HPV Vaccine and Provider-Parent Communication

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What gets measured gets done!

“I’m David and I’m a bean-counter.”

http://www.condenaststore.com/-sp/I-m-David-and-I-m-a-bean-counter-New-Yorker-Cartoon-Prints_i8476497_.htm
Provider Prompts: QI

Prompts p Chart (all sites)

Received Vaccine / Eligible for Vaccine

Month/Year


UCL, CL, LCL

Values:
- 0.7922
- 0.6244
- 0.4567
Learning Objectives

1. List the **recommendations** for HPV vaccination for girls and for boys.

2. Identify and implement the “**same way, same day**” approach to HPV vaccination for all 11- & 12-year-olds in the pediatric health care setting.

3. Model **evidence-based communication approaches** when talking with 11- and 12-year-olds and their parents about the importance of HPV vaccine.

4. Introduce >2 new **practice tools** into to help support HPV vaccination in the pediatric health care setting.
Objective #1

CDC’S RECOMMENDATIONS: LEARNING FROM SUCCESS
Which areas had large, significant increases in HPV immz rates (females) from 2013-2014?

At least 1 dose

- Chicago, IL
- DC
- Illinois
- Montana
- North Carolina
- Utah

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Which areas had large, significant increases in HPV immz rates (females) from 2013-2014?

**At least 1 dose**
- Chicago, IL
- DC
- Illinois
- Montana
- North Carolina
- Utah

**At least 3 doses**
- Chicago, IL
- DC
- Illinois
- Montana
- North Carolina
- Georgia

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Range of 1 Year
Percentage Point Increase

At least 1 dose
- Chicago, IL – 13.2
- DC – 22.8
- Illinois
- Montana
- North Carolina
- Utah

At least 3 doses
- Chicago, IL
- DC – 28.6
- Illinois
- Montana
- North Carolina
- Georgia – 14.5

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Immunization Program Strategies

1. **Link with cancer prevention**
   - Incorporate HPV immz in cancer control plans
   - Do **joint initiatives** with cancer prevention & immunization stakeholders

2. **Communicate with parents**
   - Public communication campaigns
   - IIS–based reminder/recall

3. **Communicate with clinicians**
   - AFIX activities including clinician-to-clinician exchanges emphasizing strong provider vaccination recommendation
   - **Educate office staff** and provide input on how to improve routine HPV vaccination within the practice

4. **Use all opportunities to educate clinicians & parents** about the importance of on-time HPV vaccination
Could I start this on Monday?

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Objective #2

“SAME DAY, SAME WAY”
The Opener

- Announce the child needs 3 vaccines (4 if flu vaccine is available)
- Encourage convenient same-day vaccination
  “Today, Pat should have 3 vaccines. They’re designed to protect him from the cancers caused by HPV and from meningitis, tetanus, diphtheria, & pertussis. Do you have any questions for me?”
- If a parent hesitates, the MA/nurse should say “Our team is so dedicated to cancer prevention. I’m sure the doctor will want to respond to your concerns.”
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4. **Use all opportunities to educate clinicians & parents** about the importance of on-time HPV vaccination
Be sure everyone in the office understands the mission.

- Human stories often influence people more than statistics.
- To understand the human stories behind HPV, listen to survivors.
  - Shot By Shot
  - Unprotected People on www.immunize.org
Heather’s Story

In Memory of Heather Burcham

Two months before her death from cervical cancer, Heather urges young women to get the HPV vaccine.

(Courtesy of the Immunization Action Coalition)
http://www.hpvepidemic.com/
Objective #3

EVIDENCE BASED APPROACHES TO COMMUNICATION
If a parent were hesitant...

<table>
<thead>
<tr>
<th>Ask</th>
<th>Clarify &amp; restate their concerns to make sure you understand.</th>
</tr>
</thead>
</table>
| Acknowledge | - Emphasize it is the parents’ decision.  
- Acknowledge risks & conflicting info sources.  
- Applaud them for wanting what is best for their child.  
- Be clear that you are concerned for the health of their child, not just public health safety. |
| Advise | - Clarify their concerns: make sure you understand & are answering the question they actually care about.  
- Allow time to discuss the pros & cons of vaccines.  
- Be willing to discuss parents’ ideas.  
- Offer written resources for parents.  
- Tailor your advice using this sheet or CDC’s *Tips & Time Savers*. |
Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say “Your child needs these shots today,” and name all of the vaccines recommended for the child’s age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents’ questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

**CDC Research Shows:**

**TRY SAYING:**

The “HPV vaccine is cancer prevention” message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

**Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.**

**HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That’s why I’m recommending that your daughter/son receive the first dose of HPV vaccine today.**

**HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 36,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.**

**Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.**

**We’re vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.**

**Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.**

**Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.**

**Parents might believe their child won’t be exposed to HPV because they aren’t sexually active or may not be for a long time.**

**HPV is so common that almost everyone will be infected at some point. It is estimated that 78 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed if their partner has been exposed.**

**Emphasizing your personal belief in the importance of HPV vaccine helps parents feel secure in their decision.**

**I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/ nieces/nephews/children’s friends. Experts like the American Academy of Family Physicians and the CDC also agree that this vaccine is very important for your child.**

**Understanding that the side effects are minor and emphasizing the extent.**

**HPV vaccine has been carefully studied by medical and scientific experts. Like other shots, most side effects are mild, primarily pain or redness, and have not been associated with any long-term side effects. Since 2006, about 57 million doses have been administered in the U.S., and in the years of HPV vaccine safety studies and monitoring, no serious safety concerns have been identified.**

**Parents want to know that HPV vaccine is effective.**

**Clinical trials of boys and girls, the vaccine was shown to be extremely effective. In addition, studies in the U.S. and other countries have shown a significant reduction in infections caused by the HPV types targeted by the vaccine.**

**HPV vaccines will help them to complete the series.**

If a parent declines...

• Declination is not final. The conversation can be revisited.

• End the conversation with at least 1 action you both agree on.

• Because waiting to vaccinate is the risky choice, many pediatricians ask the parent to sign a Declination Form
Another Model: CASE

- Corroborate/ Acknowledge
- About me
  (what I’ve done to study this)
- Science
- Explain/ Advise

http://www.immunizeusa.org/media/29064/making_the_case_for_vaccines_mnaap.pdf
Model #3: Motivational Interviewing

- Being studied by Amanda Dempsey, MD, PhD
- A way of “being” with the client, not just a set of counseling techniques (Miller & Rollnick, 1991)
- Provider becomes a “helper” in the change process
- Works to strengthen a person’s **intrinsic** motivation for a behavior
- More about the words you use than the underlying goal
In response to a parent supportive of vaccination but with HPV safety concerns:

**Instead of:** “Actually, studies show that there are no serious side effects from the vaccine so I think you should let your daughter get it. It’s really important.

**Coming to ‘Yes’:** “It sounds like you are generally in support of vaccines, but you have concerns about the safety of HPV. Is that right?

“So if you had information that convinced you the HPV vaccine was safe you might consider letting your daughter have it?”

“Would it be OK if I shared what I know about the safety of the vaccine?”
Balancing Communication Styles

- Start with a presumptive bundled recommendation

- If not met with acceptance, use other tools
  - MI type conversations
  - Fact sheets
  - Decision Aids

- And most importantly DON’T GIVE UP!
“Profiling” does not work.

Do I really want to bet someone’s life on guessing right?
Minnesota DOH Videos
Who Makes the HPV Decision?

Cross-sectional sample of women in SE Texas With ≥1 child age 9-17 yrs in 2011-2013

Effect of the Decision-making Process in the Family on HPV Vaccination Rates among Adolescents 9-17 years of age. Human Vaccine Immunotherapy
Objective 4

PRACTICE TOOLS
HPV vaccination is the best way to PREVENT many types of CANCER.

HPV vaccination is RECOMMENDED at ages 11 or 12.

HPV vaccination is REDUCING HPV DISEASE.

3 THINGS PARENTS SHOULD KNOW ABOUT PREVENTING CANCER

www.cdc.gov/vaccines/teens
For more information, including free resources for yourself and your patients/clients, visit:
cdc.gov/vaccines/YouAreTheKey

Email questions or comments to CDC Vaccines for Preteens and Teens:
PreteenVaccines@cdc.gov
http://www.cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html
Tools for Your Practice

HPV Vaccine is Cancer Prevention

HPV-Specific Resources for Healthcare Providers

- You Are the Key to HPV Cancer Prevention web-on-demand video
- Use of 9-Valent Human Papillomavirus (HPV) Vaccine [24 pages]
- HPV Vaccine Clinician Fact Sheet
- HPV Portal

Medscape Materials

- Communicating Safety and Efficacy of HPV Vaccine to Parents and Preadolescents
- Framing the Conversation with Parents about the HPV Vaccine
- HPV in Our Midst: Understanding the Problem and Having the Conversation
- Recommending HPV Vaccine Successfully

Resources for the Full Adolescent Immunization Platform

- Immunization Schedules
- Adolescent ACIP Recommendations [1 page]
- Adolescent Vaccination Fact Sheet [4 pages]
- Teen Vaccination Coverage
HPV Vaccine is Cancer Prevention

Handouts to Give to Patients & Parents

Vaccine Fact Sheets and Schedules for Parents and Patients
- Basic HPV Fact Sheet [1 page]
- HPV Vaccine Information Fact Sheet [2 pages]
- Adolescent Vaccines Fact Sheet [1 page]
- 7 through 18 Years Immunization Schedule [2 pages]

HPV Specific Vaccine Information Sheets
- HPV Gardasil® VIS
- HPV Cervarix® VIS

Spanish Resources for Parents and Patients
- Basic HPV Fact Sheet [1 page]
- In-Depth HPV Fact Sheet [2 pages]
- Adolescent Vaccines Fact Sheet [1 page]
- 7 through 18 Years Immunization Schedule [2 pages]
For More Information

• **Shot by Shot**
  [http://shotbyshot.org/story-gallery](http://shotbyshot.org/story-gallery)

• **AAP**
  Info for parents ([healthychildren.org](http://healthychildren.org))
  Info for clinicians ([http://www2.aap.org/immunization/illnesses/hpv/hpv.html](http://www2.aap.org/immunization/illnesses/hpv/hpv.html))

• **Immunization Action Coalition**

• **CHOP Vaccine Education Center**
  [http://vec.chop.edu/](http://vec.chop.edu/)

• **EZ IZ**
# Online Courses Matching Search Criteria

**Program Type:** All  
**Keywords:** Immunization

**Program Courses**  
Click on the course name to view more detail.

<table>
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<th>Course Name</th>
<th>Course Type</th>
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</tbody>
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Immunizations: Improve Your Practice Rates

Increasing immunization rates for any practice can be challenging. This EQIPP course is designed to identify immunization rates in your practice, barriers to immunization delivery systems and techniques to overcome those barriers through the use of clear aims that reflect expert principles and proven quality improvement methods and tools.

In this course, you will use baseline practice measurements to identify opportunities to increase immunization rates through Plan, Do, Study, Act (PDSA) cycles. The goal is to help practitioners create a plan for improvement to address gaps YOU identify in the following key clinical activities:

About this Program
- Course Goals
- Faculty & Support
- Tips for Getting Started
- CME Information
- Frequently Asked Questions

Track 1
Key Clinical Activities
- Develop Effective Office Practices to Increase Your Immunization Rates
- Address Vaccine Hesitancy
- Implement Reminder / Recall System
The 4 Pillars™ Immunization Toolkit
The End

Thank you for watching!