
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 seems 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.
- Residency sites should consider adding a flag to the EHR to cue preceptors to ensure that residents addressed BPAs or quality care reminders. Such a prompt may read, "Were BPAs addressed during this encounter?"

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](#)¹ 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](#)² 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 people – both male and female adolescents and young adults, consistently. Immunogenicity is highest at ages 11 and 12, so families should be encouraged to give the vaccine earlier rather than waiting until later teen years.
- Use the [AAP's HPV Champion Toolkit](#)³ 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 HPV vaccines at one time.

- Ordering all 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](#)⁴ of the Advisory Committee on Immunization Practices for the 2-dose schedule for HPV vaccination.
- The [Alliance for Immunization in Michigan](#)⁵ has valuable information regarding immunization education, training, storage, patient education, news, and more.
- Consider reviewing the [Social Media Toolkit](#)⁶ created by the AAP on using social media to encourage vaccinations for teens in your practice.
- View the NFID's archived webinar on [Vaccines for Young Adults](#)⁷.
- Review the [Vax4Teens campaign toolkit](#)⁸ by the Minnesota Department of Health.
- Use the CDC's [tip sheet](#)⁹ for ideas about talking to patients and families about the HPV vaccine.
- Review the CDC's HPV #VaxSucess [tip sheet](#)¹⁰ for recommendations to attain and maintain high HPV vaccination rates.

SAMPLE WORKFLOWS FOR CONFIDENTIAL RISK SCREENING

Workflow 1:

1. Front desk staff gives the parent/guardian a letter explaining confidential time with adolescent patients.
2. MA calls patient and explains to parent/guardian “I’m going to take your child back to get their vital signs and have them complete a brief health survey, and then I’ll bring you to the room before the provider comes to see them.”
 - a. MA can explain that “We give teens a chance to share their own views on their health, and that’s why we have them complete the health survey on their own.” If there is parent push-back, MA rooms the patient without doing risk screening, and the provider can address the issue.
3. MA rooms the patient, has them complete the risk screening, and brings the results to the provider for review. MA then gets the parent/guardian from the waiting room.
4. Provider meets with the parent/guardian and patient then asks the parent/guardian to step out at the end of the visit for confidential time. Provider then reviews risk screening with the patient.

Limitations of this workflow: Parent is asked to not be present twice and has to go back and forth between the waiting room and patient room.

Workflow 2:

1. Front desk staff gives the parent/guardian a letter explaining confidential time with adolescent patients.
2. Front desk staff or MA brings the patient to an area in waiting room with a privacy screen to complete their risk screening. Staff instructs the patient to return the risk screening directly to the front desk staff when they are finished (if on paper) or submit electronically (if on a computer or tablet).
3. When risk screening is completed, provider receives it for review (either from staff or electronically).
4. MA calls the patient and parent/guardian back, and the provider meets with both together.
5. Provider then asks the parent/guardian to step out for confidential time with the patient, then reviews the risk screening with the patient alone.
6. MA brings the parent/guardian in from the waiting room for the remainder of the visit.

Limitations of this workflow: May be hard to create a truly private space in the waiting room and for the patient to successfully hand a paper form directly back to the front desk.

SAMPLE PARENT LETTER

Dear Parent /Guardian:

Adolescence is a time of transition from childhood to adulthood. We want to help prepare your teen to be an active participant in their medical care. A normal developmental step in this process is allowing your teen to share their views of health in their own voice. We have two standard practices to give them this chance to express their views: your teen will complete a health survey on their own, and we will talk to your teen independently for part of their visit. Since this can be a difficult time of life, we will be taking some time to talk to them in private concerning issues that you or your teen may not necessarily be comfortable discussing with each other.

Some of the topics that we will be talking about will include:

- Healthy eating and sleeping habits
- Friends and relationships
- Emotions and mood
- Sexuality
- Drugs and alcohol

We will address all these subjects in an age- and maturity-appropriate manner.

In order for these discussions to be as open and helpful as possible, we will assure your teenager that our discussions will be confidential. If there is a concern about your teen doing harm to themselves or someone else, we will inform you. On issues of sexually transmitted diseases, birth control, pregnancy, and drug use, we will encourage your teen to share this information with you.

If there are any particular issues that you would like us to address with your teen, please let us know. Also, let us know if you would like to talk to us privately about concerns you have about your teen or strategies to discuss sensitive topics with them. We want to do our very best to be your ally in helping your child grow up to be healthy and happy.

Sincerely,

[provider name or health center name]

¹ <http://findahealthcenter.hrsa.gov/>

² <http://pediatrics.aappublications.org/content/129/2/387>

³ <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/HPV-Champion-Toolkit.aspx>

⁴ <https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>

⁵ <http://www.aimtoolkit.org/>

⁶ <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunization/Pages/Immunization-Social-Media-Toolkit.aspx>

⁷ <http://www.nfid.org/professional-education/online/archived-webinars#8/5/15>

⁸ <http://www.health.state.mn.us/divs/idepc/immunize/adol/>

⁹ <https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf>

¹⁰ <https://www.cdc.gov/hpv/downloads/Top10-improving-practice.pdf>