

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



Participating Practices Alabama Family Practice, Dr. Kathy Lindsey; Charles Henderson, Dr. Elizabeth Dawson; COA Primary Care Clinic, Dr. Morissa Ladinsky; Dothan Pediatric Clinic, Dr. Allison Walker; Enterprise Medical Clinic, Dr. Maria Sugang; Fairhope Pediatrics, Inc., Dr. Katrina Skinner; Greenvale Pediatrics - Hoover, Dr. Brian Dudgeon; Huntsville Pediatric Associates, Dr. Kevin Ellis; Midtown Pediatrics, Dr. LaDonna Crews; USA Children's Medical Clinic, Dr. Mobile Pediatric Clinic, Dr. Norma Mobley; Purohit Pediatric Clinic-Anniston, Dr. Naresh Purohit; West Alabama Pediatrics, Dr. Bruce Pettit

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 increased.

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

Measure Results

Figure 1 Dose 1 Delivery Rate 11-12 yr. olds

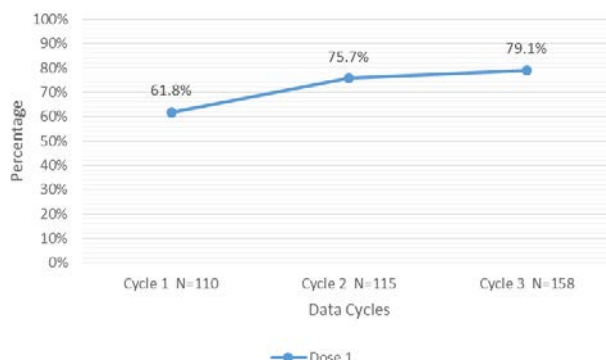


Figure 2 Dose 2 or 3 Delivery Rate 11-12 yr. olds

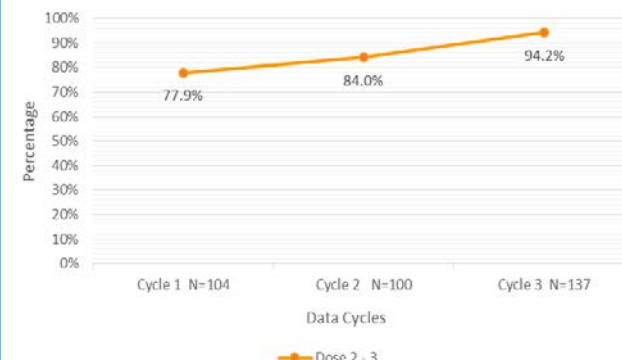


Figure 3 Vaccination Rate at Well Child Checkups

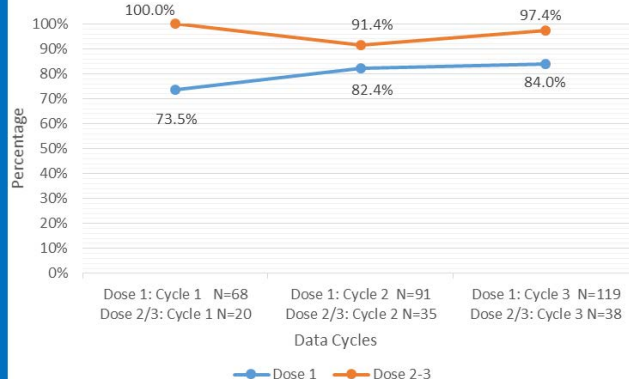
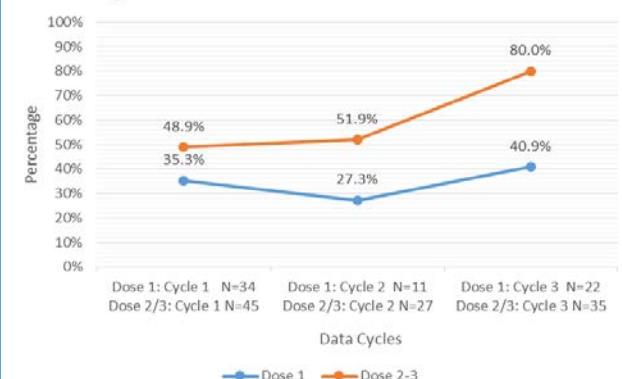


Figure 4 Vaccination Rate at Acute Care Visit



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.

Measures

Name of Measure	Numerator	Denominator	Goal
Fig 1: Dose 1 Delivery Rate 11-12	# patients who receive HPV dose 1	# of patients 11 – 12 eligible for dose 1	10% over baseline
Fig 2: Dose 2 or 3 Delivery Rate 11-12	# of patients age 11-12 who receive HPV Dose 2 or 3	# of patients 11-12 eligible for doses 2 or 3	10% over baseline
Fig 3: Vaccination Rate at WCC	# of patients who receive HPV vaccine	# of patients age 11 – 12 presenting for WCC	10% over baseline
Fig 4: Vaccination Rate at Acute Care Visits	# of patients who receive HPV vaccine	# of patients age 11 – 12 presenting for acute care visit	10% over baseline

Participants	Project Partners	Project Support
13 practices from all region of Alabama	AL Chapter-AAP	UAB Dept. of Pediatrics, Children's of Alabama
58 Physicians, 37 office support staff, 82 Residents	AL Dept. of Public Health – Immunization Division	AAP, Center for Disease Control
66,419 children ages 0 – 18 yrs. of age seen annually	AL Academy of Family Physicians	
14,995 children ages 11 – 18 yrs. of age seen annually		