



EVIDENCE-BASED PRACTICES FOR INCREASING HPV VACCINATION

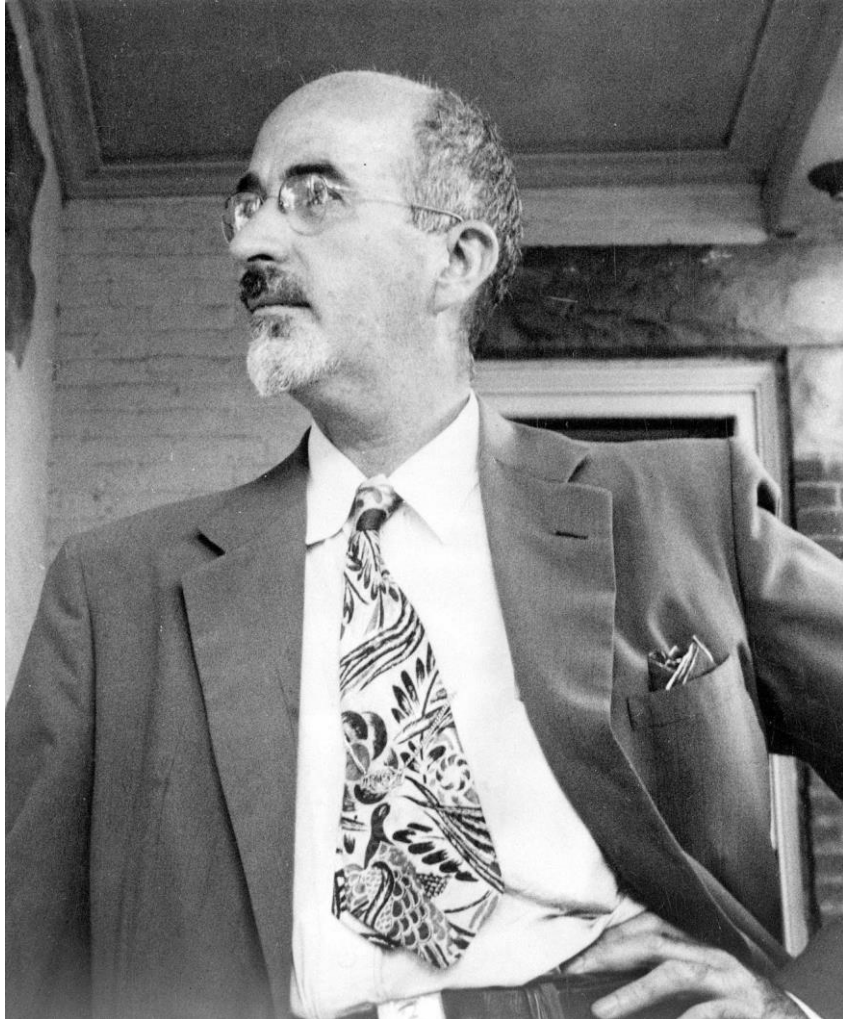


Mission:
HPV CANCER
FREE

Evidence-based practice and policy

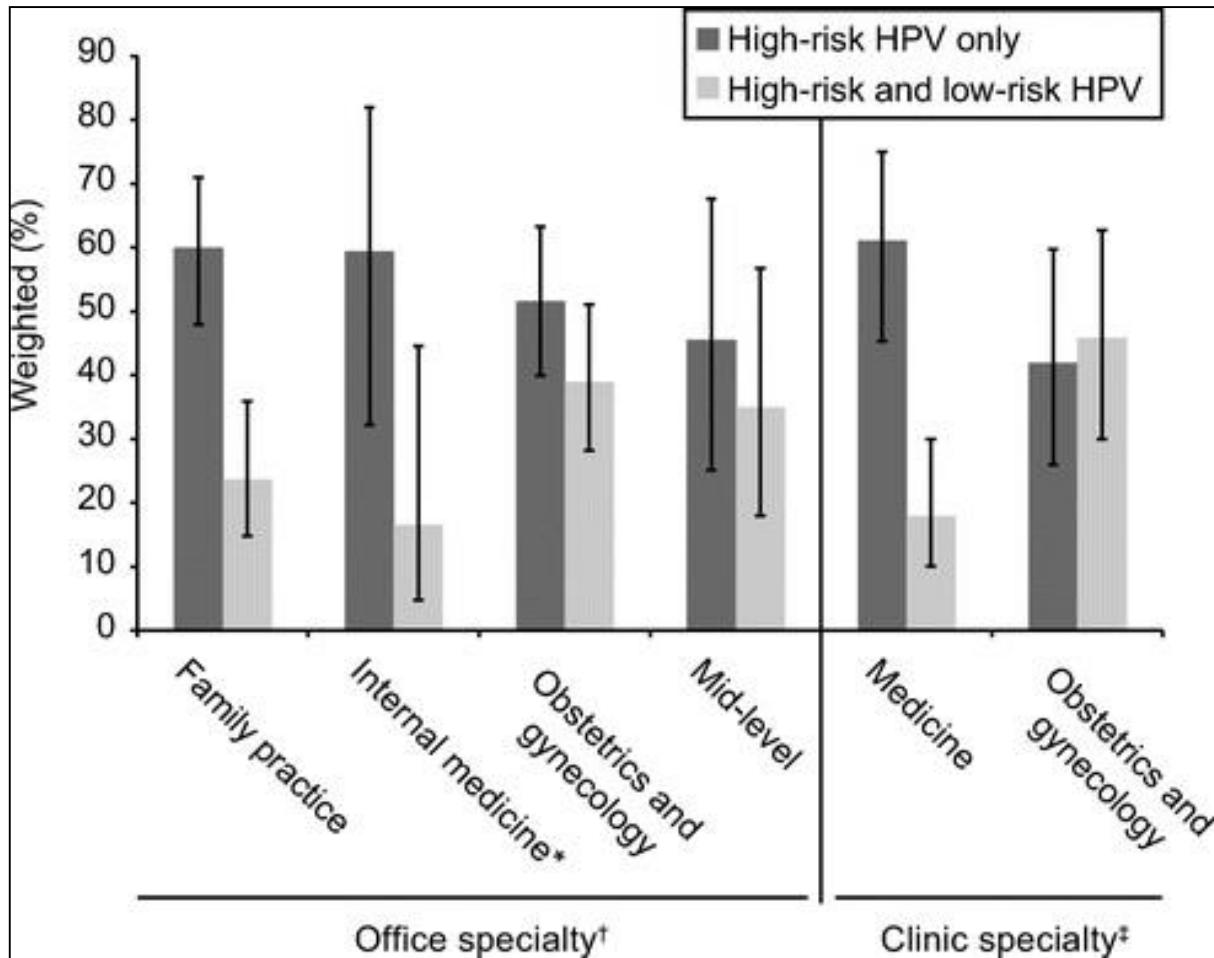
- Question we should be asking is not “What disease does this patient have?” but “Why is this patient not well?”
- We do a lot of things that aren’t supported by the best evidence, and don’t do a lot of things that are supported by the best available evidence.
- Not all decisions can be supported with 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




















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?

Legend for CPSTF Findings:  Recommended  Insufficient Evidence  Recommended Against (See reverse for detailed descriptions.)

Intervention	CPSTF Finding
Enhancing Access to Vaccination Services	
Vaccination programs in WIC settings	
Home visits to increase vaccination rates	
Reducing client out-of-pocket costs	
Vaccination programs in schools & organized child care centers	
Expanded access in healthcare settings when used alone	
Increasing Community Demand for Vaccinations	
Client or family incentive rewards	
Client reminder & recall systems	
Vaccination requirements for child care, school, & college attendance	
Community-based interventions implemented in combination	
Community-wide education when used alone	
Monetary sanction policies	
Client-held paper immunization records	
Clinic-based education when used alone	
Provider- or System-Based Interventions	
Health care system-based interventions implemented in combination	
Immunization information systems	
Provider assessment & feedback	
Standing orders when used alone	
Provider reminders	
Provider education when used alone	

- 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

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

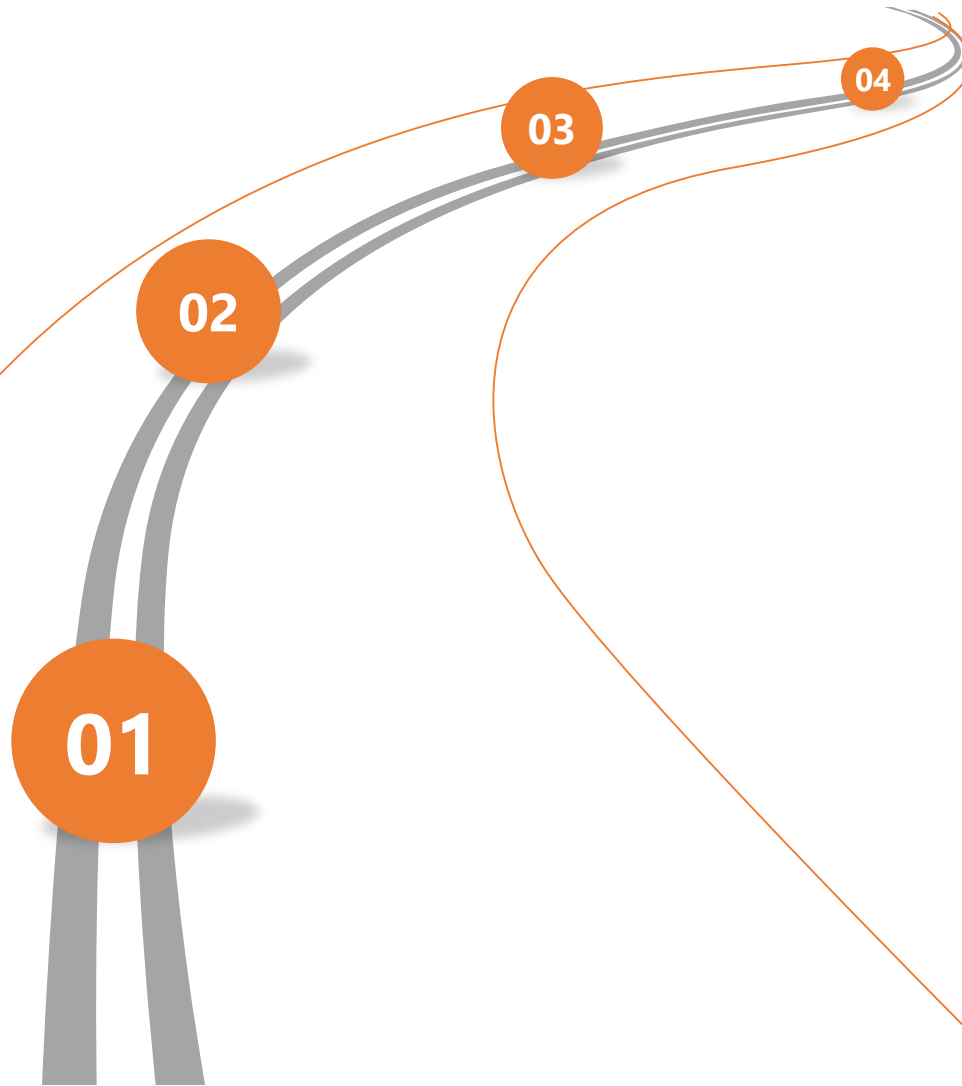
Putting tools, systems, or protocols in healthcare settings

- 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