EVIDENCE-BASED PRACTICES FOR INCREASING HPV VACCINATION
Evidence-based practice and policy

• Question we should be asking is not “What disease does this patient have?” but “Why is this patient not well?”

• We do a lot of things that aren’t supported by the best evidence, and don’t do a lot of things that are supported by the best available evidence.

• Not all decisions can be supported with good evidence, but all decisions should be supported by the best evidence available.
Who needs evidence, if it works?

- Believed mental illness arose organically from neuronal dysfunction, rather than unconscious processes (i.e., psychoanalysis)

- Supported by popular media, who applauded his work with socially vulnerable

- Research laid the foundation for neurosurgery, and conducted groundbreaking surgeries from mid-1930s to 1967
Even when do have evidence...

- Many providers report guideline-consistent HPV testing
- 31% of providers ordered low-risk HPV DNA test
- 60% ordered co-testing (low and high risk) in women younger than 30 years

Lee et al. (2011). Obstetrics & Gynecology.
So many options, but will they work for me?

- We have many evidence-based strategies…and challenges in adopting and sustaining these efforts
  - Capacity and motivation
  - External resources
  - Reach and scale
- The person applying the evidence has to decide whether the strategy is appropriate in the context of these considerations
What is effective and evidence-based?

- Combining strategies with different targets for improvement, and continual QI
  - Enhancing access to vaccination services
  - Increasing community demand for vaccinations
  - Provider- or system-based interventions

Legend for CPSTF Findings:
- Recommended
- Insufficient Evidence
- Recommended Against

[Community Preventive Services Task Force.]
Enhancing access to vaccine services

Programs facilitating people getting vaccinated

• Reducing out-of-pocket costs by paying for vaccinations, providing insurance coverage, or reducing copayments.

• Providing vaccinations in schools and organized child care centers.

• Coordinated vaccination interventions in WIC or other specialized settings.

• Home visits by community-based organizations or clinics.
Increasing community demand

Programs encouraging people to get vaccinated

• Reminders and recalls notifying people when they are due or late for vaccination

• Incentives such as food vouchers, gift cards, and other prizes for keeping up with their vaccination schedule.

• Laws and polices that require vaccinations as a prerequisite for attending child care, school, or college.
Provider- or system-based interventions

Putting tools, systems, or protocols in healthcare settings

• Establishing computerized immunization information systems for tracking vaccinations.

• Evaluating providers’ vaccination records and giving feedback on their performance.

• Using chart notes, computerized alerts, checklists, or other tools to remind providers when patients are due for vaccinations.

• Establishing standing orders or policies that allow non-physician personnel to administer vaccines.
You have tools, you’re good…right?
Balancing blue sky ideas and reality

- Balancing trade-offs
- Walking and chewing gum at the same time
- Absence of evidence is not evidence of absence
How do we prioritize?

- **Scientifically supported strategies:** Your priority

- **Some or mixed evidence strategies:** Use when those with stronger evidence aren’t available or appropriate, and you have limited evaluation resources

- **Expert opinion strategies:** Use when you have the time and resources to thoroughly assess effects

- **Insufficient evidence strategies:** Use when you want to innovate, and have time and resources to fully assess effects

- **Evidence of ineffective strategies:** Invest your resources elsewhere