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Direct Recommendation for HPV Vaccination

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Introduction of the Problem

The Centers for Disease Control (CDC) currently recommends HPV vaccination for adolescents ages 9 to 26 years old. Despite these recommendations, many adolescents in a suburban Midwest clinic were unvaccinated or under-vaccinated. There were no standard procedures among providers for patient, parent, and guardian education, nor a standard protocol for initiating the HPV vaccine.

Review of the Literature

Avoidance of any sexual contact with another person can prevent an HPV infection. Should intimate contact be unavoidable or unpredictable, HPV prevention is available through vaccination (Meites, Kempe, & Markowitz, 2016). This option of vaccination prevents HPV infection and decreases the chance of unknowingly transmission (Steban, 2007).

Parental knowledge about HPV and the HPV vaccine may be insufficient for parents to make informed decisions about HPV vaccination. Lack of knowledge has been identified as one cause of HPV declination (Dempsey et al., 2006). Sources of available information for parents may not be reliable or reputable and HPV has not been publicly identified as a risk for children of all ages (Woodhall et al., 2007). Lack of familiarity may be related to fewer healthcare office visits for healthy children at mandated times of kindergarten, sixth, and ninth grades (Reagan-Steiner et al., 2015). Teaching about HPV and offering recommended vaccines should be addressed at each visit (Smith et al., 2016).

HPV is not a reportable illness in the United States. Therefore, current literature regarding male HPV statistics are scarce. The average annual incidences of male HPV-

associated cancers in Illinois are estimated at 9.9 per 100,000 cases overall (Viens et al., 2016). The transfer of HPV does not have to include penetrative behaviors. HPV infections are generally asymptomatic, which increases the burden of HPV infection with men who have sex with men (MSM) (Public Health Agency of Canada, 2013).

Evidence exists that parents are concerned about side effects and the safety profile of the HPV vaccine. In a recent study of Latino parents, many assumed the HPV vaccine was dangerous and expressed a high level of concern regarding adverse effects; parents often feared false adverse reaction, such as infertility, irregular menstruation, behavioral issues, and death (Warner et al., 2015). Among a total of more than 15,000 adolescents who received at least one dose of the 9vHPV vaccine in clinical trials, only 0.1% discontinued vaccination due to adverse reactions (Moreira et al., 2016). Meites (2016) determined the 9vHPV vaccine was effective with > 97.9% seroconversion to all nine vaccine-preventable HPV types by four weeks after the last dose. .

Parental belief that the HPV immunization isn't necessary because the adolescent hasn't engaged in sexual behaviors has prevented vaccination in favorable adolescents (Obulaney et al., 2016). In fact, there exists a parental belief that consenting to the vaccine will imply parental consent for adolescent sexual behavior (Beavis and Levinson, 2016). No data exists to support that theory (Grimes et al., 2013). Vaccination against HPV is necessary prior to any sexual encounter (McKeage & Lyseng-Williamson, 2016), because 9vHPV is a preventive measure, not a treatment.

HPV information presented by a healthcare provider was found to be a strong predictor of intent to vaccinate (Dempsey et al., 2006). However, consistency of provider recommendation towards the HPV vaccine is lacking (Smith et al., 2016). Strong recommendations from the

provider as well as the belief that a child is-at risk for contracting HPV increases parental consent for the HPV vaccination (Horn, Howard, Waller & Ferris, 2010).

Project Methods

The goal of this project was to increase HPV vaccination acceptance rates by focusing on provider actions of education and strong recommendation to parents and guardians of adolescents ages 9-17 years old and adults ages 18-26 years old. A convenience sample of individuals seen at a family practice office in Illinois over a six-week period during the months of June and July 2018 was obtained. A proposal to conduct research involving human subjects entitled "Human Subjects DNP Project," was submitted and reviewed by the Institutional Review Board (IRB) at Southern Illinois University Edwardsville and found to be exempt from IRB review on April 10, 2018.

An informal meeting highlighting the project was presented to providers, nurses, medical assistants, receptionist and the office coordinator in early May 2018. Clinical significance as well as purpose of preventing HPV was reviewed. A handout titled "Talking to Parents About HPV Vaccine" was given to providers and staff. Common questions from parents and example responses to topics such as risk of HPV, vaccine safety, vaccine efficacy were discussed and reviewed. Visual reminders with wall clings to remind staff to ask families about HPV vaccination were placed in patient rooms. The guidelines, age recommendation, and dosing schedules were made readily available for providers and staff.

A new procedure for HPV vaccination was implemented in June and July 2018. Guardians of patients under 18 years old or adult patients who were eligible for HPV vaccination were presented with a short video and handout on HPV by the medical assistant. This video was

provided prior to the visit with the provider. In addition, a two-minute conversational recommendation was provided.

At the end of the patient's visit, a Post Intervention Plan was completed by the guardian or adult patient and placed in one of two lock boxes at check-out. The form asked to indicate one the following options; accept the 9vHPV vaccine, refuse to vaccinate with the 9vHPV, vaccine for kids (VFC) eligible, and received the vaccine today. Data was reviewed at the end of the 6-week project. Qualitative data was received through small focus groups with staff and providers conducted one week after project implementation. Focus group discussion centered on questions to determine how practices changed after project initiation, how parents and patients received HPV education, and reasons provided for accepting or declining HPV vaccination. Staff and providers were asked to provide suggestions for future sustainability of the project. Similar responses obtained from the focus session were grouped and evaluated on the basis of provider and staff feelings regarding the HPV intervention.

Evaluation

Thirty-three patients met criteria for inclusion in this project. Inclusion criteria was determined as an individual between the ages of 9-26 years old, no previous HPV vaccinations, and parent/guardian was present for consent. No one declined participation. Of the 35 participants, 33 accepted the HPV vaccine and 2 refused the vaccine. Reasoning for decline was the desire to include the children's other parent in the decision-making process. Seventeen patients received their HPV vaccine while another ten planned to get vaccinated, but are VFC eligible and will obtain from the health department. Eight participants who accepted the vaccine did not receive the vaccine the same day. Stated reasons included fear of arm pain which may affect ability to play sports and vaccine out of stock.

A focus group was held one week after project completion. Two providers completed the post-intervention questionnaire and two medical assistants gave commentary regarding the sustainability for the future. Office staff were supportive and engaged in identifying eligible participants. Simple reminders posted assisted in identifying appropriate candidates. Parents and guardians gave positive feedback to staff stating they appreciated the time spent educating about a vaccine to prevent cancer. One parent asked the provider why this project wasn't done sooner because her older children were not vaccinated against HPV. Despite efforts to make project interventions efficient, occasionally project implementation added several minutes to patient visit time.

During this intervention, both providers decided to have earlier discussions with parents regarding prevention of HPV starting at the age of 9 years old, instead of waiting for the American Pediatric Associations recommendation of 11-12 years old (Meites et al., 2016). The providers thought this would capture more adolescents in need of vaccination against HPV. Future sustainability with providers giving a strong recommendation towards the HPV vaccination was a common agreement amongst all staff. Medical assistants perceived this project a success and parents were receptive to teachings and recommendations. The office continues with the medical assistant providing a handout, a 2-minute question/answer session with provider and parent/adult, and the provider making a strong recommendation. However, the short video was eliminated due to time constraints.

Impact on Practice

Multiple practice improvements were made with the implementation of this DNP project. The manner in which HPV vaccines are introduced to patients has changed. Medical assistants are proactive at reviewing immunization history at all visits and anticipate vaccinations needed.

Suggestions are reported to the provider prior to the provider entering the exam room. Instead of providers asking if patients are coming for their vaccinations, they now state the vaccines due. Delivery of information is with eye contact, audible voice, and clear direct words. This is referred to as a “strong provider recommendation”.

Future plans include expansion of this educational intervention to other offices within the corporation. By expanding the population, more adolescents will be educated and provided a strong recommendation towards HPV vaccination. This process will need to follow a similar method of educating the staff and providers at each facility, thorough training for the medical staff, and support of the intervention from management as well as the technical department. The technical department should place the informative HPV video on the company’s intranet for easy access and viewability.

Limitations of this project included lack of access to the clinic’s intranet to play the informational video and inability to track receipt of HPV vaccine for Medicaid patients. Approval of the video to be accessed on the company intranet required multiple larger health organization intranet permissions. Therefore, a personal tablet had to be utilized with a mobile phone hot spot. At the time of this project, the state of Illinois was not reimbursing or paying the cost of immunizations therefore, patients with state funded Medicaid managed care plans did not receive HPV vaccine from the clinic and were referred to the county health department making tracking receipt of the HPV vaccine for this population impossible. Clinics who replicate this project should research their organization’s intranet and computer systems policies. The impact of the project on Medicaid populations is somewhat unclear due to the inability to track receipt of vaccination for these patients.

Conclusions

The reality and prevalence of HPV is undeniable. Its presence lies within a large age group and risk of HPV infection increases with age. Providers and health care personnel can help prevent the incidence of HPV in adolescents ages 9-26 years old with the initiation of HPV vaccination. Presentation of information is best understood when utilizing multiple senses such as visual and audio, and reinforced with a strong provider recommendation. If we can't stop it, let's prevent it.

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