TIPS FOR DISCUSSING COVID-19 VACCINES DURING PATIENT VISITS

Why bring up vaccination status?

• Only half of unvaccinated Americans say they will ‘definitely not’ get vaccinated, meaning that around half of unvaccinated adults could still be open to getting vaccinated.¹
• You should discuss regardless of your specialty—health care providers are the most trusted source of COVID-19 vaccine information, even among the unvaccinated.²
• You might be the first provider the patient has seen since the vaccine became available.

When to bring up vaccination status?

• Every visit, every patient, every time. While one discussion may not convince someone to be vaccinated, every discussion may help move them closer to getting vaccinated.
• Later in the visit. It is important to establish rapport with the patient. Address their medical concerns first.
• During discharge planning for hospitalized patients.

Overall Considerations

• Be empathetic. Start from the perspective that most patients have some degree of fear related to this decision, and with education we can help them overcome this.
• Be respectful and mindful of your own non-verbal communication. You might be expressing frustration without being aware of it. Take time to notice and adjust your tone and body language accordingly.
• Make it a dialogue between you and the patient instead of a monologue from you.
• Assess rather than assume. Explore patient concerns; don’t assume causes of vaccine hesitancy.
• Your patient has good intentions. No matter how misinformed your patient might be about COVID-19 vaccines, they are trying to make the best decision they can based on the information they have. They may be misinformed due to common biases (cognitive biases, ideological assumptions).

Initiate Interaction

• Ask about their vaccination status in a non-judgmental way. “Have you been able to get the COVID-19 vaccine yet?”
• Normalize. “I ask all my patients about the COVID-19 vaccine.”

Engage the patient in discussion of COVID-19 vaccination

Listen empathetically to the patient’s perspective

• Elicit patient concerns. “As your doctor I care about you and would like to talk to you about your vaccine concerns. What questions or concerns do you have about getting the vaccine?”
• Engage in active listening and have patients tell you all their vaccine concerns before you give any information. Use open questions: “Can you tell me more?” or “What else are you worried about?”
• Thank them for sharing their concerns and summarize your understanding of their concerns in an empathetic way to convey that they have been heard. “What I hear you saying is that you are concerned about…” “Based on what you’ve told me, it sounds like you are worried that you might get sick (or harmed) if you get a COVID-19 vaccine.”

Assess the patient’s information sources and format preferences

• Assess information sources/preferences to help guide what information you share and how you share it in a patient-centered way.
• Identify sources of information. Ask the patient where they have gotten their information about COVID-19 vaccines. Sources could include scientific research or news articles, or informal sources such as friends, family, and social media. “How do you usually learn things about COVID-19 vaccines? Who do you trust to provide you with good information about the vaccines?”
• Identify patient’s resistance to credible sources (if applicable). “Can you tell me a little bit about why you have a hard time trusting COVID-19 vaccine information that is provided by health experts?”
• Identify patient’s information-type preferences. What types of information does the patient use when talking about COVID-19 vaccines? (e.g., scientific study results; ‘facts’; anecdotes, experiences, or stories; public figures; websites)
Respond and share. Respond to patient concerns and share vaccine information.

Overall Considerations

- Express empathy and respect for patients who are concerned that the vaccine might negatively affect their personal health.
- Seek to build vaccine confidence rather than just correcting each myth and misconception.
- Pay attention to patient cues and avoid overwhelming them with information—deliver information in small chunks.
- Have resources including pictures and graphs readily available to share in conversation.

Transition to sharing information

- Express appreciation to your patient for sharing their concerns and perspective. “Thank you again for sharing your perspective on COVID-19 vaccines.”
- Ask permission to share information. “Would you be open to hearing my perspective on vaccines?”

If they don’t want to discuss

- Convey respect for their current stance and encourage ongoing conversation. “I know this is a decision that takes some thought and I respect where you are at. We don’t have to talk further about it today, but I’d like to continue our conversation later.”
- Make a brief recommendation statement. “I do want to emphasize that I strongly recommend that you get the vaccine and am happy to give you time to think about it.”
- Offer to clarify information. “COVID-19 vaccine information can be confusing, so if you end up having additional questions, I would love to discuss them with you.”

Convey confidence in vaccine safety and efficacy

Address concerns by presenting easy-to-understand evidence for vaccine efficacy and safety.

- Development of the vaccines happened quickly in part due to almost two decades of research on other coronaviruses and mRNA vaccines. Metaphor: It was like starting a 100-meter dash at the 80-meter line.
- Contrast: Millions of individuals have received the vaccine, including 95% of physicians, with no deaths and very few severe side effects compared to the tens of thousands of Americans who have died from COVID-19, or who recover but experience ‘long COVID.’
- Share personal experience. Self-disclose that you and your family have been vaccinated.
- Acknowledge vaccine limitations (e.g., breakthrough cases, side effects). “No vaccine prevents 100% of infections. Your risk of getting COVID is significantly lower by being vaccinated and it significantly reduces your risk of being hospitalized or dying if you do get it.” (show infographic or icon array)
- Make space for the patient to react to evidence. “What questions or concerns do you have about what I have told you?”

Convey risks of not being vaccinated

- Discuss personal risks based on specific patient situation—time away from work, significant illness, hospitalization, potential death, higher risk with co-morbidities, limited immunity from prior COVID-19 exposure.
- Discuss risk to family and friends. “Non-vaccinated people are more likely to pass the virus on to others. Remaining unvaccinated makes it more likely that you might infect someone you really care about who could get very sick or die if they got COVID-19.”
- Discuss population implications. “Without widespread vaccination, we won’t control the virus and return to normal life.”

Close the vaccine discussion

Ask for patient perspective

- “What are your thoughts about getting vaccinated (today) based on our discussion?”
- Go to uihc.org/covid-vaccine to schedule your vaccination OR Level 2 Pomerantz Family Pavilion Pharmacy

Problem-solve around patient barriers

- “Since you are concerned about side effects interfering with your work, we can help schedule you to be vaccinated at a time that works with your schedule.”
- “Because of your medical issues, we can plan to monitor you closely after you receive the vaccine.”

Make a plan

- Help identify where and when they can get the vaccine, offer to help them get it at the end or after their visit.

Convey appreciation

- “I appreciate your openness to discussing this. Please feel free to reach out with any additional questions and concerns as you think about this decision.”

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