

Shared Decision-Making for HPV Vaccination in the Expanded Age Range: Patient and Clinician Perspectives



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BACKGROUND



of mid-adults (27- to 45-year-olds) report incomplete HPV vaccination status.¹

In 2019, the Advisory Committee on Immunization Practices expanded its recommendation for HPV vaccination to mid-adults based on shared decision-making (SDM) between clinicians and patients.²

There remains limited understanding of how these new guidelines are perceived and implemented in rural communities.

AIM:

To describe patient and clinician perspectives on SDM for HPV vaccination in mid-adults.

METHODS

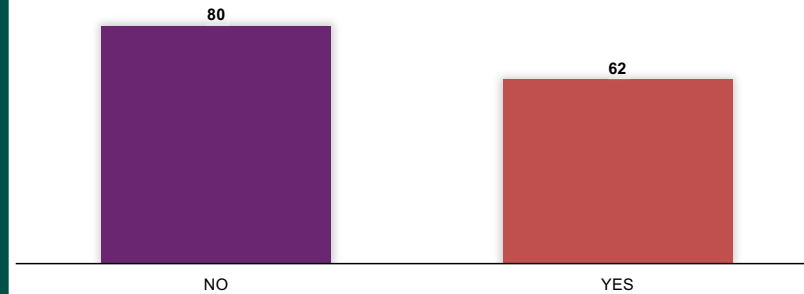
Electronic surveys on the perception and perceived barriers of HPV vaccination and SDM were administered to:

- > 93 clinicians in New Hampshire and Vermont
- > 142 mid-adult patients at two rural FQHC's in New Hampshire and Vermont

RESULTS

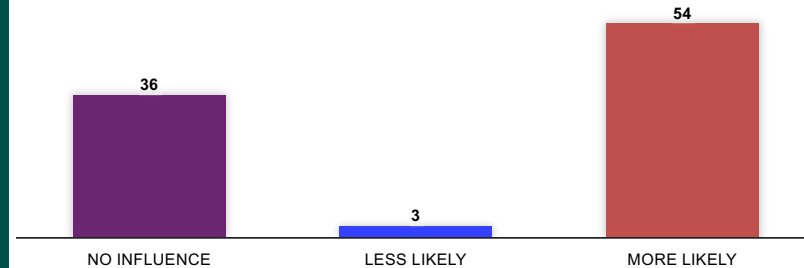
Survey 1. Patients (n=142)

Were you previously aware that people aged 27 to 45 can receive the HPV vaccine after having a discussion with their health care providers?



Survey 2. Clinicians (n=93)

How, if at all, does the recommendation for shared decision-making influence you as a clinician recommending the HPV vaccine to your patients aged 27 to 45?



Inadequate insurance coverage was the most frequently cited reason for not receiving HPV vaccination among patients.

93%

of clinicians did not know the approximate cost of the 3-dose series of the HPV vaccine at their clinic.



- > **Perceived ineligibility** among patients was significantly associated with **no interest in vaccination** ($p = 0.0004$)



of clinicians engaged in SDM with male patients in vignettes,

compared to over 70% with female patients.

- > Female patients demonstrated greater familiarity with the HPV vaccine and its cancer prevention benefits compared to males.

DISCUSSION

- > Clinicians and patients perceived SDM as a facilitator to HPV vaccination.
- > Inadequate insurance coverage and perceived ineligibility were key barriers to HPV vaccination.

Next steps should include the development of an educational toolkit for clinicians to address gaps in gender-based recommendations and knowledge of HPV vaccine cost and coverage options.

References:



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