

Communicating about HPV vaccination: Lessons learned from physicians and parents

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Disclosures

I, Melissa Gilkey, have been asked to disclose any significant relationships with commercial entities that are either providing financial support for this program or whose products or services are mentioned during my presentations.

- Data collection for this study was funded through an unrestricted educational grant from Pfizer.
- I may discuss the use of vaccines in a manner not approved by the U.S. Food and Drug Administration, but in accordance with ACIP recommendations.

Background

Physician Communication about HPV Vaccination Study

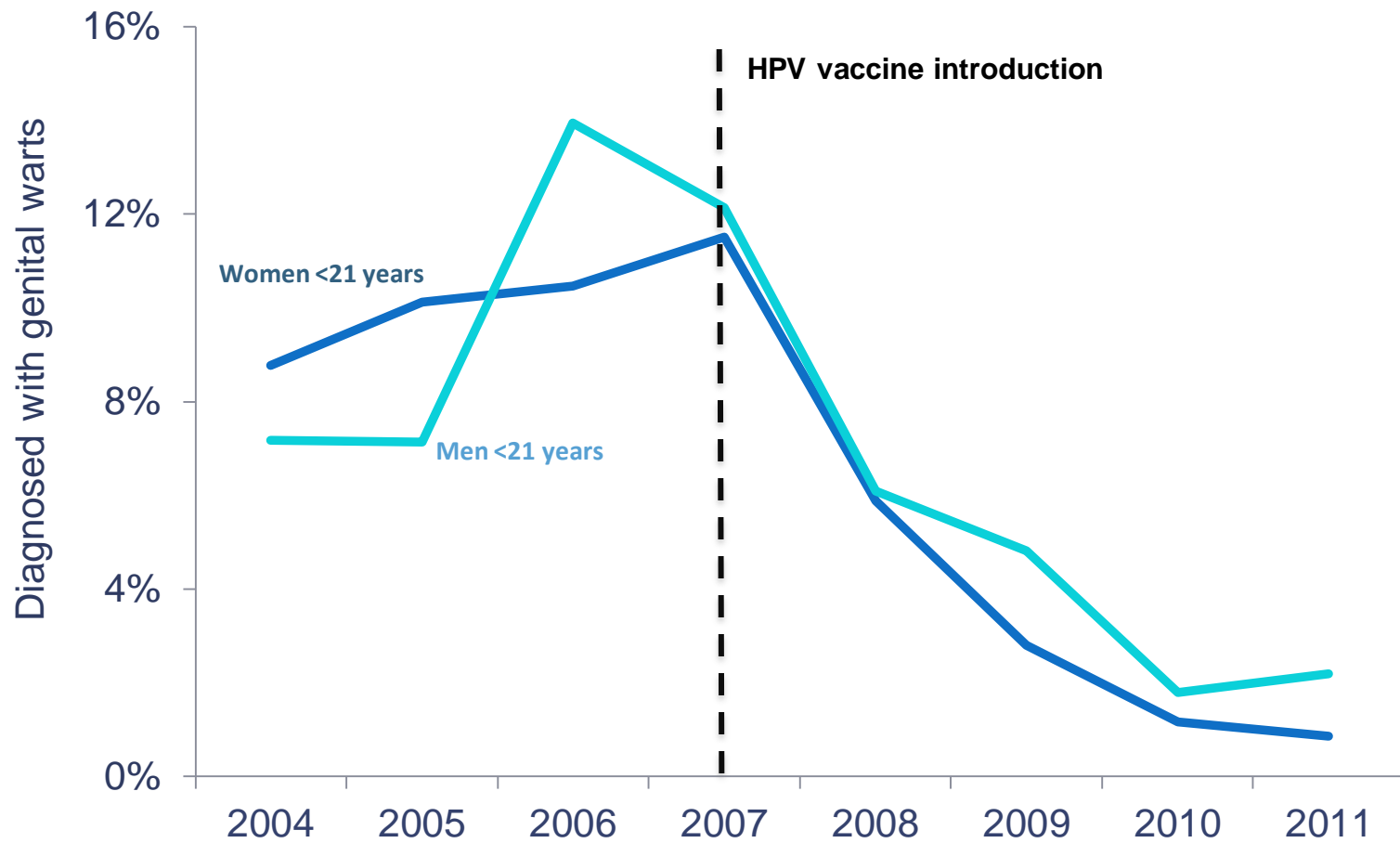


HPV vaccination guidelines

- Routine
 - Males and females, ages 11-12
- Late
 - Females to age 26
 - Males to age 21
- Concomitant vaccination
 - Tetanus, diphtheria, pertussis (Tdap)
 - Meningococcal vaccine



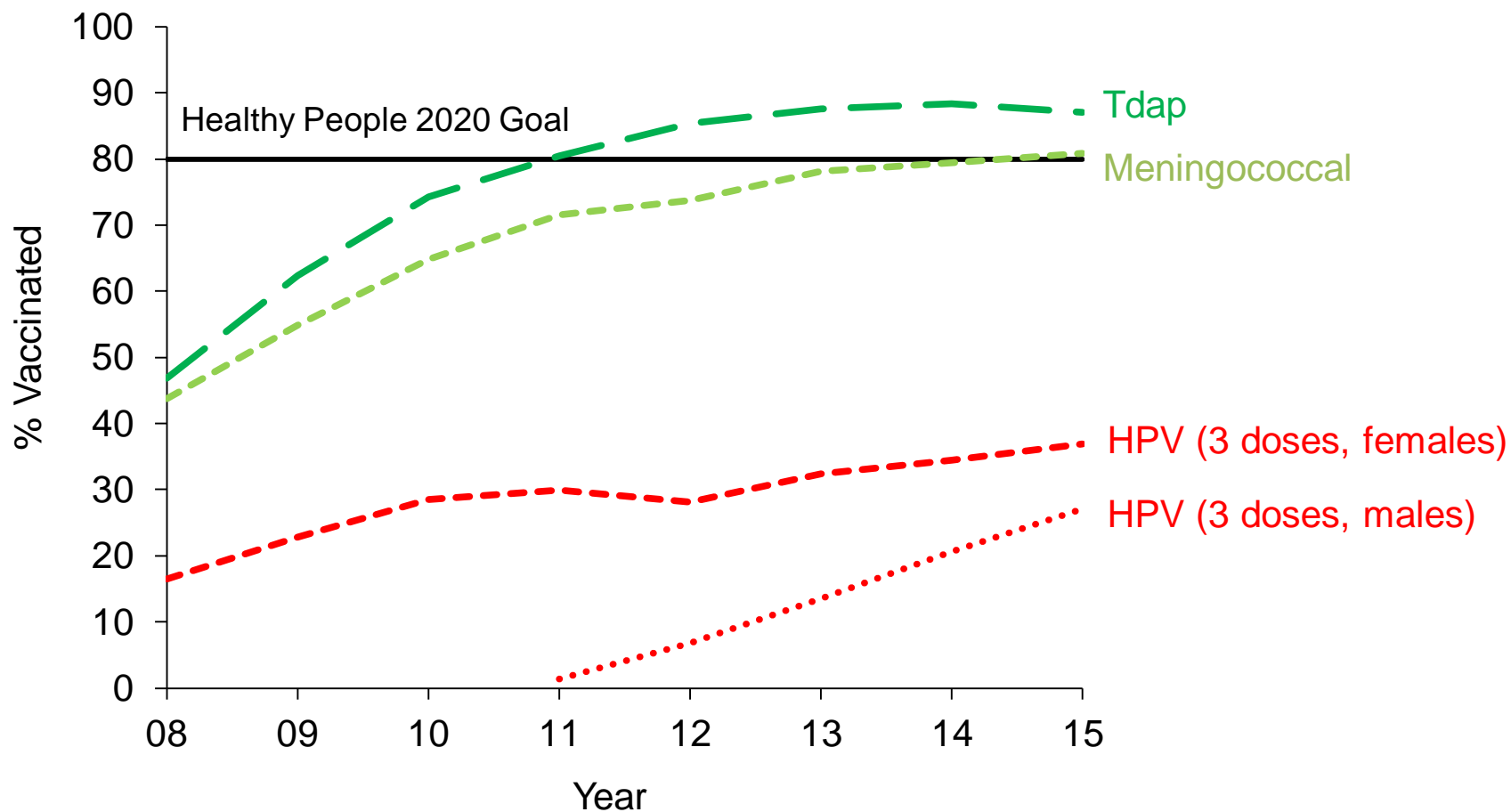
Accumulating data on effectiveness



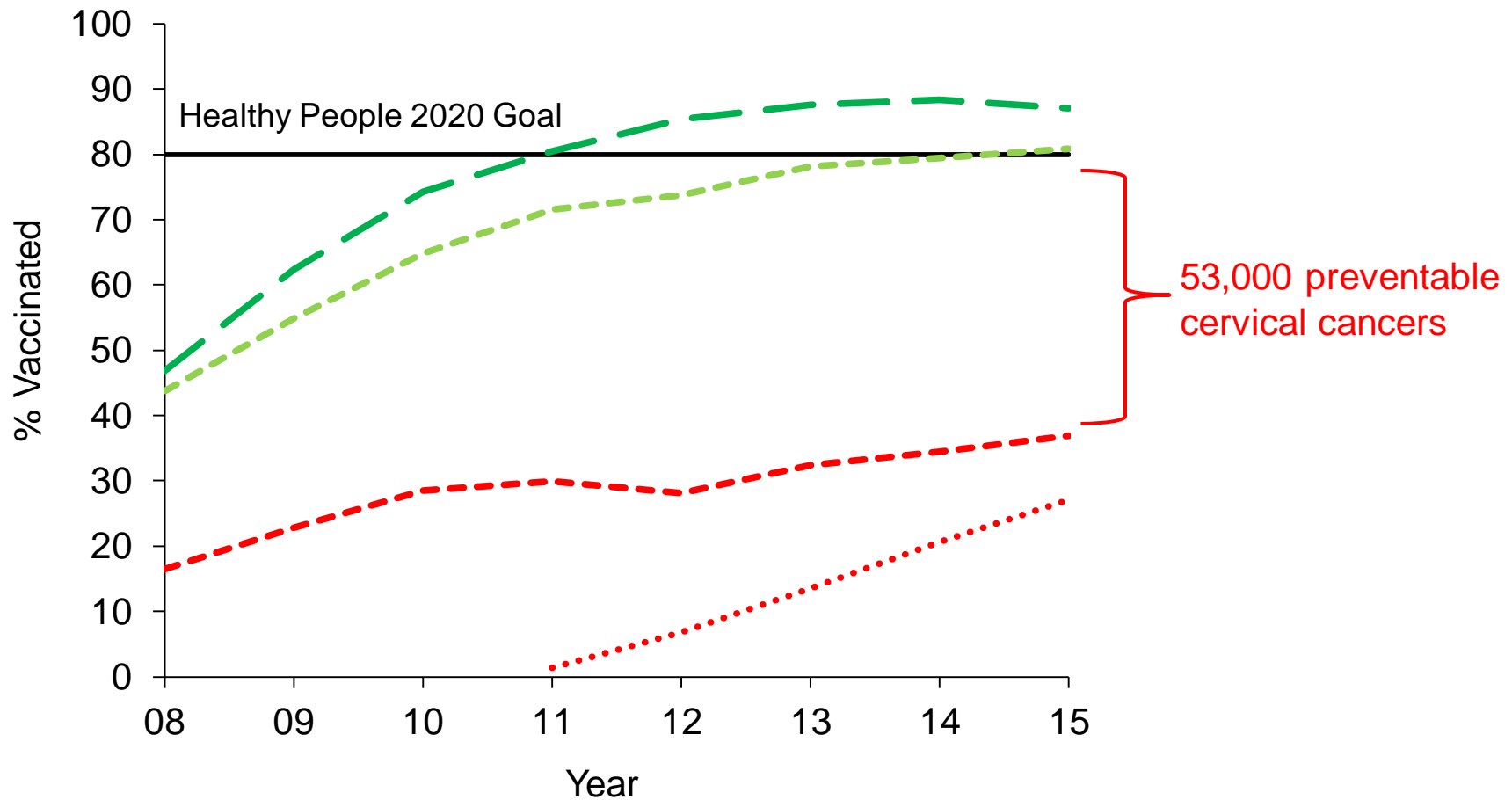
9-valent HPV vaccine

- HPV types 6, 11, 16, 18, 31, 33, 45, 52, 58
- Could prevent up to ~90% of cervical cancers with widespread adoption

Adolescent immunization coverage, ages 13-15



Adolescent immunization coverage, ages 13-15



Providers' HPV vaccine recommendations

Highly influential

- Adolescents whose parents receive recommendations have ~18x higher odds of being vaccinated

Infrequent

- 36% of girls and 58% of boys, ages 13-17, have not received a recommendation

Late

- >60% of providers prefer to recommend HPV vaccine as “optional” for 11- to 12-year-olds

Study aim

- To assess physicians' perceptions and communication practices related to recommending adolescent vaccines for patients, ages 11-12

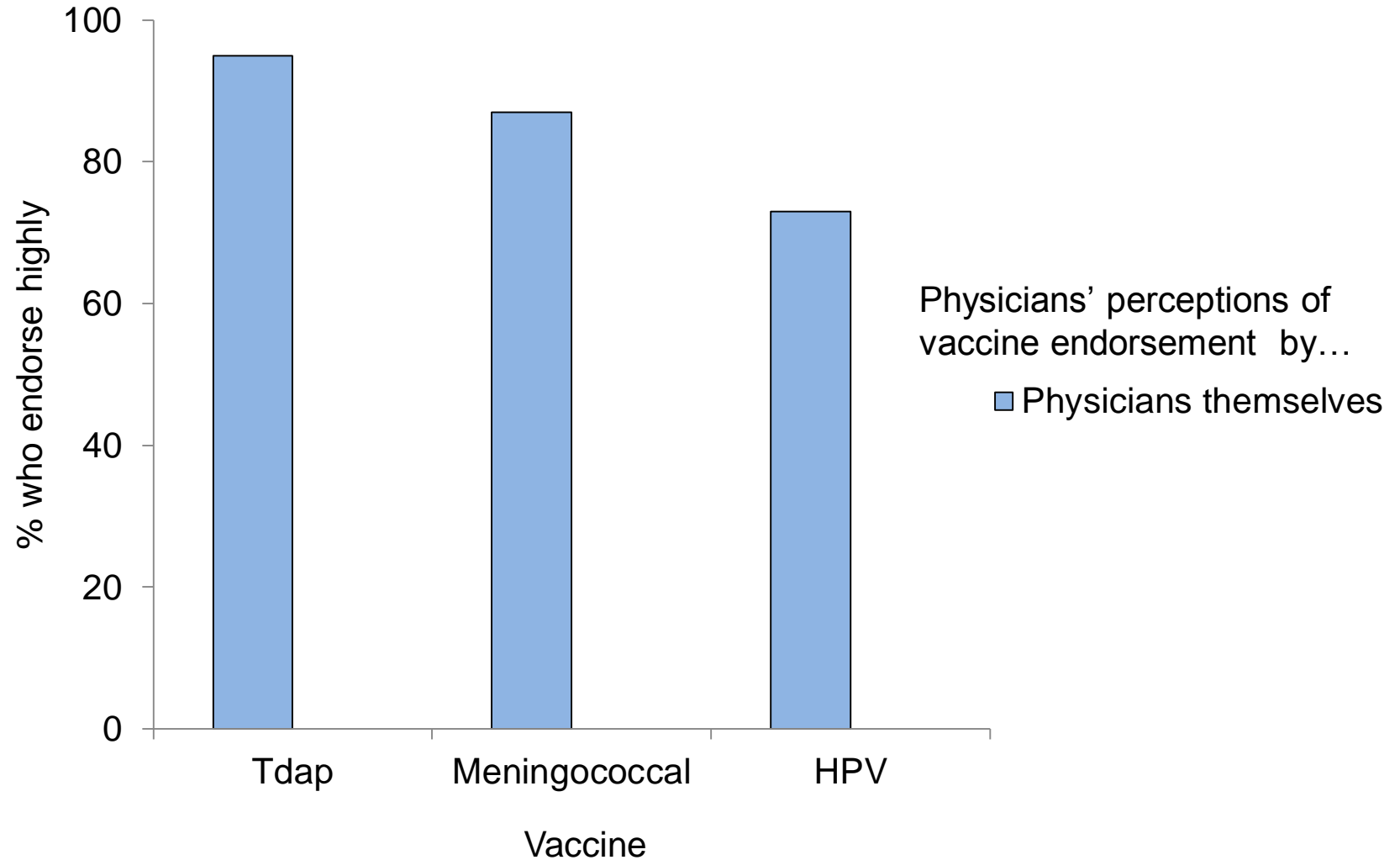
Physician Communication Study, 2014

- Cross-sectional, online survey
- Eligibility criteria
 - Pediatric or family medicine specialty
 - Provider of preventive care to patients ages 11-17
- National sample (n=776)
 - 53% pediatrics specialty
 - 68% male
 - 55% ≥ 20 years in practice

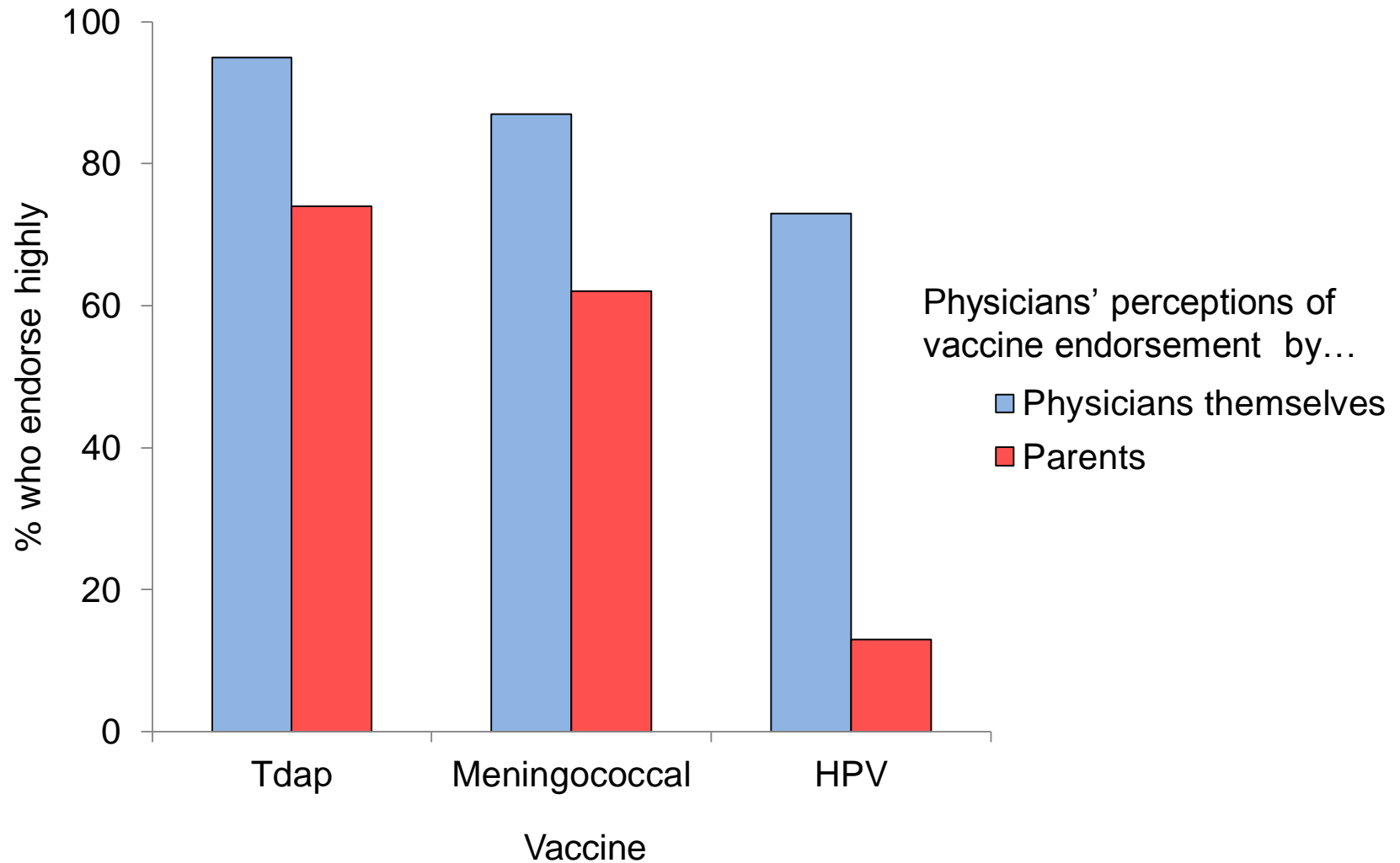
Results



Vaccine endorsement



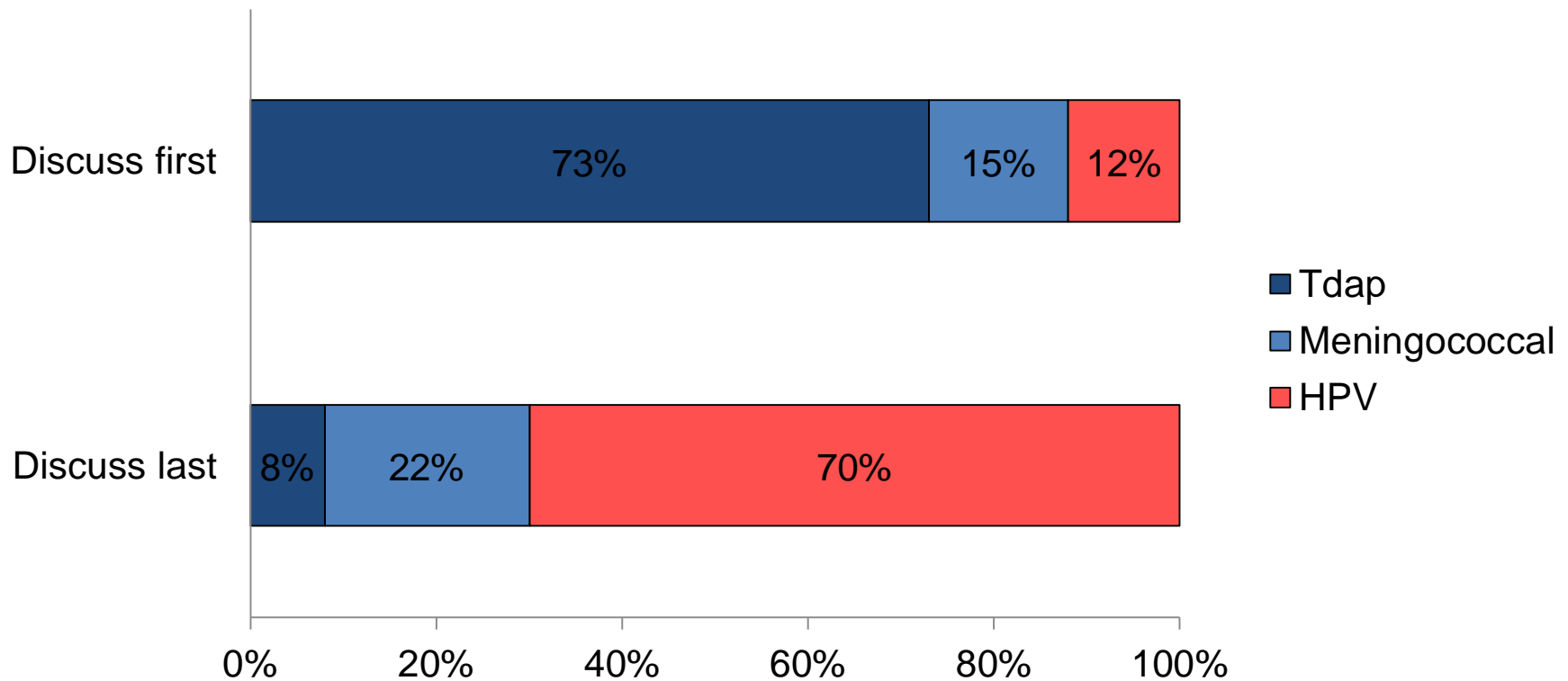
Vaccine endorsement



Discussion length (minutes)

| | Mean | (Standard Error) |
|---------------|------|------------------|
| Tdap | 1.9 | (0.09) |
| Meningococcal | 2.2 | (0.12) |
| HPV | 3.7 | (0.12) |

Discussion order ($n=494$)



Communication context

- Use sick visits for adolescent vaccination?
 - 38% Tdap
 - 34% meningococcal
 - 30% HPV

Communication context

- Use sick visits for adolescent vaccination?
 - 38% Tdap
 - 34% meningococcal
 - 30% HPV
- Do school entry requirements for Tdap make HPV vaccine seem less important?
 - 74% agreed

Discussion

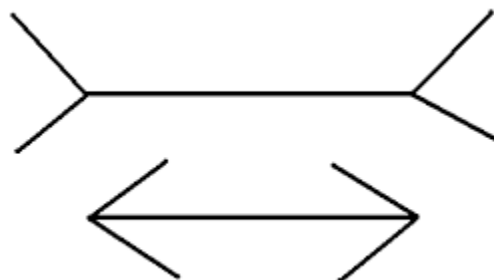


Key findings

- Physicians endorsed HPV vaccine less strongly than other vaccines and often discussed it last
- Physicians perceived HPV vaccine discussions to be burdensome, requiring more time and engendering less parental support than other vaccines

Discussion

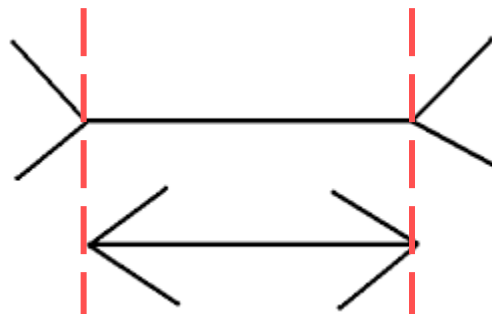
- Physicians talk about HPV vaccine in ways that likely undercut parents' trust
- Communication strategies are needed to support physicians in recommending HPV vaccine with greater confidence and efficiency



Muller-Lyer Illusion

Discussion

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Muller-Lyer Illusion

HPV Vaccine Recommendation Quality Framework

| | |
|----------------------------|---|
| Concomitance | Recommend “same way, same day” |
| Guidelines-based rationale | Focus on “routine” vs “requirements” |
| Timeliness | Recommend by age 12 |
| Consistency | Deliver routine vs risk-based recommendations |
| Urgency | Recommend same-day vaccination |
| Strength of endorsement | Say vaccine is very important |

Modeling effective recommendations

Now that Michael is 11, he's due for three shots that are really important for all kids his age: meningitis, HPV, and Tdap. We'll give these at the end of the visit.

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Timeliness

Consistency

Urgency

Endorsement

HPV Vaccine Recommendation Quality Framework

Concomitance

Recommend “same way, same day”

Guidelines-based rationale

Focus on “routine” vs “requirements”

Timeliness

Recommend by age 12

Consistency

Deliver routine vs risk-based recommendations

Urgency

Recommend same-day vaccination

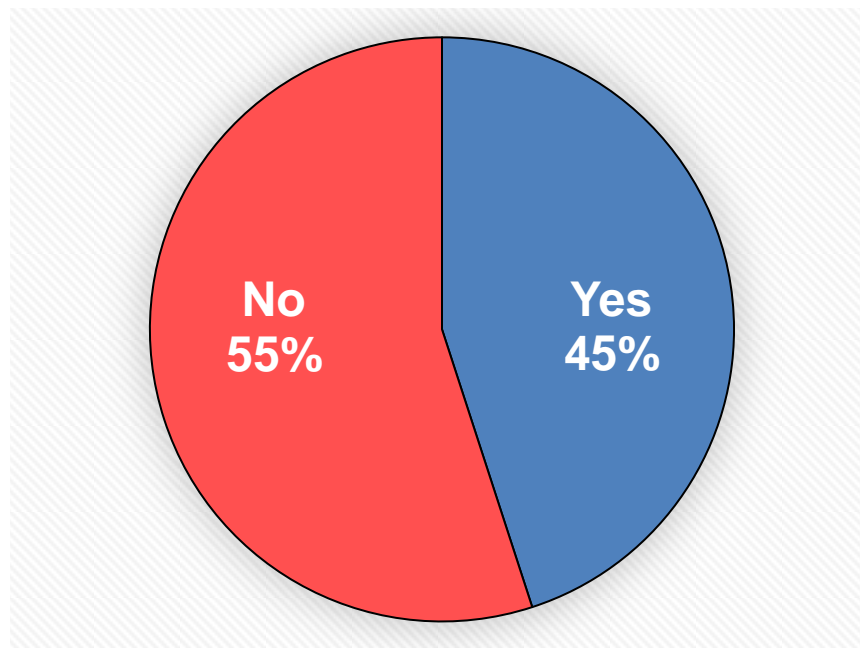
Strength of endorsement

Say vaccine is very important

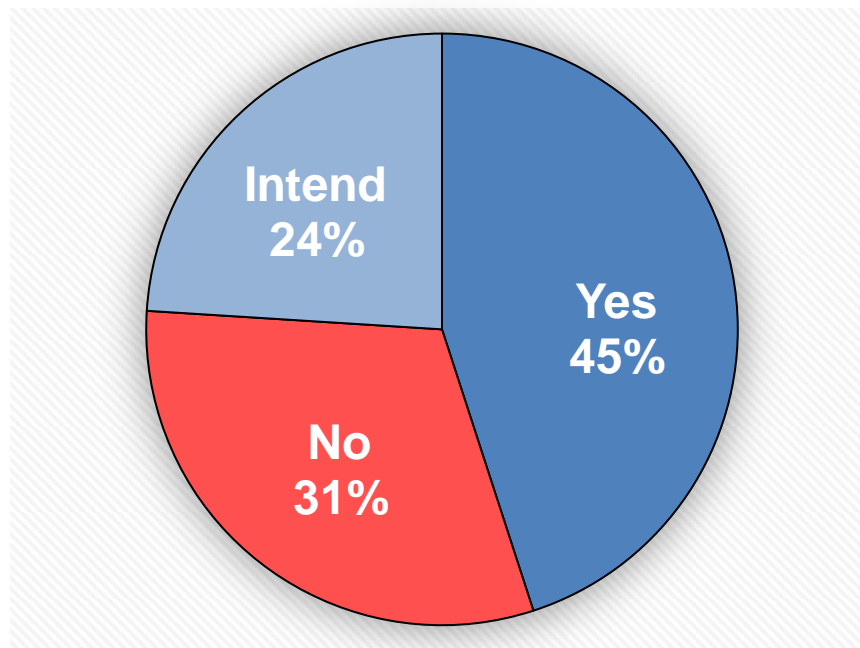
Persistence

Recommend again after declination

Secondary acceptance of HPV vaccination, among parents who initially declined it ($n=484$)



Secondary acceptance of HPV vaccination, among parents who initially declined it ($n=484$)



BE A CHAMPION FOR HPV VACCINATION

Tips for protecting the children in your care.

HOW CAN I BEST RESPOND TO PARENTS' QUESTIONS?

HOW CAN I IMPROVE HPV VACCINE RATES IN MY PRACTICE?

WHAT'S WORKING FOR OTHER PEDIATRICIANS?

I WANT 100% OF MY PATIENTS TO BE VACCINATED. ANY SUGGESTIONS?



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HPV VACCINE IS CANCER PREVENTION



Distributed by:

Thank you

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Reference

Gilkey MB, Moss JL, Coyne-Beasley T, Hall ME, Shah PD, Brewer NT.
Physician communication about adolescent vaccination: How is human papillomavirus vaccine different? *Prev Med.* 2015;77:181-5.