National Immunization Project with the APA (NIPA)

Quality Improvement Learning Collaborative

*Improving HPV Immunization Coverage*

Wave Two: February-November 2016

Welcome Packet
National Immunization Project with the APA (NIPA)  
*Improving HPV Immunization Coverage*  
Second Wave

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NIPA, is a collaboration with the Academic Pediatric Association (APA) and the National Improvement Partnerships Network (NIPN), an organization housed at the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont, College of Medicine.

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Learning Collaborative Overview

Project
The National Immunization Project with the APA (NIPA), a collaboration between the National Improvement Partnership Network (NIPN) and the Academic Pediatric Association (APA) and funded by the Centers for Disease Control and Prevention, is a cross-state, comprehensive initiative to improve HPV immunization rates in adolescents. The learning collaborative combines direct physician education, public awareness strategies, expansion of residency curricula, and strengthening of partnerships to increase immunization coverage and expand the potential of HPV vaccine to prevent HPV-related cancers.

Background
The HPV vaccine, FDA-approved for females since 2006 and males since 2009, is a safe and effective form of cancer prevention. However, current national HPV immunization rates have stagnated, with only 39.7% of girls and 21.6% of boys 13-17 years of age receiving the complete 3-dose series in 2014. These rates fall far short of the Healthy People 2020 goal of 80% coverage. Furthermore, HPV is by far the most common sexually transmitted disease in the U.S. – approximately 14 million new infections arise each year – and is responsible for virtually all cervical cancers, as well as over 50% of vulvar, vaginal, anal, and oropharyngeal cancers.

The 2012-2013 Annual Report of the President’s Cancer Panel labeled the HPV vaccine as a public health priority, calling HPV vaccine underuse “…a serious but correctable threat to progress against cancer.”

Significant research has been conducted on provider and patient attitudes regarding HPV vaccination. Multiple studies cite a strong provider recommendation as critical to a patient’s decision to vaccinate against HPV. However, several barriers to strongly recommending the vaccine have also been identified among physicians surveyed, such as the investment of time required during the patient encounter and low perceived ability to change the opinion of the vaccine-hesitant patient and/or parent. In addition, missed opportunities (MOs) for HPV vaccination, or office visits during which a patient was eligible but did not receive the vaccine, contribute strongly to low HPV vaccination coverage rates in practices. Therefore, practice-level change that addresses these barriers is vital to improving HPV immunization rates for adolescents in the United States.

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3 http://www.cdc.gov/cancer/hpv/statistics/cases.htm
QI Intervention
Practice-level change is crucial to increasing acceptance of the HPV vaccine and improving coverage rates in adolescents. Therefore, NIPA is implementing a primary care-focused Quality Improvement (QI) intervention to strengthen office systems for delivery of the HPV vaccine and improve provider recommendation. Participants in the project will receive training in QI methodology and implement evidence-based strategies to increase immunization rates and reduce missed opportunities for HPV vaccination administration. Practices will complete surveys and submit baseline, monthly, and post-intervention data to track progress during the intervention phase and work towards achieving improved HPV vaccine coverage rates (See Appendix I for Project Timeline). The NIPA QI team will provide resources and expertise through monthly Learning Collaborative webinars and ongoing support.

QI Project Aim
The overall aim of this QI project is to measurably increase HPV vaccination rates for adolescents within the practices participating in the 6-month intervention.

QI Project Goals

Goal 1: To support participating practices’ implementation of evidence-based strategies to improve their office systems delivery of the HPV vaccine and measurably improve their HPV vaccination rates.

Goal 2: To strengthen strong provider recommendations for HPV vaccination among the practice team.

Goal 3: To support the practice team in identifying office systems areas for improvement, planning and implementing changes, and studying changes made using the Plan/Do/Study/Act (PDSA) model of rapid-cycle improvement.

Specific Measurable Objectives

Objective 1: To decrease rates of Missed Opportunities in patients eligible to receive any dose of HPV vaccine by 20% from baseline rate.

Objective 2: To increase HPV vaccine initiation (1st dose) rates by 10% over baseline rate.

Objective 3: To increase HPV vaccine series completion (3rd dose) rates by 10% over baseline rate.
Requirements for QI Project Participation

- Designate a practice Clinic Champion and QI/Change team that will meet regularly to review your data, then identify and continually implement improvement strategies using PDSA cycles during the intervention phase
- Attend one hour-long orientation call
- Participate in monthly hour-long Learning Collaborative webinars (See Appendix II for list of topics)
- Submit pre-intervention and post-intervention HPV vaccination rates
- Perform monthly chart audits on patients to measure missed opportunities (16 charts/month)
- Submit monthly PDSA log sheets to guide rapid-cycle improvement
- Complete surveys and questionnaires: Office systems inventory (pre/post), staff impact survey (mid/post)

ABP MOC and ABFM MC-FP Completion Requirements
Participants will be able to earn 25 credits toward Maintenance of Certification (MOC), Part 4 from the American Board of Pediatrics (ABP) or Maintenance of Certification for Family Physicians (MC-FP), Part IV from the American Board of Family Medicine (ABFM). To receive credit, the following criteria must be met. Credit is earned by the individual clinician, but many activities required for credit are completed at the practice level.

<table>
<thead>
<tr>
<th>Individual Requirements (Activities in this column must be completed by each individual seeking MOC/MC-FP credit.)</th>
<th>Practice Requirements (Activities in this column are completed by the practice once and count towards all individuals in the practice seeking MOC/MC-FP credit.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Data  - Pre/Post HPV rates  - Monthly chart review of 16 patients  - Monthly PDSA log</td>
<td></td>
</tr>
</tbody>
</table>

Appendix III is a MOC/MC-FP Participant Tracking log. This tool is to assist with tracking project accomplishments related to the ABP MOC and ABFM MC-FP requirements. Individuals will need this information to attest to “meaningful participation” in the project.
Data Requirements
All project data is submitted electronically through REDCap, an online encrypted data collection system. No protected health information is submitted and all practices are assigned a unique identifier, so that data cannot be attributed to any site.

Data Lead
Each participating site will designate one person to serve as data lead. This person will be the primary contact for all project data requests. The data lead will be the only person at the practice who will receive data links from REDCap and will enter or facilitate entry of all practice data. The data lead will bring project surveys to the practice team and record the practice’s responses, then enter those responses in REDCap.

*Note: Due to limitations in REDCap and to maintain data integrity, only one person per practice may be designated to receive links for data submission. Other team members will be made aware of data requests and deadlines through the project listserv.

Data Submission
To measure progress on the project aims, practices will submit pre- and post-intervention data on rates of HPV vaccine series initiation and series completion. Practices will also submit baseline and monthly data on missed opportunities to evaluate the impact of their QI work.

HPV Vaccination Rates
   *Series initiation in 11-12 year olds (by gender)*
   *Series completion 13-17 year olds (by gender)*
HPV vaccination rates will be measured twice in the project (pre- and post-intervention). Practices have the option to choose one of the three below sources for this data.
   1. Electronic health record (population-based)
   2. Immunization registry (population-based)
   3. Chart audit: 30 patients
Practices must use the same data source for their pre and post HPV vaccination rates. For example, if a practice measures their baseline HPV vaccination rates from their state immunization registry, then they will also obtain their post-project HPV vaccination rates from the immunization registry.

*Note: Practices that participated in wave 1 and are participating in wave 2 can use their post-project HPV vaccination rates from wave 1 as their baseline data for wave 2.

Missed Opportunities
Missed opportunities will be measured monthly for nine months: three months of baseline (Feb.-Apr.) and six months of intervention (May-Oct.). Practices will audit 16 patient charts per month (8 from the first half of the month and 8 from the second half of the month). Missed opportunities will be measured for patients seen in the practice between February and October 2016, who were eligible to receive a dose of HPV vaccine.
Project Participants
Six states (AL, ME, NH, NJ, TN, VT) participated in the first NIPN wave of this project. Forty practices and over 100 physicians were involved in testing and implementing changes around HPV vaccine administration. Strategies included strong recommendation, provider prompts, standing orders, and reminder-recall systems. An additional 14 continuity clinics in 10 states participated in the NIPA’s first wave.

At least twelve states (AL, AZ, IA, IN, FL, MA, ME, NH, NJ, TN, and VT) will be participating in the second wave of this project.
Benefits of Project Participation

- Earn 25 credits towards ABP Maintenance of Certification (MOC), Part 4, or ABFM Maintenance of Certification for Family Physicians (MC-FP), Part IV
- Receive QI coaching and support, including project-specific customized tools and materials
- Receive assistance in assessing your system for HPV vaccine delivery, recognizing barriers, and selecting evidence-based strategies to test with PDSA cycles
- Participate in monthly Learning Collaborative webinars on topics such as delivering a strong provider recommendation for HPV vaccine and reducing Missed Opportunities for vaccination
- Track your practice’s progress through monthly data feedback report with practice-specific coaching comments

Project Tools and Resources

Virtual Toolkit

http://www.academicpeds.org/NIPA/

The Virtual Toolkit holds the most up-to-date information relating to the project with new information added regularly. This site contains project-specific materials, such as a project overview, data collection tool instructions, webinar recordings, protocols for improving HPV vaccination rates, and project references and relevant research literature. Additionally, tools and resources are available on topics such as HPV vaccines, QI methodology, informational materials for patients, and resources on adolescent and young adult health.

Listserv

NIPA_2@list.uvm.edu

The NIPA listserv allows practices to use e-mail to interact with one another outside of the monthly Learning Collaborative Webinars. All members of practices’ project teams are automatically added to the listserv. Project staff uses the listserv to communicate with participants about webinars, important project dates and activities, and other project information.

We strongly encourage practices to actively use this as a means to stay connected with other participants and sustain enthusiasm for the project by requesting information from the NIPA team, sharing strategy implementation or quality improvement breakthroughs, discussing any difficulties with implementing strategies, and asking for ideas from other clinic sites.

To use the listserv, send an e-mail addressed to NIPA_2@list.uvm.edu, and a copy of the message will be sent to all the people who currently subscribe to the list.
Appendices

Appendix I: Wave 2 Learning Collaborative Timeline for NIPN Practices

The second wave of the NIPA HPV quality improvement project will run from February through November 2016. The baseline or pre-intervention phase is the three-month period from February to April 2016. The intervention phase will run from May through October 2016, where practices will be implementing and testing changes to their HPV vaccine delivery systems. The timeline below outlines the activities associated with the different phases of the project and estimates the time for various activities.

Enrollment Phase (1 hr)
- Project Overview
- Practice Teams Established
- Contact Information Form Submitted

Pre-Intervention Phase (3 hrs/month)
- Practice Readiness Assessment (0.5 hr)
- Office Systems Inventory (0.5 hr)
- Baseline data collection (3 hrs)
- Project Orientation & QI Training (1 hr)
- Strategy Selection (1 hr)

Learning Collaborative Implementation Phase (3.5 hr/month)
- Strategy Implementation
- Monthly Team Meeting to review data & plan (1 hr)
- Monthly Learning Collaborative Webinars (1 hr)
- Monthly PDSA Self Assessments (0.5 hr)
- Monthly Chart Reviews (16/month) (1 hr)
- Staff Impact Survey (Midpoint)

Wrap Up Phase (2 hrs)
- Staff Impact Survey (Endpoint) (0.25 hr)
- Office Systems Inventory (0.5 hr)
- Post HPV rates (1 hr)
- Project Evaluation (0.25 hr)
Appendix II: Wave 2 Learning Collaborative Webinar Schedule for NIPN Practices

To best accommodate schedules each webinar will be offered multiple times a month and recorded

<table>
<thead>
<tr>
<th>Month</th>
<th>Webinar Topic</th>
<th>Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td></td>
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<tr>
<td>3/1/16, 1-2 pm</td>
<td>Project Orientation</td>
<td>Wendy Davis, MD</td>
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<tr>
<td>3/8/16, 12-1 pm</td>
<td></td>
<td>Rachel Wallace-Brodeur, MS, MEd</td>
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<tr>
<td>3/8/16, 2-3 pm</td>
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<tr>
<td>3/21/16, 2-3 pm</td>
<td>Data Orientation (Required for Data Entry Personnel)</td>
<td>Rachel Wallace-Brodeur, MS, MEd</td>
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<tr>
<td>3/24/16, 12-1 pm</td>
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<tr>
<td>April</td>
<td>Quality Improvement 101: PDSAs and Reminder-Recall Systems</td>
<td>Wendy Davis, MD</td>
</tr>
<tr>
<td>May</td>
<td>Giving a Strong Provider Recommendation for HPV Vaccine</td>
<td>Sharon Humiston, MD, MPH; Rebecca Perkins, MD</td>
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<tr>
<td>June</td>
<td>Reducing Missed Opportunities</td>
<td>Cynthia Rand MD, MPH; Paul Darden, MD</td>
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<tr>
<td>July</td>
<td>HPV Vaccination 101</td>
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<tr>
<td>September</td>
<td>Adolescent-Friendly Office Policies and Well-Care Visits</td>
<td>Erica Gibson MD, UVM</td>
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<tr>
<td>November</td>
<td>Project Review and Wrap-Up</td>
<td>Wendy Davis, MD</td>
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<td></td>
<td>Rachel Wallace-Brodeur, MS, MEd</td>
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*Note: there will not be a webinar in August or October.

Webinar Agenda
- Announcements & Project Updates
- Presentation
- Stories from the Field
- Wrap-up

Webinar Access
- [https://uvm-vchip.adobeconnect.com/nipa/](https://uvm-vchip.adobeconnect.com/nipa/)
- Enter first and last name
- Select “dial-out” or call 866-814-9555
- Conference Code: 7470905626
Appendix III: Wave 2 ABP MOC and ABFM MC-FP Participation Tracking Log for NIPN Practices

This tool is to assist with tracking project accomplishments related to the ABP MOC and ABFM MC-FP requirements. Individuals will need this information to attest to “meaningful participation” in the project.

<table>
<thead>
<tr>
<th>Orientation Webinar</th>
<th>Learning Collaborative webinars (at least 5). Please note topic and date</th>
<th>Project surveys and questionnaires</th>
<th>Patient data</th>
<th>PDSA self-assessment</th>
<th>Reviewed data and feedback reports</th>
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<tr>
<td><strong>March 2016</strong></td>
<td></td>
<td>□ QI Practice Readiness Assessment Assessment</td>
<td>Monthly data on 16 charts from February</td>
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<td></td>
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<td>□ Office Systems Inventory</td>
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<td><strong>April 2016</strong></td>
<td>Topic:</td>
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<td>Monthly data on 16 charts from March</td>
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<td>Date:</td>
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<td><strong>May 2016</strong></td>
<td>Topic:</td>
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<td>Monthly data on 16 charts from April</td>
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<td><strong>June 2016</strong></td>
<td>Topic:</td>
<td></td>
<td>Monthly data on 16 charts from May</td>
<td>□ Yes</td>
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<td>Baseline (pre-intervention) data on HPV rates</td>
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<td><strong>July 2016</strong></td>
<td>Topic:</td>
<td>Staff Impact Survey</td>
<td>Monthly data on 16 charts from June</td>
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<td>For June</td>
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<td>For May</td>
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<td>Orientation Webinar</td>
<td>Learning Collaborative webinars (at least 5). Please note topic and date</td>
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<td>Patient data</td>
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<td>Reviewed data and feedback reports</td>
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<td>August 2016</td>
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<td>September 2016</td>
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<td>October 2016</td>
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<td>November 2016</td>
<td>Topic: □ Office Systems Inventory □ Staff Impact Survey</td>
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<td>Monthly data on 16 charts from October</td>
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<td>Post intervention data on HPV rates</td>
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