

Welcome and Introductions	
1	<p>Welcome! If you haven't already signed in, read through our study fact sheet, and given your blue completed pre-training survey to XXX, please do so now.</p>
2	<p>Welcome! My name is XXX. I'm a physician and I [give brief background of self], so pediatric preventive care issues are important to me. I will facilitate today's training about making effective HPV vaccine recommendations.</p> <p>The information in today's training is best practice and builds on research by national HPV vaccine expert Dr. Noel Brewer and his colleagues.</p> <p>So that I know who I'm talking to, give me a show of hands. Who in this room is responsible for recommending HPV vaccine to adolescents and their families? Actually administering the shot? Documenting vaccine doses? Great, as you see, vaccine provision is a team effort, with each of you playing an important role in the process. We hope today's training will give you the opportunity to hear how other teammates are currently communicating about HPV vaccine, and allow you to align your messages in a powerful way.</p>
3	<p>Before we begin, here's our disclosure information. A written summary is in your folders. [Give any relevant disclosure information]</p>
4	<p>It's probably not surprising to you that your advice as health care professionals is trusted and can have a big impact on vaccination decisions. Clinicians are uniquely influential.</p>
5	<p>Because your advice is so important, today I'll be sharing with you a strategy to make <u>strong</u> and <u>effective</u> HPV vaccine recommendations that we hope you'll find useful as you care for patients. The most important part of this strategy is how you first talk about HPV vaccine.</p> <p>Today's activities will start with [CLICK = change slide] a brief review of the latest research on HPV vaccination practices. We'll then move into [CLICK] building your skills in effective communication, and then we'll [CLICK] practice the communication strategy. We'll ask you to role play with one another, so be sure to pay attention. [CLICK] Finally, before you leave, please be sure to complete the post-training survey in order to receive your CME certificate of participation.</p>

Review Evidence

6	<p>So, let's get started.</p>
7	<p>HPV is common – in fact 79 million Americans are currently infected with at least one strain of the virus, and almost all of us will get the virus at some point in our lives. This graphic shows the number of diseases attributed to chronic HPV infections in the US each year. Notice the orange regions that show for example, vaginal cancer, vulvar cancer and cervical cancer. But also notice the blue sections that show penile cancer, anal cancer and oropharyngeal cancer in men. The incidence of HPV-related oropharyngeal cancer has tripled in recent years and will overtake cervical cancer cases by 2020.</p> <p>HPV-related diseases are a serious public health problem and now we have a way to address it.</p>
8	<p>The CDC recommends routinely giving <u>all</u> children ages 11 or 12 two doses of HPV vaccine. Giving the vaccine by age 14 is twice as effective at protecting against cervical pre-cancers. One reason for focusing on this age group is that younger adolescents have a better immune response. Another reason is younger adolescents are less likely to have been exposed.</p> <p>And the reason for targeting all adolescents, and not just high-risk populations, is because risk-based vaccination just doesn't work. We learned this through hepatitis B vaccination programs.</p> <p>Now, for those kids who have missed the 11-12 year old window, three catch-up doses are recommended for males up to age 21 and for females up to age 26.</p> <p>These guidelines are supported by the AAP, the AAFP, and many other medical organizations.</p>
9	<p>What's amazing is how effective this vaccine is. This graph shows data from Australia, where they've implemented a successful nationally-funded HPV vaccination program for teenage girls in schools. On the bottom you have years. The shaded region on the right represents when HPV vaccine became available in schools. Along the side is the percentage of heterosexual males and females under age 21 diagnosed with genital warts.</p> <p>After the vaccine was introduced, genital warts dropped <u>dramatically</u> in both males and females, [CLICK] an average overall drop of 88%. Cervical cancer precursors have also dropped in Australia, the US, and other countries.</p>
10	<p>Many people think of HPV as an STI, but what really matters is that it's <u>common</u> and many types of HPV are <u>human carcinogens</u>. HPV vaccine can protect against cervical cancer. It can also protect against vulvar, vaginal, and anal cancers and probably oropharyngeal and penile cancers, too. It's a vaccine against cancer.</p> <p>What's more, the vaccine is safe – since 2006, US healthcare providers have given around 75 million doses without any serious adverse events attributed to HPV vaccine.</p> <p>In previous trainings, a few clinicians have asked “Are you really sure it's safe?” So we reached out to Dr. Doug Lowy, director of the National Cancer Institute, who confirmed the vaccine is very safe. Several studies of around 5 million girls and women have found no unusual pattern or clustering of serious adverse events after HPV vaccination. The studies found no evidence for autoimmune, neurological, venous thromboembolic, or any other serious health problems due to HPV vaccination.</p>

11	<p>Let me pause here a moment and mention that in 2014 the FDA approved the 9-valent HPV vaccine because it offers even stronger protection against several cancers.</p> <p>So how do you transition your clinic and patients from 4-valent to 9-valent vaccine? There isn't a standard protocol, but here's what we suggest.</p> <p>[CLICK] First, give whatever vaccine you have in stock to get patients to the recommended 3 doses. If a child has three doses already, you can decide whether to give additional doses of 9-valent vaccine.</p> <p>[CLICK] Next, advise parents not to put off protection. Recommend that their child get the vaccine at that visit.</p> <p>Finally, and maybe most important. Tell parents the 9-valent vaccine is an <u>updated</u> vaccine that wraps added protection around an already good vaccine. Avoid calling it a "new" vaccine as this is one reason parents give for not vaccinating.</p>
12	<p>Even though HPV vaccine is effective and safe, many kids in North Carolina are not receiving all three doses. Notice here that Tdap and meningitis vaccines have met or are close to meeting the Healthy People 2020 target of 80% coverage, represented by the orange dashed line. But, as of 2014, 54% of females and only 21% of males ages 13-17 had completed all three doses. But you can change this.</p>
13	<p>The coverage for this vaccine is low for many reasons, but a leading cause is missed opportunities for vaccination when other vaccines are given.</p> <p>[CLICK]</p> <p>In 2012, only 54% of adolescent girls initiated the HPV vaccine series.</p> <p>According to the CDC, if all girls got HPV vaccine when other adolescent vaccines were administered [CLICK]</p> <p>coverage would be 93%. [CLICK] These missed opportunities translate to 53,000 unnecessary new cases of cervical cancer.</p>
14	<p>As providers, we tend to think parents don't find the HPV vaccine important.</p> <p>But, we might have the wrong impression. A recent study found that parents actually believe HPV vaccine is just as important as other adolescent vaccines. The blue bar on the left shows that parents think HPV vaccine is very important, with an average score of 9.3 on a scale from 0 to 10. The red bar shows that providers' estimated parental importance of HPV vaccine is at an average of only of 5.2.</p>
15	<p>Even though parents think HPV vaccine is important, many are still not getting their children vaccinated.</p> <p>Parents' reasons for not getting the vaccine are varied, with no single top reason. Some reasons include: [CLICK] not knowing enough about the vaccine; [CLICK] safety concerns; [CLICK] feeling it's unnecessary; or [CLICK] not receiving a recommendation from their provider.</p> <p>Each of these concerns can be addressed by talking with a provider.</p>
16	<p>So, how powerful is a provider's recommendation? We see here that HPV vaccine initiation rates were 55% for boys when providers recommended HPV vaccine, versus 1% when no recommendation was given.</p> <p>We see the true strength of a provider's voice when strongly recommending HPV vaccine. As you're learning, provider recommendations are just as influential for girls.</p>
17	<p>To reiterate, clinicians are uniquely influential. And how you communicate matters.</p>
18	<p>What questions do you have on what we just covered?</p>

Build Skills

19	<p>So let’s talk about a communication strategy for recommending HPV vaccine. This strategy is based on research by Dr. Doug Opel, a pediatrician at the University of Washington. He found that making a simple announcement can be a very powerful way to introduce vaccines.</p>
20	<p>When providers started with a statement, such as “It’s time for shots,” 90% of parents got their child vaccinated that day. When providers first presented vaccines as optional, saying something like, “What do you want to do about shots?”, only 17% of parents got their child vaccinated that day. These are direct quotes from clinicians in Dr. Opel’s study.</p>
21	<p>We often use an announcement for childhood vaccines, so why wouldn’t we use one for adolescent vaccines as a way to normalize the process?</p> <p>We advocate using the following steps when introducing vaccines, especially HPV vaccine, to parents of adolescents.</p> <p>First, [CLICK] announce that the child is due for three vaccines and that you’ll give them today. In many cases, a simple announcement [CLICK] is enough to lead to vaccination and you should be able move on with the rest of the visit.</p> <p>If needed, [CLICK] identify and ease parents’ main concern about HPV vaccine.</p> <p>Then, [CLICK] recommend HPV vaccine strongly.</p> <p>For most parents, [CLICK] these steps should lead to vaccination. If parents are still hesitant, [CLICK] ask them to return in two months to discuss HPV vaccine again.</p> <p>Of course these conversations will vary, but remember to always begin with an announcement. If parents have concerns, always end with a strong recommendation.</p>
22	<p>Let’s talk about each step individually, beginning with “Announce”. An announcement includes three elements:</p> <p><u>First</u>, [CLICK] note the child’s age. This cues the parent that what follows is part of routine preventive care.</p> <p><u>Second</u>, [CLICK] announce the child is due for 3 vaccines recommended for children this age, placing HPV vaccine in middle of list. This makes HPV vaccine just like the other vaccines.</p> <p><u>Third</u>, [CLICK] say you will vaccinate today.</p> <p>Then, [CLICK] move on with the visit.</p>
23	<p>You could say something like this,</p> <p>[CLICK] “I see here that Michael just turned 11. Because he’s 11, Michael is due for meningitis, HPV, and Tdap vaccines. We’ll give those at the end of today’s visit.”</p> <p>OR</p> <p>[CLICK] “Now that Michael is 12, there are three vaccines we give to kids his age. Today, he’ll get meningitis, HPV, and Tdap vaccines.”</p>

	<p>For parents, presenting HPV vaccination as part of routine care should streamline vaccine conversations and encourage concomitant vaccination. Many parents will agree to vaccination at this point, and so you'll be done.</p>
24	<p>Even so, at this point, some parents will hesitate. When a parent does raise a question, they're usually not trying to be difficult; they're often just looking for reassurance. And while some parents may have questions about meningitis and Tdap vaccines, many more have questions about HPV vaccine.</p> <p>So, let's walk through the elements of this next step: how you <u>might</u> ease a concern, assuming the parent is the child's mother.</p> <p>[CLICK] First, <u>elicit</u> the mother's main concern about HPV vaccine. If she says something vague, ask her to be specific. If she has already given a specific concern, confirm it's her main concern.</p> <p>[CLICK] Then, <u>acknowledge</u> her main concern, even if evidence doesn't support it. It's important to say that you understand why she has a concern.</p> <p>What you say next depends on your style, your relationship with the family, and the nature of the parents' concern.</p> <p>[CLICK] One approach is to <u>share your commitment</u> to your patients. Show that you're up to date about vaccines and their safe and appropriate use as part of your responsibility and commitment to her child and all children in your practice.</p> <p>[CLICK] You might also <u>educate on what research</u> shows about HPV vaccine to help address her specific concern using everyday language.</p> <p>This approach spells the acronym [CLICK] EASE. It is based on recommendations by Dr. Allison Singer.</p> <p>Of course, if after easing the main concern the parent brings up additional concerns, you can continue to use the EASE step.</p>
25	<p>Let's put it all together. A conversation that addresses age as the parent's main concern, using some example motivational statements, could sound like this.</p> <p>[CLICK] "What's your main concern about HPV vaccine?"</p> <p>[CLICK] {Parent} "I think we can wait until Bianca is a little older, don't you?"</p> <p>[CLICK] "I get it, Bianca is young. I can see why you may be worried that she isn't ready for HPV vaccine."</p> <p>[CLICK] "Because preventive care for kids Bianca's age is important to me, I keep up-to-date on vaccine studies and I follow CDC guidelines for vaccination."</p> <p>[CLICK] "Children Bianca's age should get HPV vaccine because younger children develop better protection. We want her to get the vaccine far before she is exposed to an infection that could lead to cancer. HPV vaccine is cancer prevention."</p>

	<p>In your folders, we've given you examples of short motivational statements based on national research that both parents and clinicians believe would be effective. Using any or all of these suggestions will depend on your style and parents' concerns.</p>
26	<p>So you just eased the parent's main concern about HPV vaccine. Now is the final step when you give your strong recommendation. You'll recall that clinicians are uniquely influential.</p> <p>These are the elements of a strong recommendation. [CLICK] Start by giving a motivational statement. We've provided some evidence-based sample motivational statements on this blue and white sheet.</p> <p>[CLICK] End your recommendation with the phrase "I recommend ..."</p> <p>[CLICK] Encourage getting HPV vaccine today.</p>
27	<p>You might say:</p> <p>[CLICK] "I strongly believe in the importance of this cancer-preventing vaccine for Michael. I recommend he get the HPV vaccine today."</p> <p>Or</p> <p>[CLICK] "Kayla can get cervical cancer as an adult, but you can stop that right now. The HPV vaccine prevents most cervical cancers. I recommend Kayla get the HPV vaccine today."</p>
28	<p>So to recap, this communication strategy has three important steps. First, announce the child is due for three vaccines, which usually leads to HPV vaccination. If needed, ease the main concern about HPV vaccine. And, recommend HPV vaccine strongly.</p> <p>If after these steps the parent is still hesitant, we [CLICK] suggest you ask them to return in two months to discuss the vaccine again. You can give them materials to review in the meantime.</p> <p>At the bottom of the blue and white motivational statements sheet, you'll find links to patient education materials.</p>
29	<p>What questions do you have about the strategy so far?</p>

Demonstration

30	<p>Now that we have gone over the communication strategy, XXX and I will demonstrate how it might work during a well visit for an 11-year old named Michael who is accompanied by his mom. I'll play the role of the provider, and XXX will play the role of Michael's mom. Don't forget to pay attention because we'll ask you to do this in just a few minutes.</p>
31	<p>In your folders, you'll find a notecard that will help you listen for the three steps of the strategy: Announce, ease main concern, and recommend. [Educator points out the 3 steps on the card.]</p> <p>[Provider and parent face each other at front of room]</p> <p><u>Provider:</u> Now that Michael is 11, he's due for meningitis, HPV, and Tdap vaccines. We'll give those at the end of today's visit. <i>Parent: He can get the meningitis and Tdap vaccines, but I'm not so sure about HPV.</i></p> <p><u>Provider:</u> Okay, tell me your <u>main</u> concern. <i>Parent: The HPV vaccine is pretty new, right? I heard something from another mom about it being unsafe.</i></p> <p><u>Provider:</u> I can understand how you might be worried about the safety of something new. Of course we want to give Michael something that is safe.</p> <p>In the past ten years, over 75 million doses of HPV vaccine have been given and there have been no major side effects attributed to the vaccine. <i>Parent: Really? I didn't realize that it's been out for that long.</i></p> <p><u>Provider:</u> "Yes, it has been out almost as long as the Tdap vaccine. I strongly believe in the importance of this cancer-preventing vaccine for Michael. I recommend he get it today. So, what do you think?" <i>Parent: Let's go ahead and get it.</i></p> <p>Thanks, XXX.</p>
32	<p>Let's be honest, not every conversation will be this straightforward. In talking with other clinicians, we've gathered tips for two common challenges.</p> <p>[CLICK] The first challenge is that discussing sex can be uncomfortable. We recommend you frame HPV vaccine discussions around cancer prevention. If sex does come up, consider refocusing the conversation back on cancer prevention.</p> <p>So a parent might say something like: "My child doesn't need this vaccine because she's not having sex." You might respond with: "Even so, this vaccine offers the best protection against cancers when given at her age because this is when her response to the vaccine will be the strongest."</p> <p>[CLICK] A second common challenge is that HPV vaccine is not a school requirement. If this comes up, consider refocusing the conversation by saying that the CDC and other medical organizations give equally strong recommendations for all 3 vaccines.</p>
33	<p>I'll pause here for any questions.</p>

Practice

34	<p>Now, it’s time for all of <u>you</u> to practice the strategy.</p> <p>For the activity, you’ll need the notecard in your folder [Educator holds up notecard].</p>
35	<p>[CLICK] We’ll begin with an exercise where you’ll identify and write down three situations when you already use announcements as part of your routine clinical care.</p> <p>Then, we’d like you to [CLICK] create an announcement, keeping in mind the three key elements we’ve discussed:</p> <p>[CLICK] Note the child’s age.</p> <p>[CLICK] Announce the three vaccines recommended for children this age, placing HPV vaccine in the middle of list.</p> <p>[CLICK] Say you will vaccinate today</p> <p>Many of you may already have this type of announcement prepared. If you do, go ahead and write it down, and review it to make sure it includes the key elements we have learned.</p> <p>Let’s take about five minutes to do this now.</p> <p>Would anyone be willing to share examples of when you already use announcements as part of your routine clinical care? [Educator discusses these situations, reiterating their normalcy] So, you see that announcements are commonly used as a part of high quality care.</p> <p>Would anyone like to share their announcements? [Educator reinforces placing HPV in middle of list and vaccinating “today”.]</p> <p>Now, we’ll put these announcements to use. For the next ten minutes, you and a partner will use the communication strategy you just learned to recommend HPV vaccine.</p> <p>Your notecards [Educator holds up notecard] should help you to guide the conversation.</p>
36	<p>As the provider, your goal is to recommend that your partner get HPV vaccine for his or her child. Go through all of the steps beginning with the “announcement” you just created.</p> <p>[CLICK] As the vaccine-hesitant parent, ask questions and don’t immediately accept HPV vaccine. Be tough on your partner! It may be helpful to choose a concern such as “it’s not necessary” or “it sends the message that sex is ok”, or any other concerns you have heard.</p> <p>[CLICK] Here’s the profile of the child to help guide the conversation.</p> <p>Find a partner, choose a role, and begin. After you get through all the steps, switch roles and go through the steps again. We’ll debrief as a group at the end.</p> <p>[Educator listens, takes notes, and then reinforces the announcement, ease and recommend elements.]</p>
37	<p>Great job with the activity! Let’s take some time to talk as a group about how your conversations went. Would anyone be willing to share how well this strategy worked?</p> <p>[Depending on what is shared, educator may ask some questions to get conversation started]</p> <p>Did it feel natural?</p> <p>Which elements do you think will be most helpful to you during a visit?</p> <p>Are there issues that the communication strategy doesn’t address?</p>

38	<p>Let’s take a few minutes to talk about how this HPV vaccine communication strategy might work in your practice. How do you see this strategy fitting into your routine practice? How will it improve current care? [If issues come up, educator tries to bring to questions back to the group to allow for group “problem solving”]</p>
39	<p>HPV vaccination is a team effort from how you talk about HPV vaccine to the systems you put in place to ensure all children ages 11-12 are receiving it. Given this, we hope this training motivates your practice to:</p> <p>[CLICK] Align your communication, so that <u>all</u> team members are giving similar messages, and [CLICK] Consider other activities that will compliment this communication strategy. We recognize that communication is only one portion of the care system, and that there are additional supportive activities—like identifying HPV vaccine eligible patients before their appointments—that can increase vaccine uptake.</p>
40	<p>So let’s wrap up. Here are the next steps for those of you who prescribe HPV vaccine (physicians, NPs and PAs).</p> <p>[CLICK] We’d like you to use this communication strategy with your adolescent patients, focusing especially on your 11-12 year old patients, starting today. Because this training is part of a research study, we ask that you please use the strategy you learned today at this clinic only. And if you work at another clinic that is also in this study, we ask that you don’t take part in the training a second time.</p> <p>The funders of this research are particularly interested in “vaccine prescriber” communication. So, [CLICK] vaccine prescribers please complete this green follow-up survey [Educator holds up survey] after practicing the strategy with at least five 11-12 year old patients. If you do not expect to see 11-12 year old patients, then complete the survey after practicing with five HPV vaccine-eligible patients.</p> <p>[CLICK] [Educator holds up the envelope and survey] Please return this green survey to us within the next two weeks. If we don’t hear from you within two weeks, we’ll remind you. Once we receive your follow-up survey CLICK], we’ll mail you a \$100 gift card for your time.</p> <p>Finally, [CLICK], to motivate your commitment to use this strategy, it can be helpful to set a personal goal. On the yellow sheet labeled “Applying to your practice” [Educator holds up sheet], we’ve provided a space to commit to using the strategy with 5 patients. For the vaccine prescribers in the room, take a minute now to read and fill it in.</p>
41	<p>And finally, for everyone in the room, please complete the yellow CME survey and hand it to XXX before you leave and XXX will give you your CME certificate of participation.</p>
42	<p>Thank you again for your time! Our contact information is on the Study Fact Sheet if you need to reach us.</p>