

71272GPmeeting_17: PowerPoint Presentation

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

Presented at the 37th Annual meeting of the Society of Behavioral Medicine

March 30 - April 2, 2016

Washington, DC

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



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.

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

YOUR IMMUNIZATION REPORT CARD

Michigan Department of Community Health
MDCH

1 REVIEW
your clinic's adolescent vaccine coverage.
ABC Pediatrics VFC 12345678 3/20/15

Your clinic has...	HPV		Meningococcal, ≥1 dose	Tdap
	Males, ≥1 dose	Females, ≥1 dose		
567 patients, age 11-12	20 %	45 %	68 %	73 %
756 patients, age 13-17	31 %	60 %	79 %	88 %

Coverage estimates are for patients in our state's immunization registry.

2 SET A GOAL
to improve HPV vaccine coverage in the next 6 months.

HPV Goal	Progress at 3 months	Progress at 6 months
57 patients, age 11-12		
76 patients, age 13-17		

Goals represent 10% of male and female patients in your clinic with records in our state's immunization registry. A typical clinic may give the first dose of HPV vaccine to 5% of their adolescent patients in 6 months. The goal is to double this rate.

3 RECOMMEND
HPV vaccination for adolescents, starting at age 11.

Offer HPV vaccine in the same direct way you recommend other vaccines. Try saying:

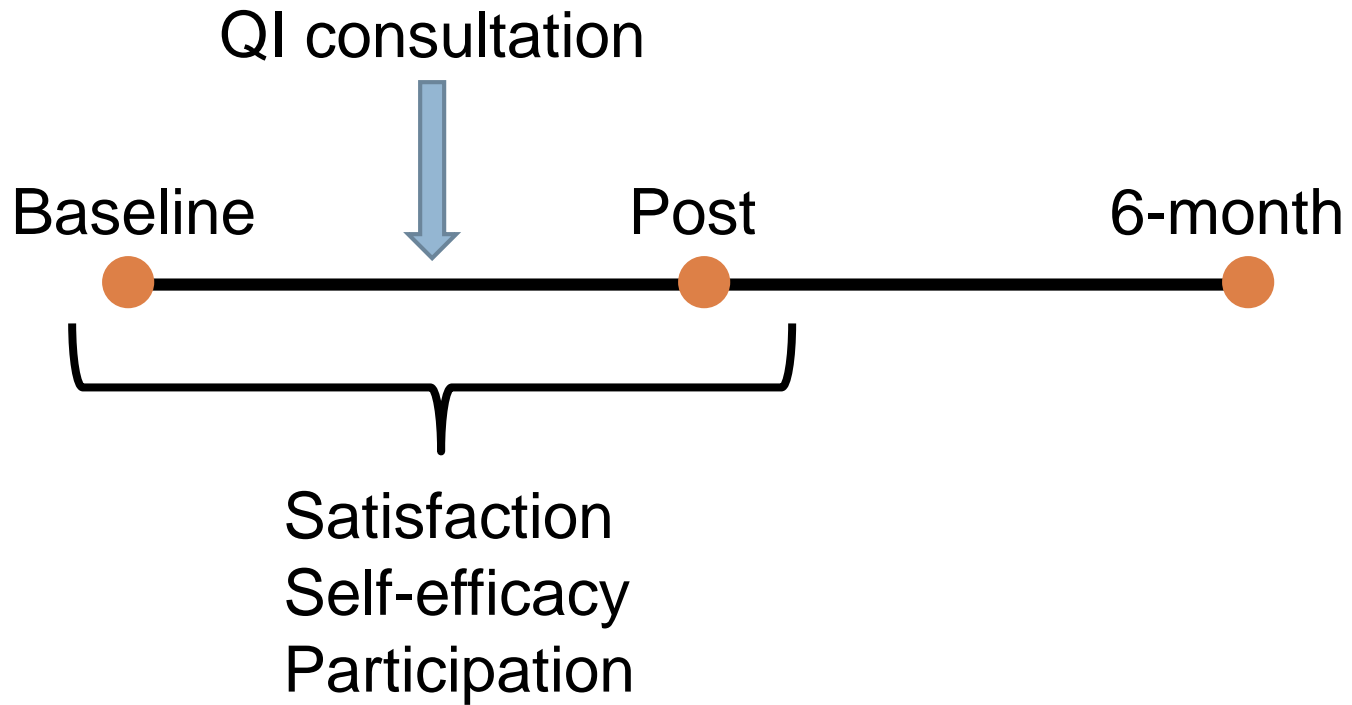
"Your child needs three shots today: meningitis, HPV, and Tdap vaccines."

Your recommendation is the single biggest influence on parents' decisions to get HPV vaccine for their children. The vaccine produces a better immune response in younger adolescents. Vaccinating in the preteen years is best.

EARN FREE CMEs
on HPV vaccine communication: www.cdc.gov/vaccines/ed/hpv/

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

Data collection



Characteristics

Respondents (n=192)

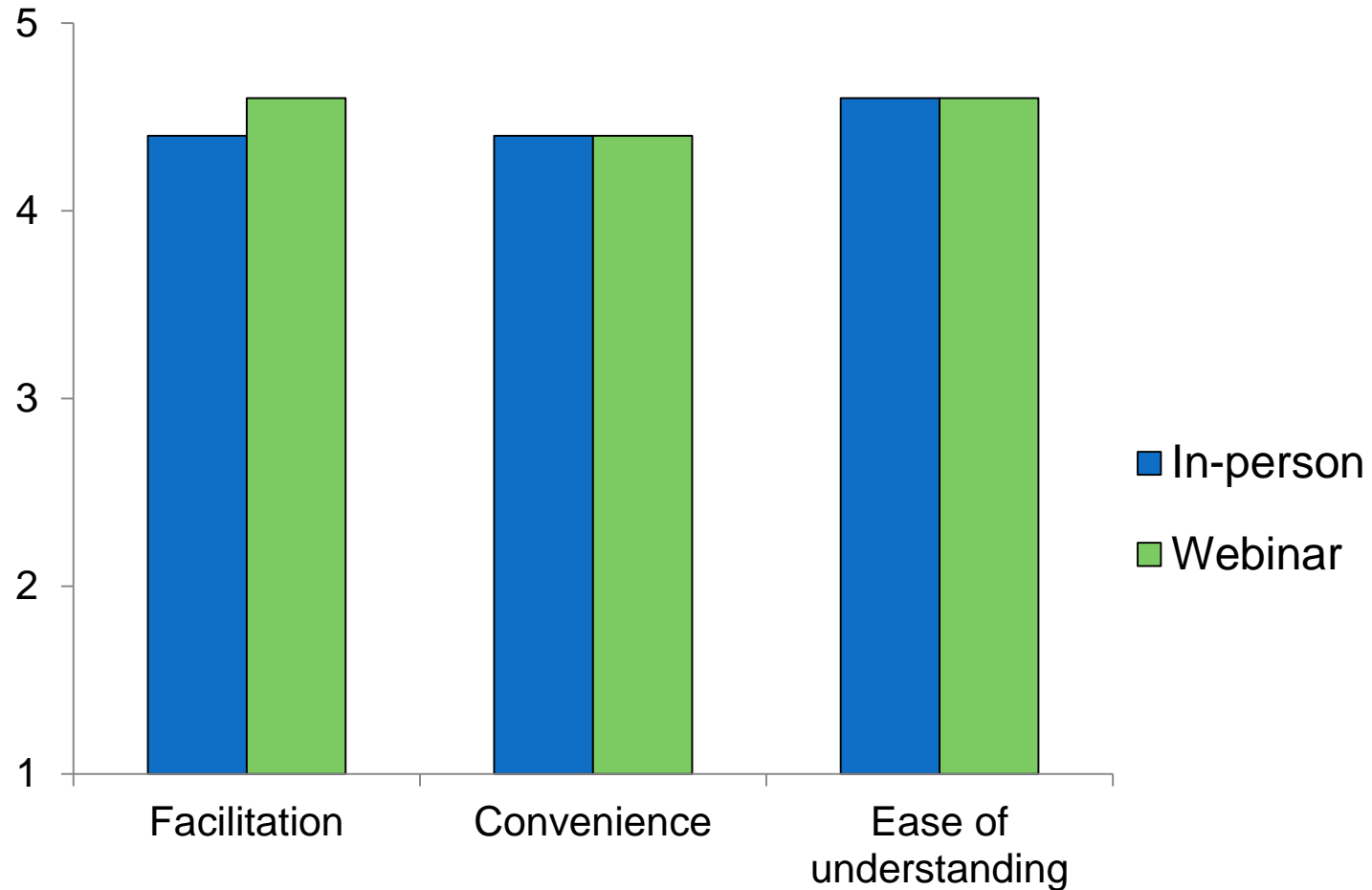
- 42% Nurses
- 17% Office managers
- 10% Physicians
- 31% Other

Clinics

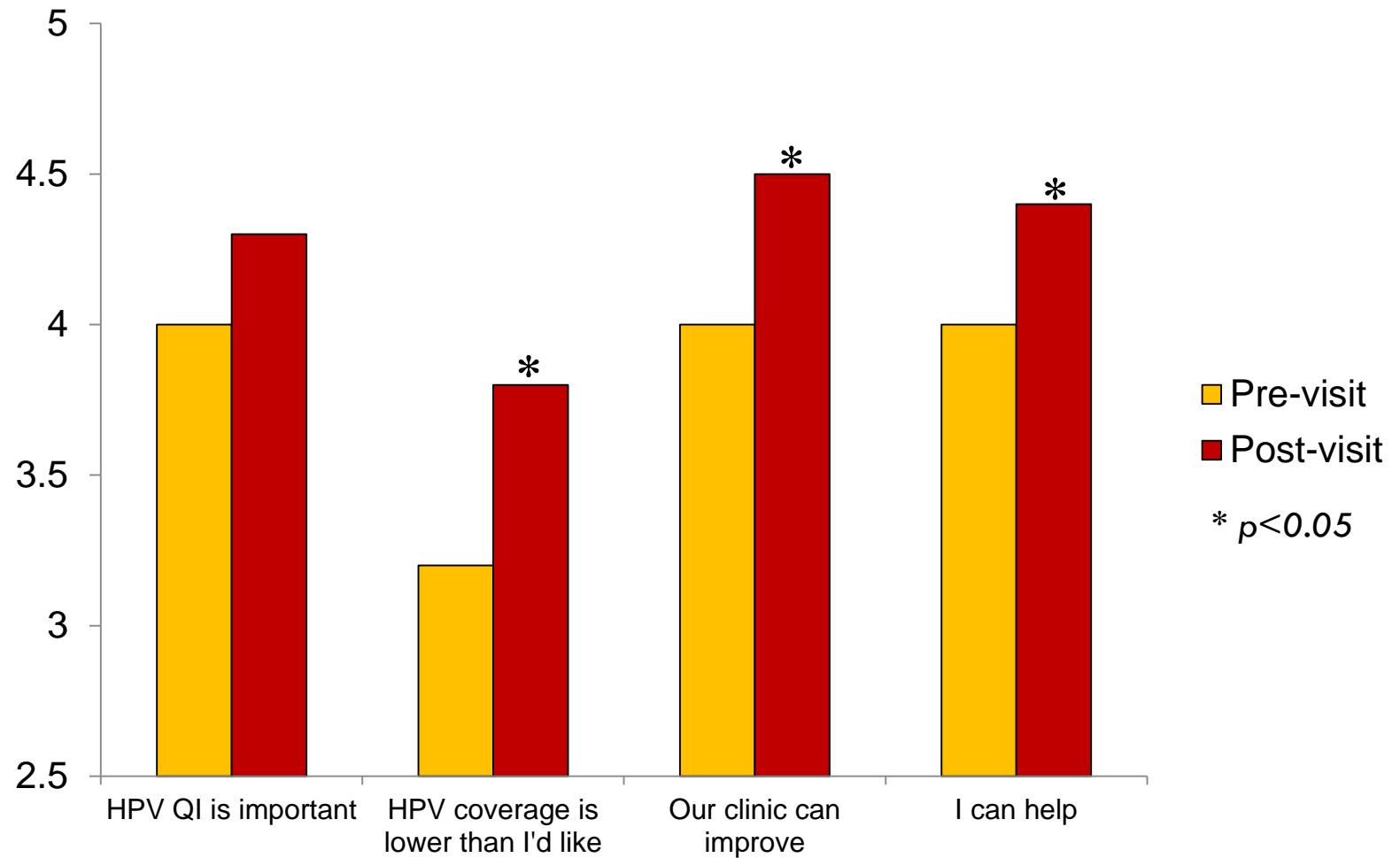
- 53% Private
- 20% FQHCs
- 27% Other



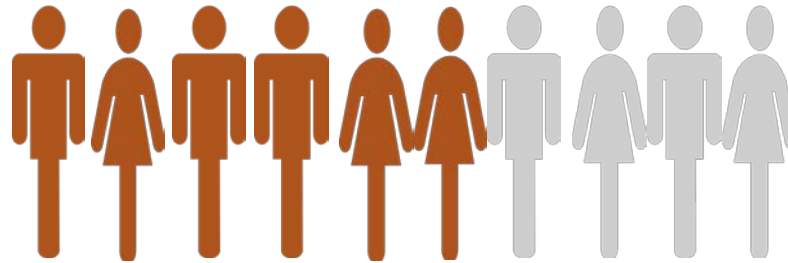
Satisfaction scores



Intermediate outcomes



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

Acknowledgements

- State partners
 - ▣ Illinois Dept. of Public Health
 - ▣ Michigan Dept. of Community Health
 - ▣ Washington State Dept. of Health

- Funding
 - ▣ Robert Wood Johnson Foundation
 - ▣ Cancer Care Quality Training Program



Thank you

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