



SUPERIOR HEALTH
Quality Alliance

Nursing Home Leadership COVID-19 Roundtable and Office Hour

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Michigan Department of Health and Human Services (MDHHS)

August 31, 2022

Objectives

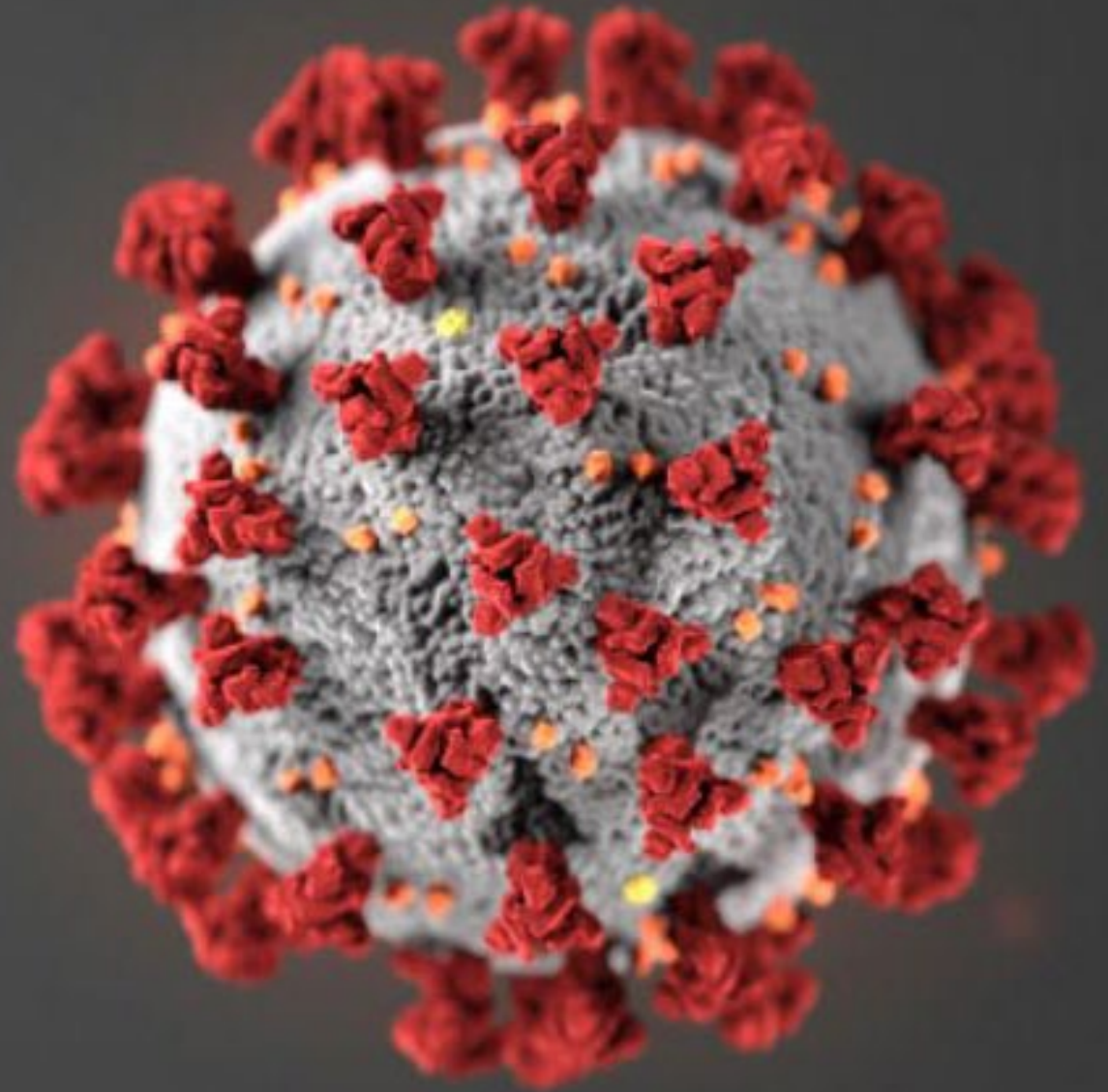
- Overview of COVID -19 vaccination resources.
- Discuss how low vaccine confidence and hesitancy influences vaccination outcomes.
- Learn how to conduct an effective vaccine conversation using motivational interviewing.
- Discuss common COVID-19 vaccine questions and answers frequently asked by patients and care givers.



Vaccine Conversations: What You Say and How You Say It Matters

August 31, 2022

COVID-19 Resources



COVID-19 Vaccination Schedule*



Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month	8 month	9 month	10 month	11 month
Pfizer-BioNTech (ages 6 months – 4 years)	1st Dose	2nd Dose¹ (3–8 weeks after 1 st dose)		3rd Dose (at least 8 weeks after 2 nd dose)								
Moderna (ages 6 months –17 years)	1st Dose	2nd Dose¹ (4–8 weeks after 1 st dose)										
Pfizer-BioNTech (ages 5 years and older)	1st Dose	2nd Dose¹ (3–8 weeks after 1 st dose)					Booster Dose² (at least 5 months after 2 nd dose)				2nd Booster Dose³ (See footnote)	
Moderna (ages 18 years and older)	1st Dose	2nd Dose¹ (4–8 weeks after 1 st dose)					Booster Dose² (at least 5 months after 2 nd dose)				2nd Booster Dose³ (See footnote)	
Janssen (ages 18 years and older)	1st Dose		Booster Dose² (at least 2 months after 1 st dose)				2nd Booster Dose³ (See footnote)					
Novavax (ages 18 years and older)	1st Dose	2nd Dose¹ (3–8 weeks after 1 st dose)										

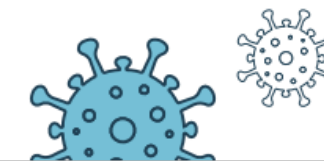
Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula “1 month = 4 weeks.” Intervals of 4 months or more are converted into calendar months.

* See Guidance for COVID-19 Vaccination Schedule for People Who are Moderately or Severely Immunocompromised.

¹ An 8-week interval may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years. A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately or severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease. For more information, view [the CDC Interim Clinical Considerations](https://www.cdc.gov/media/releases/2021/s0914-covid-19-clinical.html) (bit.ly/COVIDClinicalConsiderations).

² If **eligible**, people 5 years and older should receive an age appropriate COVID-19 vaccine booster dose, an mRNA (Pfizer or Moderna) COVID-19 vaccine is preferred. For people ages 5-17 years who received Pfizer COVID-19 vaccine as their primary series they should receive an age-appropriate COVID-19 vaccine booster dose. Currently, a booster dose using any COVID-19 vaccine is not authorized for people ages 6 months through 17 years who receive a Moderna primary series or people ages 18 years and older who receive a Novavax primary series. For people ages 18 years and older, Pfizer-BioNTech and Moderna can be used as a booster dose.

³ People ages 18–49 years who received Janssen COVID-19 vaccine as both their primary dose and first booster dose may receive a second booster dose using an mRNA (Pfizer or Moderna) COVID-19 vaccine at least 4 months after the first booster dose. People ages 50 years and older should receive a second booster dose if it has been at least 4 months after the first booster dose. An mRNA (Pfizer or Moderna) COVID-19 vaccine must be used for the second booster.



[COVID-19 Vaccination Schedule 8-10-22 \(michigan.gov\)](https://michigan.gov/covid-19)

COVID-19 Vaccination Schedule



For Those Who are Moderately or Severely Immunocompromised

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month	8 month	9 month
Pfizer-BioNTech (ages 6 months – 4 years)	1st Dose	2nd Dose (3 weeks after 1 st dose)		3rd Dose (At least 8 weeks after 2 nd dose)						
Moderna (ages 6 months – 17 years)	1st Dose	2nd Dose (4 weeks after 1 st dose)	3rd Dose (At least 4 weeks after 2 nd dose)							
Pfizer-BioNTech (ages 5-11 years)	1st Dose	2nd Dose (3 weeks after 1 st dose)	3rd Dose (At least 4 weeks after 2 nd dose)			Booster Dose¹ (at least 3 months after 3 rd dose)				
Pfizer-BioNTech (ages 12 years and older)	1st Dose	2nd Dose (3 weeks after 1 st dose)	3rd Dose (At least 4 weeks after 2 nd dose)			Booster Dose¹ (at least 3 months after 3 rd dose)				2nd Booster Dose³ (at least 4 months after 4 th dose)
Moderna (ages 18 years and older)	1st Dose	2nd Dose (4 weeks after 1 st dose)	3rd Dose (At least 4 weeks after 2 nd dose)			Booster Dose¹ (at least 3 months after 3 rd dose)				2nd Booster Dose³ (at least 4 months after 4 th dose)
Janssen (ages 18 years and older)	1st Dose	2nd (Additional) Dose² using an mRNA COVID-19 Vaccine (At least 4 weeks after 1 st dose)		Booster Dose¹ (at least 2 months after additional dose)				2nd Booster Dose³ (at least 4 months after 4 th dose)		
Novavax (ages 18 years and older)	1st Dose	2nd Dose (3 weeks after 1 st dose)								

Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula “1 month = 4 weeks.” Intervals of 4 months or more are converted into calendar months.

¹ If eligible, people 5 years and older should receive an age appropriate COVID-19 vaccine booster dose, an mRNA (Pfizer or Moderna) COVID-19 vaccine is preferred. For people ages 5-17 years who received Pfizer COVID-19 vaccine as their primary series should receive an age-appropriate COVID-19 vaccine booster dose. Currently, a booster dose using any COVID-19 vaccine is not authorized for people ages 6 months through 17 years who receive a Moderna primary series or people ages 18 years and older who receive a Novavax primary series. For people ages 18 years and older, either Pfizer-BioNTech or Moderna may be used as a booster dose.

² Only Pfizer-BioNTech or Moderna COVID-19 vaccine should be used. Visit appendix D in the CDC's [Interim Clinical Considerations](#) for more information on vaccinating people who are moderately or severely immunocompromised and who received Janssen COVID-19 vaccine for the primary series.

³ People ages 18–49 years who received Janssen COVID-19 vaccine as both their primary dose and first booster dose may receive a second booster dose using an mRNA (Pfizer or Moderna) COVID-19 vaccine at least 4 months after the first booster dose. For people ages 50 years and older, a second booster dose is authorized at least 4 months after the first booster. An mRNA (Pfizer or Moderna) COVID-19 vaccine is preferred.

[COVID-19 Vaccination Schedule Immuno 8-11-22 v2 \(michigan.gov\)](https://michigan.gov)



Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States

Summary of recent changes (last updated August 22, 2022):

- Guidance for primary series vaccination using Novavax COVID-19 Vaccine in adolescents ages 12-17 years
- Reorganization of Janssen COVID-19 Vaccine guidance into an appendix

Reference Materials

- [Summary Document for Interim Clinical Considerations](#) (Updated 6/24/2022)
- [Interim COVID-19 Immunization Schedule](#) (Updated 6/24/2022)
- [At-A-Glance COVID-19 Vaccination Schedule](#) (Updated 8/22/2022)
- [Moderna COVID-19 Vaccine for Children who Transition from a Younger to Older Age Group](#)
- [Pfizer-BioNTech for Children who Transition from a Younger to Older Age Group](#)

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COVID-19 Vaccines, Recommendations, and Schedules

[COVID-19 vaccination overview](#)

[Timing, spacing, and interchangeability](#)

[People who are **not** immunocompromised](#)

[Patient counseling](#)

[People who **are** immunocompromised](#)

[Laboratory testing](#)

Safety

[Contraindications and precautions](#)

[Safety considerations for mRNA COVID-19 vaccines: Moderna and Pfizer-BioNTech](#)

[Reporting of adverse events](#)

[Safety considerations for Novavax COVID-19 Vaccine](#)

[COVID-19 vaccination and myocarditis and pericarditis](#)

Special Situations and Populations

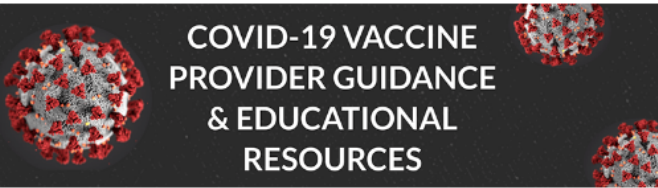
[COVID-19 vaccination and SARS-CoV-2 infection](#)

[Pregnancy, lactation, and fertility](#)

[COVID-19 vaccination and MIS-C and MIS-A](#)

[Other special populations](#)

MDHHS Provider Guidance and Education



COVID-19 VACCINE PROVIDER GUIDANCE & EDUCATIONAL RESOURCES

This webpage will house materials to support COVID-19 Vaccine Providers in successful implementation of the Program. Be sure to "bookmark" this page and check back frequently for updates!

GENERAL COVID-19 VACCINE RESOURCES

[COVID-19 Vaccine Resource Guide for Pfizer - Updated 7/8/22](#)

COVID-19 Vaccine Resource Guide for Pfizer

COVID-19 Vaccine	Pfizer (mRNA) ¹ : Maroon Cap	Pfizer (mRNA) ² : Orange Cap	Pfizer (mRNA) ³ : Purple Cap	Pfizer (mRNA) ⁴ : Gray Cap DO NOT DILUTE
Primary Series for Immunocompetent Individuals				
Age Indication	6 months through 4 yrs.	5 through 11 yrs.	12 years and older	12 years and older
Number of Primary Doses	3 doses	2 doses	2 doses	2 doses
Interval Between Doses	Dose 1 to 2: 3-8 weeks ⁵ Dose 2 to 3: 8 weeks	3-8 weeks ⁵	3-8 weeks ⁵	3-8 weeks ⁵
Dose Volume	0.2mL	0.2mL	0.3mL	0.3mL
Primary Series for Moderately or Severely Immunocompromised⁶				
Age Indication	6 months through 4 yrs.	5 through 11 yrs.	12 years and older	12 years and older
Number of Primary Doses	3 doses	3 doses	3 doses	3 doses
Interval between 1 st & 2 nd Dose	3 weeks	3 weeks	3 weeks	3 weeks
Interval between 2 nd & 3 rd Dose	At least 8 weeks	At least 4 weeks	At least 4 weeks	At least 4 weeks
Vaccine Dose Volume	0.2mL	0.2mL	0.3mL	0.3mL
Booster Dose #1 (primary series must be completed prior to receiving any booster doses)⁷				
Eligibility (booster #1)	Not Eligible	5 through 11 yrs.	12 years and older	12 years and older
Interval between Primary and booster #1 for Immunocompetent	Not Eligible	At least 5 months after the second dose	At least 5 months after the second dose	At least 5 months after the second dose
Interval between Primary and booster #1 for Immunocompromised	Not Eligible	At least 3 months after the third dose	At least 3 months after the third dose	At least 3 months after the third dose
Dose Volume (booster #1)	Not Eligible	0.2mL	0.3mL	0.3mL
Booster Dose #2 (primary series and booster #1 must be completed prior to receiving booster #2)⁸				
Eligibility (booster #2)	Not Eligible	Not Eligible	Persons 50 years and older, Persons 12 years and older who are moderately or severely immunocompromised, & Persons 18 years and older who received J&J /Janssen COVID-19 vaccine as both a primary and booster dose. An age-appropriate mRNA COVID-19 vaccine must be used for the second booster dose.	

www.Michigan.gov/COVIDvaccineprovider revised 7-8-22

- COVID-19 Vaccination Clinic Preparation Checklist & Resource Toolkit
- COVID-19 Vaccine Resource Guide (Pfizer and Moderna)
- Webinar Information
 - Slides & Recording
- Enrollment
- Vaccine Billing
- Product-specific Information & EUA's

And more....

Vaccines

Victims of Their Own Success

Vaccines=Major Public Health Success

- One of 10 most important public health initiatives in history
- Eliminating some childhood diseases from the United States and significantly reducing the incidence of many others
- Save money by preventing medical complications, loss of income



Vaccines are Victims of Their Own Success

- Many physicians have not seen cases of VPDs
- We are a generation removed from polio, rubella, and other serious VPDs
- Because of this, VPDs are felt by some to be a harmless right of passage and less dangerous than vaccination

Smith, T. C. (2017, July). Vaccine rejection and hesitancy: a review and call to action. In *Open forum infectious diseases* (Vol. 4, No. 3). Oxford University Press.

Vaccine Hesitancy

What is Vaccine Hesitancy?

What is Vaccine Hesitancy

- Refers to the delay in acceptance or refusal of vaccines despite availability of vaccine services
- Is complex and context specific varying across time, place, and vaccines
- Is influenced by factors such as complacency, convenience, and confidence

“Vaccine hesitancy: Definition, scope and determinants” Vaccine. Volume 33(4). 14, August 2015
<https://www.sciencedirect.com/science/article/pii/S0264410X15005009?via%3Dihub>

Hesitancy Versus Refusal

- Those that fall in the middle are often referred to as Fence-sitters
 - They have questions and just want to know more about vaccines
- Fence-sitters versus anti-vaccinators
 - Not likely to convince the anti-vaccinator
- We need to remember
 - Questions do not equal opposition
 - Questions present an opportunity to educate
- A focus on educating fence-sitters will be more beneficial than trying to persuade those who completely oppose vaccines

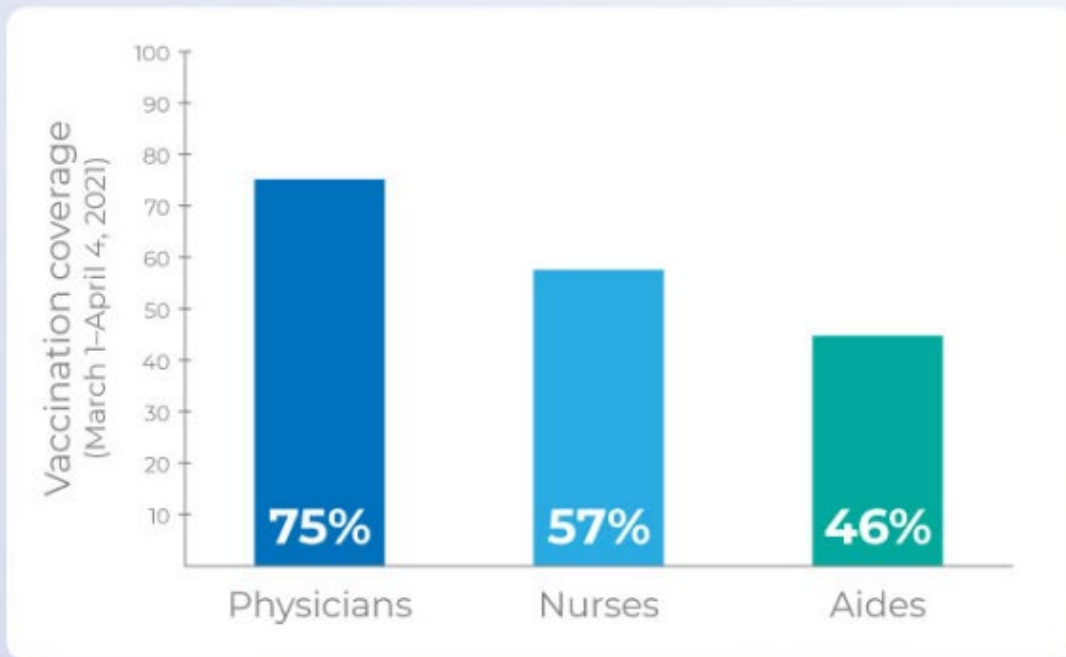


What Influences Lack of Vaccine Confidence

- Caregivers/patients express concerns about the safety
 - Ingredients, too many vaccines at one visit, and not properly tested
- Caregivers/patients are strongly influenced by other individuals and what they read
 - Often through social media and news sources
- Caregivers/patients consider vaccines to be ineffective
- Caregivers/patients don't see disease as a risk
 - Susceptibility to disease and severity of disease

Vaccination rates vary among health care providers in long-term care facilities (LTCFs)

07/30/2021



Vaccination saves lives:

- ✓ LTCF staff may be exposed to COVID-19 every day
- ✓ LTCF staff can avoid getting sick and exposing residents to COVID-19



bit.ly/MM7030a2

MMWR

Disparities in COVID-19 Vaccination Coverage Among Health Care Personnel Working in Long-Term Care Facilities, by Job Category, National Healthcare Safety Network — United States, March 2021 | MMWR (cdc.gov)

Communication Research and Vaccine Conversations

Starting the Vaccine Conversation

Vaccine Conversations

- Answering questions can be challenging
 - Staff is not always prepared for questions
 - Inconsistent messages from staff
 - Real-life time constraints
 - Frustrating! Correcting misconceptions can successfully reduce misperceptions, but does not always result in vaccination





What you Say Matters

- Research shows a patient who receives a strong recommendation from a provider is 4-5 times more likely to be vaccinated
- Personalizing the message that vaccines are safe and effective can be powerful
- Patients often are more likely to be persuaded by stories and anecdotes about the successes of vaccines

What You Say AND How You Say It Matters

- The best predictor of vaccination is how the provider started the conversation
 - For both vaccine hesitant and non-hesitant patients
 - Good recommendation = simple, strong and personalized
 - “It’s time for your flu shot. I recommend you get vaccinated today. I get vaccinated and my children do too. It’s the healthy thing to do.”
- VERSUS**
- “Research suggests that persons vaccinated with influenza vaccine have a decreased chance of contracting disease and complications associated with influenza. Would you like to get vaccinated today?”

Why Presumptive Style Might be Better

- Parents refused vaccine at a higher rate with participatory approach
 - When providers used a participatory rather than presumptive approach (83% vs 26%; $P < .001$)
 - However, 47% of initially resistant parents subsequently accepted recommendations when providers pursued their original recommendation
- This speaks to:
 - How starting the vaccine conversation matters, and if providers continue to pursue the recommendation after encountering resistance, many parents eventually agree
- Patients are made to feel that vaccination is what most people do when using a presumptive approach

Talking with Patients/Caregivers about Vaccination

How to Apply Motivational Interviewing

Four Steps to Apply Motivational Interviewing

- **Step 1: Embrace an attitude of empathy and collaboration**
 - Be compassionate, show empathy, and be genuinely curious about the reasons why the patient feels the way they do
 - Be sensitive to culture, family dynamics, and circumstances that may influence how patients view vaccines
 - Remember: Arguing and debating do not work. Taking a strong initial stand may also backfire

Four Steps to Apply Motivational Interviewing

- **Step 2: Ask permission to discuss vaccines**
 - If the patient says no, respect that
 - Option 1: Move on and say, “I respect that, and because I care about your overall health, maybe we could talk about vaccines at a future time”
 - Option 2: Based on the patient’s demonstrated emotions and your assessment of the patient’s worldview and values, you could spend several minutes curiously exploring why the patient doesn’t want to talk about it. Goal is to understand not change their mind
 - If the patient says yes, move to Step 3
 - If the patient asks a question about vaccine safety, vaccine risks, or their health or mental health move to Step 4

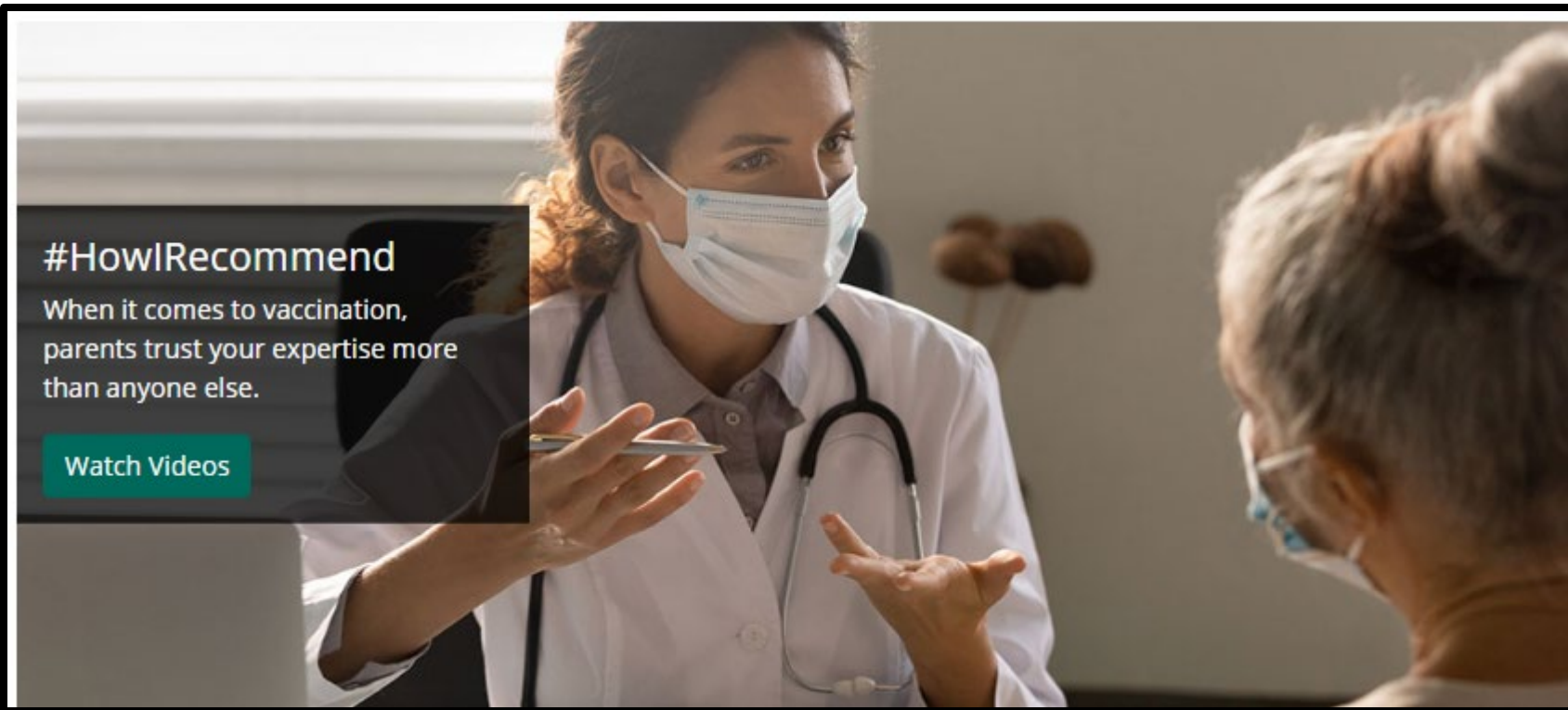
Four Steps to Apply Motivational Interviewing

- **Step 3: Motivational Interviewing**

- **Ask the patient a scaled question** (e.g., “On a scale of 1 to 10, how likely are you to get vaccinated” 1=never; 10=already have an appointment). Then explore both sides of whatever number is given.
 - **Example:** Let’s assume someone says 4. This is where curiosity comes in. You can say, “Okay, why 4? And why not a lower number?” Let them answer, and ask a follow-up question like, “what would help you move to a 5 or 6?”
- **The goal is to help the patient become more open to moving toward higher numbers**-in other words, getting vaccinated

Four Steps to Apply Motivational Interviewing

- **Step 4: Respond to questions about vaccines**
 - Respond within the boundaries of your competence, ethics, and scope of practice
 - If you feel competent and aware of how to answer the patient's question, respond with empathy and provide scientific information as needed. Refer the patient to resources
 - If the patient's question is outside of your competence or awareness recommend that they speak with a knowledgeable expert, as needed



#HowIRecommend

When it comes to vaccination, parents trust your expertise more than anyone else.

[Watch Videos](#)

[HowIRecommend Vaccination Video Series | CDC](#)

- The #HowIRecommend video series features short, informative videos from clinicians like you
- These videos explain the importance of vaccination, how to effectively address questions from parents about vaccine safety and effectiveness, and how clinicians routinely recommend same day vaccination to their patients



Use a Whole Team Approach to Vaccination

- ALL staff play a role in vaccine communication
 - From the front to the back of the office
- Healthcare providers who feel confident in vaccines are more likely to recommend them to patients
- Ensure staff has access to:
 - Up-to-date information on vaccine recommendations
 - Access to clinical resources and trainings on vaccination
 - Answers to their own questions about vaccines

Common Questions Asked by Patients and Caregivers about COVID-19 Vaccine

Why should I
get vaccinated
if I might get
COVID-19
anyway?

- **COVID-19 vaccination significantly lowers your risk of severe illness, hospitalization, and death if you get infected**
- Compared to people who are up to date with their COVID-19 vaccinations, **unvaccinated people are** more likely to get COVID-19, much more likely to be hospitalized with COVID-19, and much more likely to die from COVID-19

- None of the authorized COVID-19 vaccines in the U.S. contain the live virus that causes COVID-19, therefore the vaccine cannot make you sick with COVID-19
- Vaccine shedding is the release or discharge of any of the vaccine components in or outside of the body and can only occur when a vaccine contains a live weakened version of the virus
 - None of the vaccines authorized for use in the U.S. contain a live virus. mRNA and viral vector vaccines are the two types of currently authorized COVID-19 vaccines available

The COVID-19 vaccine might give me or someone else COVID?

I already had
COVID, so I do
not need the
vaccine?

- People who had COVID-19 are recommended to get the vaccine after they have recovered. Some studies have indicated two benefits
 - Vaccination more consistently produces protective immune responses than infection.
 - Vaccination provides a wider breadth of protection based on the types of memory responses produced.
- In addition, studies have suggested that infection followed by vaccination provides better protection than either vaccination or infection alone

Promoting COVID-19 Vaccine in Long-term Care Settings

[Print this Page](#)



The risk for severe COVID-19 illness increases with older adults and those with [underlying medical conditions](#). Because of this, the federal government is committed to ensuring that residents and staff in long-term care (LTC) settings, such as nursing homes, assisted living communities, residential care communities, group homes and senior housing, have access to COVID-19 vaccines. For additional examples of LTC settings, see [COVID-19 Vaccine Access in Long-Term Care Settings](#) [↗](#).



[Information About Who Is Eligible for a COVID-19 Vaccine Booster Shot](#)

The goal is to continue to protect people who are disproportionately affected by COVID-19—especially residents in LTC settings. It is important to build [confidence in COVID-19 vaccines](#) while increasing protection for LTC residents.

Many LTC providers have already identified strategies and partnerships to obtain and administer COVID-19 vaccines for residents and staff. These include the following:

- Working with established [LTC partners and retail pharmacy partners](#)
- Coordinating with state and local health departments
- [Ensuring COVID-19 vaccine equity](#) for LTC staff and residents

Additional strategies can be found in the [LTC Pharmacy Partnerships](#) section of the [CDC COVID-19 Vaccination Planning and Partnerships](#) page.

LTC providers are encouraged to consider the option that works best for their residents and staff when coordinating access to COVID-19 vaccines, either in the local community or on-site. Additional details on these options are available on the pages linked below.

CDC's Promoting COVID-19 Vaccine in Long-Term Care Settings



COVID-19 Shouldn't be Our Only Focus

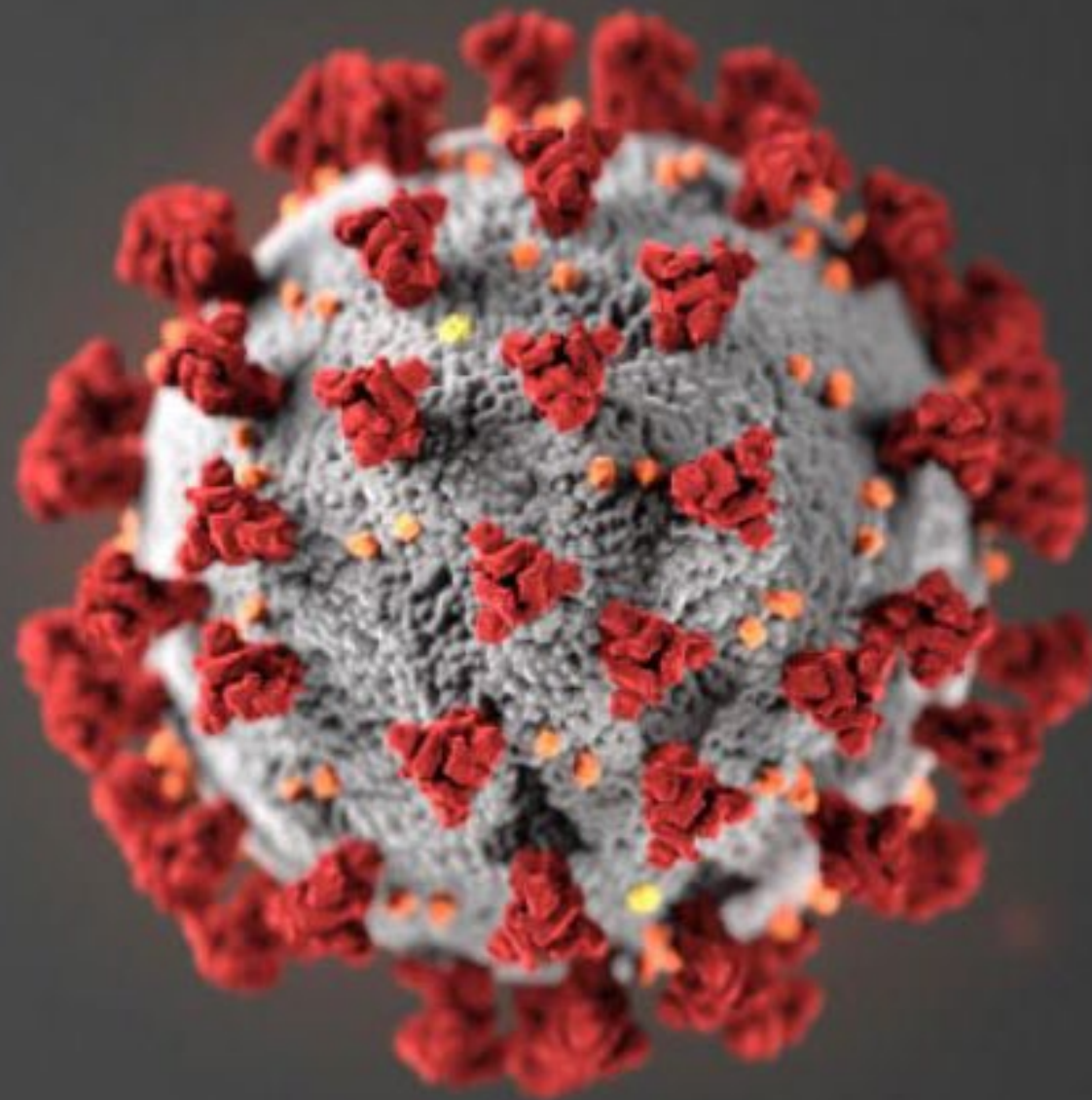
- Assess the vaccination status of patients at all clinical encounters, even among clinicians and other providers who do not stock vaccines
- Identify vaccines patients need, then clearly recommend needed vaccines
- Offer needed vaccines or refer patients to another provider for vaccination

Remember These Strategies

- Have a consistent immunization message across all staff
- Know and provide credible resources
- Be respectful and listen
- Practice using the 4 steps to apply Motivational Interviewing
- Take a Strong Position
 - Providers are a trusted source
 - Patients more likely to accept vaccines when using a presumptive approach
- Focus on educating the Fence-sitters as opposed to focusing on those who completely oppose vaccinations
- **Assess for and strongly recommend all recommended vaccines**

Thank You!

Questions Email:
checcimms@michigan.gov



www.michigan.gov/COVIDvaccineprovider

Upcoming Sessions

September 7: Immunization Series Part Three | Positive Immunization Culture

September 14: Top Five Areas of Opportunity for Infection Prevention with Dr. Buffy



Quality Improvement Organizations

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SUPERIOR HEALTH

Quality Alliance

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