Help Prevent HPV Cancers Today! An ACHIA HPV Vaccine CQI Collaborative
March – August 2016

Participants

13 practices from all regions of Alabama
58 Physicians, 37 office support staff, 82 Residents
66,419 children ages 0 – 18 years of age seen annually
14,995 children ages 11 – 18 years of age seen annually

Project Partners

AL Chapter - AAP
UAB Department of Pediatrics, Children’s of Alabama
American Academy of Pediatrics/Center for Disease Control
AL Academy of Family Physicians
AL Chapter - AAP

Project Support

AL Department of Public Health – Immunization Division

Background

Human Papilloma Virus (HPV) is a common cancer causing virus that infects 14 million people annually, mostly teens and young adults. As a result 17,600 women and 9,300 men are diagnosed with cancer caused by HPV each year. HPV most commonly causes cervical cancer in women and mouth and throat cancers in men. The current vaccines protect against the types of HPV that cause 70% of cervical cancers and the majority of other HPV-attributable cancers in the United States. Yet as of 2013, only 40% of Alabama’s girls had completed the recommended HPV vaccination series despite most of them having had a clinical encounter when the vaccine could have been administered. The data for US boys was 6.9% covered as of 2012. Research shows HPV vaccination rates increase when a strong provider message is delivered and when opportunities to deliver the vaccine are decreased.

Project Goals

Improve primary care infrastructure to:
- Identify eligible patients reliably
- Deliver a strong provider recommendation
- Decrease missed opportunities by administering the vaccine at acute care visits
- Utilize Reminder/Recall processes

Project Aims

- Increase Dose 1 delivery by 10% over baseline by August 2016
- Increase Dose 2 or 3 delivery by 10% over baseline by August 2016

Lessons Learned:

- Educating all staff and providers about HPV is important.
- Practices learned multiple ways to deliver a strong message.
- Acute visit HPV vaccination increased rates without increasing visit time for most practices.
- Selecting effective reminder/recall methods is practice-specific.
- Some parents remain reluctant to vaccinate.
- QI is not hard once started and efforts improve other care areas such as delivery of all vaccines and workflows.
- Practices plan to utilize AFIX reports to sustain gains.

Process Measure Results (N=13)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fig 1: Dose 1 Delivery Rate 11-12 yrs old</td>
<td># patients who receive HPV dose 1</td>
<td># of patients 11 – 12 eligible for dose 1</td>
<td>10% over baseline</td>
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<tr>
<td>Fig 2: Dose 2 or 3 Delivery Rate 11-12 yrs old</td>
<td># of patients age 11-12 who receive HPV Dose 2 or 3</td>
<td># of patients 11-12 eligible for doses 2 or 3</td>
<td>10% over baseline</td>
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<tr>
<td>Fig 3: Vaccination Rate at Well Child Check-up</td>
<td># of patients who receive HPV vaccine</td>
<td># of patients age 11 – 12 presenting for WCC</td>
<td>10% over baseline</td>
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<tr>
<td>Fig 4: Vaccination Rate at Acute Care Visits</td>
<td># of patients age 11-12 who receive HPV vaccine</td>
<td># of patients age 11 – 12 presenting for acute care visit</td>
<td>10% over baseline</td>
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