



Improving HPV Vaccination with Adolescent AFIX



Disclosures

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Developers

Dr. Noel Brewer has received grants from and/or served on paid advisory boards for Pfizer, Merck, GSK, FDA, CDC, and NIH. All other developers, Dr. Melissa Gilkey, Dr. Jennifer Leeman, and Jennifer MacKinnon, MPH, have no conflicts to disclose.

Activity Leaders

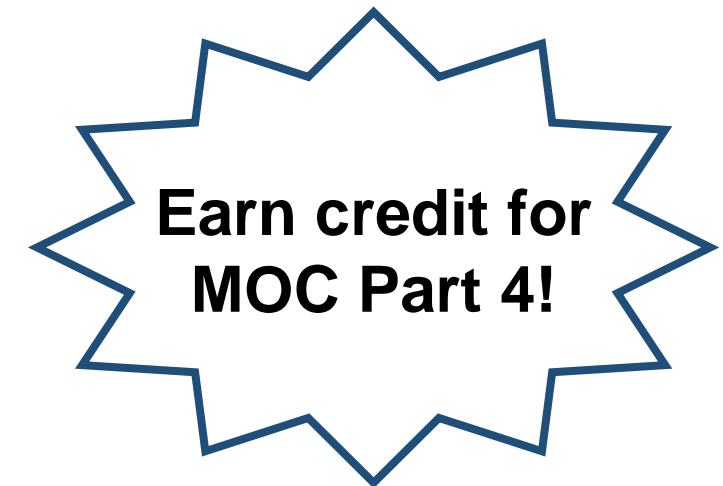
Activity leaders have no conflicts to disclose.

Objective

Design a quality improvement (QI) project to increase HPV vaccination

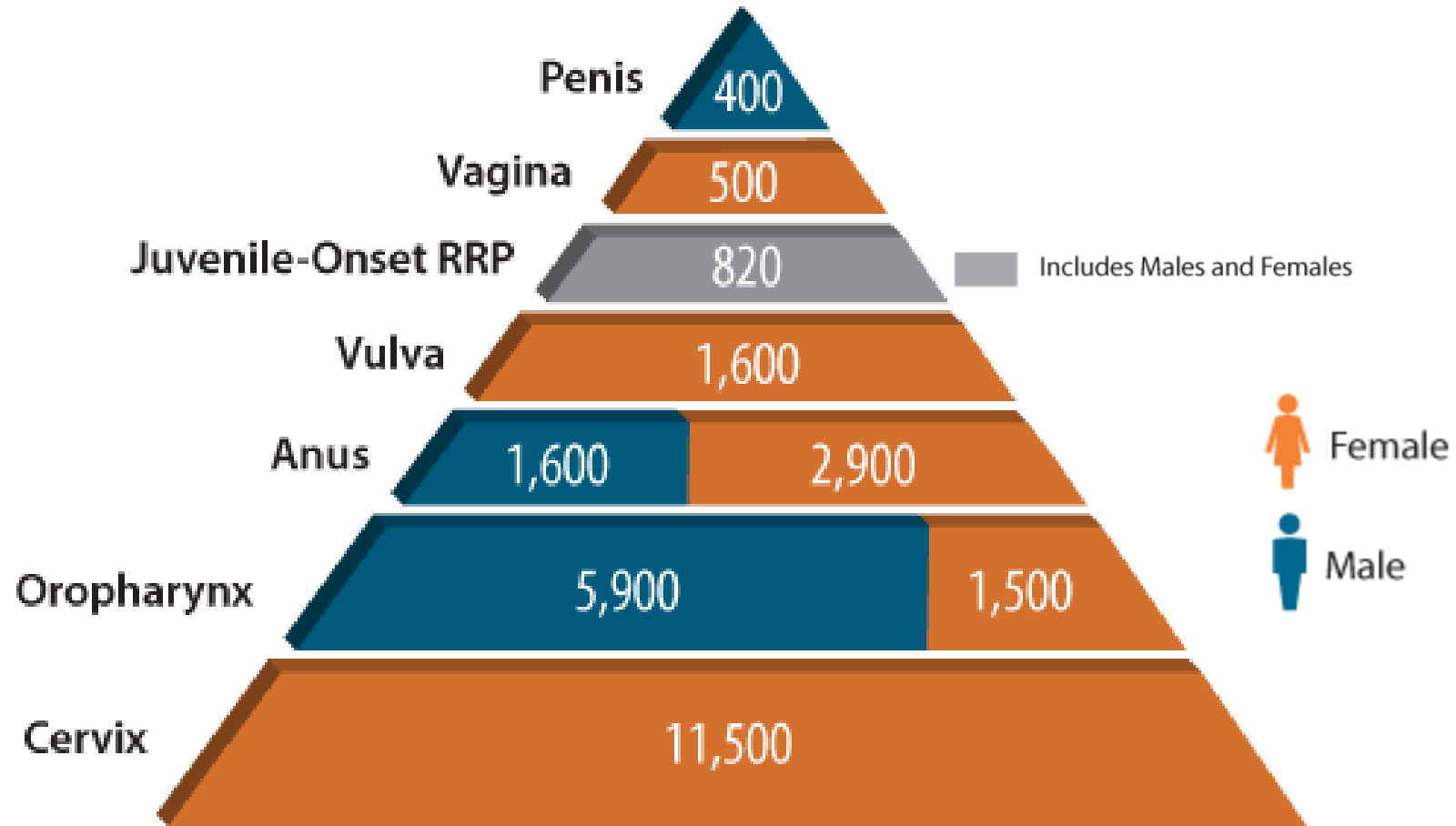
Agenda

1. Review evidence on HPV vaccination
2. Set a measurable QI goal
3. Select QI strategies
4. Develop an action plan



Review evidence

HPV-related cancer incidence



President's Cancer Panel Annual Report, 2014

HPV vaccination recommendations

On-time (ages 11-12)

- 2 doses for both males and females
- 6-12 month interval between doses
- More effective in younger adolescents

Late (ages 13+)

- 3 doses needed for ages 15+



American Academy
of Family Physicians

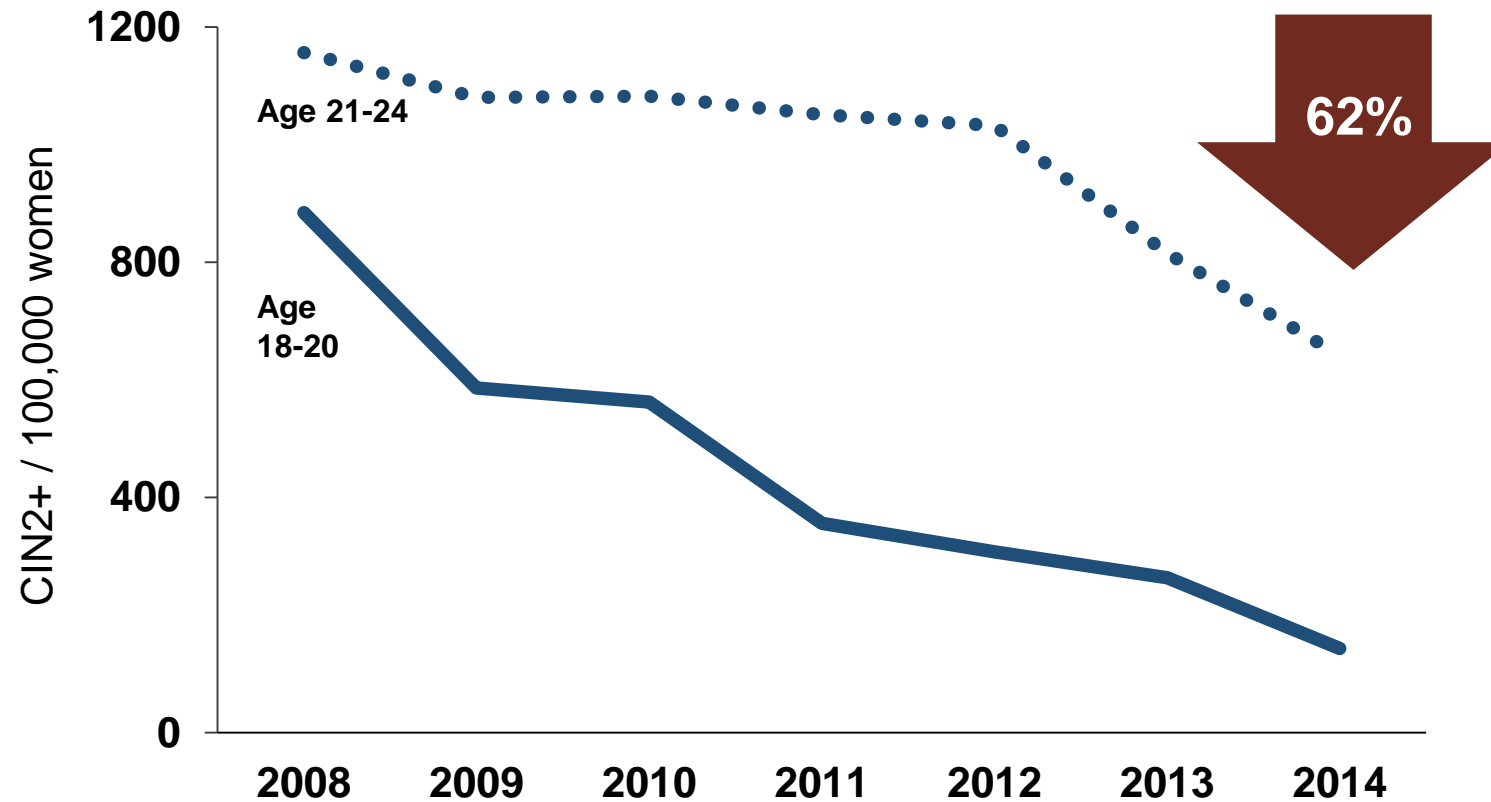
American Academy of Pediatrics

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HPV vaccination impact

Sharp decline in cervical pre-cancers in screened young women



Gargano et al., 2017

HPV vaccine is safe

Stokley et al., 2014

Set a QI Goal

Your Immunization Report Card

Keep in mind: The national goal for adolescent vaccines is 80% coverage.

YOUR IMMUNIZATION REPORT CARD

1 REVIEW your clinic's adolescent vaccine coverage.
Clinic name **ABC Peds** VFC PIN # **1233** Date **03/18**

Your clinic has...	HPV, ≥1 dose	Meningococcal, ≥1 dose	Tdap
2,355 patients, age 11-12	34 %	89 %	78 %
4,100 patients, age 13-17	56 %	90 %	89 %

Data are from our state's immunization registry. Column 1 shows the number of patient records in each age group for your clinic. Columns 2-4 show the percentage of those patients who have been vaccinated.

2 SET A GOAL to improve HPV vaccine coverage in the next 6 months.

HPV Goal	Progress at 3 months	Progress at 6 months
353 patients, age 11-12		
615 patients, age 13-17		

Column 1 shows the number of patients you need to vaccinate with the 1st dose of HPV vaccine to meet your goal. The goal equals 15% of total patients. Columns 2-3 show the number of patients vaccinated at 3 and 6 months.

3 RECOMMEND HPV vaccination for adolescents, starting at age 11.
Offer HPV vaccine in the same direct way you recommend other vaccines. Try saying:
"Your child is due for vaccines that prevent meningitis, HPV cancers, and whooping cough. We'll give those at the end of today's visit."
Your recommendation is the single biggest influence on parents' decisions to get HPV vaccine for their children. The vaccine produces a better immune response in younger adolescents. Vaccinating in the preteen years is best.

EARN FREE CMEs on HPV vaccine communication: www.cdc.gov/vaccines/ed/hpv/

HPV QI
Immunization Quality Improvement System
www.hpvqi.org

Your clinic

1. How well do these coverage estimates reflect what you know about your clinic?
2. What are your clinic's strengths when it comes to adolescent immunization?
3. Your challenges?
4. What quality improvement resources are available to you?

Set HPV Vaccine QI goals

Your report card includes QI goals for delivering the first dose of HPV vaccine.

- Goals represent the number of patients, ages 11-12 and 13-17.
- Goals are for all providers in your clinic over the next 6 months.
- We will provide progress reports for the number of patients vaccinated at 3 and 6 months.

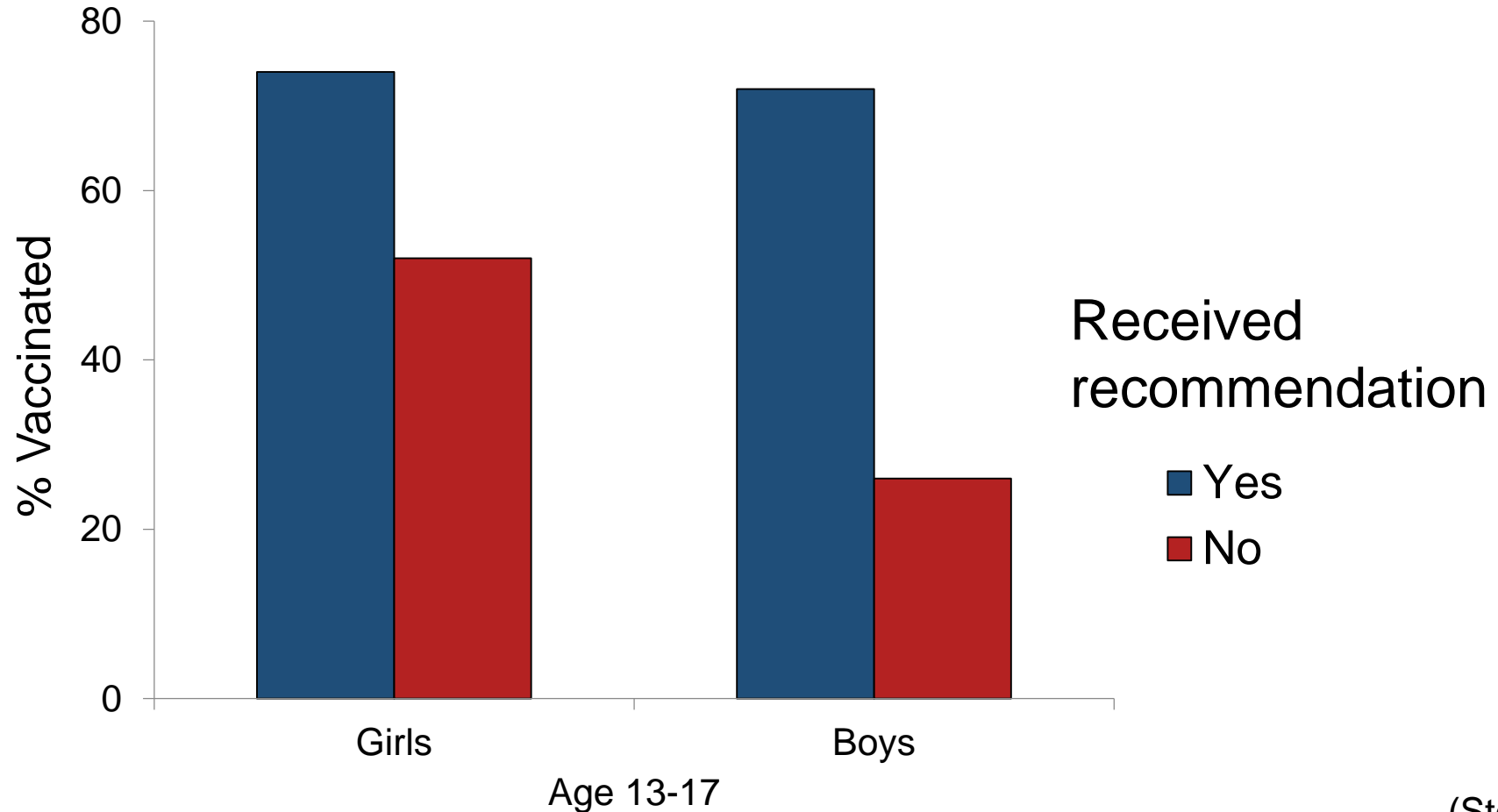
Develop an Action Plan

Quality improvement strategies

Primary

- Recommend same-day HPV vaccination for all patients by age 11

Recommendations make a big impact



(Stokley et al., 2014)

Brief is more effective

CDC recommends saying:

“Now that your son is 11, he is due for vaccines to help protect him from meningitis, HPV cancers, and pertussis. We will give them today at the end of the visit.”

Quality improvement strategies

Primary

- Recommend same-day HPV vaccination for all patients by age 11

Secondary

- Review CDC guidelines with all immunization staff
- Train front desk staff on scheduling
- Establish standing orders
- Other _____

Vaccination roles in your clinic

Schedule appointments

Review and flag charts

Prescribe vaccines

Administer vaccines

Plan for next dose

Support QI efforts

Your QI Action Plan

Select all that apply

- Share copies of the Immunization Report Card
- Create a team of two or more people to lead the QI project
- Present this QI project during a regular staff meeting
- Engage QI leaders and immunization champions
- Other _____

Next steps

What's next?

- Progress reports on QI goal at 3- and 6-months
- QI project leader will receive an email request to complete a brief survey
- You will receive a \$10 gift card for completing two surveys over three months

MOC Part 4 – Earn 25 credits!

Using the attached templates, you will:

1. State your HPV vaccination QI goal.
2. Participate in planning and execution of the QI project, data review, and team meetings.
3. Use data from the Report Card to evaluate your progress.
4. Submit the application, with a \$75 fee, to the agency of your choice.

CME Credit

You can also earn 1.0 hour of AMA Category 1 CME credit for participating in this visit. To claim credit, you will need to complete a brief survey that will be emailed to you.

If you do not receive the online survey link, please contact:
CDCvaccines@unc.edu

Questions? Contact us.

- <AFIX Reviewer Name>
- <Contact information>
- <logo>

Additional resources

References

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Online resources

Continuing education

- CDC's You Are the Key <https://www.cdc.gov/vaccines/ed/hpv/index.html>
- CDC's You Call the Shots <https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/hpv/ce.asp>
- AAP's EQIPP Immunization Track 2 <https://shop.aap.org/eqipp-immunizations/>

Websites

- CDC's HPV for Clinicians <https://www.cdc.gov/hpv/hcp/index.html>
- HpvIQ Immunization Quality Improvement Tools <https://www.HpvIQ.org>
- MN Provider Communication Videos <https://www.epi.umn.edu/mch/hpv-vaccine-video-for-health-care-providers/>

FAQ: Immunization Registry Data

1. How accurate are data in our state's immunization registry?

The quality of registry data is improving each year. For individual providers, quality can vary by a number of factors, including interoperability with EHR systems and how often providers clean data.

2. What can my clinic do to improve the quality of registry data?

Review your registry records periodically to inactivate patients you no longer see. If you suspect a larger problem with electronic data exchange, contact your VFC program for additional support.

3. How useful are registry data for evaluating QI efforts?

Even when registry data are incomplete, they can provide a good starting place for understanding which vaccines need most attention and showing changes in coverage over time.