

# Proven Strategies Help Shorten Talks about Vaccines

USE THE RIGHT APPROACH TO IMPROVE HEALTH OUTCOMES AND REDUCE HOSPITAL COSTS

**4** Evidence-based strategies have been used with positive results when talking to patients about vaccines. **Once you learn how to use them, it takes four minutes or less of your time.**

The table below shows the order of strategies to use based on the level of acceptance or hesitancy.

## Accepting parents

- 1 Presumptive recommendations
- 2 Blanket recommendations



## Hesitant parents

- 3 Motivational interviewing
- 4 Debunking myths



### 1. Start with a presumptive recommendation.

Announce shots are due instead of asking how a member feels about getting shots.

**Example:**



“Well, it is flu season and we have some shots to do today,” instead of asking, “Have you thought about getting your flu shot today?”

### 2. Follow with a strong blanket recommendation.

Sound matter-of-fact, confident. Recommend all vaccines the same way.

**Example:**



“Your child needs four vaccines today: HPV, meningococcal, flu, and Tdap vaccines.”

Be prepared for questions and reply with brief facts about vaccines. Keep it simple.

(continued)

### 3. Change tactics to motivational interviewing.

Switch to motivational interviewing (MI) when a member is not sure so you can reconnect with the member. Leverage their basic motivation for a behavior.

Motivational interviewing has four principles: empathy, collaboration, evocation, and support for autonomy. To help manage concerns, these principles include micro skills:

- Ruler
- Elicit, provide, elicit (EPE)
- Reflection
- Open-ended questions
- Affirmation
- Summaries

#### Example



A boy age 12 comes in for a well visit and to get forms signed. At the end of the visit, you offer a presumptive, strong, blanket recommendation for HPV, Tdap and MSP4 vaccines. Mom agrees to all but the HPV vaccine. You pivot to MI as follows:

#### Provider asks...

*“I see. So, on a scale of one to 10, with one never getting the vaccine and 10 definitely getting it today, where are you at?”* **(Ruler)**

*“Okay, can you tell me more about why you are a three and not a one?”*  
**(Elicitation, Evocation)**

*“Would you mind telling me what safety issues you are worried about?”*  
**(Open-ended question)**

*“When people started rumors about this vaccine on the Internet, the rumors spread. There is no truth to them.”*

*“This is one of the safest vaccines and has been well studied. It prevents several types of cancer. I think it’s an important vaccine. That’s why I gave it to my own children.”*

*“That said, this is a decision only you can make. What do you think?”* **(Autonomy, EPE)**

#### Member replies...

*“About a three.”*

*“Well, I definitely don’t want my son to ever get cancer. I’m open to the idea of the vaccine, but I’m just scared it’s not safe.”*

*“I’ve heard that some children who get the shot can die from it. I know it’s probably not true, but it just makes me worry.”*

(continued)

#### 4. Debunk myths with brief facts.

Take the mystery out of it. Always state a myth is false before you talk about it. This removes the myth in a person's mind and creates a gap. It is vital you fill the gap with brief, simple facts.

##### Example



Your next patient is a girl age one who comes in for a well visit. She has six vaccines due.

##### Provider asks...

You give your presumptive, blanket recommendation.

##### Member replies...

*"My cousin told me I should stop getting vaccines because there are toxins in them.  
"I heard there is mercury in the flu shot."*

Summarize what you heard. Ask permission to make a recommendation.

*"So, you seem concerned about potential effects of the ingredients in the vaccines."*

**(MI - reflection)**

*"I get that – you want to make sure your daughter only takes things good for her. I've looked into this a great deal. Would it be okay to share what I've learned about this?"*

**(MI – ask permission)**

Briefly share what you learned, then pivot to the importance of the vaccines.

*"It's actually all a myth about vaccines containing toxins."*

**(Preceding explicit warning)**

*"The ingredients in vaccines are in tiny quantities. They make vaccines to be safe."*

**(Alternative explanation)**

*"I feel better knowing my children and my patients get the vaccines they need. The diseases we're talking about are serious."*

**(Focus on core facts and positives of action.)**

*"That said, this is your decision. What do you think?"* **(MI - autonomy)**



To access a webinar recording and slides about vaccine hesitancy (dated May 20, 2020), log in at [www.healthnet.com](http://www.healthnet.com) > [Working with Health Net > Quality > Provider Educational Webinar Calendar](#) under *Provider Education*.

### Vaccine hesitancy training

- American Academy of Pediatrics – HPV Vaccine: Same Way, Same Day app. Available for Android™ and Apple® mobile devices through the Google Play Store and App Store.
- California Department of Public Health Immunization Branch (EZIZ): One-stop training resources at <https://eziz.org/eziz-training/>.
- Children's Hospital Colorado, Univ. of CO, Amanda Dempsey, MD, PhD, MPH, [Amanda.dempsey@ucdenver.edu](mailto:Amanda.dempsey@ucdenver.edu).