



ADVANCING INTEGRATED HEALTHCARE

Medicaid Pediatric Healthcare Recovery Program Behavioral Health ECHO[®] Series

Session Topic: Difficult Conversations

Presenter(s): Sarah Hagin, PhD

Date: January 26, 2023

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Start the Recording

Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

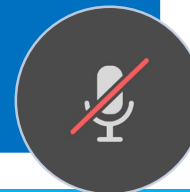
- Please turn on your video
- Please enter your name and organization in the chat box

Introduce Yourself



- Please mute your microphone when not speaking

Microphones



- Introduction
- Lecture
- Case
- Discussion
- Close

Agenda



CME Credits

(currently available for MDs, PAs, Rx, RNs, NPs, PsyD, PhD)

- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:
<https://www.surveymonkey.com/r/Medicaid-Recovery-BH-ECHO>



The AAFP has reviewed ‘Advancing Community-Oriented Comprehensive Primary Care Through Improved Care Delivery Design and Community Health,’ and deemed it acceptable for AAFP credit. Term of approval is from 09/15/2022 to 09/15/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP’s partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).



Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Welcome & Introductions	Liz
7:35 – 8:00 AM	Didactic: Difficult Conversations	Sarah Hagin, PhD
8:00 - 8:10 AM	Case Presentation	Carolina Herrera, NP Santiago Medical Group
8:10 - 8:25 AM	Discussion	All
8:25 – 8:30 AM	Wrap up; Evaluation; Announcements	Liz

Today's Faculty

Sarah Hagin, PhD, is a pediatric psychologist in the Division of Child and Adolescent Psychiatry at Rhode Island and Hasbro Children's Hospitals, specializing in pediatric gastrointestinal and feeding disorders, an Assistant Professor in the Department of Psychiatry and Human Behavior at The Warren Alpert Medical School of Brown University, and the program manager for the Pediatric Psychiatry Resource Network (PediPRN) at Bradley Hospital.

Disclosures

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

Learning objectives

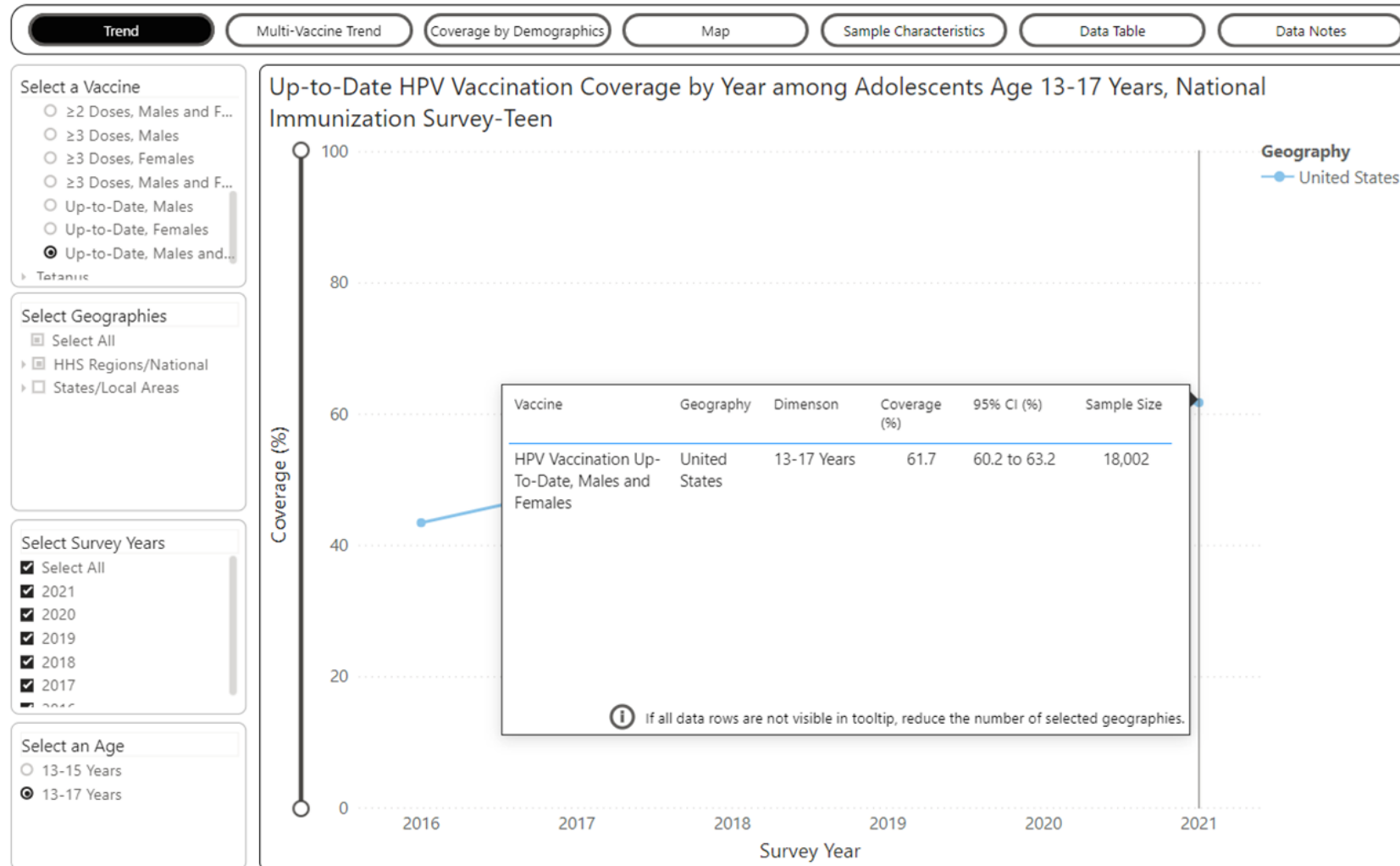
- Understand factors that facilitate and impede having difficult conversations with patients
- Learn evidence-based strategies that promote patient-practitioner communication around vaccine acceptance
- Learn available resources to support use of evidence-based communication strategies that promote vaccine acceptance

Why are we discussing this

Indicator Group	Vaccination coverage					
	Unvaccinated		Completed primary series		Vaccinated (≥ 1 dose)	
	Percent	95% CI	Percent	95% CI	Percent	95% CI
All						
All children 6 months – 17 years	62.4	60.5 – 64.3	33.5	31.6 – 35.4	37.6	35.7 – 39.5
Demographics						
Sex						
Female	61.5	58.5 – 64.4	34.7	31.8 – 37.6	38.5	35.6 – 41.5
Male	63.3	60.7 – 65.9	32.4	29.9 – 34.9	36.7	34.1 – 39.3
Race/Ethnicity						
Hispanic	60.9	56.5 – 65.3	34.2	30.0 – 38.4	39.1	34.7 – 43.5
White, non-Hispanic	64.5	62.1 – 66.9	32.7	30.3 – 35.1	35.5	33.1 – 37.9
Black, non-Hispanic	63.7	58.6 – 68.8	29.5	24.7 – 34.3	36.3	31.2 – 41.4
Other or multiple races, non-Hispanic	54.1	47.5 – 60.6	41.1	34.4 – 47.9	45.9	39.4 – 52.5

<https://www.cdc.gov/vaccines/imz-managers/coverage/covidvaxview/interactive/children.html>

Why are we discussing this



<https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html>

Factors that contribute to vaccine hesitancy/acceptance

- Demographic Factors
 - Race/ethnicity
 - Age
 - Pregnancy
 - Education, employment and income
- Accessibility and cost
- Personal responsibility and risk perceptions
 - Precautionary behaviors
- Trust in health authorities, government and vaccines
 - Safety/efficacy of new vaccine
- Lack of info/misinfo

What factors promote vaccine hesitancy or acceptance during pandemics? A systematic review and thematic analysis

Judy Truong¹, Simran Bakshi², Aghna Wasim ³, Mobeen Ahmad⁴, and Umair Majid ^{5,*}

[doi: 10.1093/heapro/daab105](https://doi.org/10.1093/heapro/daab105)

influenza vaccines. During the pandemic, households with higher income (50-99 K, > 100 K) correlated with decreased routine childhood vaccine hesitancy, while Hispanic ethnicity and African American race had increased risk perception. For COVID-19 vaccine hesitancy, households with higher income (> 100 K) correlated with decreased hesitancy, while non-White ethnicity and race had increased risk perception. We found that routine childhood vaccine hesitancy increased during the COVID-19 pandemic, mainly due to increased risk perception. Key contributing demographic factors behind both childhood vaccine hesitancy and COVID-19 vaccine hesitancy included household income and race. Understanding factors behind routine childhood vaccine hesitancy is crucial to maintaining pediatric vaccination rates and promoting vaccine confidence during and after the COVID-19 pandemic.

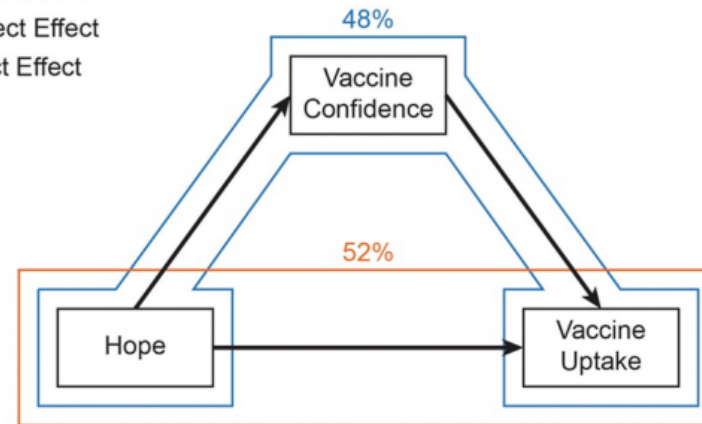
DOI: [10.1007/s10900-021-01017-9](https://doi.org/10.1007/s10900-021-01017-9)

Factors that contribute to vaccine hesitancy/acceptance

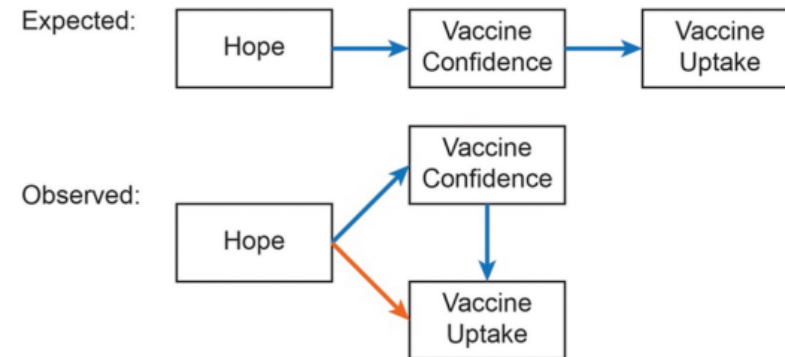
e2072138-4 M. ADAM ET AL.

a. Mediation Model

- Indirect Effect
- Direct Effect



b. Interpretation Models



HUMAN VACCINES & IMMUNOTHERAPEUTICS
 2022, VOL. 18, NO. 5, e2072138 (5 pages)
<https://doi.org/10.1080/21645515.2022.2072138>

Factors that contribute to vaccine hesitancy

Trust is not necessarily personal

Historic & Present-day Experiences Impact Black and Latinx Americans Perceptions of the COVID-19 Vaccine



Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman^{a,1}, Sophie Trawalter^a, Jordan R. Axt^a, and M. Norman Oliver^{b,c}

AP By Nomaan Merchant and Kate Brumback
 Sunday, September 20, 2020 7:50PM



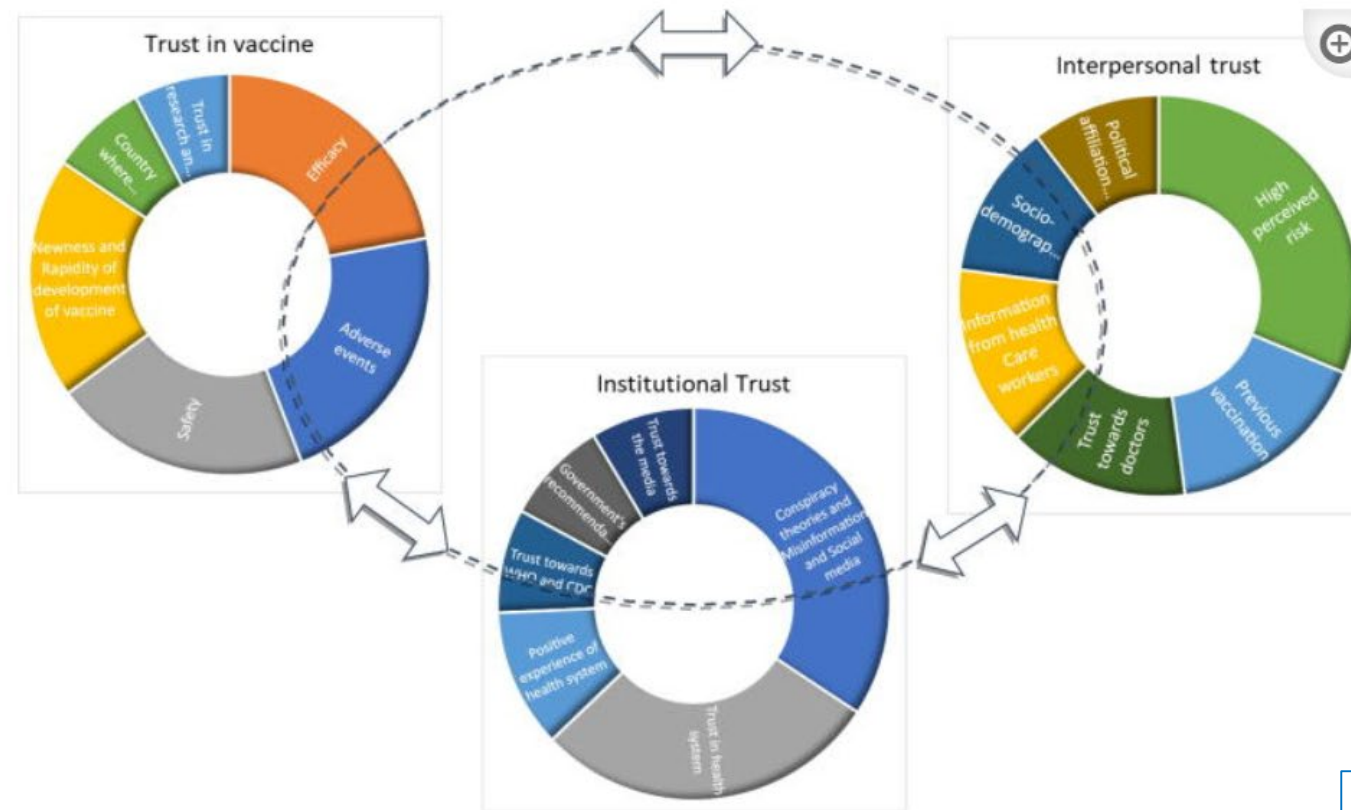
AP
 Dawn Wooten, left, a nurse at Irwin County Detention Center in Ocilla, Georgia, listens to a speaker at a Tuesday news
 ins at the immigration jail. (AP Photo/Jeff Amy)

Building Confidence in COVID-19 Vaccines Using Motivational Interviewing Techniques Uché Blackstock, MD, Founder & CEO, Advancing Health Equity Oni Blackstock, MD, MHS, Founder & Executive Director, Health Justice

Factors that contribute to vaccine hesitancy

Trust is not necessarily personal

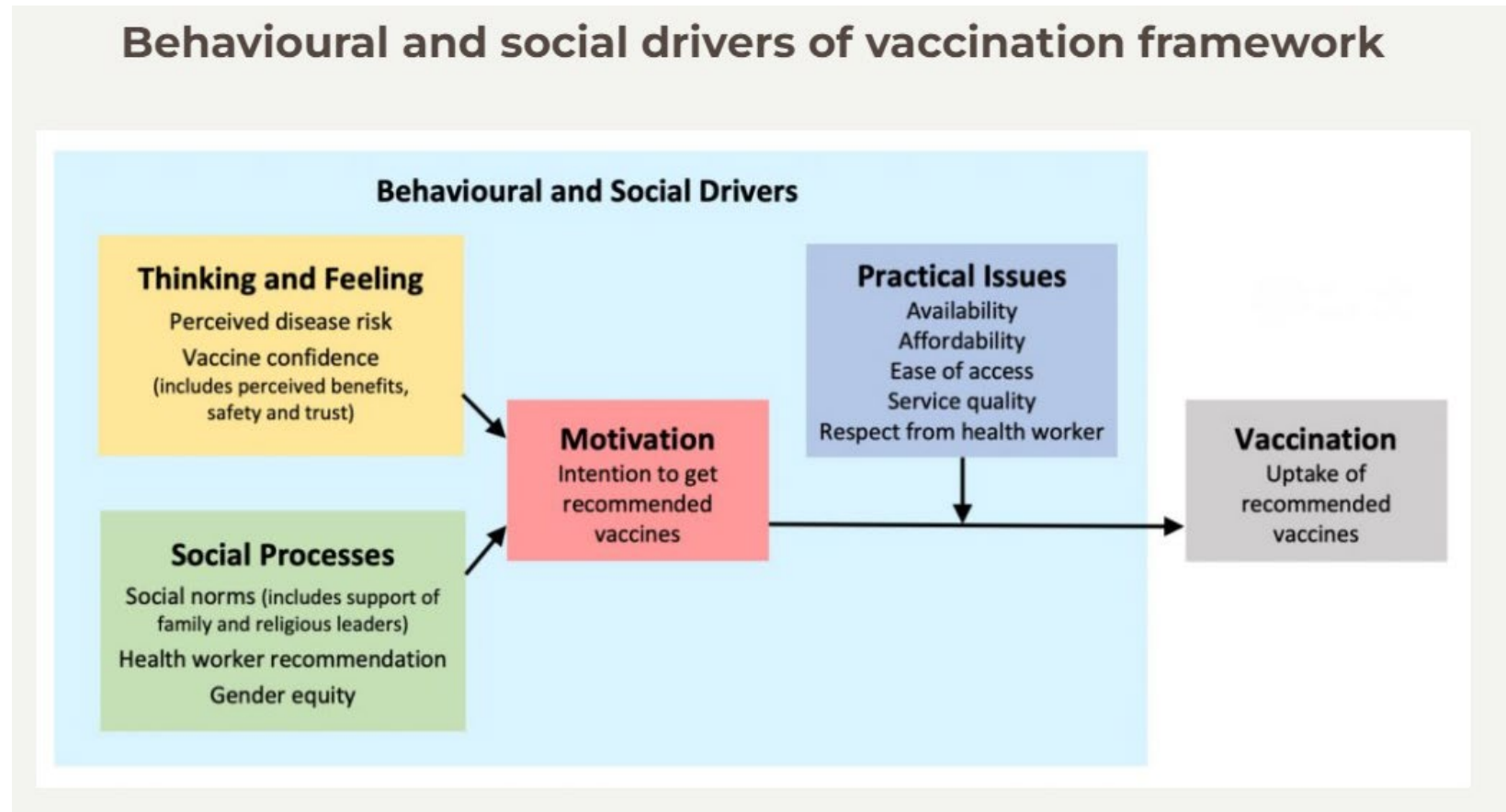
Fig. 2



doi: [10.1016/j.jvacx.2022.100213](https://doi.org/10.1016/j.jvacx.2022.100213)

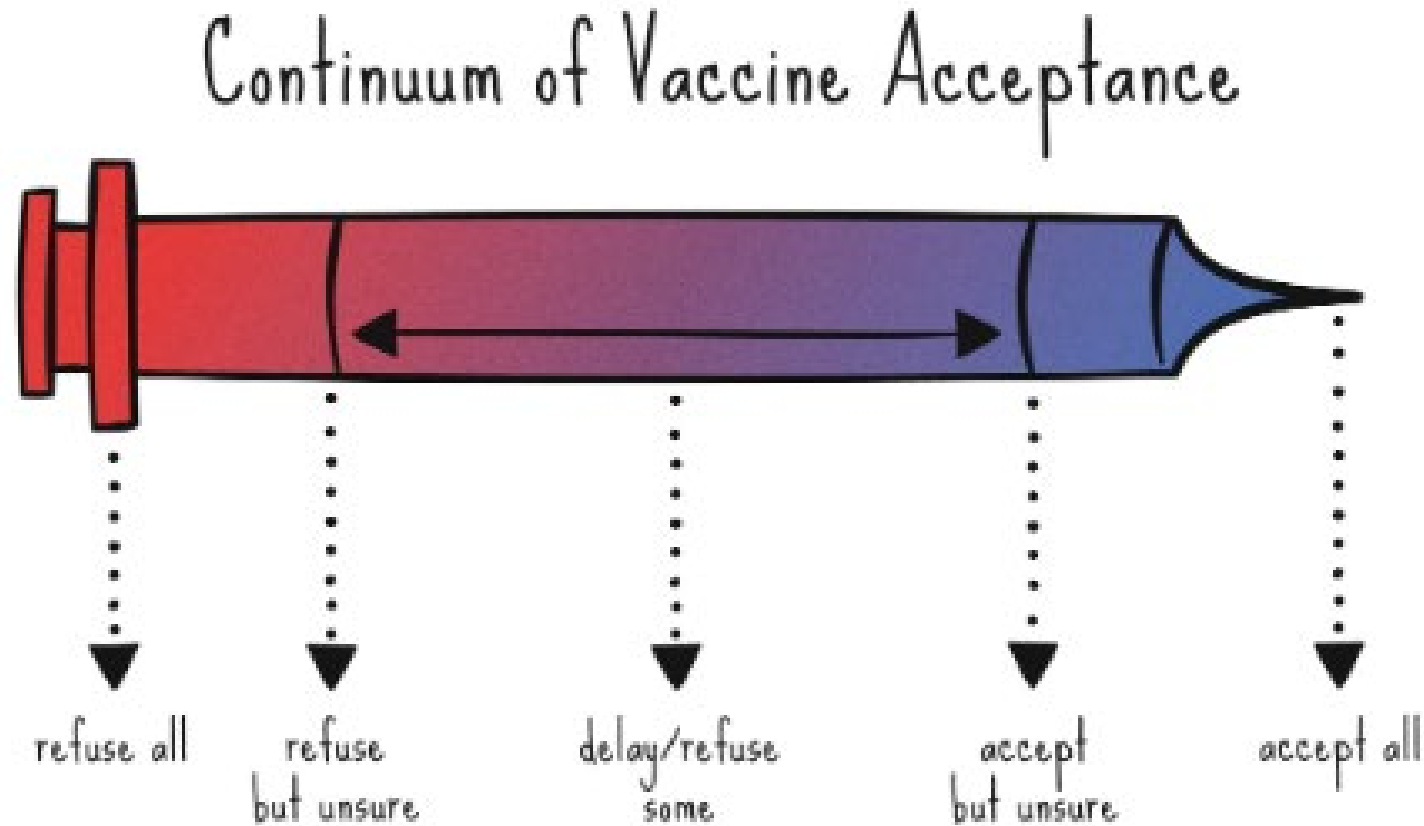
Types of trust and selected factors affecting trust in vaccine. The figure shows selected themes (based on the frequency) from the literature coded in NVivo. The themes were finally exported into Microsoft Excel to create the doughnut chart.

Factors contributing to vaccine hesitancy/acceptance



Source: The BeSD working group. Based on Brewer et al. Psychol Sci Public Interest. (2017)

How these factors contribute to how our patients present



<https://coronavirus.jhu.edu/vaccines/report/building-trust-in-vaccination>

How to promote vaccine acceptance



How to address vaccine hesitancy- What we know does not work

Cochrane, 2013

“The limited evidence available is low quality and suggests that face to face interventions to inform or educate parents about childhood vaccination have little to no impact on immunization status, or knowledge or understanding of vaccination.”

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Effective Messages in Vaccine Promotion: A Randomized Trial

AUTHORS: Brendan Nyhan, PhD,^a Jason Reifler, PhD,^b Sean Richey, PhD,^c and Gary L. Freed, MD, MPH^{d,e}

^aDepartment of Government, Dartmouth College, Hanover, New Hampshire; ^bDepartment of Politics, University of Exeter, Exeter, United Kingdom; ^cDepartment of Political Science, Georgia State University, Atlanta, Georgia; ^dThe Child Health Evaluation and Research (CHEAR) Unit, Division of General Pediatrics, University of Michigan, Ann Arbor, Michigan; and ^eDepartment of Health Management and Policy, School of Public Health, University of Michigan, Ann Arbor, Michigan

KEY WORDS

vaccines, myths, MMR, autism, false, misperceptions, misinformation

ABBREVIATIONS

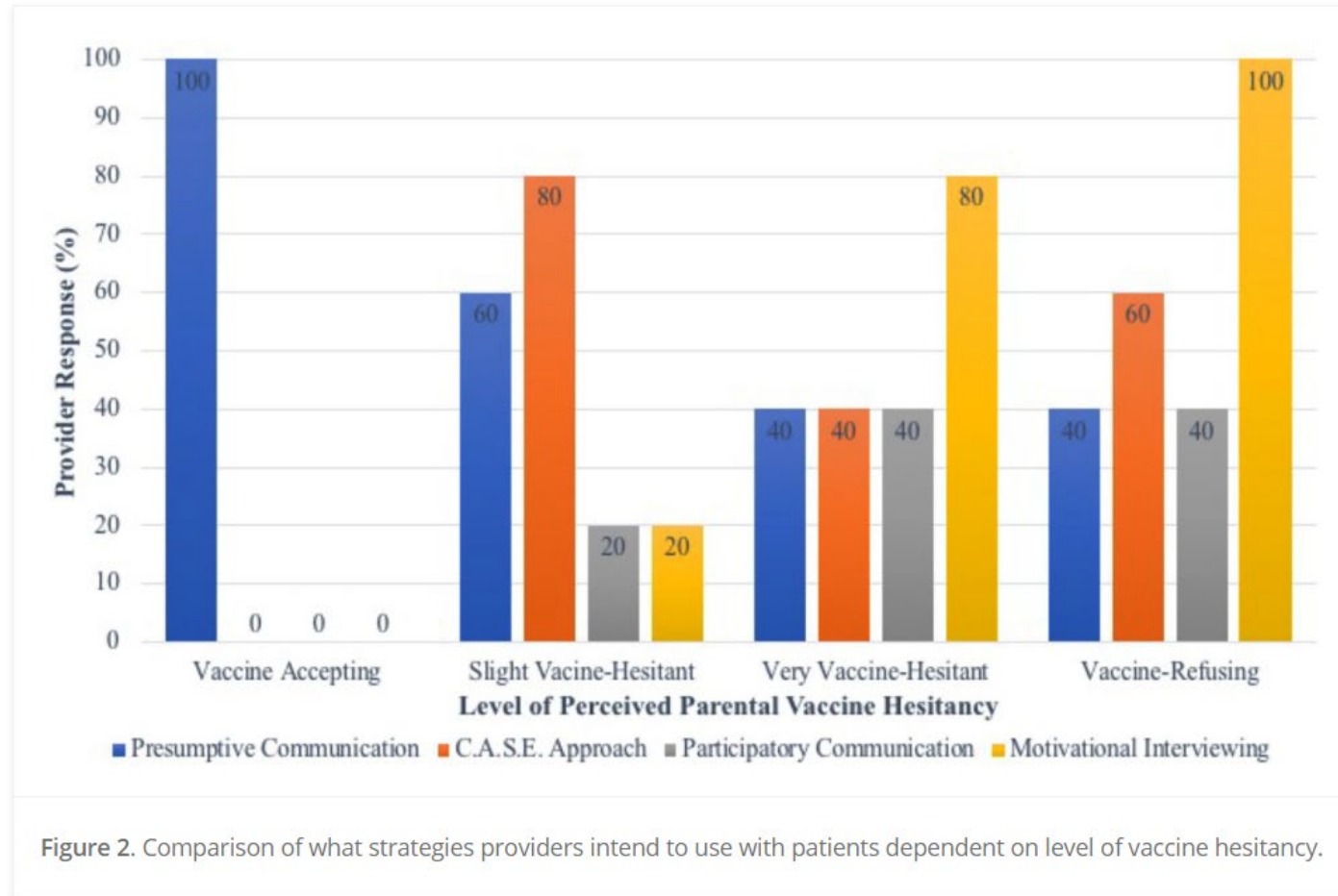


WHAT'S KNOWN ON THIS SUBJECT: Maintaining high levels of measles-mumps-rubella immunization is an important public health priority that has been threatened by discredited claims about the safety of the vaccine. Relatively little is known about what messages are effective in overcoming parental reluctance to vaccinate.



WHAT THIS STUDY ADDS: Pro-vaccine messages do not always work as intended. The effectiveness of those messages may vary depending on existing parental attitudes toward vaccines. For some parents, they may actually increase misperceptions or reduce vaccination intention.

How to address vaccine hesitancy- What does work

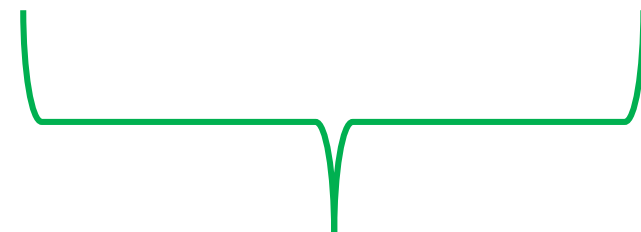
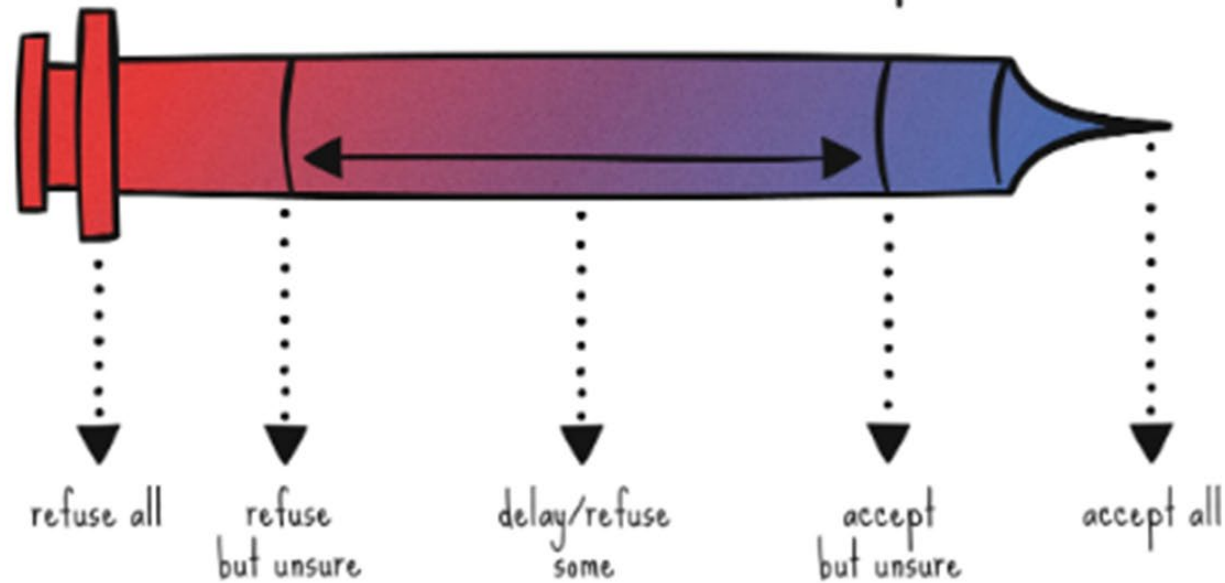


<https://doi.org/10.1177/0009228198845>
Presumptive communication and vaccine hesitancy refs:
<https://doi.org/10.1016/j.vaccine.2019.01.051>
 DOI: 10.1097/MOP.0000000000000929

How to address vaccine hesitancy- What does work

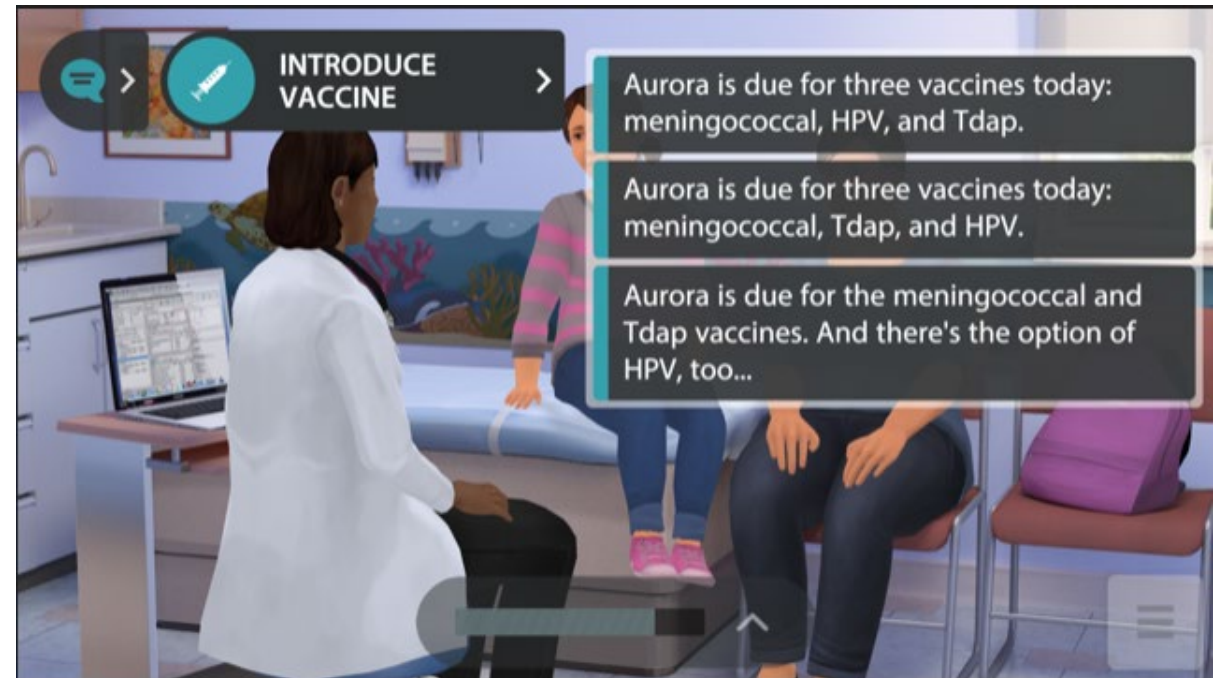
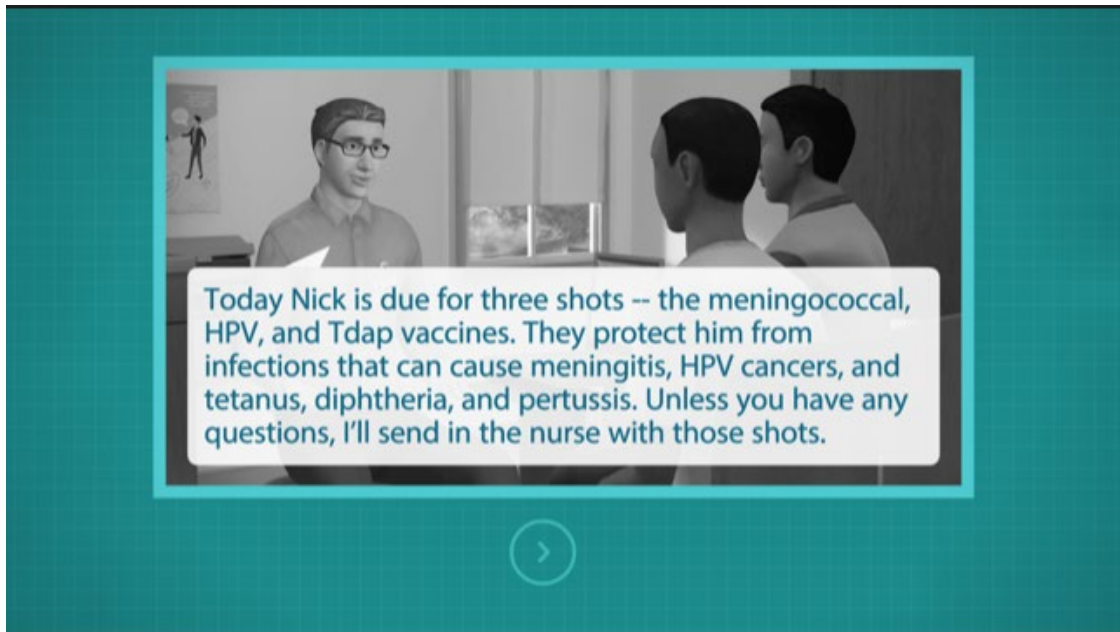
- Use presumptive communication & blanket recommendations
- Utilize motivational interviewing
- Build trust through empathy and transparency
- Tailor communication efforts
- Avoid correcting misperceptions
- Pivot focus to disease
 - Risk perception
 - Response efficacy
 - Self-efficacy

Continuum of Vaccine Acceptance

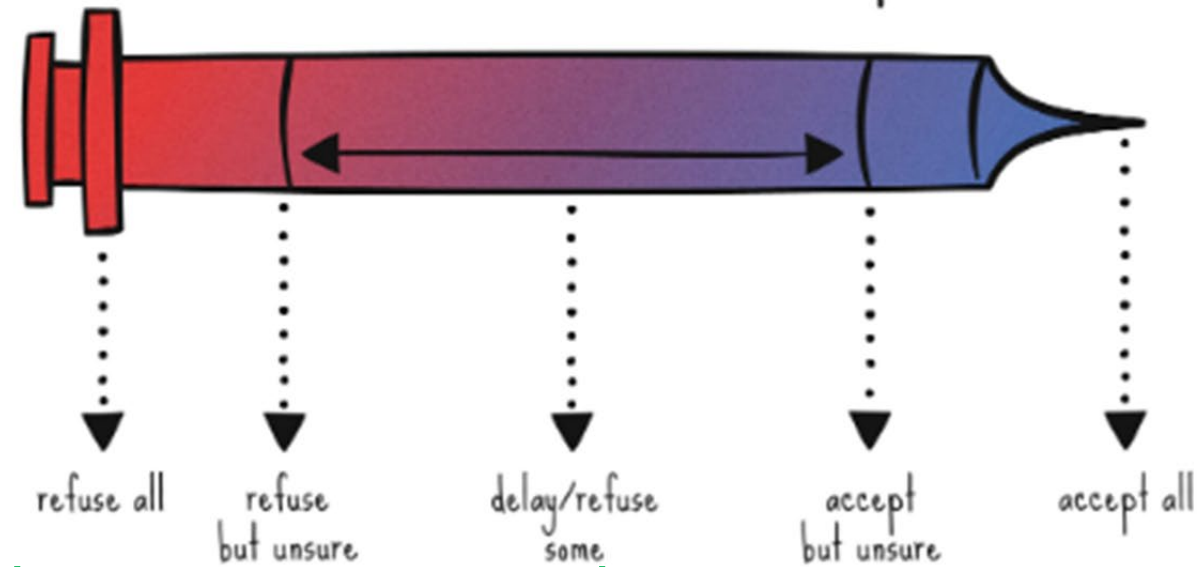


Presumptive communication
Blanket Recommendations

Presumptive Communication Blanket Recommendations



Continuum of Vaccine Acceptance



Motivational Interviewing
Building Trust

MI

- Evidence: associated with increased engagement in treatment, and success with health behavior changes – including vaccine acceptance
- #1 predictor of change is CHANGE TALK (not increased knowledge/info)
- Key point: Patient/family centered – if generated by them they are more likely to accept.
- Patient/family generates:
 - The need for change and
 - The plan for that change
- Your role:
 - Collaborator
 - Facilitator
 - Advisor – when advise is requested/welcomed
 - Reflector

Table 2: Motivational interviewing skills

Skills	Objectives	Examples
Open questions	To evoke responses and avoid doubts	Open-ended questions: ("What did you understand?"/"What do you think?") Closed questions: ("Did you understand?"/"Do you think it's important?")
Affirmation	To encourage the individual and highlight their strengths	"The health and safety of your children are important to you." "You already have a lot of knowledge."
Reflective listening/ summaries	To allow the individual to add nuance to and correct what they have just said Simple reflection: what the individual says Complex reflection: what the individual means	"You have read articles about the relationships between vaccines and disorders such as autism." "What matters most to you is that your child is as healthy as possible."
Elicit-Share-Elicit	How to give information/ advice: ELICIT = ask what the parent/caregiver knows and ask permission to complete their knowledge SHARE = provide the information /advice on the subject ELICIT = verify what the parent/caregiver has understood and what they will do with this information	"What do you know about ...?" "If you agree, I could complete ..." "Does this new information make sense?"

<https://doi.org/10.14745/ccdr.v46i04a06>

MI Techniques - Elicit – Share – Elicit

Open-ended (vs. Close-ended) Questions

- Invite elaboration and deep thinking about an issue

What might be some good things about getting the vaccine? (*Pause and actively listen*)

What might be some less good things about it?

What would make you want to get the vaccine?

What would convince you to get it?

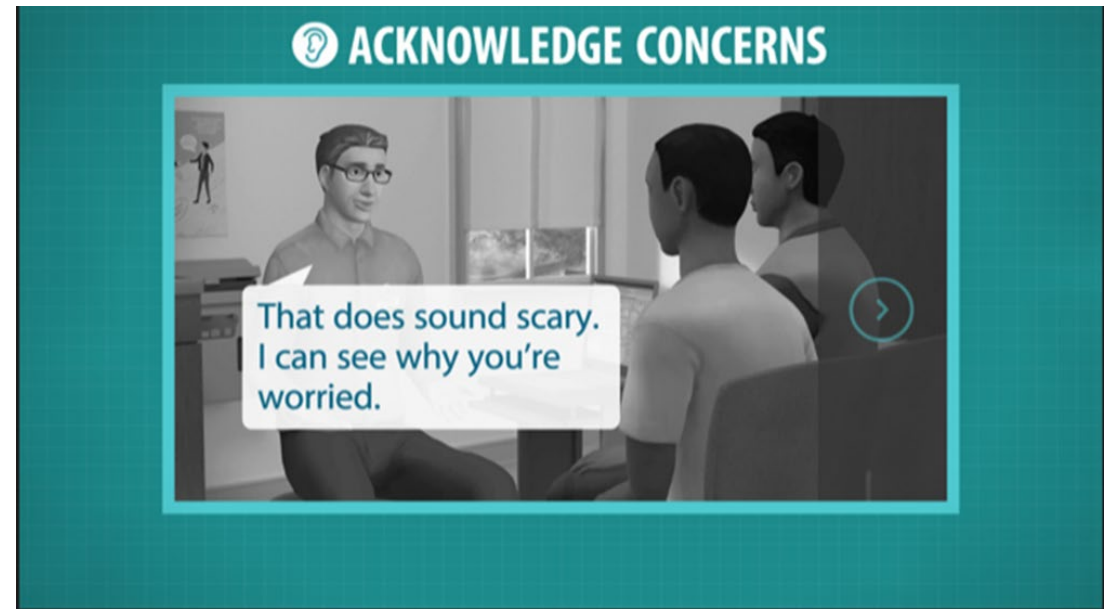
- “Research suggests...”
- “Studies have shown...”
- “What we know is...”
- “Folks have found...”
- “Other have benefitted from...”

Revised:
What are your concerns about getting the vaccine?
What is your understanding of the benefits for the vaccine/why it is recommended?

- “How does this impact your decision?”
- “Where does this leave you?”
- “What else would be helpful for you to know that would help you make your decision?”
- “Where do we go from here?”

Building Confidence in COVID-19 Vaccines Using Motivational Interviewing Techniques Uché Blackstock, MD, Founder & CEO, Advancing Health Equity Oni Blackstock, MD, MHS, Founder & Executive Director, Health Justice

MI Techniques - Affirmations/Acknowledging Concerns



HPV Vaccine: Same Way Same Day

Kognito Interactive

MI techniques - Assessment tool

“On a scale from 0-10 (10 being extremely confident), how confident are you in the vaccine’s ability to protect your child from cancer”

- the vax effectiveness
- the vax safety

Ask what will move the number higher on the scale.

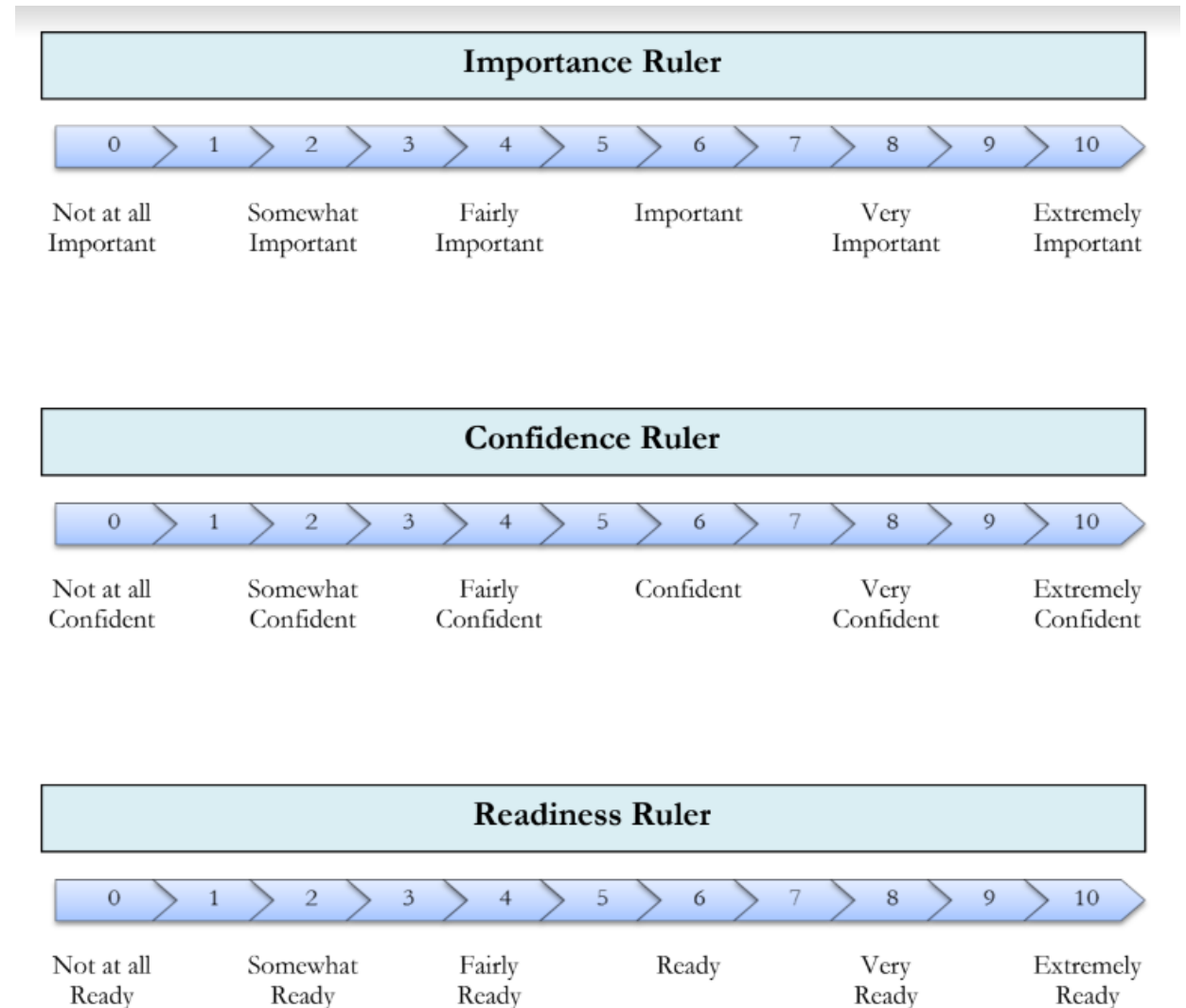
“What would it take to get you to a 6?”

This response will tell you what areas to address to help get to a higher number

Ask why the number is not lower on the scale.

“What makes you a 3 and not a 1?”

This response reveals decisional discrepancy thoughts that can support affirmations and further exploration.



MI techniques – Wrapping up the conversation

Ask about readiness

Give an affirmation if willing to consent or open to more discussion

Leave an open door if not willing today

- “Now that we have had a chance to talk about the vaccine,...”
- “It is wonderful how thoughtful you are about your child’s health”
- “How do you feel about me providing some resources for you to review and us to discuss at a future visit?”

What to do when MI is “not working”

- MI is VERY HARD to do consistently
 - Requires practice, self-reflection, rehearsal
 - Providers with extensive training
- Resistance is a sign that the patient/family feels they are being asked to change something they are not ready to. Resistance is a natural, normal response.
- Types of resistance
 - Issue
 - Relational
 - Both
- Signs of resistance
 - Active
 - Arguing, interrupting, defensiveness
 - Passive
 - Disengagement (looking at watch, phone), yes-ing you, decreased verbalizations/communication
- You cant start the conversation over – what can you do
 - REFLECT
 - AFFIRM

What to do when MI is “not working”

Rolling with Resistance

AVOID

- Arguing
- Trying to convince
- Dismissing
- Shaming
- Using fear as an appeal
- “Righting reflex”

CONSIDER

- Asking an open-ended question to clarify
- Reflecting back what you hear and offer a positive perspective on what patient has already done
- Supporting autonomy

Tips in case of declination or delay



Let the patient know you will offer it again. Many parents who decline at first will vaccination later.



Offer reading material



Don't over-remember this



Relax. You've done your best for this patient.

Resources

- <https://www.cdc.gov/vaccines/partners/childhood/stayingontrack.html>
- <https://www.unige.ch/medecine/iufmfe/files/9116/3826/3725/MI.for.Vaccine.Hesitancy.-.A.Handbook.pdf>
- <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>
- <https://psychwire.com/motivational-interviewing/resources>
- <https://res.cloudinary.com/psychwire/image/upload/v1619564529/eWorkshops/addressingVaccineHesitancy/VACCINE-COMMUNICATION-HANDBOOK.pdf>
- https://quality.allianthealth.org/wp-content/uploads/2022/02/AHS-NCRN-Vignettes-V3_508.pdf

Let's review some examples...



With hesitant parents, use
MOTIVATIONAL INTERVIEWING

- Ask open-ended questions
- Acknowledge concerns
- Affirm intentions
- Ask permission to share info

WHAT
WORKED?



ADVANCING INTEGRATED HEALTHCARE

Medicaid Recovery Behavioral Health ECHO[®] Case Presentation

Presenter: Santiago Medical Group/Carolina Herrera, NP

Date: January 26, 2023 Topic: Difficult Conversations/Vaccines

Contact Info: cherrera1109@gmail.com

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Stop Recording

Scenario/Case #1 - HPV

Do Not Include PHI

Brief description of situation/scenario:

- *Mom refusing HPV vax for son, 14 y.o.; “Why would he need this, he’s a boy?” “He’s too young, it will encourage him to have sex!”*
- *Boy was all for it! Wanted the shot, said he wanted it if it would help not get others sick.*

Brief Relevant Background information (medical concerns, family/cultural issues, etc.):

- *Hispanic family, Catholic/religious*

Scenario/Case #2 - COVID

Do Not Include PHI

Brief description of situation/scenario:

- *Siblings 16 and 17, in with dad for COVID vax – both sibs wanted it – dad didn't, anti-vax - Dad wanted to know what's in it, what are the side effects? Kids told him to stop arguing, they wanted the vax – he finally said ok.*
- *Offered vax to dad: “No, I’m not going to put that sh*t in my body” (but a smoker)*

Brief Relevant Background information (medical concerns, family/cultural issues, etc.):

- *Family intact, grandparents live in same home, kids didn't want their (mat) grandparents to get sick*
- *Healthy kids, but exposed to cigarette smoke*

Scenario/Case #3 BOTH HPV/COVID

Do Not Include PHI

Brief description of situation/scenario:

- *Mother of patient (11 y.o. boy) not necessarily against vaccinations in general but against certain vaccinations (i.e. HPV, Moderna vs. Pfizer)*
- *Mother believes what she has heard on TV or read online (HPV gives you STDs, Moderna is “garbage” and will make you sick and get COVID)*
- *Mother was upset and threatened to punch one of the MAs in the face when presented with HPV info sheet post-vaccine; she has had to be dismissed from the office on more than one occasion for threatening comments*

Brief Relevant Background information (medical concerns, family/cultural issues, etc.):

- *Single mother, fa not involved, older bro lives in PA*
- *Boy in good health, intermittent asthma, maybe some anxiety, does well in school*
- *Mom works night shift, babysitter for boy; mo doesn't trust most outside help*
- *Limited social support for family*

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Recording, PPT and Evaluation Form will be sent out in next day or two.

Announcements

Next Session: **February 22, 2023, 7:30-8:30**

Topic: **Navigating Schools to Improve Connections**

Presenter: **Kathleen Conti, RIPIN**

Case Presentation: **Care New England**

