

# Effect of Decision Support on Missed Opportunities for Human Papillomavirus Vaccination

## Date:

Dec 2014

[Visit Article](#)

**BACKGROUND:** Missed opportunities for human papilloma virus (HPV) vaccination are common, presenting a barrier to achieving widespread vaccine coverage and preventing infection.

**PURPOSE:** To compare the impact of clinician- versus family-focused decision support, none, or both on captured opportunities for HPV vaccination.

**DESIGN:** Twelve-month cluster randomized controlled trial conducted in 2010–2011.

**SETTING/PARTICIPANTS:** Adolescent girls aged 11–17 years due for HPV Dose 1, 2, or 3 receiving care at primary care practices.

**INTERVENTION:** Twenty-two primary care practices were cluster randomized to receive a three-part clinician-focused intervention (educational sessions, electronic health record–based alerts, and performance feedback) or none. Within each practice, girls were randomized at the patient level to receive family-focused, automated, educational phone calls or none. Randomization resulted in four groups: clinician-focused, family-focused, combined, or no intervention.

**MAIN OUTCOME MEASURES:** Standardized proportions of captured opportunities (due vaccine received at clinician visit) were calculated among girls in each study arm. Analyses were conducted in 2013.

**RESULTS:** Among 17,016 adolescent girls and their 32,472 visits (14,247 preventive, 18,225 acute), more HPV opportunities were captured at preventive than acute visits (36% vs 4%,  $p < 0.001$ ). At preventive visits, the clinician intervention increased captured opportunities by 9 percentage points for HPV-1 and 6 percentage points for HPV-3 ( $p \leq 0.01$ ), but not HPV-2. At acute visits, the clinician and combined interventions significantly improved captured opportunities for all three doses ( $p \leq 0.01$ ). The family intervention was similar to none. Results differed by practice setting; at preventive visits, the clinician intervention was more effective for HPV-1 in suburban than urban settings, whereas at acute visits, the clinician intervention was more effective for all doses at urban practices.

**CONCLUSIONS:** Clinician-focused decision support is a more effective strategy than family-focused to prevent missed HPV vaccination opportunities. Given the persistence of missed opportunities even in intervention groups, complementary strategies are needed. This study is registered at [clinicaltrials.gov](http://clinicaltrials.gov) NCT01159093.

## Journal:

[American Journal of Preventive Medicine](#)

Authors:

Mayne SL, duRivage NE, Feemster KA, Localio AR, Grundmeier RW, Fiks AG

## **Topics**

[Sexual & Reproductive Health](#)

## **Related Content**

[A Shared e-Decision Support Portal for Pediatric Asthma](#)

[Adoption of Electronic Medical Record-Based Decision Support for Otitis Media in Children](#)

[Development of an Instrument to Assess Families' Preferences and Goals for ADHD Treatment](#)

[Does intention to recommend HPV vaccines impact HPV vaccination rates?](#)