Project Overview

The Project: National Immunization Partnership with the APA (NIPA), a collaboration between the National Improvement Partnership Network (NIPN) and the Academic Pediatric Association (APA), is a cross-state, comprehensive initiative to improve HPV immunization rates in adolescents. The project 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.

The QI Intervention: Practice-level change is crucial to increasing acceptance of 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 HPV vaccine and strengthen provider recommendation. Practices will complete Office Systems Inventory survey and submit baseline, monthly and post-intervention data to track progress in the intervention and work towards achieving improved HPV vaccine coverage rates. The NIPA QI team will provide resources and expertise through monthly Learning Collaborative webinars and ongoing support.

Timeline: This 9-month MOC project will run from June 1, 2015, to May 30, 2016.

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 national HPV immunization rates have stagnated, with only 36.7% of girls and 13.9% of boys 13-17 years of age receiving the complete 3-dose series in 2013. 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 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

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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 incorporates addressing these barriers is vital to improving HPV vaccine rates for adolescents in the United States.

QI Project Aim:
The overall aim of this MOC/QI project is to measurably increase HPV vaccination rates for adolescents within the practices participating in the 9-month intervention.

QI Project Goals:

Goal 1: To support participating practices’ implementation of evidence-based strategies to improve their office systems delivery of 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 PDSA QI model.

Specific Measurable Objectives:
The global aim for this project is to improve HPV vaccine initiation (1st dose) and series completion rates (3rd dose) in the participating practices from baseline to the end of the study by 10%.

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 in participating practices by 20% over baseline rate.

Objective 3: To increase HPV vaccine series completion (3rd dose) rates in participating practices by 30% over baseline rate.