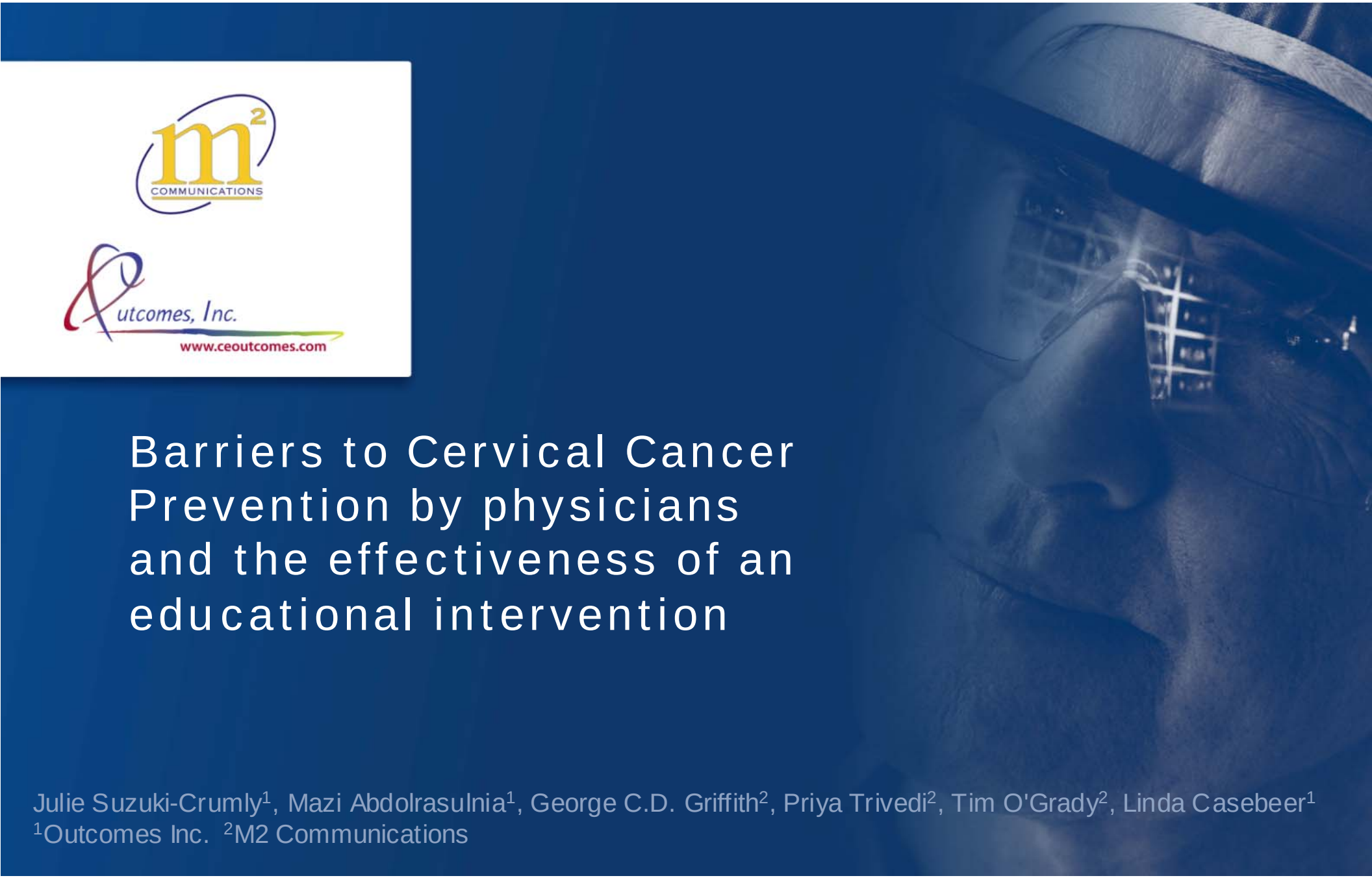

Barriers to Cervical Cancer Prevention by physicians and the effectiveness of an educational intervention

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Educational Purpose

With the emergence of new vaccines to prevent cervical cancer caused by HPV in young adults and adolescents, understanding the issues and barriers to prevention faced by healthcare providers becomes critical in educational planning.

Study Purpose

The purpose of the current study was

To determine what barriers exist for physicians regarding the HPV vaccines:

- Age of vaccination
- Lack of policy
  - Government role in vaccination (i.e. Texas)
- Parent AND Physician knowledge/perceptions/barriers regarding vaccination

To examine the effect of an educational intervention to increase physician knowledge about:

- Cervical cancer prevention
- The direct link of HPV to cervical cancer
- HPV vaccines

Evaluation Method

Case-based survey was developed based on learning objectives and evidence

Participants in the activity and demographically similar control group were sent the same survey

Sample size

- 148 Primary Care Physicians, 15.6 years in practice
- 130 OBG, 21.3 years in practice

Demographics

	PCP Participant (n=148)	OBG Participant (n=130)
Specialty	96.5%	87.6%
Degree		
MD/DO	95.3%	97%
NP/PA	4.7%	3%

Educational Intervention

Series of 41 CME events on HPV focused on:

- Natural history of HPV
- HPV role in cervical cancer,
- The efficacy and safety of vaccines to prevent viral infection, and barriers to vaccination

Blending Learning Approach:

- Live Symposia
- CD-ROMs
- Newsletters
- Web
- Print
- 3-D Animation

Intended Learners:

- Pediatricians
- Obstetricians/Gynecologists
- PCP

Customized CME Model

Barriers to HPV management	PCP P	PCP NP
Symptoms of cervical disease are slow to appear, and even when present, may not be particularly bothersome to patients	36.5%	26.8%
Lack of patient knowledge about HPV	31.1%	35.6%
Many parents do not want to acknowledge that their older child/young adolescent will most likely become sexually active	28.4%	32.2%
Barriers to adopting HPV vaccine		
Unwillingness of parents to vaccinate their child	43.4%	43.4%
Lack of policies regarding mandatory vaccination	27.3%	22.8%
Inconvenience of vaccination process	11.2%	20.0%

Impact of Education

Participating physicians* were more likely than non-participants to

- Knowledge: recognize models that describe the possible mode of transmission of HPV
  (38% participants, 17% non-participants, p = .002)

- Screening practice: select optimal screening method for patients
  (PCP: participants 33% non participants 17%, p= .002; OBG: participants 70% non participants 49%, p=.006)

- Treatment approach: recommend HPV vaccination when HPV DNA is detected in a seronegative patient
  (participants 66%, 46% non-participants, p=.007)

*includes both PCP and OBG physicians

Public Health Implications:
How can I apply this to my practice?

PCP

Competence

- Lack of knowledge that HPV is a skin to skin disease and transmission of the virus is uncomplicated
- Unaware of the different types of oncogenic HPV
- Unfamiliarity of the epidemiology and risk factors for acquiring HPV infection

Performance

- Recognize symptoms of cervical disease that appear slowly and may not be bothersome to patients (adenocarcinoma)
- Effectively communicate strategies for protection from cervical cance
- Implement screening guidelines and vaccine administration in practice.

Public Health Implications:
How can I apply this to my practice?

OBG

Competence

- Unfamiliarity around vaccination administration
- Unawareness of the utility of HPV vaccines for women across all ages

Performance

- Emphasize the recommended cervical cancer screening guidelines
- Implement vaccine administration into clinical practice
- Effectively communicate the risks of HPV infection to parents and patients and the advantages of cervical cancer prevention through vaccination