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
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

Introduce Yourself
• Please turn on your video
• Please enter your name and organization in the chat box

Microphones
• Please mute your microphone when not speaking

Agenda
• Introduction
• Lecture
• Case
• Discussion
• Close
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

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 7:35 AM</td>
<td>Welcome &amp; Introductions</td>
<td>Liz</td>
</tr>
<tr>
<td>7:35 – 8:00 AM</td>
<td>Didactic: Difficult Conversations</td>
<td>Sarah Hagin, PhD</td>
</tr>
<tr>
<td>8:00 - 8:10 AM</td>
<td>Case Presentation</td>
<td>Carolina Herrera, NP</td>
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<td>Santiago Medical Group</td>
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<tr>
<td>8:10 - 8:25 AM</td>
<td>Discussion</td>
<td>All</td>
</tr>
<tr>
<td>8:25 – 8:30 AM</td>
<td>Wrap up; Evaluation; Announcements</td>
<td>Liz</td>
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</table>
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.
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

<table>
<thead>
<tr>
<th>Indicator Group</th>
<th>Vaccination coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unvaccinated</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>Group Level</td>
<td></td>
</tr>
<tr>
<td>All</td>
<td></td>
</tr>
<tr>
<td>All children 6 months – 17 years</td>
<td>62.4</td>
</tr>
<tr>
<td>Demographics</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>61.5</td>
</tr>
<tr>
<td>Male</td>
<td>63.3</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>60.9</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>64.5</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>63.7</td>
</tr>
<tr>
<td>Other or multiple races, non-Hispanic</td>
<td>54.1</td>
</tr>
</tbody>
</table>

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

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
Factors that contribute to vaccine hesitancy/acceptance

Figure 2. Mediation analysis model and interpretation models.
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*, Sophie Travalter*, Jordan R. Axt*, and M. Norman Oliver*
Factors that contribute to vaccine hesitancy

Trust is not necessarily personal

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.

doi: 10.1016/j.jvacx.2022.100213
Factors contributing to vaccine hesitancy/acceptance

How these factors contribute to how our patients present

How to promote vaccine acceptance

“I shouldn’t tell you this, but we offer the flu shot.”
From The New Yorker
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.”
How to address vaccine hesitancy - What does work

![Bar chart showing provider response to vaccine hesitancy levels](image)

**Figure 2.** Comparison of what strategies providers intend to use with patients dependent on level of vaccine hesitancy.

Preemptive communication and vaccine hesitancy refs:
- [DOI: 10.1177/00099228198845](https://doi.org/10.1177/00099228198845)
- [DOI: 10.1016/j.vaccine.2019.01.051](https://doi.org/10.1016/j.vaccine.2019.01.051)
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

- Refuse all
- Refuse but unsure
- Delay/refuse some
- Accept but unsure
- Accept all

Presumptive communication
Blanket Recommendations
Presumptive Communication
Blanket Recommendations

Today Nick is due for three shots -- the meningococcal, HPV, and Tdap vaccines. They protect him from infections that can cause meningitis, HPV cancers, and tetanus, diphtheria, and pertussis. Unless you have any questions, I’ll send in the nurse with those shots.
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

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**Table 2: Motivational interviewing skills**

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

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

1/26/2023

Prepared by Care Transformation Collaborative of RI

MI Techniques - Elicit – Share – Elicit

Open-ended (vs. Close-ended) Questions

- Invite elaboration and deep thinking about an issue

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

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

• “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?”
MI Techniques - Affirmations/Acknowledging Concerns

You really care about keeping him safe.

That does sound scary. I can see why you're worried.

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

- “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 can’t 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.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html
- https://psychwire.com/motivational-interviewing/resources
Let’s review some examples...

WHAT WORKED?

With hesitant parents, use **MOTIVATIONAL INTERVIEWING**

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

<table>
<thead>
<tr>
<th>Brief description of situation/scenario:</th>
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<tbody>
<tr>
<td>• 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!”</td>
</tr>
<tr>
<td>• Boy was all for it! Wanted the shot, said he wanted it if it would help not get others sick.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brief Relevant Background information (medical concerns, family/cultural issues, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hispanic family, Catholic/religious</td>
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</tbody>
</table>
**Scenario/Case #2 - COVID**

### 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

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

- Please provide us your feedback!

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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**