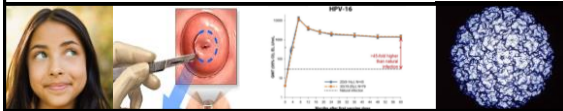


## HPV Vaccine Communication Rebecca B. Perkins MD




---

---

---

---

---

---

---

---

### Presenter Disclosure

- I, Rebecca Perkins, 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.
- I have no relationships to disclose.
- 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




---

---

---

---

---

---

---

---

### The science says that...



HPV is very common and causes bad disease

HPV vaccine is effective, long-lasting, and safe

*How can we increase the number of patients who are protected?*




---

---

---

---

---

---

---

---

**HPV vaccination is finally the new normal in the US**

- As of 2016, more than half of US adolescents had started their HPV vaccine series
- Don't leave your patients unprotected!




---

---

---

---

---

---

---

---

Concept #6

**THERE ARE EFFECTIVE WAYS TO RECOMMEND HPV VACCINATION**




---

---

---

---

---

---

---

---

**Communicating with Parents**

**The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits**  
 Douglas J. Opel, John Heritage, James A. Taylor, Rita Mangione-Smith, Halle Showalter Salas, Victoria DeVere, Chunan Zhou and Jeffrey D. Robinson  
*Pediatrics* 2013;132:1037; originally published online November 4, 2013;

**Announcements Versus Conversations to Improve HPV Vaccination Coverage: A Randomized Trial**

Noel T. Brewer, PhD,<sup>1,2</sup> Megan E. Hill, MPH,<sup>1</sup> Teri L. Malo, PhD,<sup>1</sup> Melissa B. Blakey, PhD,<sup>1</sup> Beth Quinn, BS,<sup>1</sup> Christine Lubren, MD<sup>1</sup>




---

---

---

---

---

---

---

---

The best predictor of vaccination uptake for both hesitant and non-hesitant parents was how the provider started the conversation.



Seven horizontal lines for notes.

### Make an Effective Recommendation

➤ Same way: Effective recommendations group all of the adolescent vaccines

Recommend HPV vaccination the same way you recommend Tdap & meningococcal vaccines.

➤ Same day: Recommend HPV vaccine today

Recommend HPV vaccination the same day you recommend Tdap & meningococcal vaccines.



Unpublished CDC data, 2013.

Seven horizontal lines for notes.

### Impact of recommendation quality

Vaccine initiation rates:

- 20%- 30% if no recommendation or presented as optional
- 50%, if low-quality recommendation
- 70-90%, if high-quality recommendation: same way, same day



Seven horizontal lines for notes.

### Optional versus high quality

- ▶ **Optional:** *“Have you thought about what shots you’d like to get today?”*
  - ▶ May unintentionally imply shot is not important or few people do it
  - ▶ 20-30% vaccination rate in studies of both childhood and adolescent vaccines
  
- ▶ **High quality:** *“We have some shots to do today”*
  - ▶ Implies shot is important and most people get it
  - ▶ 70-90% vaccination rate in studies of both childhood and adolescent vaccines



---

---

---

---

---

---

---

---

### Putting high quality recommendations into Practice: Same Way, Same Day

*“Your child needs 3 vaccines today- Tdap, HPV and meningococcal”*

*“Today, your child is due for the HPV vaccine, this protects against a virus that can cause cancer.”*



---

---

---

---

---

---

---

---

### The Opener by the Nurse/MA

- ▶ **Encourage convenient same-day vaccination**  
*“Today, Pat should have 3 vaccines. They’re designed to protect him from the infections that cause meningitis, HPV cancers, and pertussis. Do you have any questions for me?”*
  
- ▶ **If a parents hesitates, the MA/nurse should say**  
*“Our practice is so dedicated to cancer prevention that I’m sure the doctor will want to talk with you about your concerns.”*



---

---

---

---

---

---

---

---

### Physician Testimonial

"I used to make the discussion of HPV a complex and time-consuming process. Typically I would say, 'We have an excellent vaccine that prevents cancer, its not required for school but I highly recommend it.' This would typically lead to additional conversation and a fair number of parents declining the vaccine. Then I changed my approach to say: **"Your child is due for three vaccines today: Tdap, HPV, and MCV"** and my decline rate was substantially lower! This was the approach I was already using for every other routine vaccine and was an easy change to make."



---

---

---

---

---

---

---

---

### But what if someone declines? Case of the hesitant parent

- An 11 year old girl comes to your office for well-care.
- You offer a 'high quality' recommendation for the vaccines, saying *"Great, you're here for your vaccines. We can go ahead and do her tetanus/diphtheria/whooping cough vaccine, her HPV vaccine, and her meningitis vaccine today."*

Not so fast. The mother says:  
*"We're okay doing that tetanus shot and the meningitis one, but we're going to hold off on the HPV vaccine."*



---

---

---

---

---

---

---

---

### How to Handle Resistance:

Step 1 – Ask the parent to share her/his concern(s)

**Example:**

*"So you seem to have concerns about the HPV vaccine. Well, that's perfectly understandable – I've had a number of questions about this one. Would you mind sharing what your particular concerns are?"* (Note: non-threatening)

*"Well, I've heard that it's a vaccine to prevent a disease that's transmitted by having sex, and she is a loooooong way from having sex."*



---

---

---

---

---

---

---

---

### How to Handle Resistance:

#### Step 2 – Reflect, summarize, ask, advise

The provider reflects back what the parent is saying to be sure he/she understands (**empathy**) and summarizes what has been heard before proceeding, again with **permission**, to make a recommendation.

**Example:**

*“So I can hear that you’re concerned that she’s too young for the HPV vaccine because HPV is transmitted by sexual activity. Well, I completely get that – she is only 11 after all. I’ve thought a lot about this. Is it okay if I go over how I’ve come to think about this vaccine?”*



---

---

---

---

---

---

---

---

### How to Handle Resistance:

#### Step 3 – The crucial step

**Example:**

*What NOT to say: “Well, data show that many adolescents will be having sex by middle school, and if you’re worried about her having sex, studies have shown that it won’t increase the likelihood of her having sex.”*

*Do not try to use statistics like a battering ram in an emotional argument.*



---

---

---

---

---

---

---

---

### How to Handle Resistance:

#### Step 3 – The crucial step

**Example:**

*What TO say: “I used to think of this vaccine as something to prevent a sexually transmitted disease, but realized it’s really about preventing cancer. Almost everyone gets this virus, so I think it’s important for everyone.”*

*Instead of arguing, move the conversation back to what’s really important: cancer prevention.*



---

---

---

---

---

---

---

---

### How to Handle Resistance: Step 4 – Make a personalized recommendation

Example:

*“If she were my daughter I would not hesitate to recommend this vaccine for her, and most of my patients now are getting the vaccine.*

*Having said that, this is a decision that only you and your daughter can make. What do you think?”*



---

---

---

---

---

---

---

---

### Summary: How to Handle Resistance

- Engage the patient respectfully and fully in the discussion- **ASK PERMISSION TO GIVE INFORMATION**
- Use empathy, collaboration, evocation and support for autonomy
- Use open-ended questions and reflections
- Use of behavior change principles like emphasizing social norms, pivoting from debunking the myth that she is too young, and focusing on the disease that is prevented rather than negatives (like side effects)
- Make a clear, strong, & personalized recommendation

---

---

---

---

---

---

---

---

Concept #7

**THERE ARE EVIDENCE-BASED SYSTEMS  
CHANGES THAT WILL IMPROVE HPV  
VACCINATION RATES**



---

---

---

---

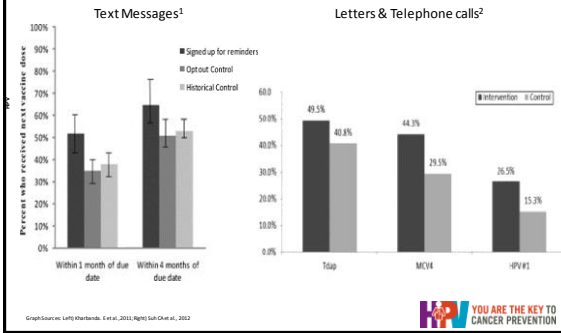
---

---

---

---

Reminder recall strategies can increase HPV vaccination rates




---

---

---

---

---

---

---

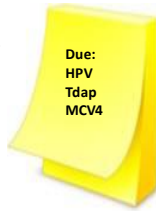
---

---

---

Provider Prompts

- Tells providers that patient is due for specific vaccinations
- Methods:
  - Nurse prompts:
    - Stickies
    - Checklists
    - Preprinted notes in clients chart
  - EHR prompts:
    - Automatic pop-ups
    - 'To do' task list
    - Many EHRs have prompts pre-installed that can be customized
  - Immunization Registries



*Evidence from 14 studies showed 6% vaccination rate increase*




---

---

---

---

---

---

---

---

---

---

Standing Orders

- Single physician order for *all* patients for recommended vaccines
- Stipulate that all patients meeting certain criteria should be vaccinated – age, underlying medical condition
- Components
  1. Nurse/MA tracks immunization history
  2. Nurse/MA identifies eligible patients
  3. Nurse/MA educates patients – alert provider if patient still has questions or wants to talk with the provider
  4. Nurse/MA administers vaccines




---

---

---

---

---

---

---

---

---

---



### Benefits of Standing Orders

- Shown to be **effective** in both adults and children
  - For children, use of standing orders is associated with a median increase in vaccination coverage of 28%
  - Most effective evidence-based method
- Overcome administrative barriers and save time
- ‘Presumptive’ recommendation in action

Source: [www.cdc.gov/vaccines/imz/downloads/pdf/135011main.pdf](http://www.cdc.gov/vaccines/imz/downloads/pdf/135011main.pdf)




---

---

---

---

---

---

---

---

### The Denver Health Story

- Large vertically integrated community health system
  - Cares for about 1/3 of all children in Denver
  - 8 community health centers, 16 school-based health centers
- For many years, had ‘typical’ immunization process, with similar rates to national average



Photo Credit: <http://www.denverhealth.org/About/Our-System/Overview-of-Denver-Health>




---

---

---

---

---

---

---

---

### What did Denver Health change?

1. Implemented a system of **standing orders** predicated on the idea of taking the provider out of the immunization equation from birth to adulthood
2. Tdap, HPV, MCV4 presented as a standard “**bundle**” of adolescent immunizations
3. Vaccines given **early in visit** when possible
4. Providers involved **only if refusal** or questions (rare)




---

---

---

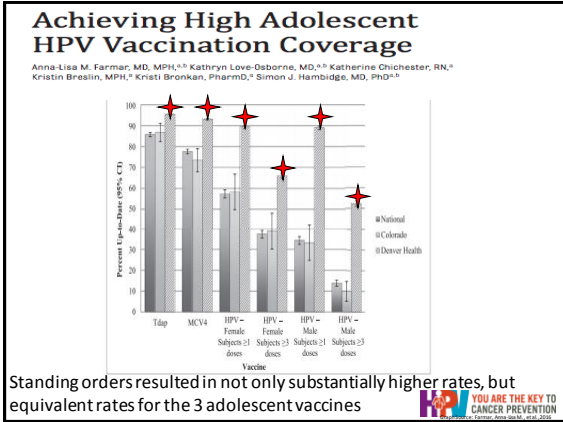
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---

- ### Standing Orders: Best Practices
- Consider implementing standing orders for vaccination, particularly for the adolescent immunization ‘bundle’
  - Emphasize that using standing orders allows more time for focusing other important aspects of preventive and sick visits for those without significant vaccine concerns
  - Remember that having standing orders is not a substitute for a provider conversation for families with questions
- YOU ARE THE KEY TO CANCER PREVENTION**

---

---

---

---

---

---

---

---

---

---

---

---

- ### Summary
1. HPV vaccination prevents infection with the strains of HPV most likely to cause a host of cancers.
  2. HPV vaccine is worth giving long *before* infection because it’s safe & effective.
  3. Your recommendation can make all the difference to the family’s acceptance.
- YOU ARE THE KEY TO CANCER PREVENTION**

---

---

---

---

---

---

---

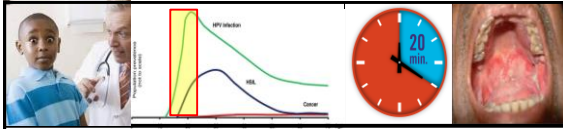
---

---

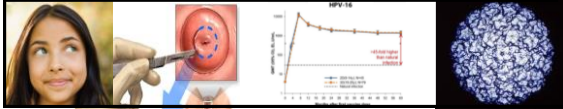
---

---

---



Questions?



---

---

---

---

---

---

---

---