

## Evidence-Based Practices to Increase HPV Vaccination Rates

<b>1. Education</b> The key message is: HPV vaccine safely prevents HPV-associated cancers.
a. Educate physicians and providers, their staff, and patients and families about what we already know, what we have learned, and what this vaccine will do for our patients.
b. Participate in quality improvement projects designed to improve rates of HPV vaccine delivery. For example, the American Academy of Pediatrics (AAP) <a href="#">EQIPP</a> online learning program is free for AAP members and also would benefit family physicians. Physicians can earn continuing medical education credits and meet MOC Part 4 requirements.
<b>2. Communication</b> A strong recommendation from the physician is the single most important determinant of vaccine acceptance.
a. Use key messaging techniques: <ul style="list-style-type: none"><li>i. Provide information about what to expect at the next visit.</li><li>ii. Do not assume there will be resistance to HPV vaccine.</li><li>iii. Bundle the three preteen vaccines. "Today, your child will receive the three vaccines recommended for this age: Tdap, HPV, and MenACWY." Do not discuss any difference in school requirements.</li><li>iv. In response to concerns/questions/hesitation:<ul style="list-style-type: none"><li>1) Establish common ground: You and parents have the same common interest: the patient's health and safety. Share your own experience: "I gave it to my children" or "I plan to give it to my children when they are eligible."</li><li>2) Acknowledge and specifically address concerns that families express.</li><li>3) Emphasize that parents are <i>choosing</i> to give a vaccine that will prevent cancer in their child ... what better gift?</li></ul></li></ul>
b. When needed, consult trusted experts, champions, other stakeholders for guidance.
c. Advocate in the community. You are the medical expert. The community wants to hear <i>your</i> opinion and benefits from <i>your</i> knowledge about the vaccine.
<b>3. Vaccine Delivery</b>
a. Ensure consistent messaging from your entire office/clinic staff, especially medical assistants.
b. Review vaccine status at <i>all</i> visits and administer vaccines that are due or past due even if this is not a standard well-patient visit. <ul style="list-style-type: none"><li>i. Use reminder/recall systems, e.g., forecasting; recall function of the electronic health record (EHR) and Immtrac2; or a "tickler" card system, especially for series completion.</li><li>ii. Take advantage of visits for physicals and vaccines required for college enrollment and for jobs after high school graduation to ensure the series is begun and instructions for completion given.</li><li>iii. Make appointments to complete the series at the time the series is initiated.</li></ul>
c. Use standing orders.
d. Consider involvement of school nurses to help deliver education on HPV and HPV vaccine to teens and their families.
<b>4. Tracking Progress in Vaccine Delivery</b>
a. Within each practice, designate an individual to ensure the EHR is functioning to generate interval reports of immunizations by physician.
b. Each physician: Know your own rates (audit/feedback)! Review your own immunization tracking trends at regular intervals, e.g., monthly or every three-six months, and determine what interventions will facilitate improvement when needed.
c. Participate in data uploads to Immtrac2 with periodic validation checks to ensure data are transmitted. <ul style="list-style-type: none"><li>i. Review rejections from Immtrac2 and make needed corrections.</li><li>ii. Help 18-year-olds provide consent for data to be maintained in Immtrac2.</li><li>iii. Inform and assist new Texas residents whose children were born out of state to consent for immunization data to be submitted to Immtrac2.</li></ul>
d. Know trends in HPV vaccine coverage rates by county, state, and nation.