Videos at Point of Care to Address Parental Concerns

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Disclosures

- I received honoraria in the past year from Sanofi Pasteur for contributions to the Adolescent Immunization Initiative, an effort jointly sponsored by Sanofi Pasteur and by the Immunization Action Coalition.
- I received an honorarium and travel support from Merck to present at an HPV symposium.
- I have worked on HPV vaccine research funded by NIH.
Disclosures

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Project Objectives

- To assess the effects of a point-of-care video on receipt of HPV vaccine (1st, 2nd, or 3rd dose)
Methods: Setting & Population

- 5 pediatric clinics run by Eskenazi Health, an urban safety net provider in metropolitan Indianapolis, Indiana.

- Parents of children 11 through 17 years of age, who had not received any HPV vaccine or had not completed the 3-dose series
Study Design

- Intervention involved delivery of informational video via tablet (Theo)
- 2 clinics randomized to intervention; 3 clinics randomized to control
- All 5 clinics used a unique Clinician Decision Support (CDS) system called CHICA that was integrated into the EHR
- CHICA retrieved patients’ HPV immunization records from the state’s Immunization Information System (IIS)
- October, 2015 – May, 2016
FIGURE 1
Information architecture and workflow used to trigger a clinical encounter involving the tablet educational intervention. As patients sign into the clinic, vaccination records are gathered electronically from the EHR and IIS. The CHICA CDSS (clinical decision support system) determines eligibility and notifies the MA if the patient should receive a tablet and provides a subject identifier. The subject identifier is entered into the tablet, which is given to the parent of the adolescent as the MA escorts them back to the examination room.
Pre-Video Survey

- Your child is due for the HPV vaccine today. Are you planning to have them vaccinated?
  - Yes [skip to 1a]
  - I would like more information [skip to 2a]
- If “Yes” then no video shown
- If “I would like more information”, then either 1st dose video or subsequent dose video shown, as appropriate
### Topics Covered in Videos

<table>
<thead>
<tr>
<th>1&lt;sup&gt;st&lt;/sup&gt; dose video</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; or 3&lt;sup&gt;rd&lt;/sup&gt; dose video</th>
</tr>
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<tbody>
<tr>
<td>Child due for 1&lt;sup&gt;st&lt;/sup&gt; dose</td>
<td>Child due for 2&lt;sup&gt;nd&lt;/sup&gt; or 3&lt;sup&gt;rd&lt;/sup&gt; dose</td>
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<tr>
<td>Normative statement</td>
<td>Normative statement</td>
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<tr>
<td>HPV causes cancers in men &amp; women</td>
<td>HPV causes cancers in men &amp; women</td>
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<tr>
<td>HPV vaccine is safe &amp; protective</td>
<td>HPV vaccine is safe &amp; protective</td>
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<tr>
<td>Works best when given early</td>
<td>Behavioral consistency message</td>
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ITT Analysis:
% of those eligible who received HPV vaccine dose within 2 weeks of visit

Control Clinics

50.1%

Intervention Clinics

64.8%

OR = 1.82; 95%CI = 1.47-2.25
Per-Protocol Analysis

% of those eligible who received HPV vaccine dose within 2 weeks of visit

No Tablet (75%)

Tablet (25%)

OR = 3.07; 95% CI = 1.47 – 6.42
Conclusion

- These results suggest that patient-centered education strategies delivered in a clinic setting via information technology platforms can increase receipt of HPV vaccine