

Partnering with healthcare systems to increase HPV vaccination rates

Strategies for IQIP programs

Most vaccines are now delivered in clinics that are part of healthcare systems.

Primary care has changed dramatically in recent years as healthcare systems have acquired independent private practices. Almost half (49%) of primary care clinicians worked in systems by 2018,¹ compared to just over one-quarter (28%) in 2010.² Systems' increasing prominence offers opportunities for improving vaccination rates. These organizations often offer infrastructure for supporting quality improvement (QI) efforts across multiple clinics or practices.

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What are QI leaders called?

Identifying QI leaders can be challenging because they go by many different names. Look for titles such as:

- Chief for Innovation and Strategy
- Chief Quality Officer
- Director of Clinical Services
- Director of Clinical Quality
- Director of Quality and Patient Safety
- Medical Director for Performance Excellence

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Get to know systems' QI teams

In healthcare systems, successful HPV vaccine QI often depends on getting buy-in at multiple levels. IQIP staff may find that it's helpful—or even required—to coordinate efforts with systems' QI leaders before working with frontline clinicians and staff. Other important members of the QI team may include project managers, QI coaches, and data managers.

Tips for building relationships with systems' QI teams:

- **Identify QI leaders and learn about their relationships with frontline clinicians and staff.** In some systems, QI programs are centralized with QI leaders setting priorities for the whole system. In other systems, clinicians and staff set priorities on a clinic-by-clinic basis.
- **Match roles and expertise.** For example, QI leaders may be most open to outreach by immunization program managers, while QI coaches and data managers may work well with their counterparts among IQIP staff.
- **Work your network.** Consider how you can broker relationships with systems through intermediaries like the American Cancer Society, the American Academy of Pediatrics, or quality collaboratives.

¹Furukawa MF, et al. Health Affairs, 2020.

²Schwartz K, et al. 2020. <https://www.kff.org/health-costs/issue-brief/what-we-know-about-provider-consolidation>

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Make the case for HPV vaccine QI

Many different quality metrics compete for QI leaders' attention, so making a strong case for a focus on HPV vaccination is critical. QI leaders may be more willing to prioritize HPV vaccination if doing so aligns with their goals to:

- **Improve patient outcomes.** Emphasize that HPV vaccination prevents 6 cancers. Increasing HPV vaccination coverage is a top priority for the CDC, AAP, and NCI.
- **Save time.** Research shows that using evidence-based communication approaches like presumptive recommendations can raise HPV vaccination rates, while also saving time in clinical encounters.
- **Increase revenue.** Increasing HPV vaccination can improve performance on HEDIS measures and, for some payors, lead to higher reimbursement rates. Helping systems stay up-to-date on billing codes for vaccine administration and counseling can also be motivating.
- **Improve the system's reputation.** High HPV vaccination rates can help systems highlight their strengths and compete for market share. Bragging rights are especially valuable when systems' rates are publicly reported, such as by payors or quality improvement collaboratives.

"I think [QI leaders] are very receptive. If folks have an opportunity or a training or a program that fits, we typically are willing to commit the resources and create an opportunity to improve our outcomes."

—Healthcare system QI Leader³

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Recommend evidence-based interventions

Given IQIP staff's vaccine-related expertise, they can connect systems with the evidence-based interventions that are most likely to improve HPV vaccination rates. These may include system-level strategies like instituting standing orders, EHR prompts, and IIS forecasting or clinician and staff-level strategies like communication trainings. Interventions that offer CME or MOC credits can incentivize both QI leaders and participating clinicians. The CDC⁴ and NCI⁵ both offer lists of evidence-based resources that systems can implement to improve HPV vaccination.

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Help systems optimize data

The role that IQIP programs play in assessment and feedback on vaccination rates is changing. IQIP staff used to be charged with providing data from chart reviews, but healthcare systems increasingly rely on EHR data. IQIP staff can help systems improve their vaccination data quality and completeness by:

- Supporting EHR-IIS data exchange;
- Generating IIS-based coverage assessments aligned with ACIP recommendations; and
- Designing data reports that optimize HPV vaccine QI projects.⁶

In these ways, IQIP consultants can use their expertise in IIS functionality to help supplement and strengthen systems' QI infrastructure.

A good HPV vaccine metric will:

- Measure on-time vaccination (by age 12)
- Assess HPV vaccination separately from other adolescent vaccinations
- Use data that is as specific as possible (for clinics or even individual clinicians)

³ Grabert BK, et al. Hum Vaccin Immunother. 2021

⁵ <https://ebccp.cancercontrol.cancer.gov/index.do>

⁴ <https://www.cdc.gov/vaccines/ed/quality-improvement-proj.html>

⁶ Fiks AG, et al. Acad Pediatr. 2021.