Approaching the Vaccine-Hesitant Parent using C-A-S-E

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Disclosures

• Potential conflict
  – Principal Investigator
    • Adult PCV13 Prevnar 13 vaccine (Pfizer)
    • Menveo MCV4 vaccine (Novartis)
  – Safety Review Committee Member
    • Gardasil HPV4 vaccine (Merck)
  – Data and Safety Monitoring Board Member
    • 15-valent PCV (Merck)

• No off-label use discussion
Learning Objectives

• Relate a new approach to vaccine hesitancy
• Identify each of its 4 components
• Describe how it works in 3 common scenarios
The State of Vaccination

• The anti-vaccine movement is thriving
  – Successful vaccination makes its value invisible
  – Media seeks to portray controversy, “both sides”
  – Americans culturally opposed to “public health”

• Vaccine hesitancy major issue
  – Not just among exemptors and delayers
  – Even 25 to 30% of those up-to-date

• Education or information-transfer insufficient

• Both clinician and parent struggle
The Clinician in the Office

- Has little time for discussion
- Suffers a sense of rejection as wise advisor
- Feels sense of futility
- Recognizes problem of health illiteracy
The Parent in the Office

- Would like to be heard
- Wishes to be respected
- Seeks credible information
- Wants control; wants to make decision
Studies of Parents

• Want their children to be healthy
• Seek to make rational decisions
• Weigh benefits and risks
• Respect the clinician as trusted source
• Draw from the available evidence
  – Their own experience with the diseases
  – Their own experiences with the vaccine
  – What they hear from the media, family, friends
  – What they hear from the clinician
What the CDC Recommends

• Take time to listen...
• Solicit and welcome questions...
• Acknowledge risks and benefits...
• Have both science and stories available...
Take Time to Listen

• Eye-to-eye contact
  – Not just as you speak
  – But also as you listen

• Let the parent finish speaking

• Resist the urge to multi-task during conversation
Solicit and Welcome Questions

- Ask for questions
- Convey that you have time to answer these
- Give short enough answers that more is welcome
Acknowledge Risks and Benefits

• While severe side effects happen, they are rare
• The VIS lists known side effects
• OK to note that not vaccinating is also risky
Have Both Science and Stories Available

• While you may feel safer with scientific info...
• ...Most parents prefer experiences you can share
The C.A.S.E. for Vaccines

- A new model for talking to parents
- A mnemonic to organize a rapid, useful response
- Draws from Aristotelian teaching on rhetoric
- Created by Alison Singer, MD
  - President
  - Autism Science Foundation
- Lacks published studies of its efficacy
- Nonetheless has face validity, historical roots
- Lacks competing alternatives
The CASE Acronym

- **Corroborate**
- **About Me**
- **Science**
- **Explain/Advise**
The CASE Approach

• **Corroborate:**
  – Acknowledge the parents’ concern and find some point on which you can agree; set the tone for a respectful, successful talk

• **About Me:**
  – Describe what you have done to build your knowledge base and expertise

• **Science:**
  – Relate what the science says

• **Explain/Advise:**
  – Explain your advice to patient, based on the science
Break Up in Twos

• **Corroborate:**
  – Acknowledge the parents’ concern and find some point on which you can agree; set the tone for a respectful, successful talk

WHAT PHRASING HAVE YOU FOUND HELPFUL WHEN A PARENT HESITATES ABOUT... ANYTHING...?
Corroborate

• “What is your main concern?”
  – Don’t permit a vague refusal
  – Make the parent get specific

• Then
  – “That's a valid concern”
  – “When I heard that, I sought out answers myself”
  – “We both want your child to be free of illness and injury”
  – “We both want to avoid unnecessary medications and their side effects”
Break Up in Twos

• About Me:
  – Describe what you have done to build your knowledge base and expertise

DO YOU EVER TALK ABOUT THIS SORT OF THING WITH YOUR PARENTS? WHAT HAVE YOU SAID?
About Me

• “I’m committed to your child’s health, and I’ve dedicated my career to that work”
• “I’ve been studying medicine and pediatrics now for X years”
• “One of the areas where I read a great deal is about infections, immunity, and vaccination”
• “Vaccinations represent a major part of my professional effort as your child’s pediatrician”
Break Up in Twos

• **Science:**
  – Relate what the science says

**DO YOU TALK ABOUT THE SCIENCE TO YOUR PATIENTS’ PARENTS? HOW DO YOU INTRODUCE THAT?**
“Vaccines are better studied than any other medicine I prescribe or test I order”

“Each vaccine is safer than any medicine I prescribe”

“Vaccines are not fool-proof but they are the most effective means to prevent certain injuries and illnesses”

“The decision what to give when is based on the vaccine’s effectiveness, safety, and specific need for the child at that particular age”
Break Up in Twos

- **Explain/Advise:**
  - Explain your advice to patient, based on the science

**WHAT'S YOUR BOTTOM LINE? HOW DO YOU PHRASE YOUR RECOMMENDATIONS?**
Explain/Advise

• “That’s why I am recommending this vaccine”
• “If this were my child, I would be vaccinating her today”
• “I got this vaccine”
• “I made sure my children got these vaccines”
• “That’s why if I were you, I would be getting these vaccines for your child”
C is for Corroborate

• “You and I ultimately want the same thing for your child.”
• “We want your child health and free of disease and injury.”
• “I know you are worried, scared.”
• “It is my job to help you with your concerns.”
A is for About Me

• “I am a professional not only committed to that, but trained and educated in the science of health and medicine.”
• “That includes vaccination.”
• “My expertise is why you came to see me.”
S is for Science

• “The vaccines I am recommending are the vaccines I believe your child needs.”

• “These vaccines have been proven both effective age as well as safe for children your child's age.”
E is for Explain/Advise

• “Here is my advice: get this vaccine today—it’s safe, it’s effective, and your child will benefit”
• “If your child were mine, I would do this.”
• “In fact, doing so may be more valuable to you than anything else we do in this visit.”
Three Common Concerns

• Vaccines may cause autism
• Too many vaccines too soon is harmful
• The vaccine(s) is no longer necessary
The CASE against Autism

• **Corroborate:**
  • “There’s certainly been a lot on TV and the internet about vaccines and autism so I can understand why you have questions”

• **About Me:**
  • “I always want to make sure I’m up to date on the latest information so that I can do what’s best for my patients, so I’ve researched this thoroughly.
  • “In fact, I just returned from a professional conference where experts reviewed the actual evidence”
More Against Autism

- **Science:**
  - “The evidence does not support that measles vaccine, the MMR, or any vaccine causes autism.
  - “The CDC, the AAP, the NIH, the IOM, and others have all reviewed the data.
  - “All reached the same conclusion.
  - “Dozens of studies have been done.
  - “None show a link.”
Finishing the CASE against Autism

• **Explain/Advise:**
  – “Vaccines are critical to preventing death, disease, and disability.
  – “They prevent diseases that cause real harm.
  – “Choosing not to vaccinate does not protect children for autism, but does leave them at risk for disease.
  – Children need these vaccines.”
The CASE against Vaccine Overload

• Corroborate:
  – “Children today certainly get more shots than they did years ago.”

• About Me:
  – “Our practice follows the CDC schedule because it is carefully designed to protect children at the time they are most vulnerable to disease.
  – “I’ve read through the recommendations carefully...”
More against Vaccine Overload

• **Science:**
  – “Although children get more shots today, they actually receive fewer immune-reactive antigens than when they got fewer shots, because technology has enabled us to make vaccines that have only the part of the cell that induces immune response.
  – “Plus, the immunological challenge from a vaccine is nothing compared to what kids fight off every day.
  – “An ear infection is a bigger immunological challenge.”
Finishing Up against Overload

• **Explain:**
  
  – “We want all the kids in our practice to be immunized so that they have the greatest chance for a long, healthy life.
  
  – “If your daughter were my daughter, and I was sitting in your shoes, holding her in my lap, I would be getting her vaccinated today.”
The CASE against Unnecessary

• Corroborate:
  – “I can understand why you might feel that way.
  – “Most of the time when our children get the flu, we don’t test for it, and so parents don’t know when their children have had the flu.”
More against Unnecessary

• About Me:
  – “I used to think that children never got the flu but the studies are compelling.
  – “In retrospect those sore throats with fever with negative strep testing were often the flu.
  – “Same thing with the viruses leading up to ear infections”
  – “Same thing with fevers and coughs that made us worry about pneumonia.”
More against Unnecessary

• **Science:**
  – “The hospitalization rates in infants less than 2 due to the flu rival the rates in the elderly
  – “More than 40% of school children get the flu on average every year”
  – “The vaccine works really well; it reduces the risk by 45 to 90% depending on the year”
Finishing Up against Unnecessary

• Explain:
  – “We care about our patients and don’t want to practice substandard care.
  – “All our patients need to be vaccinated against the flu.”
  – “My children are fully vaccinated.”
  – “I am too.”
The CASE Approach

• **Corroborate:**
  – Acknowledge the parents’ concern and find some point on which you can agree; set the tone for a respectful, successful talk

• **About Me:**
  – Describe what you have done to build your knowledge base and expertise

• **Science:**
  – Describe what the science says

• **Explain/Advise:**
  – Give your advice to patient, based on the science
Classic Aristotelian Rhetoric

• Aristotle taught the CASE method
  – To persuade one needs more than just evidence
  – Need three things
    • Logos (the information and reasoning you have)
    • Pathos (your passion, compassion, and conviction)
    • Ethos (your professional standing w/ the parent)
Rationale

• Information alone insufficient
• It’s an emotional information too
  – One needs to feel good about the decision
  – One has to feel strongly about the decision
• Your role is more than just a technician’s
The CASE Approach

- **Corroborate:**
  - Acknowledge the parents’ concern and find some point on which you can agree; set the tone for a respectful, successful talk *(PATHOS)*

- **About Me:**
  - Describe what you have done to build your knowledge base and expertise *(ETHOS)*

- **Science:**
  - Describe what the science says *(LOGOS)*

- **Explain/Advise:**
  - Give your advice to patient, based on the science *(PATHOS)*
Your Sources of Information

• Parents want more than information
  – Wants to trust you because of who you are (ethos)
  – Expects you to have passion for what you advise (pathos)

• You on the other hand want data you can trust
  – What are the actual recommendations?
  – What are the data that support these?
  – Where can you find information to support your CASE?
Source of Recommendations

- Advisory Committee on Immunization Practices (ACIP)
- Group of volunteer experts
- Meets three times a year
- Organized by Centers for Disease Control and Prevention (CDC)
- Sole source of federal vaccine recommendations for civilian population
  - The federal government does not require vaccines
  - School and daycare mandates are state-based
ACIP Recommendations

- 2012 Child & Adolescent Immunization Schedule
- Updated at least annually in January
- Provides catch-up schedule too
- Published widely in dozens of journals
- Available on line from the CDC Vaccines site
  – www.cdc.gov/vaccines
- AAP and AAFP harmonize with CDC ACIP
- Also publishes the Adult Schedule
Vaccine-Specific Details

• ACIP publishes its recommendations in MMWR
• These provide details
  – Dose and route
  – Timing variations and exceptions
  – Contraindications and precautions
  – Other issues
  – Basis for recommendations
  – Well-referenced

• Know how to find them starting at CDC vaccines
Specific Advice re Parents

- **Understanding Vaccines and Vaccine Safety Resources for Vaccine Conversations**
- Fact sheets provide information about vaccine testing, safety, monitoring, and the process for establishing the US immunization schedule
- Let’s find it and review its contents
- Start at the CDC vaccines site [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
CDC Information

- Don’t plan on printing and giving to parents
- Don’t plan on emailing them the links
- Instead read and remember to make your CASE
Other Sources

• AAP Provider Resources
  www2.aap.org/immunization

• AAP Parent Resources
  www.healthychildren.org

• IAC Provider Resources
  www.immunize.org

• MNAAP
  www.mnaap.org
Summary

• Persuade rather than inform
  – CASE
    • Corroborate → About Me → Science → Explain/Advise
  – Aristotelian Rhetoric
    • Pathos → Ethos → Logos → Pathos

• Know your sources of information
  – ACIP and its recommendations
  – CDC and its resources