

Motivational interviewing for HPV vaccination well accepted by doctors

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BALTIMORE – Motivational interviewing (MI) was well accepted by providers as part of a communication tool kit to improve human papillomavirus vaccine uptake, according to results of an eight-site study.

Overall, most of the 107 medical providers who participated in the cluster-randomized trial found MI to be a “somewhat useful” (47%) or “very useful” (31%) tactic to use when discussing human papillomavirus (HPV) vaccination with parents of adolescents. The overall amount of time that providers spent discussing vaccinations actually decreased after implementing MI; at the same time, providers felt that they had more power to influence parental decision-making when using MI techniques.



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“Primary care providers given the Physician Communication Toolkit used MI frequently, and this use was generally sustained over time,” said lead author Amanda Dempsey, MD, who presented the findings during a poster symposium at the annual meeting of the Pediatric Academic Societies.

Motivational interviewing, an open-ended, nonjudgmental listening and communication style, was taught to providers in one 30-minute webinar and two 1-hour in-person role-playing sessions. Participants were able to practice using MI both in circumstances where parents were accepting of vaccination, and with vaccine-hesitant families.

Participating providers were surveyed pretraining and at 4, 7, and 10 months after the training to assess their practices in the preceding month. The two primary outcome measures assessed, and compared from baseline, were the estimated time spent discussing HPV vaccination with both vaccine-hesitant and nonhesitant families, and the providers’ perceived abilities to influence decisions about HPV. Dr. Dempsey and her colleagues also asked whether practitioners were actually using MI techniques with vaccine-hesitant parents, and whether they found the techniques useful in HPV vaccination discussions.

Dr. Dempsey, associate professor of pediatrics at Children’s Hospital Colorado in Aurora, said that uptake of MI was initially high and remained so. Three months after the intervention, 85% of providers reported they were using MI; at 9 months after the intervention, the figure was 72%.

Previous research has shown that providers generally do not communicate strong recommendations about HPV vaccination. “Providers often feel the parents will argue with them about it, and

sometimes don't even bring it up," Dr. Dempsey said in an interview. "Anecdotally, providers found MI a useful way to frame the conversation, and they found it less confrontational."

Overall, about three-quarters of providers responding to the sequential surveys were physicians, another 15%-20% were physician assistants, and the remainder were nurse practitioners. About one in four respondents were male. The pediatric and family medicine practices were approximately evenly divided between public and private clinics.

Although participation in the training and the subsequent surveys was voluntary, uptake was fairly high at participating clinics. The training was offered for 25 MOC (maintenance of certification) part 4 credits, which probably helped participation rates, said Dr. Dempsey.

The small sample size of the study, said Dr. Dempsey, limits the generalizability of the findings. However, the eight sites chosen represented a wide range of socioeconomic and cultural demographics in the patients served. Also, self-report of MI use may be subject to some bias. Finally, because this was a naturalistic study that allowed providers full discretion in using the various components of the Physician Communication Toolkit, it was not possible to perform a completely independent analysis of the effects of using MI apart from the other toolkit components.

"Use of MI did not appear to lengthen the time of clinical visits, and in some cases may actually shorten them," said Dr. Dempsey. In addition to analyzing whether MI and other components of the toolkit increased HPV vaccine uptake rates, Dr. Dempsey and her colleagues also plan to explore whether MI would be an effective approach to use when discussing immunizations with parents of infants and younger children.

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