Cancer Prevention Through HPV Vaccination in Your Practice: An Action Guide for Physicians, Physician Assistants, and Nurse Practitioners
ACKNOWLEDGMENTS

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You have the power to make a lasting impact on human papillomavirus (HPV) vaccination and help reduce the HPV cancer burden in your community. HPV cancer prevention starts with you.

Your recommendation is the number one reason parents decide to vaccinate.

The Problem

With the HPV vaccine, you have the power to prevent cancer, yet HPV vaccination rates lag behind those of other preteen vaccines. HPV causes about 31,500 cases of cancer in men and women each year in the U.S. Nearly all cases of cervical cancer are caused by HPV, and the virus also causes many cancers of the vagina, vulva, penis, anus, and oropharynx.

HPV is linked with:

- 90% of cervical and anal cancers
- 60% of penile cancers
- 70% of vaginal, vulvar, and oropharynx cancers

The HPV vaccine prevents infection by virus types that cause the vast majority of these cancers and genital warts. In fact, HPV vaccination may help to eliminate cervical cancer, which takes the lives of over 4,000 women in the U.S. each year.

Missed opportunities for vaccination contribute to low HPV vaccination rates. A high-quality recommendation from a clinician is a powerful motivator of HPV vaccine acceptance, but many clinicians deliver the HPV vaccine recommendation hesitantly, late, or not at all.

The Solution

The HPV vaccine is cancer prevention. Boys and girls should complete the HPV vaccine series at age 11 or 12. The vaccine can be given starting as early as age 9. The HPV vaccine is more effective when given before age 13 to achieve the best immune response, and it provides long-lasting protection.

HPV vaccination works. Infections with the HPV types that cause the most HPV cancers and genital warts have dropped 71% among teen girls since children first started getting the vaccine in 2006.

Make it your goal to identify and vaccinate every age-eligible child in your care. Every member of a practice plays a critical role in understanding and advocating for HPV vaccination as cancer prevention and should work together to reduce missed opportunities for vaccination.

The biggest predictor of HPV vaccination uptake is an effective recommendation from a clinician. Recent studies show that a patient who receives a provider recommendation is 4–5 times more likely to receive the HPV vaccine. The pages that follow have actions you can take to begin increasing HPV vaccination within your practice today.
Actions At-A-Glance

Visit the action associated with each item below for detailed guidance.

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If you are reading a printed version of this guide, please see the Appendix for full links to hyperlinked words, as indicated by superscript numbers (e.g., Get more facts^2).
**Actions You Can Take to Increase HPV Vaccination**

**Action 1** Make a presumptive recommendation for cancer prevention

*Your recommendation is powerful.* Clinician recommendation is the number one reason parents choose to vaccinate their children.

- Studies show that presumptive statements—which are brief statements that assume parents are ready to vaccinate—are more effective in improving HPV vaccination coverage than conversing with parents in an open-ended discussion.\(^{3, 10, 11}\)
- CDC encourages that you also use a bundled approach\(^4\) by recommending the HPV vaccine in the same way and on the same day that you recommend other adolescent vaccines. For example, “Now that your son/daughter is 11, he/she is due for vaccinations to help protect against meningitis, HPV cancers, pertussis, and flu. We’ll give those shots during today’s visit.”
- Research shows that parents place just as much value on the HPV vaccine as on other adolescent vaccines. They give the HPV vaccine a value of 9+ out of 10—the same value they give to vaccines that protect against meningitis, hepatitis, pertussis, and influenza.\(^{12}\)

**Action 2** Answer parents’ questions

*Parents look to you when it comes to their child’s health.* Answering parents’ questions effectively is an important step in building trust. After you make a presumptive recommendation, be prepared to answer parents’ questions. Inform your patients and their parents about the importance of getting the HPV vaccine and let them know that the HPV vaccine is cancer prevention.

- Emphasize that the vaccine is safe, effective, and prevents cancer.\(^5\)
- Provide parents with fact sheets\(^6\) about the vaccine as needed.

> When counseling, be prepared to answer frequently asked questions\(^7\) from parents. For example:

- If parents question the need for the vaccine, you can say, “The HPV vaccine is important because it prevents infections that can cause cancer. That’s why we need to start the shot series today.”
- If parents ask about the safety of the vaccine, you can say, “HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That’s normal for the HPV vaccine too and should go away in a day or two. Sometimes kids faint after they get shots and they could be injured if they fall from fainting. We’ll protect your child by having them stay seated after the shot.”
• Other techniques:
  ° Emphasize that adolescents in the targeted age range of 11–12 years have the most robust immune response when vaccinated.
  ° Establish an opt-out policy rather than opt-in to normalize HPV vaccination.

Use personal examples if possible, for example, “I vaccinated my child at 11 to protect him/her against HPV cancers.”

• Tips, scripts, and training resources for talking with parents about the HPV vaccine:
  ° CDC: #HowIRecommend YouTube Series
  ° National HPV Vaccination Roundtable: Elearning module: Increasing Adolescent Immunization Coverage—free 1-credit CME or non-credit version
  ° AAFP.org: Disease- and Population-Specific Immunizations: Human Papillomavirus Vaccine (HPV)

**Action 3 Minimize missed opportunities**

One of the most important ways to increase vaccination in your practice is by using every opportunity to provide vaccination and keep patients up to date on all immunizations.

• When patients come in, check to see if they are due for vaccinations. In most cases, patients can get the HPV vaccine during routine well-child, sick-child, or chronic care visits. Have your team plan ahead by running reports for patients who are due or overdue.
• Provide an opportunity for vaccination-only visits or offer weekend clinic hours for vaccination.
• Promote a practice culture that is supportive of immunizations in order to protect every patient.
• Collaborate with your health information technology (IT) colleagues, office manager, and fellow clinicians to establish effective strategies, such as:
  ° Create provider prompts.
  ° Establish electronic health record (EHR) alerts for all age-eligible patients and set reminders in your EHR system for the second dose. See examples here and here.
  ° Link to your state’s immunization information system (IIS) to pull down/upload current vaccination records.
  ° Review patient reminder and recall systems and consider how to optimize via text messaging, mail, email, and/or phone calls.

For older patients who were not vaccinated on time (i.e., at ages 11–12), vaccination may be given up to age 26 for females and males. Consult the Immunization Action Coalition’s Ask the Experts HPV forum for guidance.
Action 4 Take the team approach

Empower every member of your team to become an HPV vaccine champion. A team-based approach is crucial for making effective and lasting system changes.

- If your practice endorses standing orders, make sure they are being used. In some cases, patients can receive the vaccination before you even enter the room.
- If standing orders are not in place, the non-physician members of your team can still make a difference. Arm colleagues with the right language to speak professionally and confidently about the vaccine, from the front desk to the exam room.
- Provide in-service training (see Chapter 3: Communicating With Parents About Vaccines) for the entire practice on HPV vaccination and establish consistent messaging to parents.
- Implement daily pre-clinic team meetings or huddles to improve flow and quality of care. Ensure that pre-visit planning or huddle discussions include a review of vaccination status. Be sure to assess vaccination status of drop-ins or walk-ins, too.
- Practice motivational interviewing techniques to prepare for encounters with vaccine-hesitant patients or parents.

Additional resources to help your team understand the vaccine:
- CDC: You Are the Key slides for clinician audiences
  - 30-minute presentation
  - 60-minute presentation
- Non-medical audiences
- CDC: HPV Vaccine Information Statement
- Inspire your team with stories of HPV cancer survivors:
  - National HPV Vaccination Roundtable: Survivor videos
  - MD Anderson Cancer Center: Blog post—From tonsil cancer survivor to HPV vaccine advocate
  - Iowa Department of Health: HPV Cancer Survivor Stories Video

Find companion guides tailored to office teams, dental providers, nurses and medical assistants, and large and small health systems in the National HPV Vaccination Roundtable’s Resource Library.
Action 5: Evaluate and sustain success

Establishing systematic ways to regularly evaluate the success of your efforts can help inform and maintain successful vaccination strategies.

- Implement quality improvement (QI) strategies for increasing immunization coverage rates:
  - ACS: Steps for Increasing HPV Vaccination in Your Practice
  - AAP: HPV Champion Toolkit: Making a Change in Your Office
  - CDC: Quality Improvement and Evidence Based Interventions
  - Merck Vaccines: Health Care Provider-Generated Ideas for Process Improvement
  - HPV IQ: Immunization Quality Improvement Tools
  - Massachusetts Department of Public Health: Top Strategies for Increasing Immunization Coverage Rates

- Know your rates of vaccination and how they compare against your practice’s goals.

- Deputize team members to assist you with knowing your actual vaccination rates and learning more about why some patients are behind on their vaccines.

- Measure the number of HPV doses ordered and administered in comparison with other adolescent vaccines. Ideally, providers should be ordering and administering two doses of the HPV vaccine for every one dose of Tdap.

- Engage with your colleagues who are responsible for monitoring quality metrics to determine current practice rates in comparison with state and national rates.

- Conduct Plan-Do-Study-Act cycles.

- Utilize IIS to inform vaccination coverage assessments, missed vaccination opportunities, invalid dose administration, and vaccination coverage disparities. IIS can also facilitate inventory management and accountability.

If your practice implements changes and sees positive results in your HPV vaccination rates, let us know! Please send your story to HPV.Vaccination.Roundtable@cancer.org.

Resource Citations:
2. Ibid.
3. Ibid.
5. http://pediatrics.aappublications.org/content/early/2016/12/01/peds.2016-1764.full
6. http://pediatrics.aappublications.org/content/140/6/e20163947
7. https://www.cdc.gov/mmwr/volumes/66/wr/mm6633a2.htm
10. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3838535/
Work with your office team to create a pro-immunization environment by displaying and disseminating posters, brochures, flyers, and handouts. Disseminate pro-immunization messaging via your online channels, including patient portals, office website, and social media outlets.

Materials you can use:

- Fact sheet: Diseases and the Vaccines that Prevent Them: HPV
- Flyers and posters: CDC’s Flyers and Posters for Preteens and Teens
- Industry handout: 4 Things a Parent Needs to Know About Human Papillomavirus (HPV)
- Sample flyer: HPV Vaccine: Cancer Prevention for Boys and Girls
- Social media messages: HPV Vaccine Myth Busting for Health Care Providers Social Media Toolkit

Are you also the HPV vaccination practice lead?

Check out the companion guides for small private practices and large health systems for actions on topics like evaluation, ordering, and implementing effective QI strategies in your clinic.

National HPV Vaccination Roundtable Resources:

- Elearning module: Increasing Adolescent Immunization Coverage—free 1-credit CME or non-credit version
- HPV survivor videos
- Middle School Health Parent Toolkit
- HPV Resource Library
- Short video: Protecting Your Patients from HPV-Associated Cancer: What Providers Need to Know about Oropharyngeal Cancer

HPV Roundtable Member Resources:

- ACS: Just the Facts
- ACS: Steps for Increasing HPV Vaccination in Your Practice
- AAFP: Immunizations website
- AAP: HPV Champion Toolkit
- ACOG: HPV Vaccination Toolkit
- CDC: Clinician Fact Sheets and Guidance
- NCI: NCI-designated Cancer Centers Urge HPV Vaccination for the Prevention of Cancer: Consensus Statement

Follow the National HPV Vaccination Roundtable:

https://twitter.com/HPVRoundtable
https://www.facebook.com/groups/HPVCancerFreeFamily

YOU WOULD DO ANYTHING TO PROTECT YOUR CHILD FROM CANCER. BUT HAVE YOU DONE EVERYTHING?

HPV vaccine is cancer prevention for boys and girls. Just two shots at ages 11–12 provide safe and lasting protection against the infections that cause HPV cancer. Ask your child’s doctor or nurse for HPV vaccine.
APPENDIX: MDs, NPs, & PAs

1. Suite of guides: http://hpvroundtable.org/task-groups/action-guides/
3. Presumptive statements: http://pediatrics.aappublications.org/content/early/2016/12/01/peds.2016-1764.full
5. Safe, effective, and prevents cancer: http://pediatrics.aappublications.org/content/early/2017/02/02/peds.2016-4187#ref-ref14-1
6. Fact sheets: https://www.cdc.gov/hpv/hcp/provide-parents.html
7. Frequently asked questions: https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.html
9. #HowIRep recommand YouTube Series: https://www.youtube.com/results?search_query=%23howirecommend
10. Free 1-credit CME: https://www.cmeuniversity.com/course/disclaimer/114605#0
13. Provider prompts: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4762366/
15. Here: https://www.mercvkvaccines.com/Professional-Resources/EHRRelatedTools
27. HPV Vaccine Information Statement: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html
28. Survivor videos: https://www.youtube.com/playlist?list=PLRuOhzO7dJzR83C2ACchJlEcW-AbTc
30. HPV Cancer Survivor Stories Video: https://www.youtube.com/watch?v=IwUPv458OIl&fe ature=youtu.be
31. Companion guides: http://hpvroundtable.org/task-groups/action-guides/
35. Quality Improvement and Evidence Based Interventions: https://www.cdc.gov/hpv/partners/outreach-hcp/quality-improvement.html
36. Health Care Provider-Generated Ideas for Process Improvement: https://www.merckvaccines.com/Professional-Resources/HCPGeneratedIdeas
41. IIS: https://www.cdc.gov/hpv/partners/outreach-hcp/iis.html
43. CDC's Flyers and Posters for Preteens and Teens: https://www.cdc.gov/vaccines/parents/teens/posters.html
44. 4 Things a Parent Needs to Know About Human Papillomavirus (HPV): https://www.hpv.com/static/pdf/MKHPV_FACT_SHEET.pdf
45. HPV Vaccine: Cancer Prevention for Boys and Girls: https://www.mdanderson.org/content/dam/mdanderson/Community%20Services/HPV-Vaccine.pdf
46. HPV Vaccine Myth Busting for Health Care Providers Social Media Toolkit: https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/HPV%20Vaccine%20Social%20Media%20Toolkit%20FINAL.pdf
47. Companion guides: http://hpvroundtable.org/task-groups/action-guides/
48. Free 1-credit CME: https://www.cmeuniversity.com/course/disclaimer/114605#01
49. Non-credit version: https://www.youtube.com/watch?v=pS-SZa3LY9k&feature=youtu.be#01
50. HPV survivor videos: https://www.youtube.com/playlist?list=PLRu0uHzo7TdJzR8c_C2ACChJcFw-AbTc
51. Middle School Health Parent Toolkit: https://www.nasn.org/nasn/programs/educational-initiatives/middle-school-health/middle-school-health-parents
52. HPV Resource Library: http://hpvroundtable.org/resource-library/
53. Protecting Your Patients from HPV-Associated Cancer: What Providers Need to Know about Oropharyngeal Cancer. https://www.youtube.com/watch?v=qnwb2-y_yvU&list=PLRu0uHzo7TdKdq1TswyNbsNkMI8L4--index=13
58. HPV Vaccination Toolkit: http://immunizationforwomen.org/toolkit/hpv