



# Carolina HPV Immunization Measurement and Evaluation(CHIME) Project

## Provider Survey (2007)

This survey was implemented from June -August, 2007 in four rural counties in southeastern North Carolina with medical providers (N=100).

Preferred citation: Keating, K., Brewer, N. T., Gottlieb, S., Liddon, N., Ludema, C., & Smith, J. S. Potential barriers to HPV vaccine provision among medical practices in an area with high rates of cervical cancer. *Journal of Adolescent Health*, in press.

ID \_\_\_\_\_

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

Verbal consent for provider survey, **bolded text is read.**

**HELLO, I am calling from the UNC School of Public Health and the Centers for Disease Control and Prevention. My name is \_\_\_\_\_ .**

**We are doing a research survey about the availability of the HPV vaccine at health care facilities in \_\_\_\_\_ county.**

**Do you consider the facility that I am calling to be an outpatient clinic, practice, or office?**

- Yes, Continue with consent, skip to questions about age groups
- No, **What type of facility do you consider this to be?** \_\_\_\_\_

**Does this facility have outpatient clinics, practices, or offices within it or attached to it?**

Yes, **Could I have the phone numbers of those individual clinics that specialize in the following fields:** [Record numbers for clinics. If doesn't know about those clinics or doesn't know clinic numbers, ask to speak with someone who knows.]

- 1. **Pediatrics**,  None \_\_\_\_\_
- 2. **Family or general practice**,  None \_\_\_\_\_
- 3. **Obstetrics and Gynecology**,  None \_\_\_\_\_
- 4. **General internal medicine**,  None \_\_\_\_\_
- 5. **Vaccination**,  None \_\_\_\_\_
- 6. **STD clinics**,  None \_\_\_\_\_

No, **Thank you for your time, this site is not eligible for the study.**  
STOP

Don't know / not sure (Ask to speak with someone who can answer this question)

Don't know / not sure ( Ask to speak with someone who can answer this question)

**Does your practice or clinic ever provide outpatient services to girls aged 9-18?**

- Yes
- No
- Don't know / not sure

**Does your practice or clinic ever provide outpatient services to women aged 19-26?**

- Yes
- No
- Don't know / not sure

[IF NO to both questions] Thank you for your time. STOP

[IF DK to either question, ask to speak with someone who would know the answer and repeat the introduction to the new person]

[IF YES to either question, continue]

**Can I speak with someone who could answer some questions about availability of the HPV vaccine at your practice or clinic? Usually this person is an office manager or nurse supervisor.**

[IF AVAILABLE, do the interview or set up a time to do the interview.]

[If no one is available at that time, ask who to speak with, and also the best time and number to call back.]

[If needed, repeat intro with the new person.]

**HELLO, I am calling from the UNC School of Public Health and the Centers for Disease Control and Prevention. My name is \_\_\_\_\_.**

**We are doing a research survey about the availability of the HPV vaccine at health care facilities in \_\_\_\_\_ county. I have just a few questions that should take about 15 minutes of your time. You don't have to answer any question you don't want to, and you can stop at any time. Anything you tell me is confidential.**

**Do you have any questions before we proceed?**

[IF YES, answer questions, and proceed with survey on next page]

[IF REFUSES TO PARTICIPATE, ask **Would you mind answering two or three questions?**

No , STOP, **Thank you for your time.**

Yes , **4. Has your practice or clinic provided doses of the HPV vaccine to any patients?**

Yes

4a.

Yes \_\_\_\_\_

**Are you currently providing it?**

No

**4b. Do you currently have the HPV vaccine in stock?**

Yes

No

**4c. Have you ordered the HPV vaccine?**

**Thank you for your time. STOP.**

**SURVEY-BOLDED TEXT IS READ**

Confirm contact information, including name of facility, town or city, county, street address and telephone number.

**2. What is your name?** \_\_\_\_\_

**3. What is your position?**

- Office Manager
- Clinic Manager
- Physician
- Nurse Supervisor
- Physician's Assistant
- Insurance Specialist
- Other \_\_\_\_\_

**I'm going to be asking you questions about the practice or clinic that I'm calling you at now. If you have other branches or are part of a larger facility, please just answer about the particular or practice or clinic you're at now.**

**4. Which of the following BEST describes your practice or clinic?**

[Read all, stop when they answer, check only one, representing the most specific description]

- Federally-qualified health center including community, migrant, rural, or Indian health center;**
- Hospital-based clinic, including university clinic or residency teaching practice;**
- Private practice, including solo, group practice, or HMO;**
- Public health department-operated clinic;**  
What type \_\_\_\_\_?
- Military clinic**
- Other \_\_\_\_\_

5. **What is the MAIN service your practice or clinic provides?** [read all, stop when they answer, check only one]

- Primary care,**
- Sub-specialty care,**
- Family planning or women's health,**
- STD prevention and treatment, or**
- Vaccination services**
- Other services** \_\_\_\_\_

6. **How long has your practice or clinic been in operation?** \_\_\_\_\_

7. **About how many physicians are in your practice or clinic?** \_\_\_\_\_

8. **About how many nurse practitioners or midwives are in your practice or clinic?**  
\_\_\_\_\_

9. **About how many physician's assistants are in your practice or clinic?** \_\_\_\_\_

Total number of clinicians, including physicians, nurse practitioners, and physician assistants=\_\_\_\_\_

10. **Of your** [read total number of clinicians] **clinicians, how many have family practice or general practice as their main field? By clinicians we mean physicians, nurse practitioners, midwives and physician's assistants.** [For 10-13, stop when you reach the total number of clinicians.]

\_\_\_\_\_ [record number]

- None
- Don't know / Not sure

11. **Of your** [read total number of clinicians] **clinicians, how many have internal medicine as their main field?**

\_\_\_\_\_ [record number]

**Do any of these have subspecialties, such as cardiology or infectious diseases?**

This is just to get a rough estimate. If unsure, don't press the respondent.

- Yes → **What specialty types?** \_\_\_\_\_ For each one... **How many?** \_\_\_\_\_
- No
- Don't know/not sure

12. **How many have obstetrics or gynecology as their main field?**

\_\_\_\_\_ [record number]

- None
- Don't know / Not sure

13. **How many have pediatrics as their main field?**

\_\_\_\_\_ [record number]

**Do any of these have subspecialties, such as cardiology or infectious diseases?**

This is just to get a rough estimate. If unsure, don't press the respondent.

Yes → **What specialty types?** \_\_\_\_\_ For each one...**How many?** \_\_\_\_\_

No

Don't know/not sure

None

Don't know / Not sure

### B. Vaccine Availability

**Next are some questions about vaccination services.**

**2. Does your practice or clinic participate in the state supplied vaccine program, also known as the Universal Children's Vaccine Distribution Program? This includes the federal Vaccines for Children Program or VFC.**

[If unsure... PROBE: That is, do you give state-supplied vaccines to your uninsured, underinsured, or publicly insured patients?]

Yes

No

Enrollment in program is currently in process

Don't know / Not sure (if 'don't know' have them find out and call them back or ask to speak with someone who knows)

**2a. Does your practice or clinic purchase vaccines privately?**

Yes

No

Purchase is currently in process

Don't know / Not sure (if 'don't know' have them find out and call back or ask to speak with someone who knows)

**2b. If answers NO to both 2 and 2a, Just to confirm, your practice or clinic does NOT provide any vaccines to patients?**

Yes, does NOT provide any vaccines, SKIP TO 5

No, does provide vaccines, GO TO 1

Don't know / Not sure, (if 'don't know' have the person find out and call back or ask to speak with someone who knows)

**1. If answers YES to 2 or 2a, or NO to 2b, Do you provide...? [check all that apply]**

1a.  **childhood vaccines**

1b.  **vaccines for adolescents such as meningitis and T-DAP vaccines**

1c.  **vaccines for adults such as flu shots or pneumonia vaccines**

**3. Is your practice or clinic connected to the North Carolina Immunization Registry, a statewide computerized vaccine tracking system?**

Yes

**3a. Does your practice use the system to enter vaccination data on adolescents?**

Yes

No

Don't know / Not sure

No

Enrollment in program is currently in process

Don't know / Not sure

**4. Has your practice or clinic provided doses of the HPV vaccine to any patients?**

Yes

4a. **Are you currently providing it?**

Yes

Go to E

---

No

Go to D

No

4b. **Do you currently have the HPV vaccine in stock?**

Yes

Go to F

---

No

**4c. Have you ordered the HPV vaccine?**

Yes

Go to G

No

Go to C

If answers "Don't know" to 4, 4a, 4b, or 4c, ask respondent to get the answer and call them back before continuing.

**5. If answered that they do not provide any vaccines above, Just to confirm, your practice or clinic has not provided doses of the HPV vaccine to any patients?**

No, has provided doses of the HPV vaccine

4a. **Are you currently providing it?**

Yes

Go to E

---

No

Go to D

Yes, has NOT provided HPV vaccine

4b. **Do you currently have the HPV vaccine in stock?**

Yes

Go to F

---

No

**4c. Have you ordered the HPV vaccine?**

- Yes            Go to G  
 No                Go to C

If answers “Don’t know” to 5, 4a, 4b, or 4c, ask respondent to get the answer and call them back before continuing.

*C. HPV vaccine availability: No doses provided, not available*

**4. What concerns has your practice or clinic had about providing the HPV vaccine?**

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**5. How much have the following issues been concerns to your practice or clinic with respect to the HPV vaccine?** [read response options more frequently if it seems to be needed]

**5a. Too few patients want the HPV vaccine?**

**Would you say not a concern, a small concern, or a large concern?**

- not a concern    a small concern    a large concern

**5b. Too few patients you see are in the recommended sex and age group for the HPV vaccine? Would you say not a concern, a small concern, or a large concern?**

- not a concern    a small concern    a large concern

**5c. Too high a cost to patients?**

- not a concern    a small concern    a large concern

**5d. Your practice or clinic usually provides few or no vaccines?**

- not a concern    a small concern    a large concern

**5e. Up-front costs of ordering and stocking the HPV vaccine?**

- not a concern    a small concern    a large concern

**5f. Inadequate reimbursement to your practice or clinic?**

- not a concern    a small concern    a large concern

**5g. Late reimbursement?**

not a concern    a small concern    a large concern

**5h. Burden of determining insurance coverage for the HPV vaccine?**

not a concern    a small concern    a large concern

**5i. Vaccine expiring before use?**

not a concern    a small concern    a large concern

**5j. Refrigerator space?**

not a concern    a small concern    a large concern

For each large concern, ask:

**Tell me more about why \_\_\_\_\_ was a concern.**

**12. Is it possible that your practice or clinic might offer the HPV vaccine in the future?**

Yes

**12a. What additional things need to be in place before you offer the HPV vaccine?**

**12b. Has your practice or clinic already taken steps to offer the vaccine?**

Yes,

**12c. What steps? \_\_\_\_\_**

No

Don't know / Not sure

**12d. When do you think it will be available? \_\_\_\_\_**

No

Don't know / Not sure

**13a. How often do clinicians in your practice or clinic recommend the HPV vaccine when seeing 11-12 year old girls? Would you say...**

Never

Sometimes

Always

Don't see that age

Don't Know

13b. **How often do clinicians in your practice or clinic recommend the HPV vaccine when seeing 13-18 year old girls? Would you say...**

- Never     Sometimes     Always     Don't see that age     Don't Know

13c. **How about when seeing 19-26 year old women? Would you say...**

- Never     Sometimes     Always     Don't see that age     Don't Know

13d. **How about when seeing women 27 or older? Would you say...**

- Never     Sometimes     Always     Don't see that age     Don't Know

14. **Do you ever refer patients to other places for the HPV vaccine?**

- Yes

14a. **Where?** \_\_\_\_\_

If needed, for each reply, ask **What type of practice or clinic is that?**

- No  
 Don't know / Not sure

*Skip to Section H*

D. HPV vaccine availability: Doses provided previously, no longer available

1. For about how long did you offer the HPV vaccine to patients?

\_\_\_\_\_

2. About how many patients received at least one dose of the HPV vaccine from your practice or clinic?

\_\_\_\_\_

[If respondent hesitates, **Just give your best guess.** Read the response options below.]

- 1-25 patients,
- 26-50 patients,
- 51-75 patients, or
- 75 or more patients    If 75+, About how many would you say? \_\_\_\_\_

3a. Did your practice or clinic use any state-supplied HPV vaccine?

Yes

3a1. About how much did you charge for giving one dose of the state-supplied HPV vaccine, including the administration fee, and the office visit fee, to someone who was paying out of pocket? \_\_\_\_\_

Don't know / Not sure (If 'don't know', follow-up for answer)

No

In process

Don't know/not sure (If 'don't know', follow-up for answer)

3b. Did your practice or clinic purchase any HPV vaccine privately?

Yes

3b1. About how much did you charge for giving one dose of the privately purchased HPV vaccine, including the cost of the vaccine, the administration fee, and the office visit fee, to someone who was paying out of pocket?

\_\_\_\_\_

Don't know / Not sure (If 'don't know', follow-up for answer)

No

In process

Don't know/not sure (If 'don't know', follow-up for answer)

4. What concerns has your practice or clinic had about providing the HPV vaccine?

\_\_\_\_\_

5. How much have the following issues been concerns to your practice or clinic with respect to the HPV vaccine? [read response options more frequently if it seems to be needed]

**5a. Too few patients want the HPV vaccine?**

**Would you say not a concern, a small concern, or a large concern?**

not a concern    a small concern    a large concern

**5b. Too few patients you see are in the recommended sex or age group for the HPV vaccine? Would you say not a concern, a small concern, or a large concern?**

not a concern    a small concern    a large concern

**5c. Too high a cost to patients?**

not a concern    a small concern    a large concern

**5d. Your practice or clinic usually provides few or no vaccines?**

not a concern    a small concern    a large concern

**5e. Up-front costs of ordering and stocking the HPV vaccine?**

not a concern    a small concern    a large concern

**5f. Inadequate reimbursement to your practice or clinic?**

not a concern    a small concern    a large concern

**5g. Late reimbursement?**

not a concern    a small concern    a large concern

**5h. Burden of determining insurance coverage for the HPV vaccine?**

not a concern    a small concern    a large concern

**5i. Vaccine expiring before use?**

not a concern    a small concern    a large concern

**5j. Refrigerator space?**

not a concern    a small concern    a large concern

For each large concern, ask:

**Tell me more about why \_\_\_\_\_ was a concern.**

**6. Did running out of HPV vaccine ever prevent you from giving it to patients?**

Yes

**6a. How often did this happen? Would you say...**

- Once,**
- Twice, or**
- Three or more times?**
- Don't know / Not sure

No

Don't know / Not sure

**7. Did you flag charts or have a system in place to identify patients who were eligible for their first dose of the HPV vaccine before they came in?**

Yes

**7a. What did you do?** \_\_\_\_\_

No

Don't know / Not sure

**8. Did you flag charts or have a system in place to remind providers to give patients their second and third doses of the HPV vaccine?**

Yes

**8a. What did you do?** \_\_\_\_\_

No

Don't know / Not sure

**9. Once patients received their first dose of the HPV vaccine, did you remind them to come in for their 2<sup>nd</sup> and 3<sup>rd</sup> doses, for example by mailing reminder cards or making phone calls?**

Yes

**9a. What did you do?** \_\_\_\_\_

No

Don't know / Not sure

**10. Did you ever have any problem with patients not coming back for their 2<sup>nd</sup> and 3<sup>rd</sup> doses?**

(If answer to question 1 is at least 2 months, ask about problems with 2<sup>nd</sup> dose.  
If answer to question 1 is at least 6 months, ask about problems with 2<sup>nd</sup> and 3<sup>rd</sup> doses.)

Yes

**10a. Can you tell me more about that?** [record response]

Probe: **anything else?**

- No
- Don't know / Not sure

**11. Did you ever have any difficulty determining whether patients' insurance covered the HPV vaccine?**

- Yes

**11a. Can you give me an example of the problems you encountered?**  
[record response]

- No
- Don't know / Not sure

**12. Is it possible that your clinic might offer the HPV vaccine again in the future?**

- Yes

**12a. What additional things need to be in place before you offer the vaccine again?**

**12b. Has your practice or clinic already taken steps to offer the vaccine again?**

- Yes

**12c. What steps?** \_\_\_\_\_

- No
- Don't know / Not sure

**12d. When do you think it will be available again?** \_\_\_\_\_

- No
- Don't know / Not sure

**13a. How often did clinicians in your practice or clinic recommend the HPV vaccine when seeing 11-12 year old girls? Would you say...**

- Never
- Sometimes
- Always
- Don't see that age
- Don't Know

13b. **How often did clinicians in your practice or clinic recommend the HPV vaccine when seeing 13-18 year old girls? Would you say...**

- Never     Sometimes     Always     Don't see that age     Don't Know

13c. **How about when seeing 19-26 year old women? Would you say...**

- Never     Sometimes     Always     Don't see that age     Don't Know

13d. **How about when seeing women 27 or older? Would you say...**

- Never     Sometimes     Always     Don't see that age     Don't Know

14. **Do you ever refer patients to other places for the HPV vaccine?**

- Yes

14a. **Where?** \_\_\_\_\_

If needed, for each reply, ask **What type of practice or clinic is that?**

- No  
 Don't know / Not sure

*Skip to Section H*

E. HPV vaccine availability: Has provided doses (and now available)

1. For about how long have you offered the HPV vaccine to patients?

\_\_\_\_\_

2. About how many patients have received at least one dose of the HPV vaccine from your practice or clinic? \_\_\_\_\_

[If respondent hesitates, **Just give your best guess.** Read the response options below]

- 1-25 patients ,
- 26-50 patients ,
- 51-75 patients , or
- 75 or more patients    If 75+, About how many would you say? \_\_\_\_\_

3a. Does your practice or clinic give any state-supplied HPV vaccine?

Yes

3a1. About how much do you charge for one dose of the state-supplied HPV vaccine, including the administration fee, and the office visit fee, to someone who is paying out of pocket? \_\_\_\_\_

Don't know / Not sure (If 'don't know', follow-up for answer)

No

In process

Don't know/not sure (If 'don't know', follow-up for answer)

3b. Does your practice or clinic purchase any HPV vaccine privately?

Yes

3b1. About how much do you charge for one dose of the privately purchased HPV vaccine, including the cost of the vaccine, the administration fee, and the office visit fee, to someone who is paying out of pocket? \_\_\_\_\_

Don't know / Not sure (If 'don't know', follow-up for answer)

No

In process

Don't know/not sure (If 'don't know', follow-up for answer)

[If answered YES or IN PROCESS to ONLY 3a-has state supply only]

3c. Is it possible that your practice or clinic might purchase the HPV vaccine privately in the future?

Yes

3c1. What would make your practice or clinic more likely to purchase the HPV vaccine privately?

**3c2. Has your practice or clinic already taken steps to purchase the HPV vaccine privately?**

Yes, 3c3. **What steps?** \_\_\_\_\_

No

Don't know / Not sure

**3c4. When do you think your practice or clinic will purchase it privately?**

\_\_\_\_\_

No

Don't know / Not sure

[If answered YES or in PROCESS to ONLY 3b- purchases privately only]

**3d. Is it possible that your practice or clinic might order state-supplied HPV vaccine in the future?**

Yes

**3d1. What additional things need to be in place before you order state supplied HPV vaccine?**

**3d2. Has your practice or clinic already taken steps to order state-supplied HPV vaccine?**

Yes, 3d3. **What steps?** \_\_\_\_\_

No

Don't know / Not sure

**3d4. When do you think your practice or clinic will order state supplied HPV vaccine?** \_\_\_\_\_

No

Don't know / Not sure

**4. What concerns has your practice or clinic had about providing the HPV vaccine?**

\_\_\_\_\_

**5. How much have the following issues been concerns to your practice or clinic with respect to the HPV vaccine?** [read response options more frequently if it seems to be needed]

**5a. Too few patients want the HPV vaccine?**

**Would you say not a concern, a small concern, or a large concern?**

not a concern    a small concern    a large concern

**5b. Too few patients you see are in the recommended sex and age group for the HPV vaccine? Would you say not a concern, a small concern, or a large concern?**

not a concern    a small concern    a large concern

**5c. Too high a cost to patients?**

not a concern    a small concern    a large concern

**5d. Your practice or clinic usually provides few or no vaccines?**

not a concern    a small concern    a large concern

**5e. Up-front costs of ordering and stocking the HPV vaccine?**

not a concern    a small concern    a large concern

**5f. Inadequate reimbursement to your practice or clinic?**

not a concern    a small concern    a large concern

**5g. Late reimbursement?**

not a concern    a small concern    a large concern

**5h. Burden of determining insurance coverage for the HPV vaccine?**

not a concern    a small concern    a large concern

**5i. Vaccine expiring before use?**

not a concern    a small concern    a large concern

**5j. Refrigerator space?**

not a concern    a small concern    a large concern

For each large concern, ask:

**Tell me more about why \_\_\_\_\_ was a concern.**

**6. Has running out of HPV vaccine ever prevented you from giving it to patients?**

Yes

**6a. How often has this happened? Would you say..**

- Once,**
- Twice, or**
- Three or more times?**
- Don't know / Not sure

- No
- Don't know / Not sure

**7. Do you flag charts or have a system in place to identify patients who are eligible for their first dose of the HPV vaccine before they come in?**

- Yes  
7a. **What do you do?** \_\_\_\_\_

- No
- Don't know / Not sure

**8. Do you flag charts or have a system in place to remind providers to give patients their second and third doses of the HPV vaccine?**

- Yes  
8a. **What do you do?** \_\_\_\_\_

- No
- Don't know / Not sure

**9. Once patients receive their first dose of the HPV vaccine, do you remind them to come in for their 2<sup>nd</sup> and 3<sup>rd</sup> doses, for example by mailing reminder cards or making phone calls?**

- Yes  
9a. **What do you do?** \_\_\_\_\_

- No
- Don't know / Not sure

**10. Have you ever had any problem with patients not coming back for their 2<sup>nd</sup> and 3<sup>rd</sup> doses?**

(If answer to question 1 is at least 2 months , ask about problems with 2<sup>nd</sup> dose.  
If answer to question 1 is at least 6 months, ask about problems with 2<sup>nd</sup> and 3<sup>rd</sup> doses.)

- Yes  
10a. **Can you tell me more about that?** [record response]

**Probe: anything else?**

- No
- Don't know / Not sure

**11. Do you ever have any difficulty determining whether patients' insurance covers the HPV vaccine?**

Yes

11a. Can you give me an example of the problems you have encountered?

No

Don't know / Not sure

**13a How often do clinicians in your practice or clinic recommend the HPV vaccine when seeing 11-12 year old girls? Would you say...**

Never

Sometimes

Always

Don't see that age

Don't Know

**13b. How often do clinicians in your practice or clinic recommend the HPV vaccine when seeing 13-18 year old girls? Would you say...**

Never

Sometimes

Always

Don't see that age

Don't Know

**13c. How about when seeing 19-26 year old women? Would you say...**

Never

Sometimes

Always

Don't see that age

Don't Know

**13d. How about when seeing women 27 or older? Would you say...**

Never

Sometimes

Always

Don't see that age

Don't Know

**14. Do you ever refer patients to other places for the HPV vaccine?**

Yes

14a. Where? \_\_\_\_\_

If needed, for each reply, ask **What type of practice or clinic is that?**

14b. Why do you make referrals? \_\_\_\_\_

No

Don't know / Not sure

Skip to Section H

F. HPV vaccine availability: Has not provided any doses, but has the HPV vaccine in stock.

1. For about how long have you had the HPV vaccine in stock? \_\_\_\_\_

3a. Does your practice or clinic have state-supplied HPV vaccine?

Yes

3a1. About how much will you charge for one dose of the state-supplied HPV vaccine, including the administration fee, and the office visit fee, to someone who is paying out of pocket? \_\_\_\_\_

Don't know / Not sure (If 'don't know', follow-up for answer)

No

In process

Don't know/not sure (If 'don't know', follow-up for answer)

3b. Has your practice or clinic purchased any HPV vaccine privately?

Yes

3b1. About how much will you charge for one dose of the privately purchased HPV vaccine, including the cost of the vaccine, the administration fee, and the office visit fee, to someone who is paying out of pocket? \_\_\_\_\_

Don't know / Not sure (If 'don't know', follow-up for answer)

No

In process

Don't know/not sure (If 'don't know', follow-up for answer)

[If answered YES or IN PROCESS to ONLY 3a-has state-supply only]

3c. Is it possible your practice or clinic might purchase the HPV vaccine privately in the future?

Yes

3c1. What would make your practice or clinic more likely to purchase the HPV vaccine privately?

3c2. Has your practice or clinic already taken steps to purchase the HPV vaccine privately?

Yes, 3c3. What steps? \_\_\_\_\_

No

Don't know / Not sure

3c4. When do you think your practice or clinic will purchase it privately?

\_\_\_\_\_

No

Don't know / Not sure

[If answered YES or in PROCESS to ONLY 3b-has purchased privately only]

**3d. Is it possible that your practice or clinic might order state-supplied HPV vaccine in the future?**

Yes

**3d1. What additional things need to be in place before you order state-supplied HPV vaccine?**

**3d2. Has your practice or clinic already taken steps to order state-supplied HPV vaccine?**

Yes, 3d3. What steps? \_\_\_\_\_

No

Don't know / Not sure

**3d4. When do you think your practice or clinic will order state-supplied HPV vaccine? \_\_\_\_\_**

No

Don't know / Not sure

**4. What concerns has your practice or clinic had about providing the HPV vaccine?**

\_\_\_\_\_

**5. How much have the following issues been concerns to your practice or clinic with respect to the HPV vaccine?** [read response options more frequently if it seems to be needed]

**5a. Too few patients want the HPV vaccine?**

**Would you say not a concern, a small concern, or a large concern?**

not a concern    a small concern    a large concern

**5b. Too few patients you see are in the recommended sex and age group for the HPV vaccine? Would you say not a concern, a small concern, or a large concern?**

not a concern    a small concern    a large concern

**5c. Too high a cost to patients?**

not a concern    a small concern    a large concern

**5d. Your practice or clinic usually provides few or no vaccines?**

not a concern    a small concern    a large concern

**5e. Up-front costs of ordering and stocking the HPV vaccine?**

not a concern    a small concern    a large concern

**5f. Inadequate reimbursement to your practice or clinic?**

not a concern    a small concern    a large concern

**5g. Late reimbursement?**

not a concern    a small concern    a large concern

**5h. Burden of determining insurance coverage for the HPV vaccine?**

not a concern    a small concern    a large concern

**5i. Vaccine expiring before use?**

not a concern    a small concern    a large concern

**5j. Refrigerator space?**

not a concern    a small concern    a large concern

For each large concern, ask:

**Tell me more about why \_\_\_\_\_ was a concern.**

**7. Will you flag charts or have a system in place to identify patients who are eligible for their first dose of the HPV vaccine before they come in?**

Yes

7a. **What will you do?** \_\_\_\_\_

No

Don't know / Not sure

**8. Will you flag charts or have a system in place to remind providers to give patients their second and third doses of the HPV vaccine?**

Yes

8a. **What will you do?** \_\_\_\_\_

No

Don't know / Not sure

9. Once patients receive their first dose of the HPV vaccine, will you remind them to come in for their 2<sup>nd</sup> and 3<sup>rd</sup> doses, for example by mailing reminder cards or making phone calls?

Yes

9a. What will you do? \_\_\_\_\_

No

Don't know / Not sure

13a. How often will clinicians in your practice or clinic recommend the HPV vaccine when seeing 11-12 year old girls? Would you say...

Never

Sometimes

Always

Don't see that age

Don't Know

13b. How often will clinicians in your practice or clinic recommend the HPV vaccine when seeing 13-18 year old girls? Would you say...

Never

Sometimes

Always

Don't see that age

Don't Know

13c. How about when seeing 19-26 year old women? Would you say...

Never

Sometimes

Always

Don't see that age

Don't Know

13d. How about when seeing women 27 or older? Would you say...

Never

Sometimes

Always

Don't see that age

Don't Know

14. Do you ever refer patients to other places for the HPV vaccine?

Yes

14a. Where? \_\_\_\_\_

If needed, for each reply, ask **What type of practice or clinic is that?**

No

Don't know / Not sure

*Skip to Section H*

G. HPV vaccine availability: No doses provided, has ordered the vaccine and has not received it yet.

1a. About how long ago did you order the HPV vaccine? \_\_\_\_\_

1b. What date do you tell your patients that the HPV vaccine will be available at your practice or clinic? \_\_\_\_\_

3a. Has your practice or clinic ordered state-supplied HPV vaccine?

Yes

3a1. About how much will you charge for one dose of the state-supplied HPV vaccine, including the administration fee, and the office visit fee, to someone who is paying out of pocket? \_\_\_\_\_

Don't know / Not sure (If 'don't know', follow-up for answer)

No

In process

Don't know/not sure (If 'don't know', follow-up for answer)

3b. Has your practice or clinic ordered any HPV vaccine privately?

Yes

3b1. About how much will you charge for one dose of the privately purchased HPV vaccine, including the cost of the vaccine, the administration fee, and the office visit fee, to someone who is paying out of pocket? \_\_\_\_\_

Don't know / Not sure (If 'don't know', follow-up for answer)

No

In process

Don't know/not sure (If 'don't know', follow-up for answer)

[If answered YES or IN PROCESS to ONLY 3a-has state supply only]

3c. Is it possible your practice or clinic might purchase the HPV vaccine privately in the future?

Yes

3c1. What would make your practice or clinic more likely to purchase the HPV vaccine privately?

3c2. Has your practice or clinic already taken steps to purchase the HPV vaccine privately?

Yes, 3c3. What steps? \_\_\_\_\_

No

Don't know / Not sure

3c4. When do you think your practice or clinic will purchase it privately?

\_\_\_\_\_

- No
- Don't know / Not sure

[If answered YES or in PROCESS to ONLY 3b-has purchased privately only]

3d. Is it possible that your practice or clinic might order state-supplied HPV vaccine in the future?

- Yes

3d1. What additional things need to be in place before you order state-supplied HPV vaccine?

3d2. Has your practice or clinic already taken steps to order state-supplied HPV vaccine?

Yes, 3d3. What steps? \_\_\_\_\_

- No
- Don't know / Not sure

3d4. When do you think your practice or clinic will order state-supplied HPV vaccine? \_\_\_\_\_

- No
- Don't know / Not sure

4. What concerns has your practice or clinic had about providing the HPV vaccine?

\_\_\_\_\_

5. How much have the following issues been concerns to your practice or clinic with respect to the HPV vaccine? [read response options more frequently if it seems to be needed]

5a. Too few patients want the HPV vaccine?

Would you say not a concern, a small concern, or a large concern?

- not a concern    a small concern    a large concern

5b. Too few patients you see are in the recommended sex and age group for the HPV vaccine? Would you say not a concern, a small concern, or a large concern?

- not a concern    a small concern    a large concern

**5c. Too high a cost to patients?**

not a concern  a small concern  a large concern

**5d. Your practice or clinic usually provides few or no vaccines?**

not a concern  a small concern  a large concern

**5e. Up-front costs of ordering and stocking the HPV vaccine?**

not a concern  a small concern  a large concern

**5f. Inadequate reimbursement to your practice or clinic?**

not a concern  a small concern  a large concern

**5g. Late reimbursement?**

not a concern  a small concern  a large concern

**5h. Burden of determining insurance coverage for the HPV vaccine?**

not a concern  a small concern  a large concern

**5i. Vaccine expiring before use?**

not a concern  a small concern  a large concern

**5j. Refrigerator space?**

not a concern  a small concern  a large concern

For each large concern, ask:

**Tell me more about why \_\_\_\_\_ was a concern.**

**7. Will you flag charts or have a system in place to identify patients who are eligible for their first dose of the HPV vaccine before they come in?**

Yes

7a. What will you do? \_\_\_\_\_

No

Don't know / Not sure

**8. Will you flag charts or have a system in place to remind providers to give patients their second and third doses of the HPV vaccine?**

Yes

8a. What will you do? \_\_\_\_\_

No

Don't know / Not sure

9. Once patients receive their first dose of the HPV vaccine, will you remind them to come in for their 2<sup>nd</sup> and 3<sup>rd</sup> doses, for example by mailing reminder cards or making phone calls?

Yes

9a. What will you do? \_\_\_\_\_

No

Don't know / Not sure

13a. How often will clinicians in your practice or clinic recommend the HPV vaccine when seeing 11-12 year old girls? Would you say...

Never

Sometimes

Always

Don't see that age

Don't Know

13b. How often will clinicians in your practice or clinic recommend the HPV vaccine when seeing 13-18 year old girls? Would you say...

Never

Sometimes

Always

Don't see that age

Don't Know

13c. How about when seeing 19-26 year old women? Would you say...

Never

Sometimes

Always

Don't see that age

Don't Know

13d. How about when seeing women 27 or older? Would you say...

Never

Sometimes

Always

Don't see that age

Don't Know

14. Do you ever refer patients to other places for the HPV vaccine?

Yes

14a. Where? \_\_\_\_\_

If needed, for each reply, ask **What type of practice or clinic is that?**

No

Don't know / Not sure

*Skip to Section H*

H. Population Served

**We are almost done now. I just have a few more questions about the people that your practice or clinic sees.**

**1. On average, how many patients does your practice or clinic see in a typical week ?**

\_\_\_\_\_

**2. Roughly what percentage of your patients are ...**

	0%	1-9%	10-24%	25-49%	50-74%	75-100%	DK
<b>2a. Hispanic or Latino?</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>2b. Black or African-American?</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*If respondent hesitates, then offer **Would you say...***

**0%**    **1-9%**    **10-24**    **25-49**    **50-74, or**    **75-100%**

**3. Roughly what percentage of your patients ...**

	0%	1-9%	10-24%	25-49%	50-74%	75-100%	DK
<b>3a. Have private insurance?</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3b. Are insured by Medicaid or North Carolina Health Choice?</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>3c. Are uninsured?</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*If respondent hesitates, then offer **Would you say...***

**0%**    **1-9%**    **10-24**    **25-49**    **50-74, or**    **75-100%**

**4. Roughly what percentage of your patients are 9 to 18 years old?**

\_\_\_\_\_

*If respondent hesitates, then offer **Would you say...***

**0%**    **1-9%**    **10-24**    **25-49**    **50-74, or**    **75-100%**    **DK**

IF provides the HPV vaccine...

**5. Of girls and women seen in your practice or clinic who are eligible to receive the HPV vaccine and who have private insurance, roughly what percentage are covered for the HPV vaccine?**

*If respondent hesitates, then offer* **Would you say...**

0%     1-9%     10-24     25-49     50-74 or,     75-100%     DK

**6. Do you have information about the HPV vaccine that you provide to patients or the parents of adolescent patients?**

Yes

6a. **What type of information or materials are they?** \_\_\_\_\_

6b. For each type of material ask **Where did you get the** \_\_\_\_\_?

6c. For each type of material ask **Are the** \_\_\_\_\_ **printed in color or in black and white?**

6d. **What languages are the materials available in?**

6e. **Do you have problems with running out of materials?** \_\_\_\_\_

6f. **What do you do when you run out of materials?** \_\_\_\_\_

No

Don't know / Not sure

**7. If you wanted information about the HPV vaccine for your patients, where would you go to get it?**

[code responses, mark ALL that apply. Use numbers to indicate what was said first (mark a "1"), second ("2") and so on.]

Vaccine package insert

Internet [ask to specify websites] \_\_\_\_\_

State health department

Universal Children's Vaccine Program representative

Drug company representative

Other [specify] \_\_\_\_\_

Don't know / Not sure

Probe: **Anywhere else?**

**8. We may need to contact you again in about a year to ask you a few more questions about the HPV vaccine. Would that be okay?**

- Yes
- No
- Don't know / Not sure

[If have a list of clinicians ahead of time say **Now I'd like to confirm that the following clinicians work at your facility and** read list below. If you don't have names ahead of time and there are only a few clinicians request their names. ]

**That's my last question. Information from all the practices and clinics will be combined to give us information about the issues faced by medical practices related to providing the HPV vaccine.**

**Do you have any questions?** Answer any questions at that time. If you can't answer a question, record the question, get the answer, and call them back.

**Thank you very much for your time and cooperation.**

## **Additional People Interviewed**

**Name**  
**Date**  
**Position**  
**Questions**

**Name**  
**Date**  
**Position**  
**Questions**

**Name**  
**Date**  
**Position**  
**Questions**

**Name**  
**Date**  
**Position**  
**Questions**