



INCREASING ACCESS TO VACCINE OPPORTUNITIES: RECOMMENDATIONS FOR HEALTH CARE PROVIDERS

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To promote access to COVID-19 vaccination, health care providers are encouraged to administer vaccinations at discharge to patients in hospitals, emergency departments (EDs), urgent care facilities (UCs) and following routine medical appointments. Offering vaccination in these settings maximizes accessibility for those who otherwise may have difficulty getting vaccinated. With the pandemic still ongoing and the prevalence of more easily transmitted variants, providers must use every opportunity to vaccinate their patients, including outside of traditional settings.

Vaccine Eligibility

Patients who are not moderately or severely ill and are being discharged from hospital admission, 24-hour observation, or an ED or UC visit may be vaccinated. Patients with current COVID-19 infection should defer vaccination until they have met criteria to discontinue isolation.

Vaccine Choice

Any age appropriate [COVID-19 vaccine product](#) can be used for this activity. A single-dose vaccine can provide convenience for patients who traveled long distance, will return to a congregate setting, or are impacted by social determinants of health that may pose barriers to receiving a second dose such as lack of transportation, nonflexible work schedules, primary language spoken, and other factors. When using a product that requires two doses:

- Attempt to arrange for a second-dose appointment, if possible.
- Counsel patients regarding why the second dose is important and encourage patients to return for it.

Avoiding Missed Opportunities

While continuing to follow best practices to use every dose possible, providers should not miss an opportunity to vaccinate every eligible person when they are ready to get vaccinated, even if it means puncturing a multidose vial to administer vaccine without having enough people available to receive each dose.

Addressing Hesitancy

Ongoing education about the safety and efficacy of the current vaccine products is crucial to the success of Michigan's vaccination efforts. We ask providers to answer patient and public questions to build vaccine confidence, share the benefits of vaccination, and dispel myths.

- [More than 4.8 million Michiganders](#) aged 16 years and older have received at least one dose of a COVID-19 vaccine.

- The risk of going unvaccinated impacts not only those who choose not to be vaccinated, but also those around them. Lower vaccination rates put children under 12, who don't yet have a COVID-19 vaccine authorized for their age group, at risk, as well as the small percentage of Michiganders who can't be vaccinated, or those with certain immune disorders. The bottom line is that the more Michiganders who are vaccinated, the more we can protect ourselves, and one another.
- All of the COVID-19 vaccines have been proven to be highly effective at preventing severe disease and against known variants.
- The [Johnson & Johnson vaccine](#) is a single-dose vaccine authorized for individuals ages 18 and older. Because the vaccine is available as a single-dose, it only takes two weeks to be fully immunized after receiving the vaccine.
- The [Pfizer vaccine](#) authorized for individuals ages 12 years and older and the [Moderna vaccine](#) authorized for individuals ages 18 years and older both require two doses. It is important to get the second dose to get the best protection. It takes two weeks to be fully vaccinated after receiving the second dose in the 2-dose series.
- Fully vaccinated means there can be a safe and quick return to pre-pandemic activities.

For more information about addressing vaccine hesitancy: [Vaccine Recipient Education](#)

Billing

If the patient has insurance, the insurance company can be billed for the administration of COVID-19 vaccine; however, this should be billed separately from the services that were provided during the patient's visit. Patients cannot be charged directly for the vaccine administration fee if they do not have health insurance and [cannot be denied vaccination because of a lack of insurance](#).

HRSA has [information](#) to aid in filing claims for reimbursement for vaccine administration, including claims for uninsured patients. Review MDHHS information on COVID-19 Vaccine Billing and Vaccine Codes, [here](#).

Best Practices for Administering Vaccine on Discharge

1. Assess vaccination status at triage, in the patient's medical history, and during medication reconciliation by asking patient and checking electronic medical/health records. If access is available to the [Michigan Care Improvement Registry \(MCIR\)](#) then use MCIR to assess patient vaccination history. For questions or access to MCIR [contact a MCIR Regional Office](#).
2. [Address vaccine hesitancy](#) with all patients and those that accompany them as part of routine practice.
3. Strongly encourage and offer vaccination to all eligible patients and any friends or family who are accompanying them.
4. Consider using a pharmacist assigned to the facility to help with medication management and to support confirming vaccination status before vaccination
5. Utilize trained personnel not involved in the direct care of the patient, if available, to administer vaccines if the department is very busy and that would help with workflow.
6. Offer vaccination services at bedside or in special vaccination areas during discharge.
7. Encourage patients to enroll in [v-safe](#).
8. Document receipt and/or refusal in chart and electronic medical record (EMR) and [MCIR](#).

9. Complete and provide a COVID-19 Vaccination Record Card to the patient and print out a list of the vaccination(s) given, particularly for patients being transferred/discharged to rehab, long-term care, or psychiatric facilities.
10. Arrange for second dose appointment, if applicable. For those not getting their second dose at the same location (ED or UC) provide information on [where to get their second dose](#) such as the local health department or pharmacy.
11. Patients may be placed in the waiting area for the 15-minute observation period after vaccination is complete to assist in improved flow and reduction of crowding.

Local Partnerships to Increase Vaccine Opportunities

Providers are urged to continue to identify community partnerships to encourage vaccination in addition to ongoing vaccination clinics.

- Identify partnership opportunities with employers, libraries, and community and [faith-based organizations](#) for special vaccination clinics at those locations.
- Identify mobile vaccination opportunities through partnerships at community events, including festivals, fairs, food truck events, and farmers markets, for example, or at popular entertainment destinations such as zoos or ballparks.
- Partner with the [local area agency on aging](#), home-delivered meal providers, developmental disabilities boards or Medicaid waiver programs to identify and offer vaccinations for homebound individuals and their caregivers and families.
- Partner with [long term care facilities](#) as part of ongoing COVID-19 vaccine maintenance programs to determine if there are any opportunities to offer the vaccine to new and/or unvaccinated staff members or residents.
- Offer vaccination for shelters or local jails and other correctional/detention facilities. The spread of COVID-19 remains a significant, ongoing concern in congregate settings.
- Partner with Substance Use Disorder (SUD) and Sexually Transmitted Infection (STI) Clinics to determine if there are any opportunities to offer vaccine.
- Reach out to the migrant population as there still may be a need for vaccination support.
- Health care providers interested in volunteering to help vaccination efforts can register at [MIVolunteerRegistry.org](#).

If you are a provider and seeking COVID-19 vaccine to administer, MDHHS can assist. For any questions regarding enrolling in the COVID Vaccine Program please email your question to MDHHS-CovidVaccineProviders@michigan.gov. You may also visit Michigan.gov/COVIDVaccineProvider for additional information.