BUILDING VACCINE CONFIDENCE: STRATEGIES FOR PROVIDERS WITH USE OF MOTIVATIONAL INTERVIEWING

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Objectives

• Discuss how vaccine history and disease have influenced vaccine perceptions
• Review the importance of a strong provider recommendation
• Discuss how the use of motivational interviewing will help with recommending and promoting vaccinations across the lifespan
• Review the top 10 points for vaccination success in your office
START FROM THE BEGINNING

Vaccine Hesitancy is Not New!
The Early Anti-Vaccine Movement
The Early Anti-Vaccine Movement (2)

- In 1853 the Anti-Vaccination League was founded in London
  - In response to the Vaccination Act that same year
- Parents who did not follow through with vaccination were liable to a fine or imprisonment
- Image depicts a police officer reminding a mother to vaccinate her young child, while a skeleton (death) is touching the child where the vaccine is routinely injected

Vaccine History

• 1882—Anti-Vaccination Arguments Spread
  - The Anti-Vaccination League of America held its first meeting in New York.
  - Among the assertions made by the speakers at the meeting was the idea that smallpox was spread by filth, becoming a popular, though incorrect, argument of anti-vaccination movement.

“Although the time periods have changed, the emotions and deep-rooted beliefs—whether philosophical, political, or spiritual—that underlie vaccine opposition have remained relatively consistent since Edward Jenner introduced vaccination.”

Source: History of Vaccines website
http://www.historyofvaccines.org/content/articles/history-anti-vaccination-movements
A TURNING POINT
Polio in the United States

- First outbreak took place in the year 1900
- Serious epidemics in the 1940s and 1950s
- Primitive methods of treatment
- Jonas Salk: Developed the IPV vaccine in 1952 and declared it to the world in 1955
VACCINES NOW

How Did We Get Here?
Healthcare and the Internet

• The provider’s role has changed over the years, especially when it comes to vaccines

• Advice and research is being sought in other places, sometimes before even talking with a provider
  - The internet, Google, WEBMD, etc. has become a trusted source for some patients
    • It is difficult to determine what is evidence-based

• WHY has this happened?
  - It is at our fingertips—quick, easy and accessible
  - Disease is not as prevalent
  - We want answers
Comparison of 20th Century Annual Morbidity and Current Morbidity: Vaccine-preventable Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>20th Century Annual Morbidity†</th>
<th>2016 Reported Cases † †</th>
<th>Percent Decrease</th>
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<tbody>
<tr>
<td>Smallpox</td>
<td>29,005</td>
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<tr>
<td>Diphtheria</td>
<td>21,053</td>
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<td>100%</td>
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<tr>
<td>Measles</td>
<td>530,217</td>
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<td>&gt; 99%</td>
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<tr>
<td>Mumps</td>
<td>162,344</td>
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<td>Pertussis</td>
<td>200,752</td>
<td>15,737</td>
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<td>Polio (paralytic)</td>
<td>16,316</td>
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<tr>
<td>Rubella</td>
<td>47,745</td>
<td>5</td>
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<tr>
<td>Congenital Rubella Syndrome</td>
<td>152</td>
<td>1</td>
<td>99%</td>
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<tr>
<td>Tetanus</td>
<td>580</td>
<td>33</td>
<td>94%</td>
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<td><em>Haemophilus influenzae</em></td>
<td>20,000</td>
<td>22*</td>
<td>&gt; 99%</td>
</tr>
</tbody>
</table>

† JAMA. 2007;298(18):2155-2163
† † CDC. MMWR January 6, 2017/ 65(52);ND-924 – ND-941. (MMWR 2016 week 52 provisional data)
* *Haemophilus influenzae* type b (Hib) < 5 years of age. An additional 11 cases of Hib are estimated to have occurred among the 222 reports of Hi (< 5 years of age) with unknown serotype.

National Center for Immunization & Respiratory Diseases Historical Comparisons of Vaccine-Preventable Disease Morbidity in the U.S.
Vaccines are Victims of Their Own Success

- Many physicians have not seen cases of VPDs
- Parents are a generation removed from polio, rubella, other serious VPDs
- VPDs are being described as harmless rights of passage for children, less dangerous than vaccination
- Despite vaccine success, some parents have concerns about the necessity and safety of vaccines and are reluctant to have their children vaccinated
- Pediatricians report that parental vaccine hesitancy is one of the most common barriers to vaccinating patients

Resource: DIEKAMA, 2005
Impact of Vaccines

• The CDC estimates that vaccinations will prevent the following among children born in the last 20 years:
  - 323 million illnesses
  - 21 million hospitalizations
  - 732,000 deaths

• $295 billion in direct cost savings and $1.38 trillion in total societal costs

CDC Media Brief Thursday April 24, 2014
MOVING FORWARD

Increasing Vaccine Confidence Through Provider-Patient/Parent Communication
Promoting Vaccine Confidence

• Vaccine confidence is one factor that may affect individual and population-level willingness to accept a vaccine

• Confidence in:
  - Safety and efficacy of vaccines
  - Reliability and competence of health professionals

• Vaccine confidence is required for achieving and maintaining high immunization rates
What Influences Vaccine Confidence

• Parents/patients express concerns about the safety
  - Ingredients, too many vaccines at one visit, and not properly tested

• Parents/patients are strongly influenced by other parents/individuals and what they read
  - Often times through social media and news sources

• Parents/patients consider vaccines to be ineffective

• Parents/patients don’t see disease as a risk
  - Susceptibility to disease and severity of disease

Ropeik, David, How Risky Is It, Really?: Why Our Fears Don't Always Match the Facts, 2010
Most Have or Do Intend to Vaccinate

11% Planned on vaccination
5% Agreed some vaccines but not others
83% Have vaccinated their children
2% Will not vaccinate their children

(Percentage does not equal up to 100% due to rounding)

Kennedy, Allison et al., Confidence About Vaccine in the U.S.: Understanding Parents’ Perceptions, Health Affairs, June 2011; 30(6)1151
2010 Health Styles Survey
What We are Hearing……..

- Flu vaccine gave me the flu!
- Vaccines can make people walk backwards.
- Influenza is not a serious illness.
- I am allergic to eggs so I can’t be vaccinated.
- Flu vaccine doesn’t work.
- The side effects from a vaccine are worse than the disease!
- Vaccines cause Alzheimer's disease.
- Immunity from disease is better!
- I don’t need a flu shot... I never get the flu.
- I’m pregnant so I can't get vaccinated.
- Vaccines weaken your body's immune response.
What You Say Matters

• Providers are a patient’s most trusted source of information on vaccines
• Research shows a patient who receives a strong recommendation from a provider is 4–5 times more likely to be vaccinated*
• “Bundle” all needed vaccines into the same recommendation

How and When You Say It Matters Too

• The best predictor of vaccination is how the provider starts the conversation
  - For both vaccine hesitant and non-hesitant patients

• Good recommendations are simple, strong and personalized
  - “It’s time for Jake’s flu shot. I recommend he get vaccinated today. I get vaccinated and my children do too. It’s the healthy thing to do.”

  VERSUS

  - “Research suggests that persons vaccinated with influenza vaccine have a decreased chance of contracting disease and complications associated with influenza. Would you like Jake to get vaccinated today?”

Communication, What do You Think?

Which approach is associated with higher vaccine uptake?

- **Participatory**
  - “Have you thought about what shots you’d like today?”
  - “Do you want to vaccinate your child today?”
  - “What would you like to do about shots today?”

- **Presumptive**
  - “Today your child is due for MMR and Varicella vaccines.”
  - “We have some immunizations to do today. You are due for Tdap, HPV, Meningococcal and flu.”

The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits; Pediatrics 2013;132:1037–1046; Douglas J. Opel, et. al
Participatory Versus Presumptive

- Among all parents, a larger proportion resisted vaccine recommendations when providers used a participatory rather than presumptive initiation format (83% vs 26%; P < .001)

- This finding remained true among vaccine-hesitant parents (89% vs 30%; P < .001)

Why Presumptive Style is the Better Approach

• Most patients perceive decisions about vaccination to be complicated

• As humans, when we make decisions we perceive to be complicated, we tend to have a status quo bias (also called a default bias), meaning we go with what is expected or “normal”

• Using a presumptive approach, patients are made to feel that vaccination is what most people do, and it is the socially acceptable “norm”

O’Leary, S. Strategies for Talking to Vaccine-Hesitant Parents. NFID Clinical Vaccinology Course Mar 2017
Preparing for the Conversation........
Talking About Vaccines

• Effective, empathetic communication is critical in responding to parents who are considering not vaccinating their children
  - Parents should feel comfortable voicing any concerns or questions they have about vaccination
  - Providers should be prepared to listen and respond effectively

• Use of motivational interviewing (MI) is a patient-centered, guiding communication style
  - Engages the patient respectfully and fully in the discussion
  - Includes open-ended questions, affirmations, reflection, and summary

“A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions.”

Talking with Parents about Vaccines for Infants (CDC)

O’Leary, S. Strategies for Talking to Vaccine-Hesitant Parents. NFID Clinical Vaccinology Course Mar 2017
Motivational Interviewing

• Motivational interviewing (MI) has 4 elements:
  - Empathy, collaboration, evocation, and support for autonomy

• Motivational interviewing includes:
  - Open-ended questions, affirmations, reflection, and summary

• Remember to:
  - Include simple, strong, and personalized recommendation
  - Highlight social norms

• MI is not necessary for patients who are ready to vaccinate; it’s ideal for those who are hesitant

• We will now work through a Motivational Interviewing example

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Motivational Interviewing and Vaccine Conversations

• HCP asks in a non-threatening way to share the patient’s concerns

• Example:
  - HCP to patient: “You seem to be concerned about flu vaccine. We are asked a lot of questions about flu vaccine. Would you mind sharing what your particular concerns are?
  - Patient's response: “The flu shot doesn't work because last time I had the shot, I got the flu.”
Motivational Interviewing and Vaccine Conversations (2)

• HCP reflects back what the patient is saying to be sure he/she understands (empathy) and summarizes what has been heard before proceeding, again with permission, to make a recommendation

• Example:
  - HCP to patient: “So I can hear you are concerned the vaccine will give you influenza. I’ve had this question a lot so I did some research on it. Is it okay if I share with you what I learned?”
Motivational Interviewing and Vaccine Conversations (3)

• Example:
  - “The flu shot cannot offer 100 percent protection against the flu, but it reduces the risk of getting it. Many people mistake cold symptoms for the flu. Influenza is a serious illness—for healthy children, too, not just those with a chronic health problem.”

• If possible, put the concern into a perspective the family can relate to
  - “I think of flu vaccine like a savings account for a rainy day. Our immune system has antibodies ‘in the bank’ to use when needed.”

O’Leary, S. Strategies for Talking to Vaccine-Hesitant Parents. NFID Clinical Vaccinology Course Mar 2017
Motivational Interviewing and Vaccine Conversations (4)

• Keep the message simple, strong, and personalized
• End the conversation with an open-ended question

• Example
  - “I get flu vaccine to protect myself, my family and my patients. I make sure my children are vaccinated and recommend my friends vaccinate their children. However, this is a decision only you can make. Do you have any further questions?”

O’Leary, S. Strategies for Talking to Vaccine-Hesitant Parents. NFID Clinical Vaccinology Course Mar 2017
Effective Communication

• Using Motivational Interviewing as a form of communication will help the parent, guardian, or patient know that you are focused on them
  – It allows them to be heard and listened to and shows you want to hear their questions

• Provide science and stories during conversation

• Watch for non-verbal cues and respect parents’ authority

• Ask questions
  – A Core MI skill is the use of open-ended questions and reflection

• Use behavior change principles like emphasizing social norms and focusing on the disease that is prevented

• Don’t forget a simple, strong, and personalized recommendation

Remember the **PARENT** or **PATIENT**

- Wishes to be heard and respected
- Seeks credible information
- Wants to make decisions about their health
- Parents want their children to be healthy
- Seeks to make rational decisions based on risks and benefits
- Respects the clinician as the trusted source

You are their BEST and MOST Reliable Resource!
THE 10 IMMUNIZATION SUCCESS FACTORS (ISFs)

Remember—There is no elevator to success, you have to take the stairs and work for it

Your Office can be Successful with Immunizations!

Adapted with permission from: Khatib, B. (2015), The 10 Immunization Success Factors: Practical Strategies for Providers.
Keys to Immunization Success

The top 10 immunization success factors:

- Believing
- Having a GOOD motivated team
- Sacrifice
- Systematic Pathway
- Good Relationship with the Local Health Department
- Knowing Your Patients and Families
- Good Doctor-Patient Relationship
- Know what the “Skeptics” are saying
- Use the Right Approach
- Use Personal Examples
Believing

• In the importance of immunizations
• In the science
• In the immunization process
• Let your office staff and your patients know that you BELIEVE in the importance of vaccines
Having a Good Motivated Team

- Start with your front office
- Ensure each team member is aware of the importance of immunization
- Educate everyone on the proper vaccination practices and recommendations
- Prepare your office for patient/parent questions
  - Ensure that everyone has the OFFICE STANCE on immunizations
Be Ready to Sacrifice

• Sometimes you have to make sacrifices to achieve the goal

• Time, money, resources may take a hit as you implement your immunization process
  - More time will need to be spent ensuring your office immunization policy is in place and followed
  - Money may be sacrificed as you work to implement new systems in your office and train

• The upfront sacrifice will eventually pay off
  - More patients will be vaccinated
  - Office time will be spent efficiently and effectively
Having a Systematic Pathway

• Establish an office immunization policy for everyone to follow

• Ensure your policy includes:
  - Assessing at every patient encounter
  - Vaccinating at every visit when vaccines are recommended

• Create a system to check immunization status ahead of all visits

• Staff should know and indicate, before seeing the patient, if immunizations are due

• Use standing orders
Good Relationship with Local Health Department

- Use resources available at your local health department
- LHD will help you in achieving your goals of protecting your patients
- GREAT partner to have
Knowing Your Patients and Families

• Talk with your patients and families
• Learn to understand why they may feel or believe a certain way
  - When building vaccine confidence this is important
• Figure out what may work best for them when it comes to visiting the office
  - Maybe they work and need later appointments
• Personalizing and understanding your patients and families will help build trust
  - Leads to a strong doctor-patient relationship
Having a Good Doctor-Patient Relationship

- Maintain trust with your patients
- Be sure to acknowledge their questions
- Use Motivational Interviewing
- It is gratifying when patients/parents who questioned vaccines and the immunization process agree to get their child vaccinated on time
Know What the “Skeptics” are Saying

• Be prepared with answers to accurately, compassionately and empathetically inform parents with terms that they understand.
  - Again use the conversation method of Motivational Interviewing.

• Remember you are a trusted source and a patient/parent will often accept a provider’s explanations if presented with their best interest in mind.
Use the Right Approach

- When discussing vaccines a bundled approach works well
- Bundling the recommendation will show the importance of all the vaccines
  - “Jake is 11 years old and is due for Tdap, HPV, Flu and Meningococcal vaccines. We will give those vaccines during our visit today.”
Don’t be Shy to Use Personal Examples

• Providing personal examples shows you believe in the importance of immunizations

• Personal stories have an impact on patients/parents because it personalizes the vaccine preventable disease
  - It makes it real
It is all WORTH IT!
Remember These Strategies...

• Begin vaccination discussions early
• Know and provide credible resources
• Have a consistent immunization message across all staff
• Emphasize disease risks and normalize vaccination
• Use Motivational Interviewing
  - Use simple strong and personalized messages
  - Effective, empathetic communication is critical
  - Use of open-ended questions
• Take a Strong Position
  - Providers are a trusted source
  - Patients/parents more likely to accept vaccines when using a presumptive approach

American Academy of Pediatrics (AAP), Sample Office Policy/Letter to Parents about Refusal to Vaccinate: www2.aap.org/immunization/pediatricians/refusaltovaccinate.html
In Summary...

• Vaccines have been proven to be a major public health success
• Despite the success of vaccines, vaccine hesitancy is a common barrier to vaccination
• Factors that affect vaccine confidence include concerns about safety, vaccine effectiveness, social media and news influences, and the perception of disease risk
• Majority of patients/parents choose to vaccinate
• Focus on educating and utilize Motivational Interviewing
• Work towards implementing the “Immunization Success Factors”

“All this will promote a strong, successful Immunization environment that will build vaccine confidence!”
Thank You for All that You Do!

“Continued high childhood immunization rates will be at risk if current safety concerns are not addressed effectively, and increase in the future, resulting in more parents refusing vaccines.”


This just shows:
• We **MUST** keep talking about immunizations!
Resources to Help You Make a Strong Recommendation for Vaccines

• Provider Resources for Vaccine Conversations with Parents (CDC)
  - www.cdc.gov/vaccines/hcp/conversations/

• Children’s Hospital of Philadelphia Vaccine Education Center (CHOP)
  - www.chop.edu/centers-programs/vaccine-education-center

• Responding to Concerns about Vaccines (IAC)
  - www.immunize.org/talking-about-vaccines/

• Communicating with Families (AAP)
  - www2.aap.org/immunization/pediatricians/communicating.html

• Alliance for Immunization in Michigan (AIM)
  - www.aimtoolkit.org

• HPV Tips and Timesavers (CDC)
  - www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.html
More Important Resources

• Get the Picture: Childhood Immunizations (video of pediatrician answering tough parent’s questions)
  - www.youtube.com/watch?v=3uVvq7dbf4s&feature=channel_page

• Your Local Health Department

• MDHHS Immunization: www.michigan.gov/immunize

• MCIR: www.mcir.org

• CDC Immunization: www.cdc.gov/vaccines

• I Vaccinate: www.ivaccinate.org

• Immunization Action Coalition (National): www.immunize.org