

Q&A: How e-prescribing for vaccines may help close patient care gaps

Adult vaccination rates remain low across certain respiratory vaccines: 46.5% of adults received a flu vaccine and just 17.5% a COVID-19 vaccine in the 2025–2026 respiratory season, while 43.2% of eligible adults 75 and older have received an RSV vaccine.^{1–3} Electronic prescribing (e-prescribing) is nearly universal across U.S. healthcare, with 2.64 billion e-prescriptions filled in 2025.⁴ But that reach has not translated to vaccines. As a result, health systems may miss a clear opportunity to use established digital workflows to close persistent care gaps in vaccination follow-through.

Advisory Board recently spoke with Lesley Cyrus, HIT Solutions Account Director at Pfizer. Cyrus began her career as a nurse before earning a master's degree in nursing informatics and moving into technology roles, where she has supported electronic health record (EHR) implementations across health systems, particularly in the New York City area. Her combined clinical and technical experience informs how she approaches provider adoption of tools like e-prescribing vaccines.

In this Q&A, Cyrus explores why vaccine e-prescribing hasn't kept pace with medications, how it can improve follow-through, and what health systems need to do to make it part of everyday clinical workflows.

How do health systems currently use e-prescribing?

Health systems today have largely normalized e-prescribing for medications. Most offices don't use paper prescription pads anymore, and the expectation is that everything gets sent electronically to the pharmacy and picked up there. However, e-prescribing for vaccines hasn't reached the same level of adoption. I don't know that a lot of organizations have fully adopted e-prescribing for vaccines yet, especially since awareness about the capability seems to be limited. Just recently, I spoke with someone who e-prescribes medications all the time but didn't realize the same could be done with vaccines.

What makes the gap between e-prescriptions for medications and vaccines notable is that the process isn't different. It's the same workflow for both medications and vaccines, but people don't typically connect prescriptions to vaccines like they do with medication. When clinicians think about e-prescribing, they tend to think about pills, not something like a shot that has to be administered. Before the pandemic, especially in retail settings, providers often told patients to just go get vaccines rather than prescribing them directly, as most vaccines don't typically require a prescription. Because of this mindset, many providers are still not aware that vaccines can be e-prescribed, and vaccines aren't usually included in the typical e-prescribing model.

AUTHOR

Emily Schmidt
Senior writer and editor

PUBLISHED

July 2026

SPONSORED BY



How does e-prescribing change the patient experience with vaccines?

For patients, the biggest difference is that e-prescribing vaccines provides them with a clearer process with built-in follow-up. Pharmacies already send text messages when a prescription is ready, and that alone prompts action from patients. When you apply that same process to vaccines, it may encourage patients to follow up on the prescription and schedule an appointment to get vaccinated.

Instead of just being told to go get a vaccine, patients will have a prescription they receive reminders about and understand the steps they need to take to get vaccinated. Vaccine e-prescribing also reduces uncertainty about where patients should go to receive a vaccine or whether a vaccine is available, since the pharmacy will provide them with this information directly. This makes the vaccination process more straightforward and easier for patients.

How does e-prescribing vaccines change providers' workflows?

For providers, e-prescribing vaccines is less about changing their behavior and more about embedding the capability into their existing workflows. Providers already e-prescribe every day. Building vaccine eligibility and dosing into the EHR and making sending a prescription a simple, one-step action will reduce friction and support more consistent use. E-prescribing vaccines will also shift the burden of follow-up away from the clinic, since pharmacies will handle fulfillment and patient reminders. The challenge for organizations is making the pathway for e-prescribing vaccines visible and intuitive, so it becomes part of the default workflow rather than an extra step providers have to remember.

What obstacles are there to e-prescribing vaccines?

Although a lack of knowledge about e-prescribing vaccines plays a large role, how providers think about vaccines overall can also be a barrier. Many don't realize they can e-prescribe vaccines, and more importantly, they don't instinctively place vaccines within that prescribing workflow.

Providers also have a behavior pattern that is difficult to break. It's very easy to tell a patient, "Next time you're at the pharmacy, go get your vaccine." This is especially true for Medicare Part D vaccines because providers usually send these patients to retail pharmacies instead of administering vaccines in office. However, a verbal referral for a vaccine and an e-prescription for a vaccine can have different impacts on the patient experience, which may affect outcomes. When a provider sends an e-prescription, they can trigger a process that includes follow-up from a pharmacy. When the recommendation is only verbal, the patient usually does not get additional outreach. Data show lower rates of follow-through on vaccination for verbal recommendations when compared with e-prescribing of vaccines.

Vaccine workflows also vary widely across settings. Many clinics stock and administer some vaccines in-house while relying on e-prescribing for others, such as those covered by Medicare Part D or with more complex billing requirements. This variability makes it harder for providers to default to a single, consistent workflow when it comes to vaccines. Even when e-prescribing tools exist, they compete with established in-house processes, so providers have to recognize when e-prescribing is appropriate and make an active choice to use it.

What concerns do providers have about e-prescribing vaccines?

One concern I heard from providers was about closing the loop after a vaccine was prescribed. Providers were hesitant to e-prescribe vaccines because if they didn't get confirmation back from the pharmacy, the order would sit open in their system. From their perspective, they had taken action, but since the pharmacy hadn't sent back any information to their registry or EHR, they couldn't confirm whether the patient actually received the vaccine. This lack of confirmation left the providers feeling responsible for something they couldn't fully track.

On the other hand, I've seen cases where e-prescribing vaccines works very well. One organization didn't stock vaccines in its clinic, but it did own a retail pharmacy. This allowed the organization to e-prescribe vaccines directly to the pharmacy, which patients were already planning to visit. Because everything stayed within the same EHR, communication was seamless and the provider could see that the vaccine had been administered. E-prescribing also gave patients another touchpoint during the vaccination process. If they didn't have time to ask their providers questions during their initial visit, they could ask the pharmacist during their vaccination appointment.

What's working well in e-prescribing today?

In many organizations, most EHR fields are already built out and prepopulated, so the provider just needs to confirm a dose or adjust a detail and send it to the pharmacy. This makes the e-prescribing process much simpler from a usability standpoint. When the process is streamlined, providers are much more likely to use it. They can quickly select a common dose, check a box, and send the prescription to the pharmacy without adding extra steps, and the patient can pick everything up at once.

Which stakeholders should be included in e-prescribing vaccines?

Clinical leaders, IT, pharmacy, and population health are all crucial stakeholders when it comes to e-prescribing vaccines. Each touches a different part of the process, and none can make it work independently. Providers are responsible for ordering the vaccine, pharmacy plays a role in fulfillment and follow-up, and IT determines how easily the right action fits into the workflow. Even teams that are not directly building the workflow still influence whether it works in practice, from system configuration to how follow-up is handled. Each group handles a different part of the process, and success depends on how well they align on a common approach.

A clear vaccine champion can also help accelerate progress on e-prescribing vaccines. Their role is to keep the effort moving, connect the right stakeholders, and maintain momentum during the implementation process.

How should health systems approach a mix of in-office vaccination and e-prescribing?

The capability to support both in-office vaccination and e-prescribing is already there. Organizations can configure their EHRs to identify which patients should be vaccinated in office versus sent to retail pharmacies with a prescription. In some organizations, that logic is built directly into the EHR workflow, which makes the process much easier to use in the moment. With this information built into the EHR, the vaccine prescription is essentially ready to go, and a provider just needs to confirm the details and send it. The challenge tends to come down to how those workflows are set up and adopted.

However, not every organization has these workflows fully built or widely understands how they function. Relying on prompts to guide decisions can also contribute to alert fatigue. Providers are already managing a steady stream of notifications, so adding more isn't always effective, even if the goal is to support follow-through.

Looking ahead, how do you see e-prescribing for vaccines evolving?

I hope it becomes more common, especially since the infrastructure is already in place. Patients are used to going to the pharmacy for prescriptions, and the systems supporting e-prescribing are well-established. Adding vaccines into that same process makes sense. However, whether adoption will happen quickly is another question. Policies around vaccines continue to evolve, with more vaccines moving into the Part D space and administration shifting toward retail.

Overall, what happens next with e-prescribing vaccines really comes down to uptake. The tools are there — it's more a question of whether organizations start treating vaccines as part of that same standard workflow.

We understand that getting the attention of your target audiences can be difficult. With Advisory Board Sponsorship, organizations can partner with us to create content and collaborate on events that showcase their brand, product, and expertise to more than 4,500 healthcare organizations.

Learn more at: advisory.com/sponsorship

Endnotes

1. [Weekly Flu Vaccination Dashboard](#). CDC. May 20, 2026.
2. [Weekly COVID-19 Vaccination Dashboard](#). CDC. May 20, 2026.
3. [Weekly RSV Vaccination Dashboard](#). CDC. May 20, 2026.
4. [Annual Impact Report 2025: Nationwide Insights on Trusted Health Intelligence Sharing](#). Surescripts. Accessed May 18, 2026.

SPONSORED BY



At Pfizer, we're in relentless pursuit of breakthroughs that change patients' lives. We innovate every day to make the world a healthier place. Our unique resources allow us to do more for people. Using our global presence and scale, we're able to make a difference in local communities and the world around us.

Pfizer supports the global healthcare community's independent quality improvement initiatives to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies. For more information, please visit www.pfizer.com.

This report is sponsored by Pfizer, an Advisory Board member organization. Representatives of Pfizer helped select the topics and issues addressed. Advisory Board experts wrote the report, maintained final editorial approval, and conducted the underlying research independently and objectively. Advisory Board does not endorse any company, organization, product or brand mentioned herein.

To learn more, view our [editorial guidelines](#).

LEGAL CAVEAT

This report is sponsored by Pfizer, an Advisory Board member organization. Representatives of Pfizer helped select the topics and issues addressed. Advisory Board experts wrote the report, maintained final editorial approval, and conducted the underlying research independently and objectively. Advisory Board does not endorse any company, organization, product or brand mentioned herein.

This report should be used for educational purposes only. Advisory Board has made efforts to verify the accuracy of the information contained herein. Advisory Board relies on data obtained from many sources and cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, readers should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given reader's situation. Readers are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of reader and its employees and agents to abide by the terms set forth herein.

Pfizer has obtained distribution rights to this content for the purpose of customer education. It is the policy of Advisory Board to enforce its intellectual property rights to the fullest extent permitted under law. The entire content of this report, including any images or text, is copyrighted and may not be distributed, modified, reused, or otherwise used except as provided herein without the express written permission of Advisory Board. The use or misuse of the Advisory Board trademarks, copyrights, or other materials, except as permitted herein, is expressly prohibited and may be in violation of copyright law, trademark law, communications regulations and statutes, and other laws, statutes and/or regulations.



655 New York Avenue NW, Washington DC 20001 | advisory.com

© 2026 Advisory Board • All rights reserved.