

# Making Sense of Shared Clinical Decision-Making (SCDM)

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# Objectives

- Describe the 4–step framework for shared clinical decision–making (SCDM)
- Explain how vaccine financing led to tiered recommendations for immunizations
- Summarize clinician understanding of SCDM
- Apply SCDM guidance in clinical practice
- Identify practical strategies amid current immunization trends



# Why We Have Shared Clinical Decision-Making

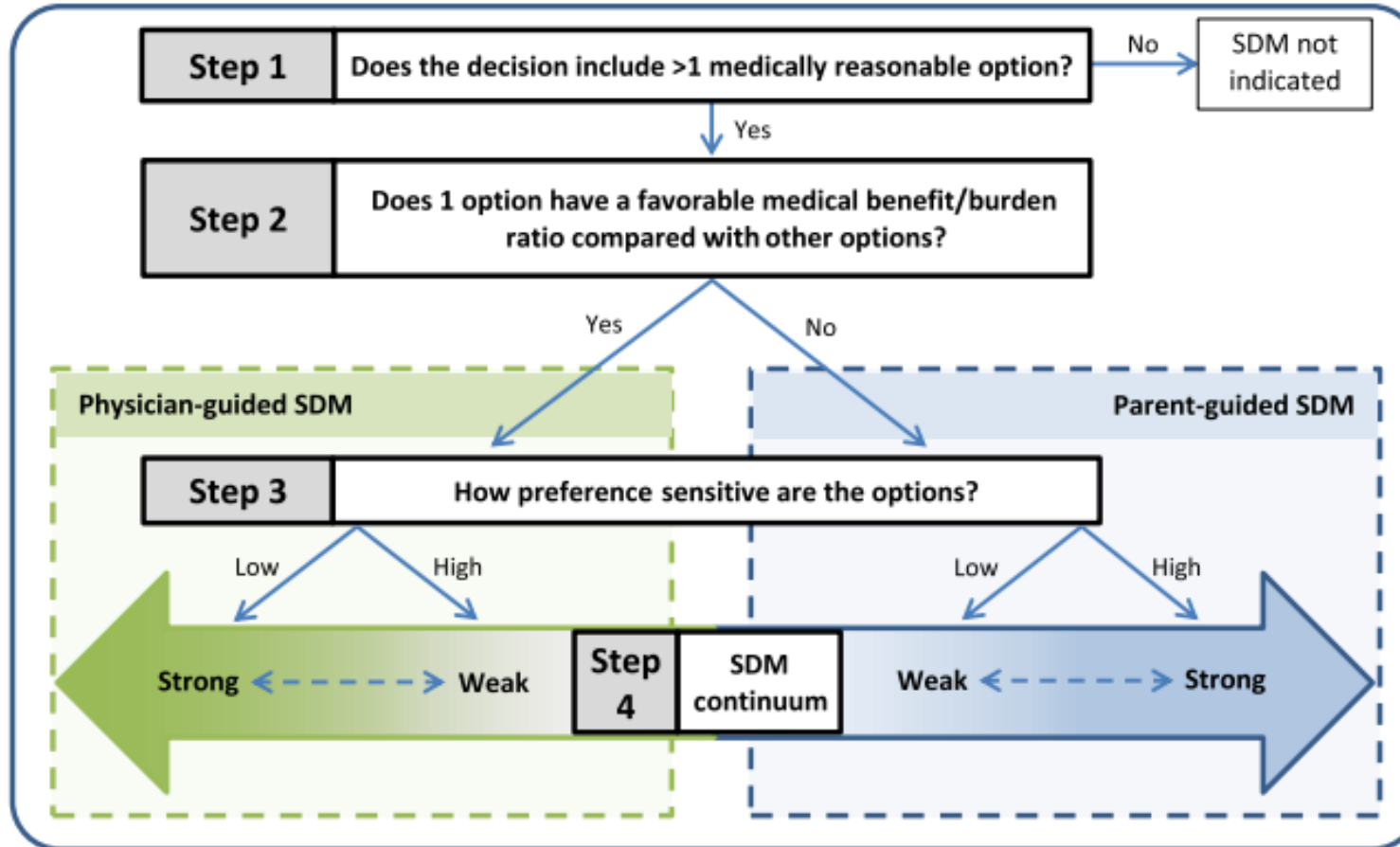
## A 4-Step Framework for Shared Decision-making in Pediatrics

Douglas J. Opel, MD, MPH

*Pediatrics* (2018) 142 (Supplement\_3): S149–S156.  
<https://doi.org/10.1542/peds.2018-0516E>



# Why We Have Shared Clinical Decision-Making



**FIGURE 1**  
Four-step SDM framework.



## Vaccine Financing: History of VFC

- 1989 – 1991 U.S. measles epidemic
  - 17,840 cases of measles; hundreds of deaths
  - >50% of cases in unimmunized individuals

<https://www.cdc.gov/vaccines/programs/vfc/about/index.html>



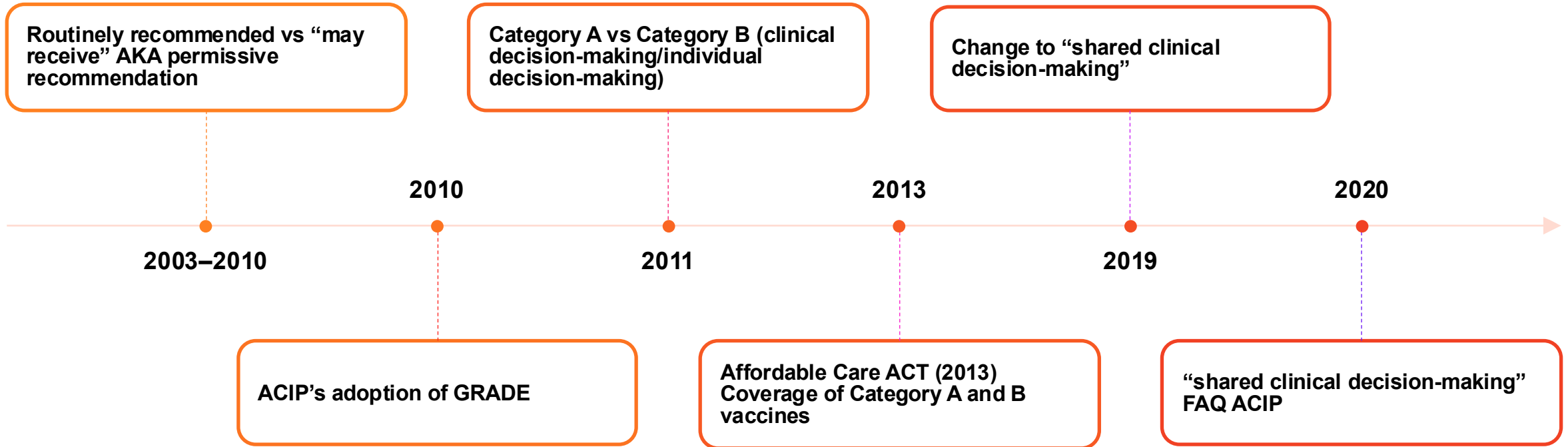
## Vaccine Financing: History of VFC

- Health Disparities & Missed Opportunities
  - Many children had healthcare visits but did not receive vaccines
  - Cost and reimbursement were major barriers
- Vaccines for Children Program (VFC)
  - Authorized by the Omnibus Budget Reconciliation Act (OBRA) Aug 1993
  - Implemented in Oct 1994
  - Ensures access to all recommended vaccines regardless of insurance status ( $\leq 18$  years)

<https://www.cdc.gov/vaccines/programs/vfc/about/index.html>



# Evolution of Tiered Vaccine Recommendations



<https://www.cdc.gov/vaccines/acip/recs/grade/about-grade.html>





Institute of Medicine (US) Committee on the Evaluation of Vaccine Purchase Financing in the United States.  
Washington (DC): [National Academies Press \(US\)](#); 2003.





# IOM: Key Recommendations

## IOM 2003

- Ensure a reliable vaccine supply for children and adults
- Compensate manufacturers in proportion to societal benefit
- Enable government discretion in vaccine investment decisions

Institute of Medicine (US) Committee on the Evaluation of Vaccine Purchase Financing in the United States

- Emerging Challenge
  - Shifting governmental perspectives on vaccine efficacy, safety, necessity



# 2024-25 SCDM Recommendations

## Adolescents/Young Adults

- Meningococcal B (MenB) vaccination for adolescents and young adults aged 16–23 years

## Adults

- Hepatitis B (HepB) vaccination for adults aged 60 years and older with diabetes mellitus
- Human papillomavirus (HPV) vaccination for adults aged 27–45 years
- Pneumococcal conjugate vaccination (PCV20 or PCV21) for adults aged 65 years and older who have completed the recommended vaccine series with both PCV13 (at any age) and PPSV23 (which was administered at age  $\geq 65$  years)

## New

- Additional doses of COVID–19 (non–risk–based recommendation)

# Evidence of Confusion in Practice

Published in final edited form as:

*Acad Pediatr.* 2018 ; 18(7): 763–768. doi:10.1016/j.acap.2018.04.005.

## **Knowledge and Attitudes Regarding Category B ACIP Recommendations Among Primary Care Providers for Children**

**Allison Kempe, MD, MPH<sup>1,2</sup>, Mandy A. Allison, MD, MSPH<sup>1,2</sup>, Jessica R. MacNeil, MPH<sup>3</sup>,  
Sean T. O’Leary, MD, MPH, Lori A. Crane, PhD, MPH<sup>1,4</sup>, Brenda L. Beaty, MSPH<sup>1</sup>, Laura P.  
Hurley, MD, MPH<sup>1,5</sup>, Michaela Brtnikova, PhD, MPH<sup>1</sup>, Megan C. Lindley, MPH<sup>3</sup>, Jennifer L.  
Liang, DVM, MPVM<sup>3</sup>, Alison P. Albert, MPH<sup>3</sup>, and Jean C. Smith, MD, MPH<sup>3</sup>**



# Evidence of Confusion in Practice

Kempe et al: National survey of pediatric and family practitioners

- **Knowledge Gaps**
  - Only 24% correctly identified a Category B recommendation
  - Nearly 60% struggled to explain Category B to families
- **Coverage Confusion**
  - 55% unaware private covers Category B
  - 51% unaware VFC covers Category B
- **Attitudes**
  - 22% believed that the ACIP should not make Category B recommendations
  - 39% liked the autonomy in decision-making that Category B recommendations provide



## Evidence of Confusion in Practice

# Disparities in healthcare providers' interpretations and implementations of ACIP's meningococcal vaccine recommendations

Liping Huang, Amir Goren, Lulu K. Lee, Vicky W. Li, Amanda Dempsey & Amit Srivastava

To cite this article: Liping Huang, Amir Goren, Lulu K. Lee, Vicky W. Li, Amanda Dempsey & Amit Srivastava (2019): Disparities in healthcare providers' interpretations and implementations of ACIP's meningococcal vaccine recommendations, *Human Vaccines & Immunotherapeutics*, DOI: [10.1080/21645515.2019.1682845](https://doi.org/10.1080/21645515.2019.1682845)

To link to this article: <https://doi.org/10.1080/21645515.2019.1682845>



# Evidence of Confusion in Practice

Huang et al – Practice Patterns

529 respondents, Chart reviews performed (453/529)

## **Provider Interpretation of Meningococcal Vaccine Recommendations**

- 81.5% prescribed both MenACWY/MenB
- 17.6% prescribed MenACWY only
- 0.9% prescribed MenB only

## **Key Findings**

- MenB prescribers more likely to be pediatricians
- MenB recipients more likely non-Hispanic White and living in shared housing
- 77% prescribed MenACWY consistent with ACIP guidance
- 7% prescribed MenB consistent with ACIP guidance



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Shared Clinical Decision-making Recommendations

# ACIP Shared Clinical Decision-Making Recommendations

## On This Page

What are ACIP's current shared clinical decision-making recommendations that appear on the immunization schedules?

Which patients should providers discuss shared clinical decision-making recommendations with?

How do shared clinical decision-making recommendations differ from routine, catch-up, and risk-based immunization recommendations?

What resources are available for providers who want to implement these recommendations?

When does ACIP make shared clinical decision-making recommendations?

Are shared clinical decision-making recommendations covered by private insurers?

Who is considered a health care provider with regard to shared clinical decision-making recommendations?



[CDC FAQ on SCDM](#)

# Further Guidance from ACIP Available

Feb 10, 2020



## Differences between SCDM and other vaccine recommendations

- Not recommended for all individuals in an age or risk group
- Decisions are individualized
  - Used when individuals may benefit from vaccination
  - Broad vaccination is unlikely to produce population-level impact
- Based on clinician-patient/guardian discussion



# Differences between SCDM and Other Recommendations

## Key Distinction: No Default Decision

- Routine, catch-up, and risk-based recommendations default to vaccination unless contraindicated
- SCDM recommendations have no default

## Decisions may consider:

- Best available evidence
- Individual characteristics, values, and preferences
- Clinical judgment
- Vaccine characteristics
- No prescribed decision pathway



## Who is considered a healthcare provider for SCDM recommendations?

**Anyone who provides or administers vaccines.** Examples include primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists.



## Which Patients Should Be Included in SCDM Discussions?

- At the provider's discretion
- May include all eligible patients or selected subgroups
- Providers should be receptive to patient-initiated discussions



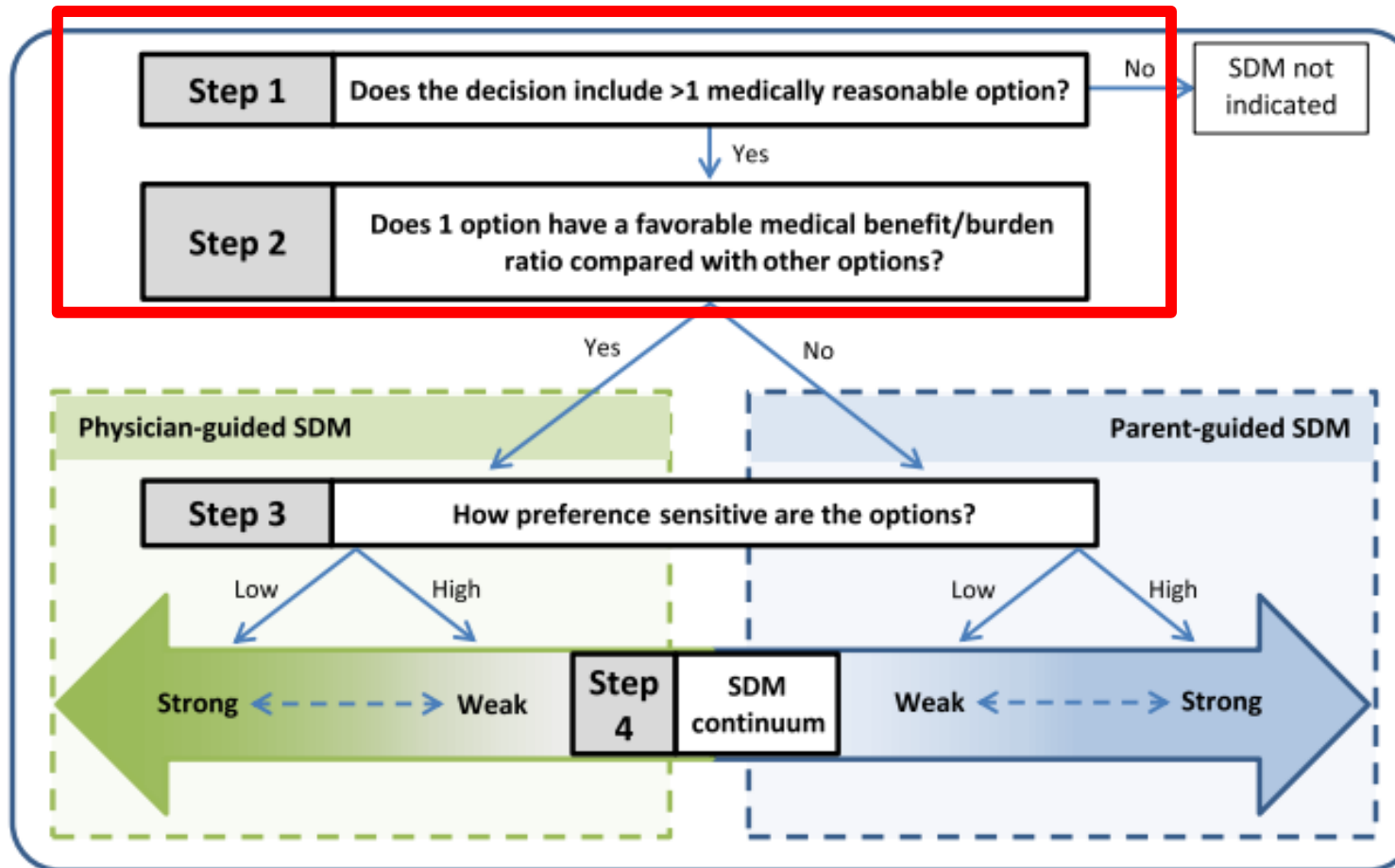
# Insurance Coverage

- Yes (for now)
- Under the ACA, ACIP recommendations listed on CDC schedules must be covered without cost-sharing
- Includes SCDM recommendations
- Does not apply to grandfathered health plans

<sup>1</sup>Section 2713(a)(2) of the Public Health Service Act, as added by section 1001 of the Affordable Care Act, implemented at 26 CFR 54.9815-2713(a)(1)(ii), 29 CFR 2590.715-2713(a)(1)(ii), and 45 CFR 147.130(a)(1)(ii). This requirement does not apply to grandfathered health plan coverage under section 1251 of the Affordable Care Act, implemented at 26 CFR 54.9815-1251, 29 CFR 2590.715-1272, and 45 CFR 147.140.



# What's Trending?



**FIGURE 1**  
Four-step SDM framework.



## AAP releases evidence-based immunization schedule; calls on payers to cover recommendations

August 19, 2025

### America's Health Insurance Plans

**WASHINGTON** – AHIP released the following statement today regarding vaccine coverage.

"Health plans are committed to maintaining and ensuring affordable access to vaccines. Health plan coverage decisions for immunizations are grounded in each plan's ongoing, rigorous review of scientific and clinical evidence, and continual evaluation of multiple sources of data.

"Health plans will continue to cover all ACIP-recommended immunizations that were recommended as of September 1, 2025, including updated formulations of the COVID-19 and influenza vaccines, with no cost-sharing for patients through the end of 2026.

"While health plans continue to operate in an environment shaped by federal and state laws, as well as program and customer requirements, the evidence-based approach to coverage of immunizations will remain consistent."

ACP [joined](#) other medical societies to warn that this turmoil at the CDC puts lives at risk, and to call on Congress to provide necessary leadership and oversight to protect the public health.

### ACOG issues updated recommendations for maternal vaccinations



The AAFP supports ongoing COVID-19 vaccination for any family wanting to be vaccinated.



# Shared Clinical Decision-Making (SCDM): Key Points for Clinicians

## What is SCDM?



- Individualized discussion
- No default to vaccinate

## When is SCDM used?



- Individual benefit
- No population-level impact

## Key Considerations



- Evidence
- Patient preferences
- Clinical judgment

## How SCDM Differs

- ✓ No Default
- ✓ Selected Patients
- ✓ Flexible Approach

- No default decision
- Not for all patients

## Insurance Coverage



- VFC & Private Insurance

No \$ Co-Pay



**BOTTOM LINE:** *Informed, individualized decisions*

# Summary: Shared Clinical Decision-Making

- Used when individual benefit exists without clear population-level impact
- Allows broad clinician-patient/family discretion
- SCDM vaccines are generally covered by VFC and private insurers; very few exceptions
- Current trend:
  - ACIP has been deviating from the SCDM framework
  - Professional societies are filling the void and advocating



# Bibliography/References

- [A 4-step framework for shared decision-making in pediatrics DJ Opel](#) – Pediatrics, 2018
- <https://www.cdc.gov/vaccines/programs/vfc/about/index.html>
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- <https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html>

