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“Improving provider self-efficacy and behavior related to HPV vaccination: Can webinar-delivered quality improvement work?”

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Improving provider self-efficacy and behavior related to HPV vaccination: Can webinar-delivered quality improvement work?

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Provider recommendations

- HPV vaccine recommendation is the strongest predictor of vaccination
- No recommendation: 36% of girls and 58% of boys
- Weak recommendation
  - >60% of providers prefer to recommend HPV vaccine as “optional” for 11- to 12-year-olds

Stokley et al., 2014; McRee et al., 2014
CDC’s vaccination QI consultations

- Existing infrastructure
- **One-quarter** of federally-funded vaccine providers receive early childhood QI consultations each year
- Brief in-person consultation
- Delivered by immunization specialists from state health departments
Example: North Carolina AFIX

- Collaboration between UNC researchers and the NC Immunization Branch

- Modified version of QI consultations to
  - Address low adolescent vaccine coverage levels
  - Explore webinar delivery

- Webinar consultations were as effective as in-person consultations in achieving increases in vaccine coverage.

Gilkey et al., 2014; Gilkey et al., 2015
Study aim

- Understand how vaccine providers receive immunization QI consultations in terms of their satisfaction and engagement.
Study design: 3-arm RCT

- 225 high-volume primary care clinics in IL, MI, and WA
- 370,000 patients, ages 11-17

In-person consultation
- k=78
- Face-to-face meetings in clinics

Webinar consultation
- k=72
- Real-time online meetings using video conferencing software

Control
- k=75
- No intervention
Intervention

- Communicate the problem of low HPV vaccination
- Set a 6-month goal
- Discuss actionable QI strategies
Data collection

QI consultation

Baseline -> Post -> 6-month

Satisfaction
Self-efficacy
Participation
Characteristics

Respondents (n=192)
- 42% Nurses
- 17% Office managers
- 10% Physicians
- 31% Other

Clinics
- 53% Private
- 20% FQHCs
- 27% Other
Satisfaction scores

Facilitation Convenience Ease of understanding

In-person
Webinar
Intermediate outcomes

HPV QI is important: HPV coverage is lower than I'd like; Our clinic can improve; I can help

- HPV QI is important
- HPV coverage is lower than I'd like
- Our clinic can improve
- I can help

* p<0.05
Incentives

62% claimed 1-hour free CME credit

78% physicians
Summary

- Participant satisfaction was very high overall and comparable between delivery modes.
- Participants in both groups showed improvement with regard to important intermediate outcomes.
- CME credits seem to motivate participation.
Conclusions

- Webinar delivery could increase the reach of CDC-funded immunization QI visits without adversely affecting participant experience.
- Five state health departments have begun using our intervention materials.
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