

Quality of Physician Communication about HPV Vaccine—Response

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We thank Osazuwa-Peters et al. (1) for their letter. While health professionals from various specialties can play a role in supporting adolescent immunization, primary care physicians are the most appropriate target for quality improvement efforts related to human papillomavirus (HPV) vaccine delivery. In our study, we surveyed a national sample of pediatricians and family physicians with the goal of understanding how they communicate about HPV vaccination for 11- to 12-year-old patients (2). Our focus was intentional. Preteens are the age group that national guidelines prioritize for routine HPV vaccination, and in the United States, pediatricians and family physicians provide about 90% of the HPV vaccine doses administered to adolescents (3).

In contrast, dentists currently deliver 0% of HPV vaccine doses, and unfortunately, our research suggests that this situation is unlikely to change in the near future. In a recent literature review, we found that dental offices were poorly suited for serving as alternative settings for HPV vaccination (4). Despite being highly skilled and having excellent access to adolescent patients, dentists lack the systems, procedures, and policies for HPV vaccine storage and handling, administration, or billing. Furthermore, unlike pharmacies and perhaps even schools, dental offices are unfamiliar as a vaccination site and likely have limited capacity to provide

HPV vaccine concomitantly with other adolescent vaccines. Given the many complex structural barriers to HPV vaccine provision by dentists and the urgent need to increase coverage, improving vaccine delivery by pediatricians and family physicians must take priority over efforts to establish dentists in an entirely new role.

If dentists are unlikely to be vaccine providers, could they support HPV vaccination indirectly by recommending that adolescents seek vaccination elsewhere? As trusted health care providers, dentists' recommendations would likely be convincing to some parents. However, as our research demonstrates, training providers to communicate effectively about HPV vaccination is not easy (2, 5). Furthermore, dentists may not view counseling patients about HPV vaccination as consistent with their role (6). Because resources and motivation for engaging in health care quality improvement are limited, leaders in dental health should carefully consider whether their efforts might be better spent promoting other cancer-related activities, such as oropharyngeal cancer screening. Not only can dentists perform this service directly, but mechanisms already exist for reimbursing them.

There is no question that dentists are valuable partners in cancer prevention and control. We should make the best use of their considerable skills and the limited resources of the health care system by targeting their efforts where they can do the most good.

Disclosure of Potential Conflicts of Interest

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