Barriers to increasing adolescent and young adult (AYA) vaccination rates

It can be challenging to keep AYA patients up to date on vaccines. AYAs may not come in as regularly for well visits, parents and AYA may not understand the importance of vaccines now that the patient is older, and some vaccines (such as HPV and flu) still seem controversial to some individuals. Additionally, as with all aspects of AYA health care, there may be issues with access, as sometimes it can take months to get in for a well exam to update immunizations, which is frustrating for families.

Strategies to increase AYA vaccination rates

Vaccinate patients at every office visit.

- There’s no need to wait for a well visit. Clinics can systematically pull an immunization record for every visit for the provider to review, whether it’s a well or an acute visit.
  - Have your medical assistant or front desk staff pull immunization records for the next day or in the morning before clinic starts.
  - Have systems in place so they are pulled for any add-on patients, as well.

Have standing orders for immunizations.

- Having standing orders for immunizations allows the medical assistant or nurse to give immunizations before the provider has even entered the room.

Use your EHR as a tool to increase immunizations.

- Many electronic health records have built-in reminder systems for adolescent vaccines.
  - You want to use your EHR to its highest capabilities to help you remember when things need to be done.
  - For example, EPIC can give you best practice advisories (BPAs) for all vaccines, including HPV, and these can be cues to remind the provider to offer vaccines to patients, and to remind medical assistants to order and give vaccines if they have standing orders in place.

Partner with school-based health centers (SBHCs).

- Communicate with patients who are due for immunizations about visiting their/ a SBHC, FQHC, or local health department for this service.
  - SBHCs are almost always staffed with a Nurse Practitioner who can provide immunizations. Find and connect with SBHCs in your area.
  - Here is a FQHC finder from HRSA. Maintain a list of local resources that you can give to adolescent patients.
If you and the SBHC use a shared EHR, you can pull reports of patients who have been seen at both sites. Care coordinators can help patients coordinate care between PCPs and SBHCs and ensure that care is provided across the continuum.

- Encouraging patients to utilize SBHCs saves both them and their family a trip to the health center.
- This strategy has been shown to greatly improve patient compliance with receiving vaccines.

- PCP payment may hinge on meeting quality measures including immunization rates, and it doesn’t matter where the patient gets the vaccines, so creative partnerships may improve your bottom line.
- Read the AAP’s Policy Statement on SBHC/PCP collaboration.

### Strategies to increase HPV vaccination rates

#### Ensure that providers are strongly recommending HPV vaccination.

- Studies have shown that providers may give HPV vaccination a lukewarm recommendation at best, so talk with your providers about who is recommending it and how. Do people have concerns about it? Why? Do they need additional information? See resources below under “Additional Recommendations” for strategies on getting both provider and parent/patient buy-in.

- At this point, the data is pretty clear that we should be giving the HPV vaccine to all young men and women – adolescents and young adults, both males and females consistently. Immunogenicity is highest at ages 11 and 12, so families should be encouraged to give the vaccine earlier rather than waiting until the later teen years.

- Use the AAP’s HPV Champion Toolkit to promote HPV vaccination among your colleagues as well as parents of patients and to make changes in your practice to improve HPV vaccination.

#### HPV vaccination should be offered as routine.

- HPV vaccination should be offered as routine with all the other adolescent immunizations, not singled out as separate, different, or optional.

- Try using this sample pitch: “Now that your son is 11, he is due for some routine vaccines, including Tdap, meningitis, HPV vaccine, and the flu shot. I recommend getting all of these today. Are you OK with that?”

#### Order all three HPV vaccines at one time.

- Ordering both HPV vaccines at once can increase complete rate of the HPV series and is allowable by many EHRs.

- Providers can make a note to cue the schedulers to make the follow-up appointments for the vaccines.

- This strategy allows MAs or nurses to administer the remaining vaccines at follow up appointments, avoids working around providers’ clinic schedules, and streamlines the process for both the patient and the clinic.

#### Have visual cues affirming that the HPV vaccine is important.

- Many clinics have posters about vaccines for young children, but often not for AYA or specifically about HPV.

- Posters, brochures, and other visual cues often spark conversation about vaccines between patients, families, and providers. Please see resources below for options.
**Additional Recommendations**

- Review the [CDC’s Updated Recommendations](#) of the Advisory Committee on Immunization Practices for the 2-dose schedule for HPV vaccination.
- The [Alliance for Immunization in Michigan](#) has valuable information regarding immunization education, training, storage, patient education, news, and more.
- Consider reviewing the [Social Media Toolkit](#) created by the AAP on using social media to encourage vaccinations for teens in your practice.
- Consider posting this [poster](#) in your clinic to generate excitement around vaccines.
- View the NFID’s archived webinar on [Vaccines for Young Adults](#).
- Review the [Vax4Teens campaign toolkit](#) by the Minnesota Department of Health.
- Use the CDC’s [tip sheet](#) for ideas about talking to patients and families about the HPV vaccine.