

IMPROVING HPV VACCINATION AMONG ADOLESCENTS USING BEST PRACTICES

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HPV in Texas

- Incidence of Cervical Cancer in Health Service Regions (HSR)
 - HSR 8 is 10.5 per 100,000
 - HSR 11 is 10.6 per 100,000
- Hispanic women in Texas are particularly at risk with a rate of 11.6
 - Morbidity and mortality is 70% higher in Hispanic women
- Incidence of oropharyngeal cancer in Texas men is 9.5 per 100,000 and rising

2016 Vaccination in Adolescents, 13-17

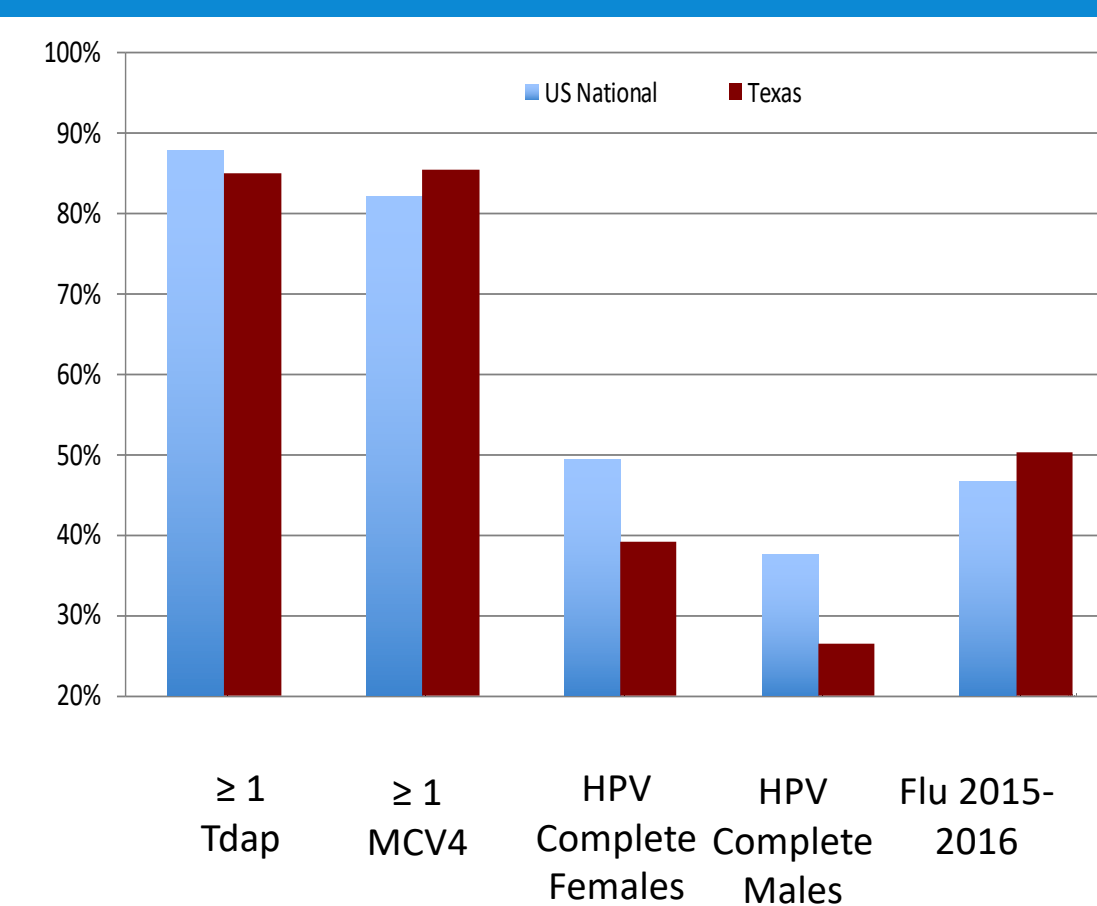
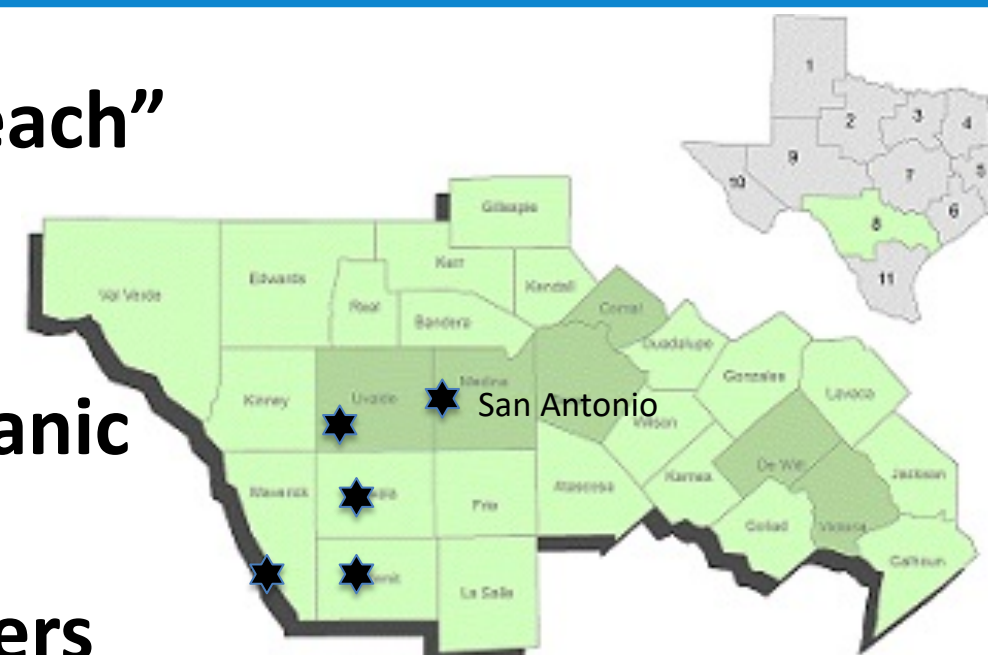


Fig. 1. While teens are getting their required vaccines, MCV4 and Tdap, the HPV vaccine continues to have a slow uptake.

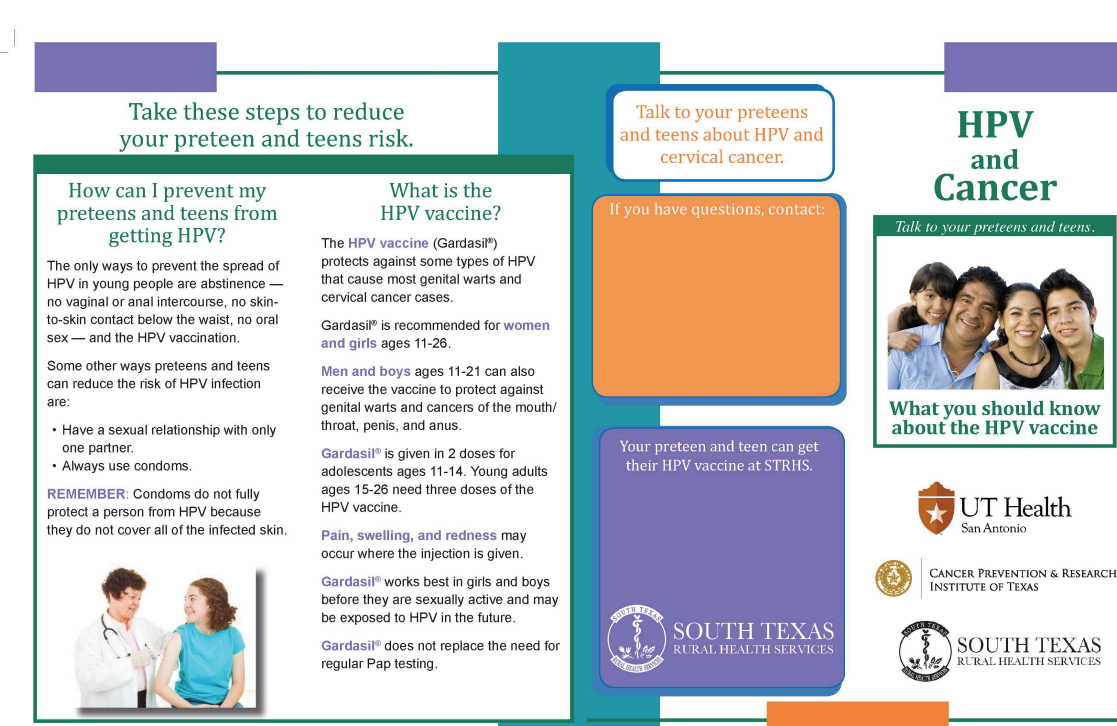
- Most parents say they will vaccinate their children if their provider recommends it. Therefore, provider education is critical.
- Clinic practices have a significant impact on vaccination: missed opportunities, lack of reminder/recall, not fully utilizing immunization registries for tracking
- Our aim was to improve HPV vaccination through a combination of provider education, improved clinic practices and community outreach

Methods

- Combine community out reach with clinic “in-reach”
- Educate and train Immunization Champions to promote best practices
- Target six clinics in four primarily rural and Hispanic counties of Texas
- Utilize AFIX, a CDC program used to help providers identify areas for improvement in their practices



Community Outreach



- Area Health Education Center (AHEC) participated in health fairs and community events throughout the four counties
- March 2016 – May 2017
 - Reached > 18,000 adults through community events
 - Educated 4,000 adults in targeted education sessions
 - Educated 452 healthcare professionals

Immunization Champions

A clinic facilitator and three Immunization Champions were trained to implement healthcare systems-based interventions including:

- Clinic “in-reach”
 - Patient Education
- Reminder/Recall
 - Identify and contact patients who have are due for a vaccine (reminder) or have missed a dose (recall)
- Missed Opportunities
 - Note when a patient has a visit for other reasons but is due for a vaccine



IMMUNIZATION
CHAMPIONS
Training Manual

Educate providers on Evidence-based strategies to make strong recommendations including:

- Communication Tools
- Establish Standing Orders
- Improve use of ImmTrac
 - Champion responsible for entering and updating ImmTrac

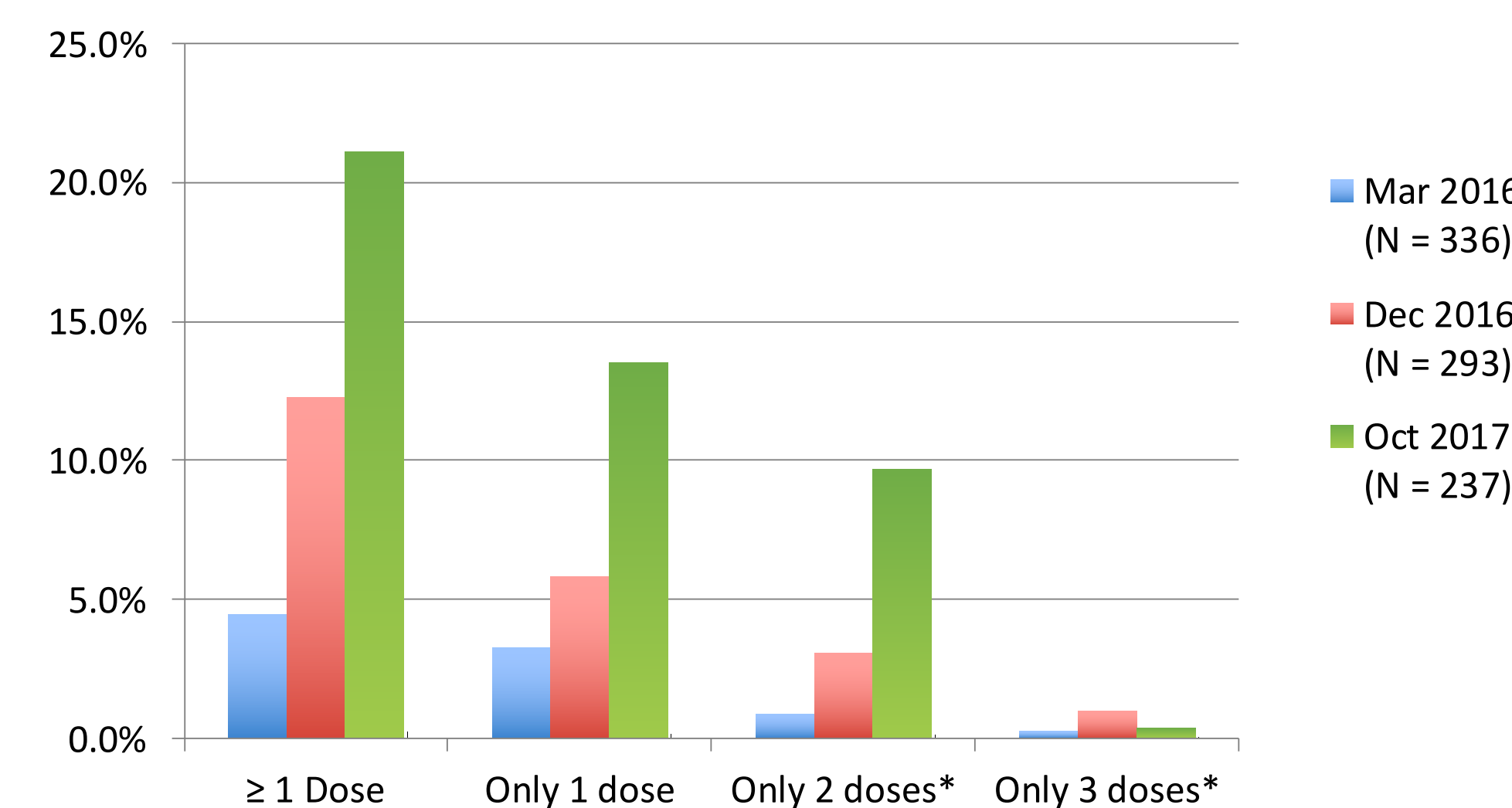
AFIX: Assessment, Feedback, Incentives, Exchange

The AFIX analysis included Comprehensive Clinic Assessment Software Application (CoCASA) to assess baseline HPV vaccination rates in all clinics, determine frequency of missed opportunities and to identify areas for improvement

Baseline February 2016

- Charts for 336 male and female patients, aged 11-17 were randomly selected from the 6 clinics for initial review in February 2016
 - 15 patients (4.5%) had initiated the HPV vaccination series
 - 1 (0.3%) had completed the series
 - 3 (0.89%) needed one more dose for completion
 - There were 26 (7.7%) missed opportunities

HPV Vaccination in 6 Clinics in Rural South Texas, Adolescents aged 11-17



*Recommendations changed in October 2016. Only 2 doses are now required if the patient initiates before age 15. While this community is still well below the state completion rate (32.9%), the interventions have resulted in substantial change in practices within the clinic. More than 21% of the patients have received at least one dose, and nearly 10% are complete with 2 doses, compared to only 3% before.

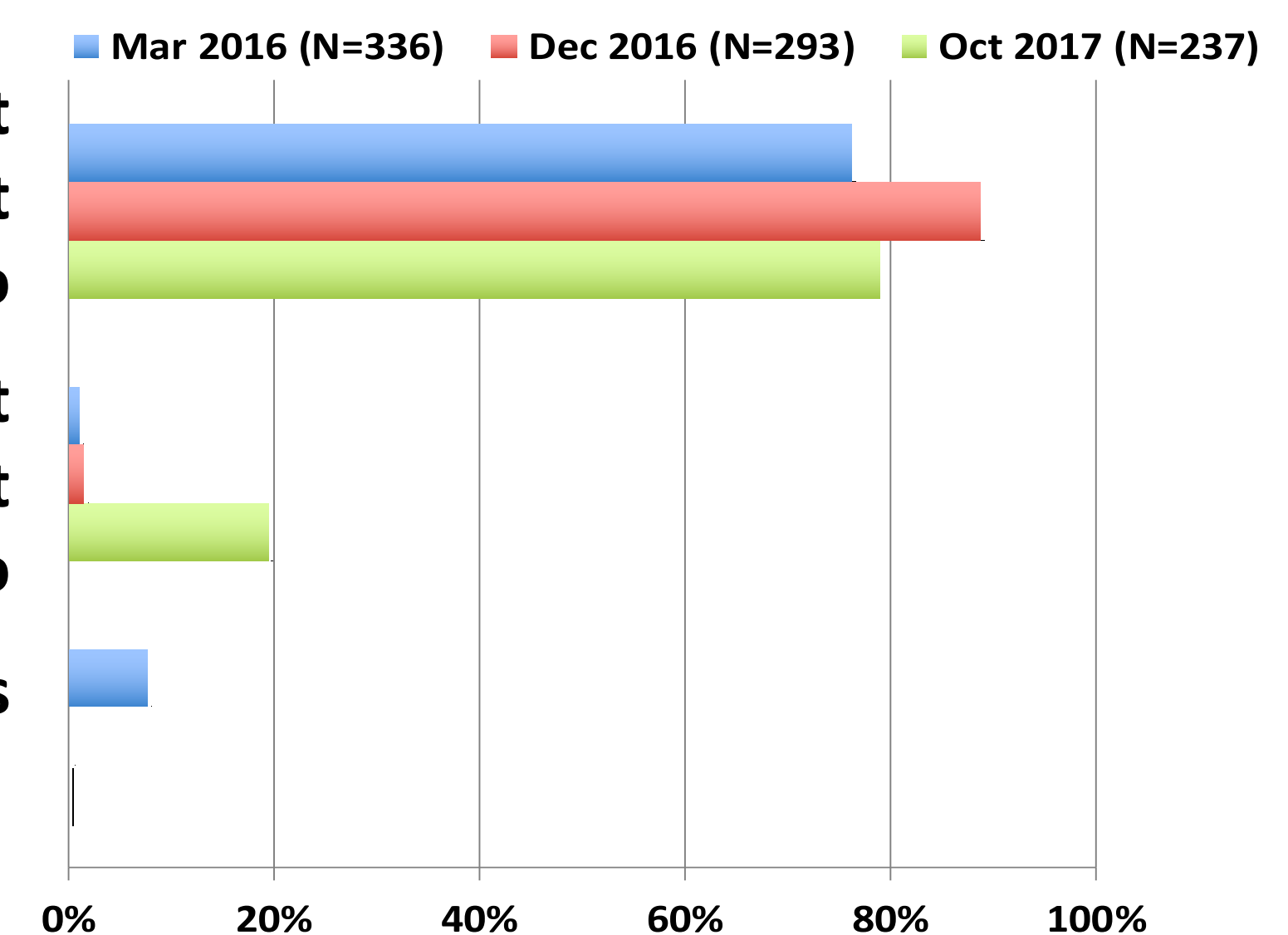
Best Practices

Missed Opportunities

No missed opportunities, but eligible for Immunizations. Last visit ≥ 12 months ago

No missed opportunities, but eligible for Immunizations. Last visit ≤ 12 months ago

Missed opportunities



Missed opportunities have decreased to zero. If a patient has come in for another reason, they’re getting vaccinated.

Conclusions

- Reminder/Recall is working to bring patients back to complete the series
- Improved communication between providers and patients has shown an increase in HPV vaccine initiation
- Providers are using “bundle” recommendations:
 - “Today you’ll receive Tdap, HPV, and Meningitis vaccines. Do you have any questions?”
- Missed opportunities decreased to zero
- Overall substantial improvement in HPV vaccine initiation and completion

Challenges and Next Steps

Champions have made a huge effort reaching out to patients, but in this rural and transient area, the biggest challenge is getting patients to the clinic. Many lack health insurance, so, if they need health care, they may go to the emergency room. The rural setting means there is a lack of transportation options so getting to the clinic for an appointment may be difficult. The transient nature of the population may mean they move on before they return to the clinic. Steps to address this include:

- Review ImmTrac to determine if these patients are getting the vaccine elsewhere
- Enhance outreach to established patients who haven’t been in the clinic in more than 12 months
- Enhance community outreach at public events and connect potential patients with providers