

Overcoming Vaccine Resistance

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EASTERN OREGON
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ORGANIZATION



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- Family Physician
 - › Touro University College of Osteopathic Medicine, 2009
 - › Cascades East Family Medicine Residency, OHSU-Klamath Falls, 2012
- Frontier Family Medicine in Burns, OR
 - › Inpatient
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Disclosure Statement

- No conflicts of interest to report.

Learning Objectives

- Identify how to best address a parent's hesitation to immunize their child.

EOCCO Current Vaccination Rates

Immunization Rates EOCCO

1/1/2016-12/31/2016

County	Counts	Childhood Immunization Status
Baker	42/61	68.9%
Gilliam	1/5	20.0%
Grant	15/23	65.2%
Harney	23/36	63.9%
Lake	11/20	55.0%
Malheur	127/160	79.4%
Morrow	52/65	80.0%
Sherman	2/3	66.7%
Umatilla	274/382	71.7%
Union	60/105	57.1%
Wallowa	15/19	78.9%
Wheeler	3/4	34.9%

EOCCO	625/883	70.8%
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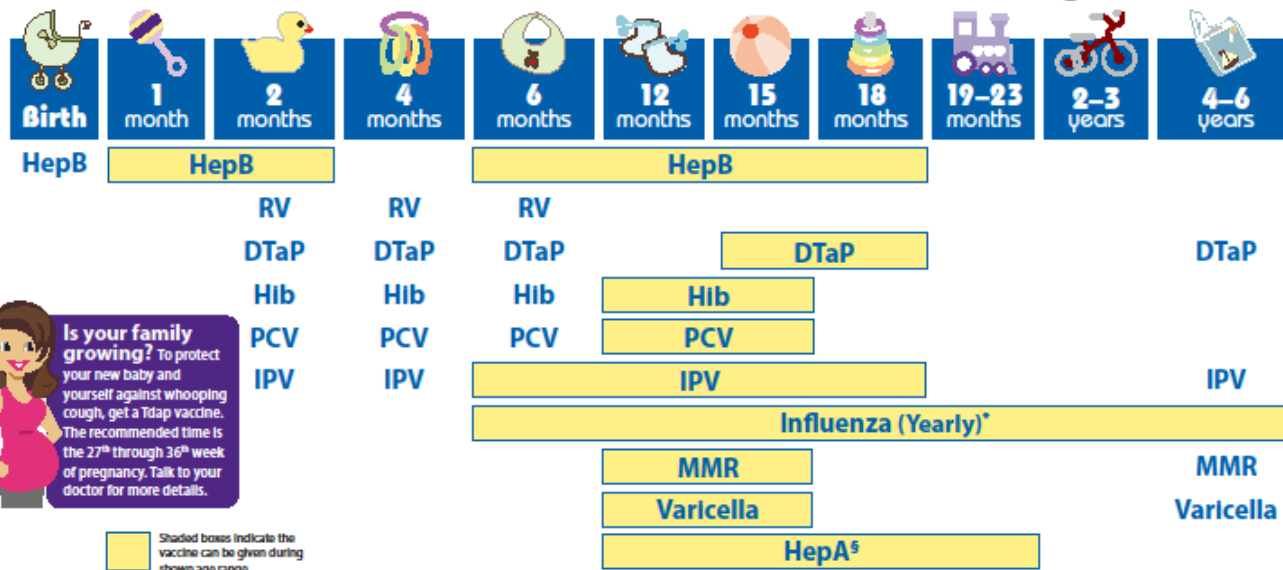
EOCCO Target	75.3%
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Which Immunizations?

- OHA is using HEDIS 2017 Combination 2 for the state performance measure: The number of children who turned 2 years of age in the measurement year and had all of the following specified vaccinations by their 2nd birthday:
 - > 4 DTaP
 - > 3 IPV
 - > 1 MMR
 - > 3 HiB
 - > 3 HepB
 - > 1 VZV
 - > 4 PCV
 - > 1 HepA

CDC Immunization Chart

2017 Recommended Immunizations for Children from Birth Through 6 Years Old



Shaded boxes indicate the vaccine can be given during shown age range.

NOTE:
If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:
* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
† Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.
§ If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.



For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



HEDIS

- HEDIS-Healthcare Effectiveness Data and Information Set
- “Childhood vaccines protect children from a number of serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus and whooping cough, at a time in their lives when they are most vulnerable to disease. Approximately 300 children in the United States die each year from vaccine-preventable diseases. Immunizations are essential for disease prevention and are a critical aspect of preventive care for children. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.”

Where Does the Data Come From?

- Combination of ALERT and claims-based data from EOCCO
- No chart review component
 - Only VFC (Vaccines for Children) sites are allowed to be paid for vaccination by EOCCO (OHA rule)
 - Only VFC sites are required to put vaccines into ALERT
 - If not a VFC site or not put in ALERT, will not count
- Up to date on all vaccines by 2nd birthday
- Delayed schedules not accepted
- History of varicella will count instead of VZV vaccination if has a claim with EOCCO

Why Vaccinate?

Healthy People 2020

- For each birth cohort that is vaccinated on schedule up to age 2:
 - › Save 33,000 lives
 - › Prevents 14 million causes of disease
 - › Reduces direct health care costs by \$9.9 billion
 - › Saves \$33.4 billion in indirect costs
- Each year 42,000 adults and 300 children die in the United States from vaccine-preventable illnesses
- WHO estimates Tdap and Measles vaccines save 2-3 million lives annually

Why Not Vaccinate?

Reasons

- Lack of trust in their health care provider
- Dissatisfaction with vaccine discussions with their health care provider
- Strong, negative reaction of health care providers to mention of vaccine hesitancy

Thought Fallacies

- Illusory Correlation
 - › Leads people to believe that 2 unrelated variables are actually related
 - Vaccines and autism
- Confirmation Bias
 - › Leads parents to notice or recall information that confirms preexisting beliefs
 - › Ignore information to the contrary
- Motivated Reasoning
 - › Parents seek out additional support for preexisting beliefs
 - › Loss of objectivity
- Omission Bias
 - › More guilt from doing a concerning action than from failing to do concerning action
 - Even if failure to do the action leads to worse consequences

Addressing Vaccination Resistance

Reduce Barriers

- No copays, administration fees
- Offer vaccines at all clinics, do not require extra travel for vaccines
- Do not make exemptions convenient

Incentivize

- Toy Box
- Vaccine drives with community support
 - › Ice Cream cones
 - › Books

Confidence

- “Are we going to do shots today?”
- “We’ll do three shots today”
 - › Much more likely to vaccinate

Persuasion

- Data and facts, no matter how strongly supportive of vaccination, will not be sufficient to compete with the opposition's emotional appeals
- The use of a compelling story about a single victim of vaccine-preventable illness is far more likely than data to move an audience to action
 - › Compelling narratives are more memorable and more readily understood than math
 - › Helps model anticipatory regret of how parent may feel if they do not vaccinate and have a bad outcome
- 30-47% of initially hesitant parents may decide to vaccinate if clinicians continue to engage them in discussions

Technique

- Respectful listening
- Encourage questions
- Ask for and seek to understand the reason why parents are delaying
- Acknowledge parental concerns
- Provide accurate information about benefits AND risks
 - › Include the risks to remaining unvaccinated or delaying vaccines
 - › Include the risk of disease
 - Many of these diseases do not have a treatment

Be the change you want to see in the world

- Vaccinate yourself and your family
- Be open about your own experiences with vaccination, both positive and negative
 - › Personal stories are often more persuasive than data

What if they still refuse?

- Maintain the patient-provider relationship
 - › Conveys respect, builds trust
 - › Allows for future opportunities
- Clarify Values
 - › Seek to be a partner rather than a judge

Should we refuse to see unvaccinated children?

- Rarely leads to the child getting vaccinated
- Undermines trust
- Eliminates opportunities for continued dialogue

References

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- <https://www.cdc.gov/vaccines/hcp/conversations/conv-materials.html>
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