 60% - 80%
- 80% - 100%

**Figure 3: Medically Disenfranchised Populations**  
Prepared by HealthLandscape. US Census 2020; National Provider Index 2022.

National Association of Community Health Centers, Closing the Primary Care Gap, 2023; deHahn P, Medscape, 2026.



Did you know?

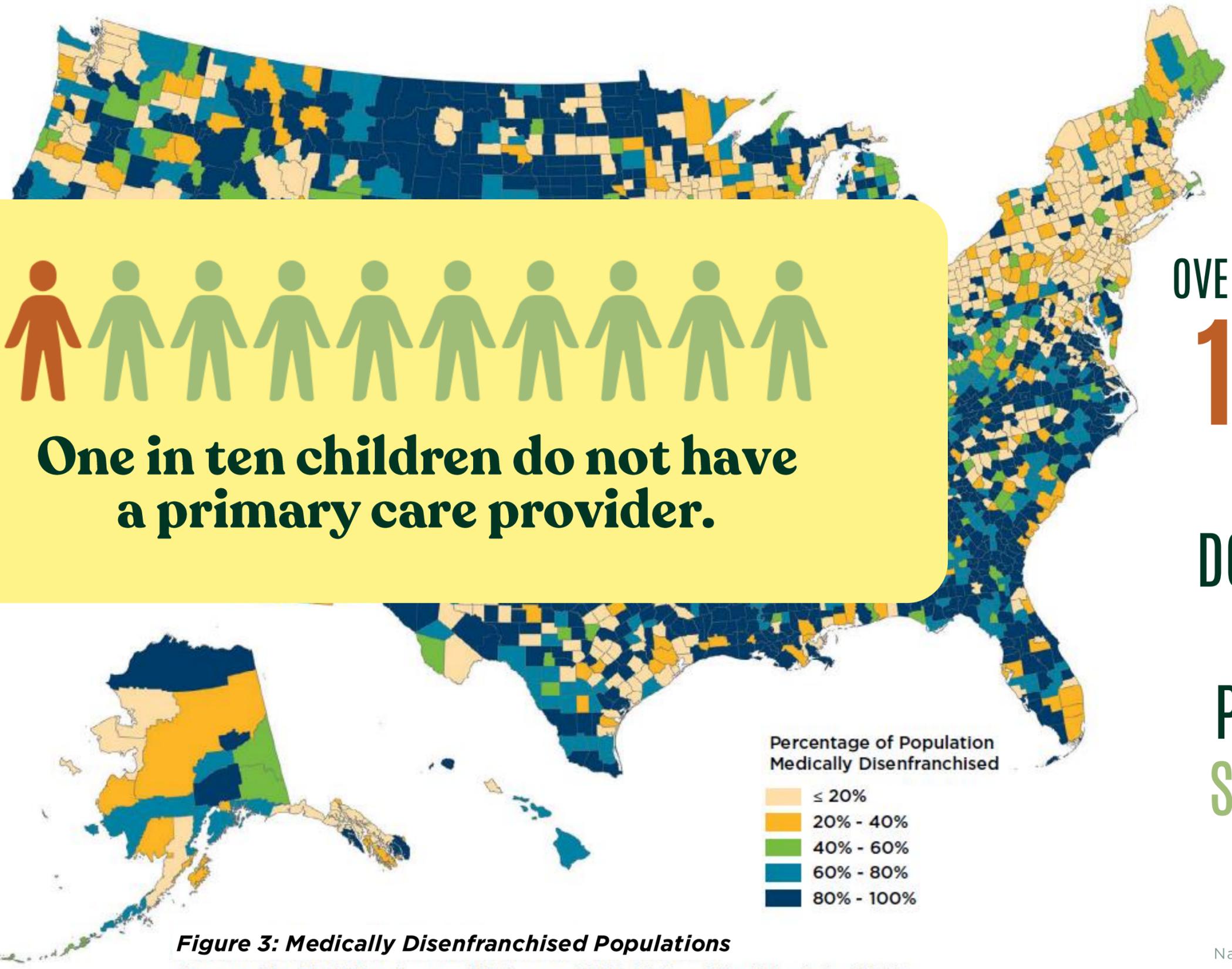
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**One in ten children do not have a primary care provider.**



**Figure 3: Medically Disenfranchised Populations**  
Prepared by HealthLandscape. US Census 2020; National Provider Index 2022.

National Association of Community Health Centers, Closing the Primary Care Gap, 2023; deHahn P, Medscape, 2026.

# During the high-severity 2024–25 flu season:

**289**

pediatric flu deaths reported - higher than any year since national reporting started in 2004\*

**1 in 2**

children who died from flu had an underlying medical condition

**89%**

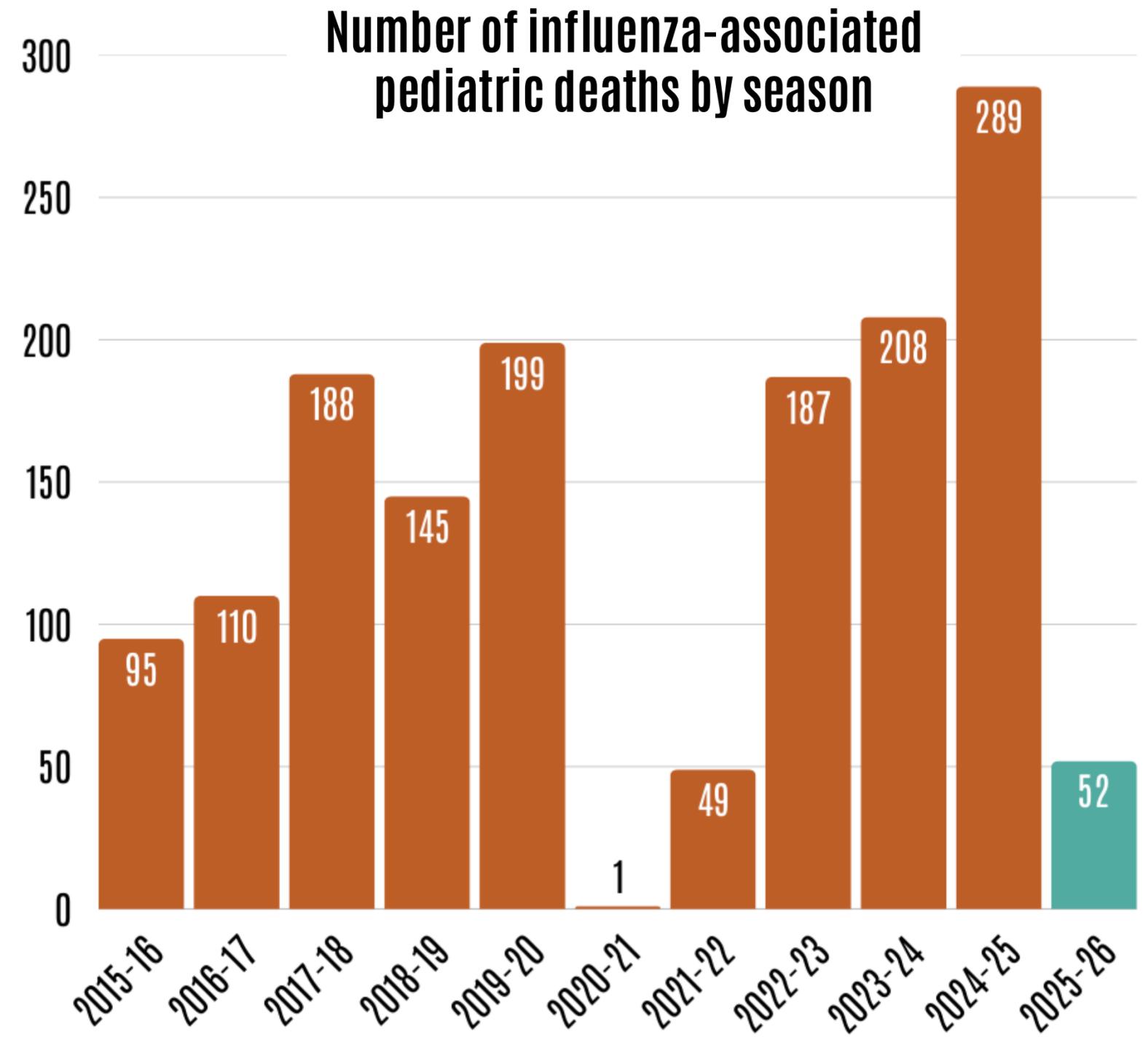
were not fully vaccinated

**Protecting children with a yearly flu vaccine is the safest way to prevent severe illness and save lives.**

\*except for the 2009-10 influenza A(H1N1)pdm09 pandemic.

# Pediatric Influenza Deaths on the Rise

The 2024-25 season saw the highest number of pediatric flu deaths in 15 years. The 2025-26 season isn't off to a good start.



# Critical Points

## **SDM IS IMPORTANT IN MEDICAL CARE**

It's important for patients to have a say in their care.

## **THE SYSTEM HAS ADAPTED**

With primary care visits often limited to ~15 minutes, qualified care team members share responsibility for discussing and delivering care to meet patient needs over time, not just in one visit.

## **REQUIRED SCDM CAN CREATE BOTTLENECKS**

Requiring SCDM means vaccines remain available but only after a prior discussion, which can delay or limit timely access.

# Knowledge Check



True or False:

Shared clinical decision-making is also referred to as informed consent.