

# National Immunization Partnership with the APA

## *Improving HPV Immunization Coverage*



### *Cohort 5*

September  
25, 2018

Rachel Wallace-Brodeur, MS MEd,  
Lissette McNulty, RN, Theresa Schmidt, RN

# Objectives

1. Describe the National Immunization Partnership with the APA (NIPA) HPV Immunization Learning Collaborative
2. Review outcomes from prior NIPA cohorts
3. Share experience of LHDs who have participated in NIPA
4. Understand how to enroll and participate in NIPA

# Acronym Alert!

- ***NIPA***: National Immunization Partnership with the APA (Academic Pediatric Association)
- ***NIPN***: National Improvement Partnership Network



# NIPA Background

- CDC cooperative agreement (August, 2014)
- **Partnerships with providers & national organizations**
  - Strengthen clinician HPV vaccine recommendation by direct outreach & education in every state/territory
  - Promote CDC & other tools to improve practice efforts at both a national and local level



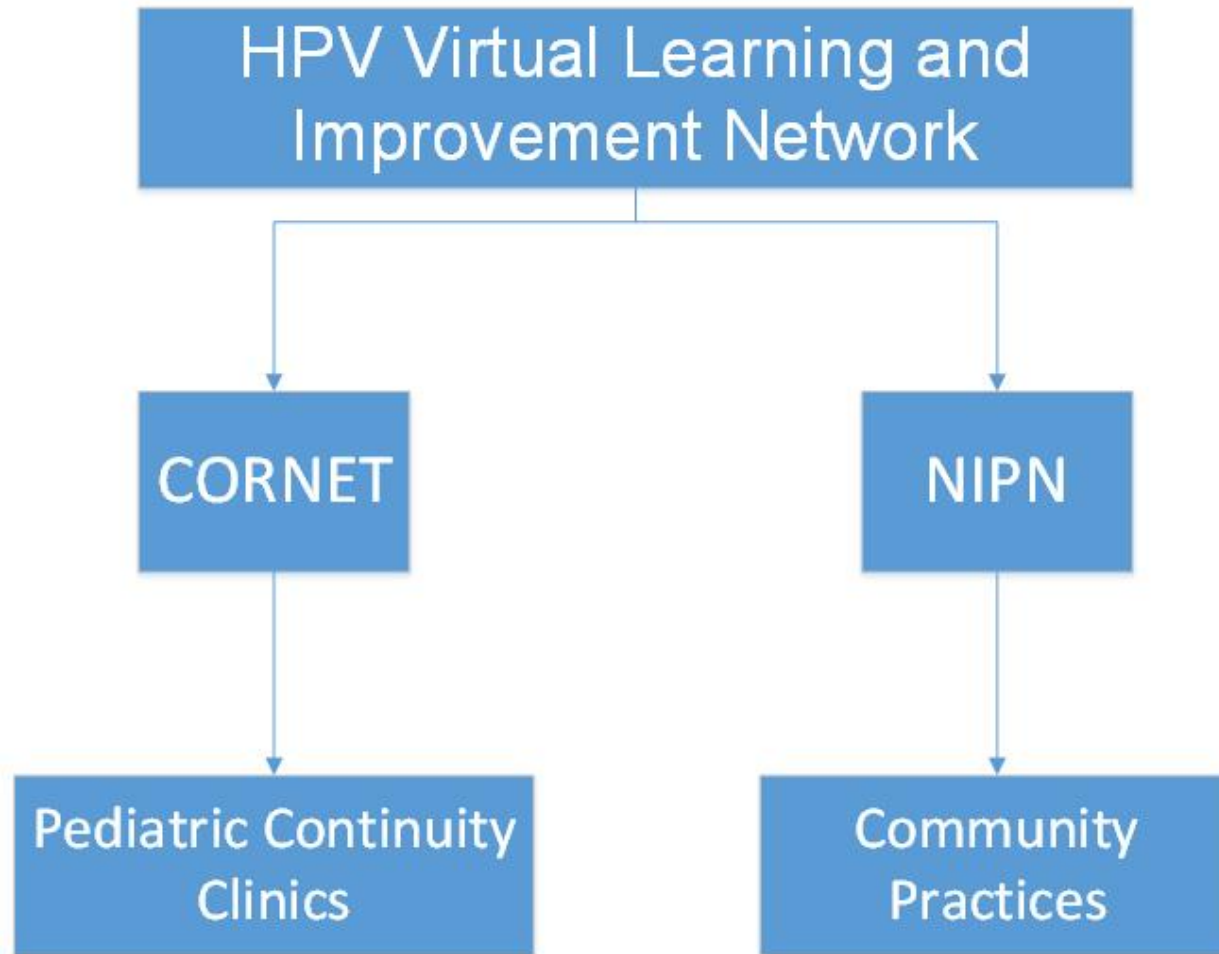
# NIPA: Project Leadership

- **Academic Pediatric Association** lead applicant
- APA Principal investigators:
  - Peter Szilagyi, MD MPH; Cynthia Rand, MD MPH
- Quality Improvement Leads:
  - **NIPN: Wendy Davis, MD**
  - CORNET: Paul Darden, MD
- Other faculty: Stanley Schaffer, MD MS; Sharon Humiston, MD MPH; William Stratbucker, MD MS

# NIPA: Quality Improvement Project

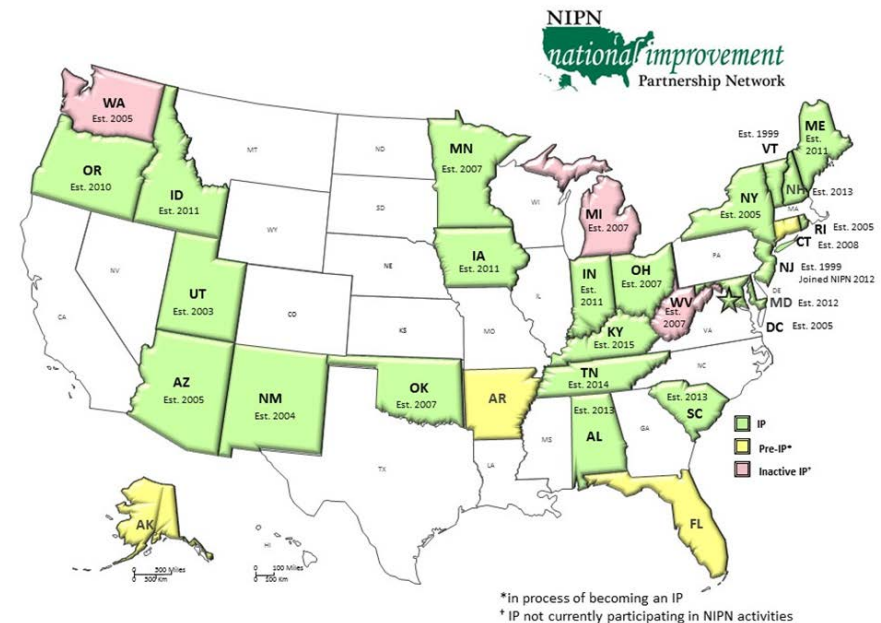
- Establish the “**HPV Virtual Learning and Improvement Network**”
- Goal: **increase HPV vaccination rates among adolescents ages 11-17 y.o.**
- Use QI methods to:
  - Give Strong Provider Recommendation (***all*** practices)
  - Reduce missed opportunities

# Virtual Network Model



# National Improvement Partnership Network

NIPN is a network of over 20 states that have developed Improvement Partnerships to advance quality and transform healthcare for children and their families.





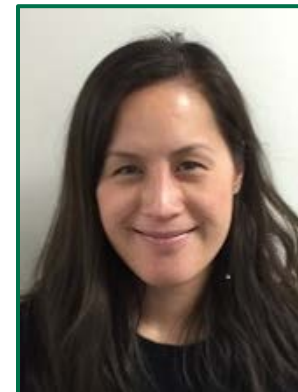
# NIPN Team



**Wendy Davis, MD**  
*Primary Investigator, NIPN*  
[wendy.davis@med.uvm.edu](mailto:wendy.davis@med.uvm.edu)

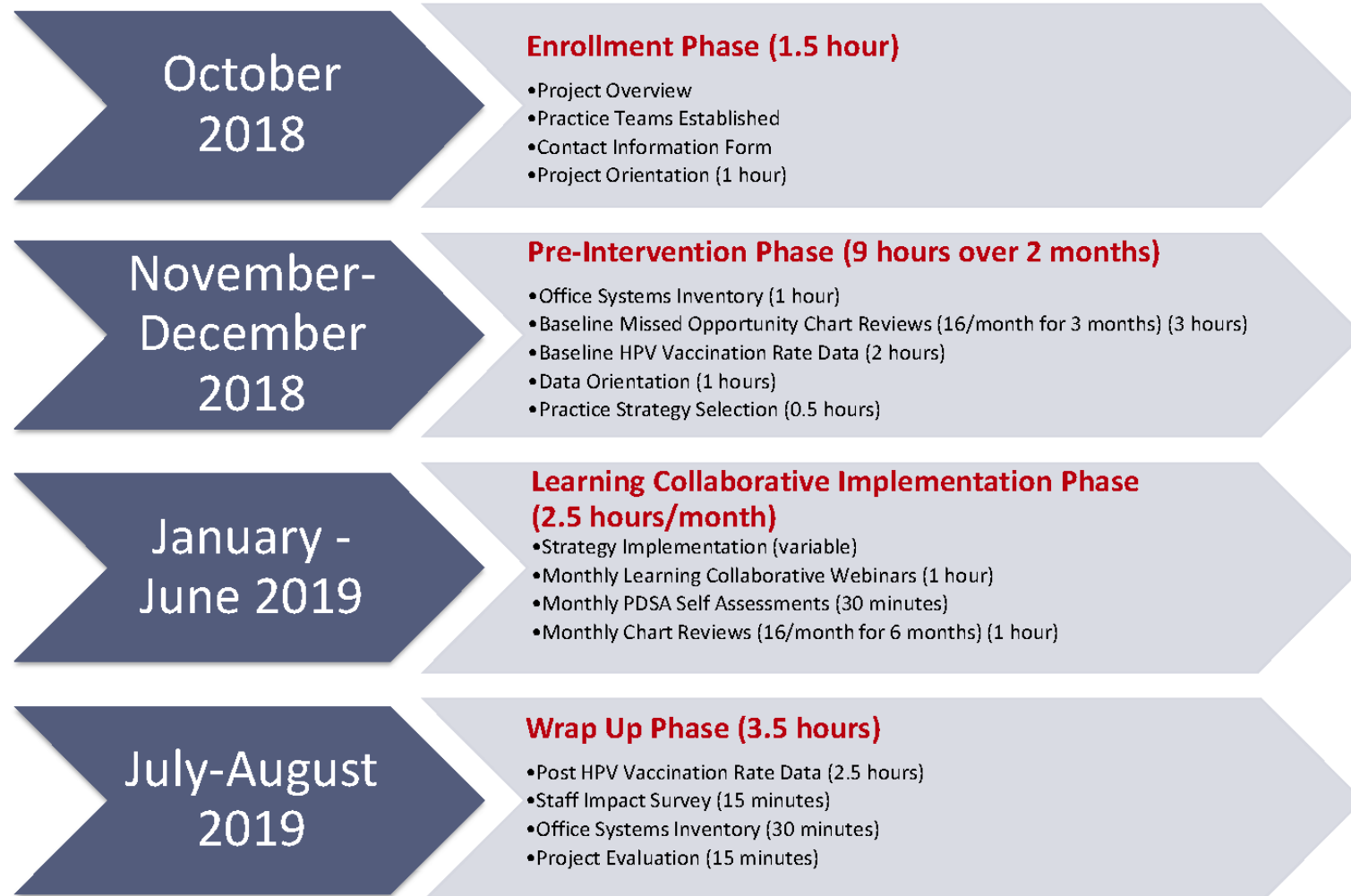


**Rachel Wallace-Brodeur MS, MEd**  
*Project Director & QI Coach*  
[rachel.wallace-brodeur@med.uvm.edu](mailto:rachel.wallace-brodeur@med.uvm.edu)



**Jennifer Le**  
*Outreach Specialist*  
[Jennifer.A.Le@med.uvm.edu](mailto:Jennifer.A.Le@med.uvm.edu)

# Project Timeline



# NIPA HPV QI Project Aims

- Goals for each participating site:
  - **Reduce missed opportunities** for HPV vaccine by 20% over the baseline rate.
  - **Improve the series initiation** (1<sup>st</sup> dose) rate of HPV vaccination for eligible 11-12 and 13 – 17 y.o. patients by 10% over the baseline rate.
  - **Improve the series completion** rate of HPV vaccination for eligible 13-17 year old patients by 10% over the baseline rate.

# Strategies

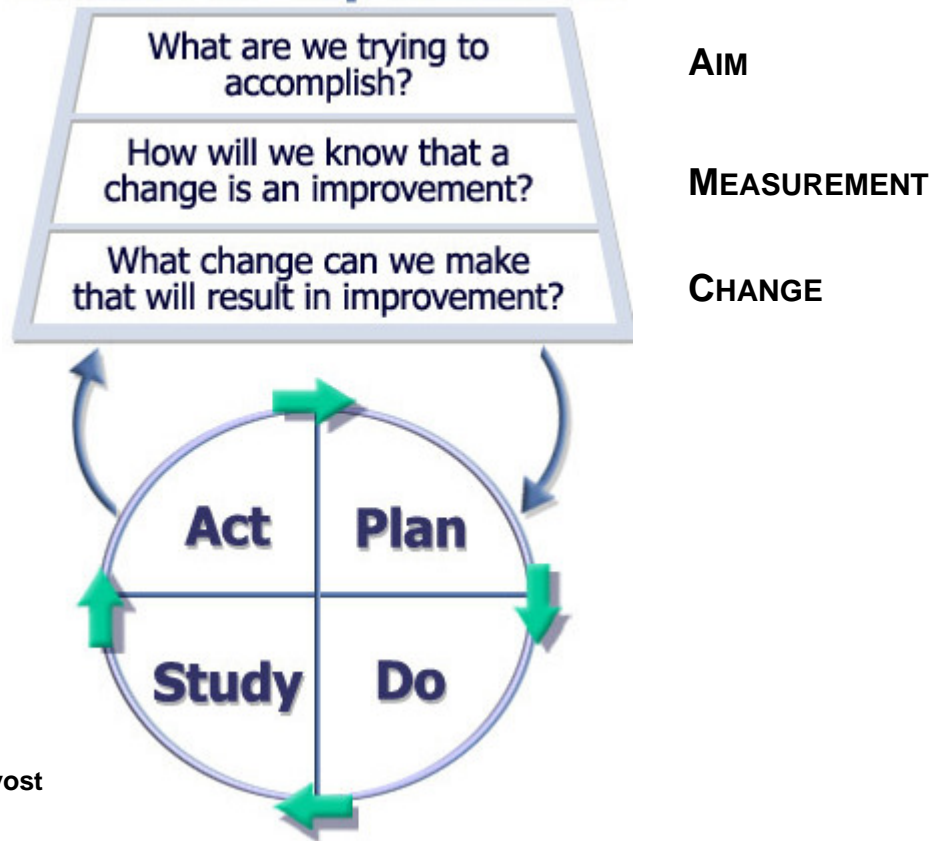
- **Strong Provider Recommendation**
- **Provider Prompts** to give vaccine at the time of the visit at **ALL** visits
- **Standing Orders** (protocols) that empower office personnel to vaccinate eligible patients without direct provider involvement at **ALL** visits
- **Reminder Recall** systems to notify target population that vaccinations are due or overdue

# Training Topics

Webinar Dates (EST)	Webinar Topic <i>(Topic and presenters are subject to change)</i>	Presenters
10/29/18, 3-4pm 10/30/18, 12-1pm	<b>Project Orientation</b> <i>*required for all project participants</i>	Wendy Davis, MD, FAAP Rachel Wallace-Brodeur, MS, Med
11/5/18, 3-4pm 11/6/18, 12-1pm	<b>Data Orientation</b> <i>Required for Data Entry Personnel Only Not applicable for MOC/MC-FP credit</i>	Rachel Wallace-Brodeur, MS, Med
12/11/18, 12-1pm 12/12/18, 3-4pm	Quality Improvement 101: PDSAs & Immunization Systems	Rachel Wallace-Brodeur, MS, Med
1/8/19, 12-1pm 1/9/19, 3-4pm	Giving a Strong Provider Recommendation for HPV Vaccine	Sharon Humiston, MD, MPH Rebecca Perkins, MD
2/12/19, 12-1pm 2/13/19, 3-4pm	Reducing Missed Opportunities	Cynthia Rand, MD, MPH Paul Darden, MD
3/5/19, 12-1pm 3/6/19, 3-4pm	Motivational Interviewing & HPV Vaccine Dosing Recommendations	Sharon Humiston, MD, MPH
4/9/19, 12-1pm 4/10/19, 3-4pm	Hot Topics: Adolescent-Friendly Office Practices & Health Literacy	Erica Gibson, MD Andrea Green, MD
6/11/19, 12-1pm 6/12/19, 3-4pm	Public Health Initiatives to Improve HPV Vaccination	NACCHO
8/6/19, 12-1pm 8/7/19, 3-4pm	Project Review & Wrap-up	Wendy Davis, MD, FAAP Rachel Wallace-Brodeur, MS, Med

# The Model for Improvement

## Model for Improvement

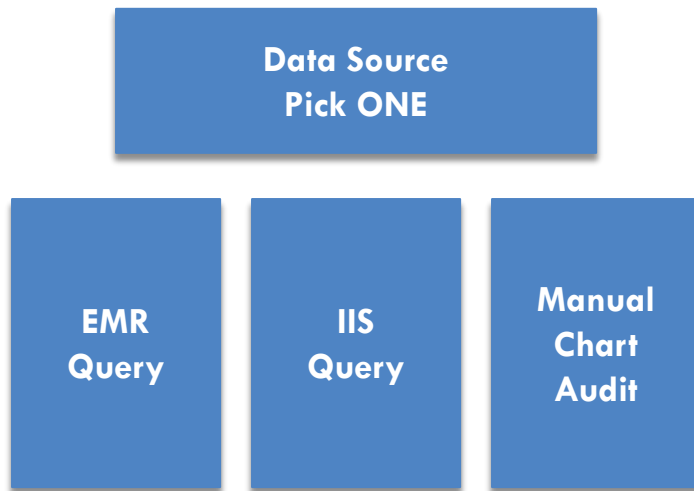


From The Improvement Guide  
Langley, Nolan, Nolan, Norman and Provost

# Data Collection

## HPV Vaccination Rates

- Collected pre/post



## Missed Opportunities

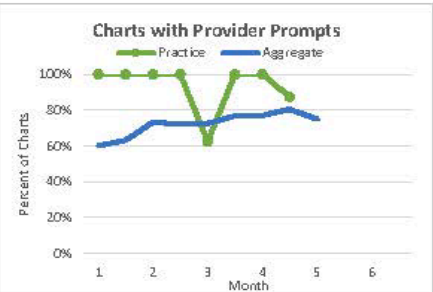
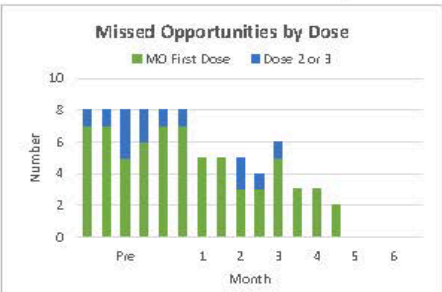
- Collected monthly
  - 3 months baseline
  - 6 months intervention
- 16 patient visits per month
- Manual chart audit

# Reporting Missed Opportunities



## National Immunization Partnership with the APA

Practice: 64104

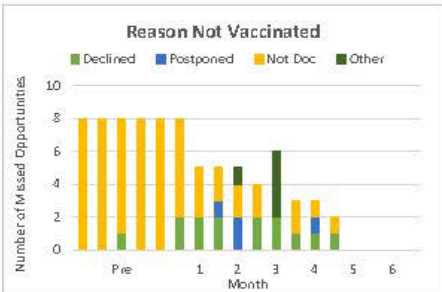
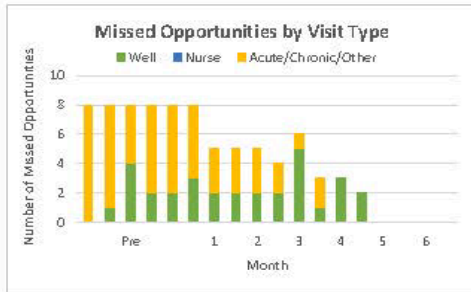


**Baseline data on HPV vaccination rates**

	Females	Males
<b>Initiation of HPV vaccine series</b>		
≤12 y.o.	7%	3%
13-17 y.o.	40%	36%
<b>Total</b>	<b>30%</b>	<b>26%</b>
<b>Completion of HPV vaccine series</b>		
13-17 y.o.	3%	3%

**Coaching Comments:** From your baseline data, it looks like you are initiating the HPV series later than the CDC-recommended 11-12 years old. Your data on missed opportunities supports this as well, as you have more missed opportunities in this age group.

You also have a fairly low series completion rate. You may want to consider implementing a recall system for patients that have initiated the HPV series, but have not come in for their second or third doses.



A number of your missed opportunities are from patients/parents declining the vaccine. There is not much you can do about patients/parents who are anti-vaccine, but when patients or parents refuse the vaccine I suggest you:

- 1) Try to identify and address the patient's or parent's specific concerns about HPV vaccine.
- 2) Ask parents who refuse the vaccine to sign a refusal form to accept the risk of not vaccinating.
- 3) Continue to recommend the vaccine at future visits, even if it has been declined previously.



# Surveys

- Office Systems Inventory (pre/post)
- Staff Impact Survey (post)
- Monthly PDSA Log (6 mos)



# Project Requirements

Individual



Webinar trainings



Site



Data  
Surveys

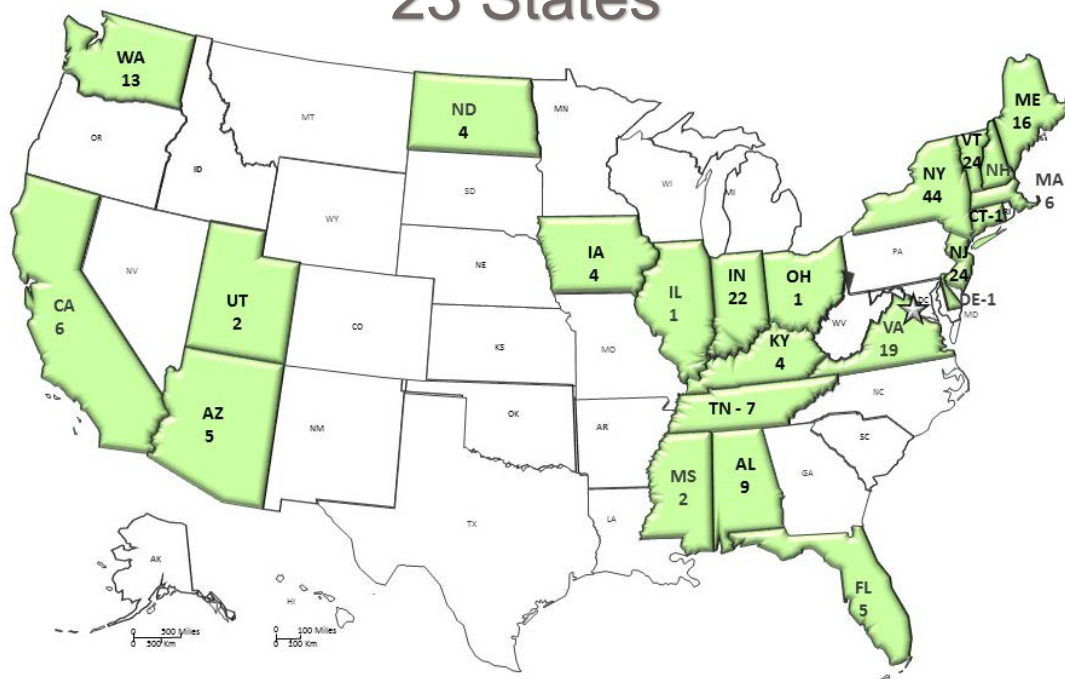


# Objectives

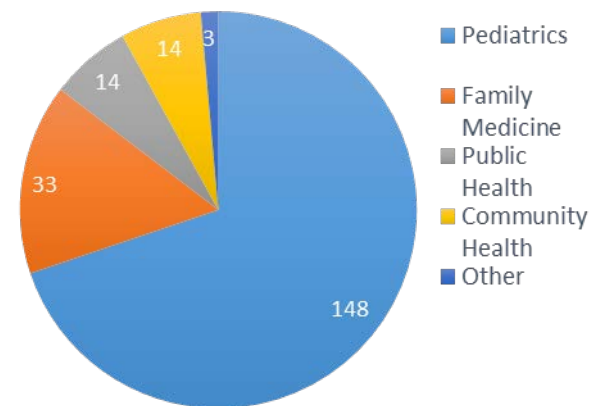
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# NIPN Participants

## 23 States

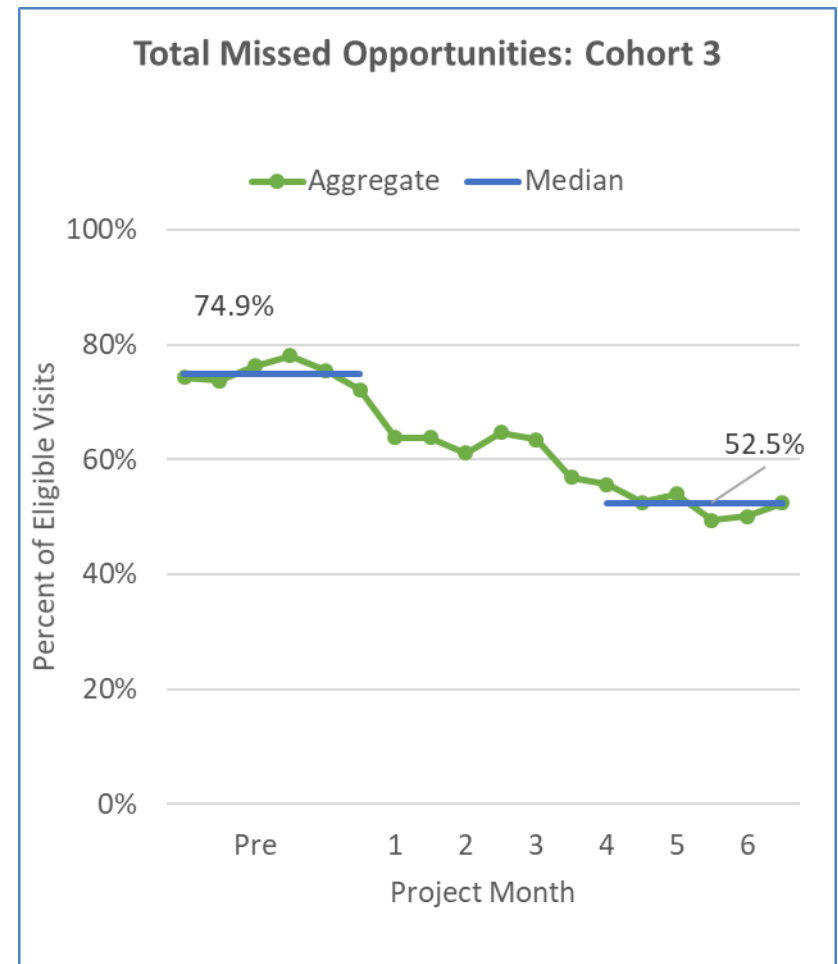
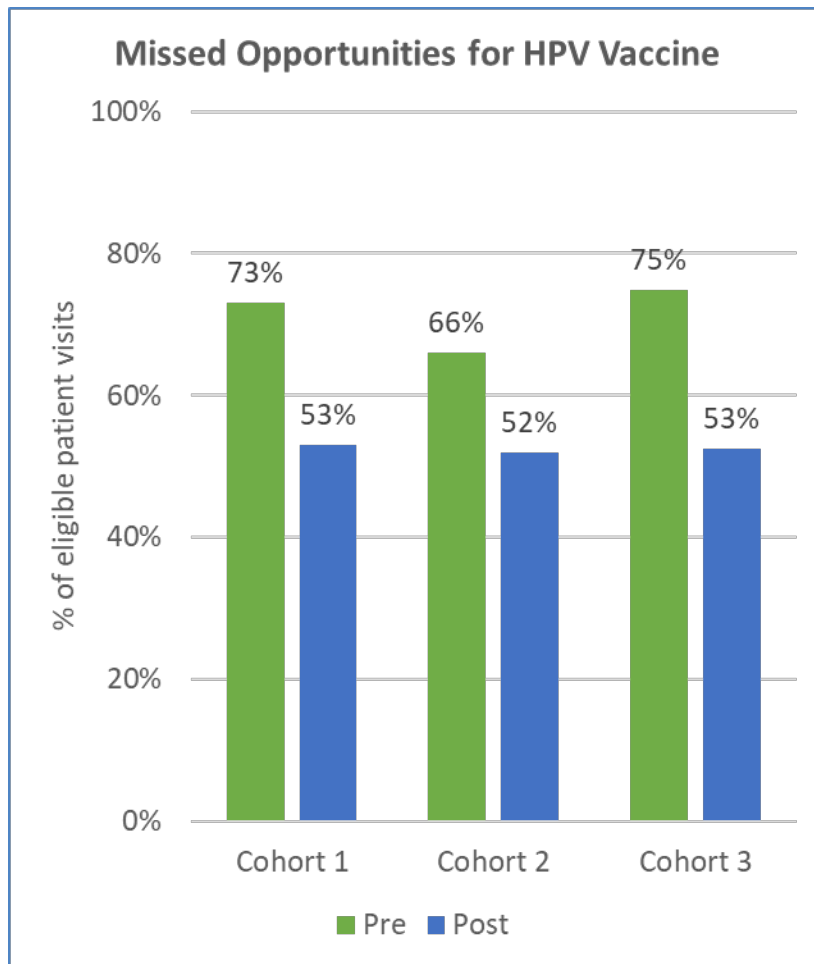


## Site Types Total 212 Sites

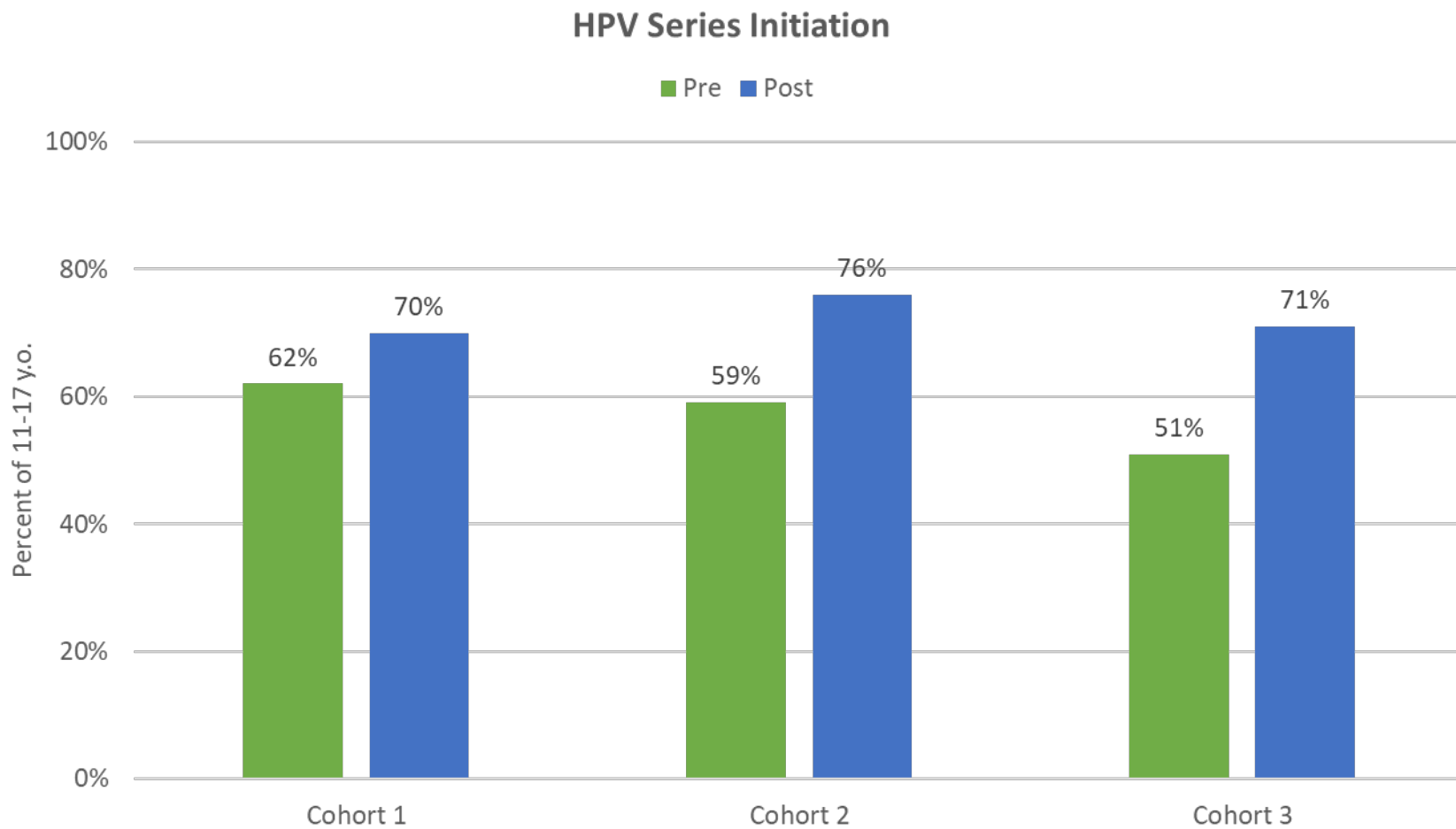


Cohort	Providers	Total Participants	Estimated Patients
1	96	190	37,359
2	148	284	114,200
3	128	291	184,856
4	95	208	115,720
<b>Total</b>	<b>467</b>	<b>973</b>	<b>452,135</b>

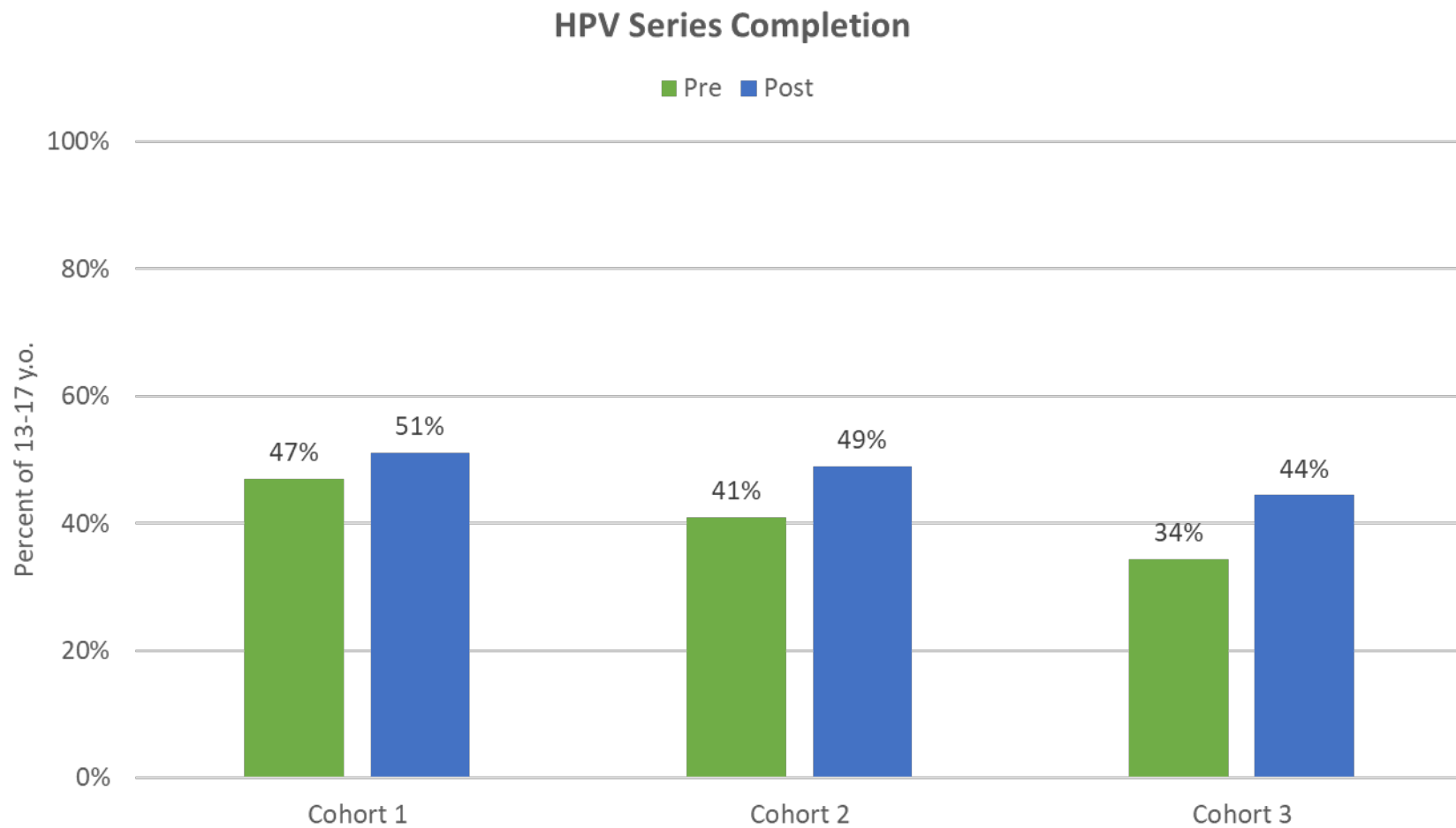
# Results: Missed Opportunities



# Results: HPV Series Initiation



# Results: HPV Series Completion

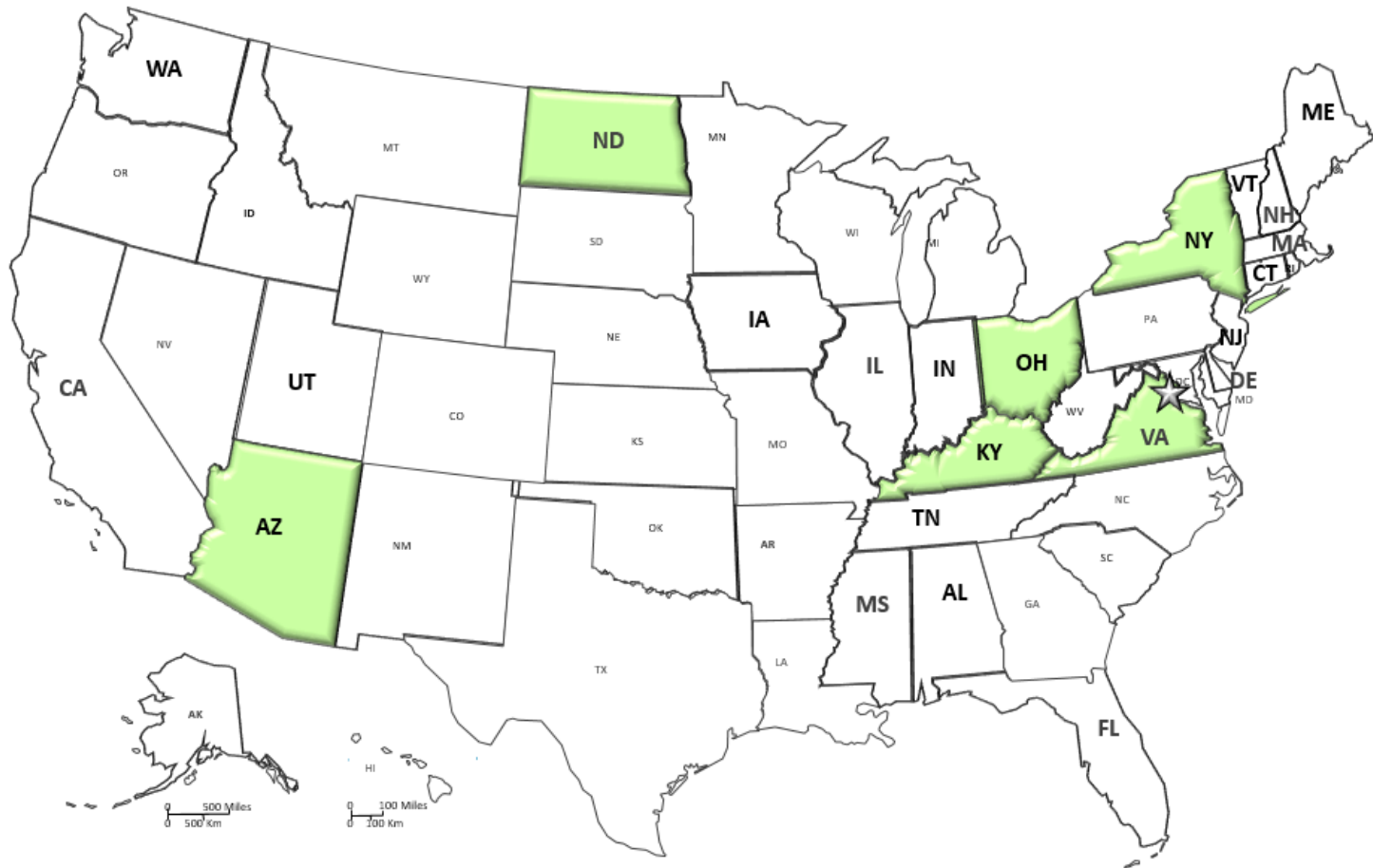


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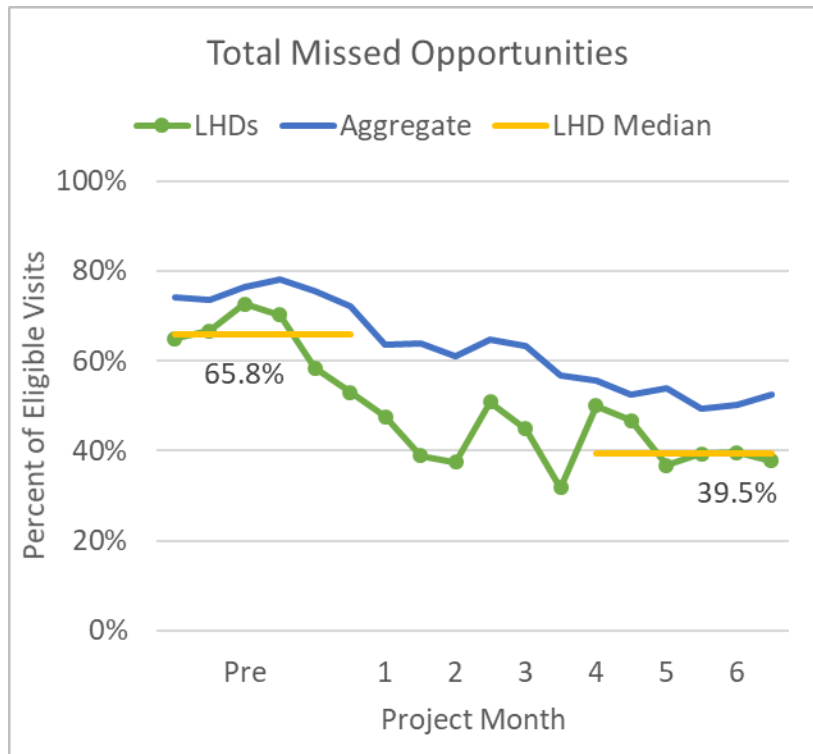


# LHD Participation

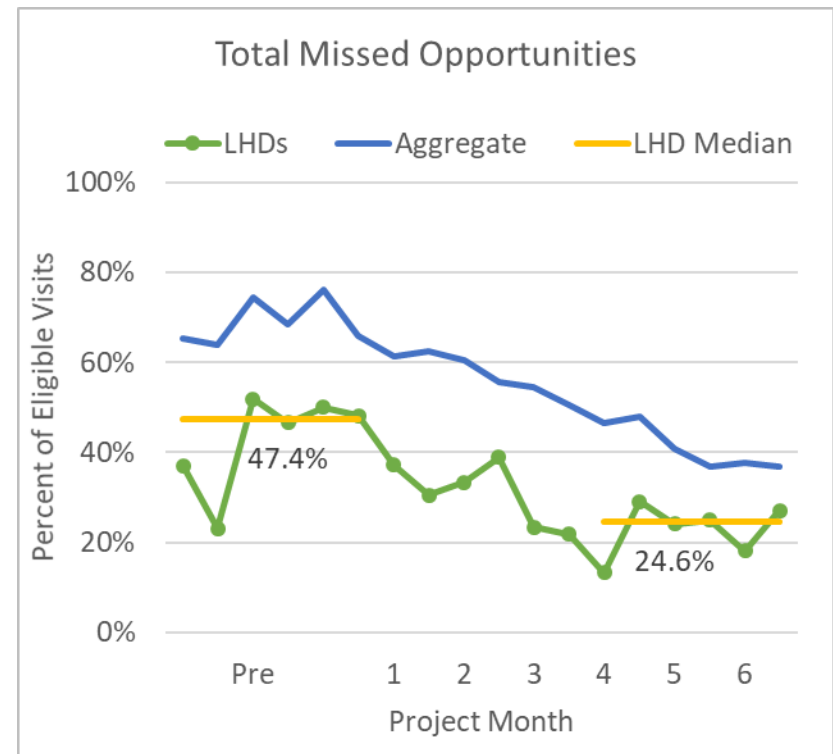


# LHD Results

## Cohort 3



## Cohort 4



Lissette McNulty/RN

Immunization Action Plan (IAP)

Coordinator

Orange County

Department of Health

# Overview

- About us
- Share strategies and outcomes
- Discuss benefits and challenges
- Describe our experience as a local health department

# About us

- Participate in the federally funded Vaccines for Children (VFC) program
- Hold monthly clinics at three different sites and offer VFC vaccine
- Project Team: Cohort 4
  - Lissette McNulty/RN
  - Debora Fagan/Public Health Nurse
  - Kathy Hanley/Secretary

# Why we joined?

- Previous participation yielded positive outcomes
- Learning opportunity for new team members
- Identify and implement an evidence-based strategy to improve HPV vaccination coverage rates
- Gather information to disseminate to community providers

# Reminder/Recall

- Call to remind patients one day prior to scheduled appointment
- Generated reminder/recall for patients who are past due using the New York State Immunization Information System (NYSIIS)

# Outcomes of Reminder/Recall

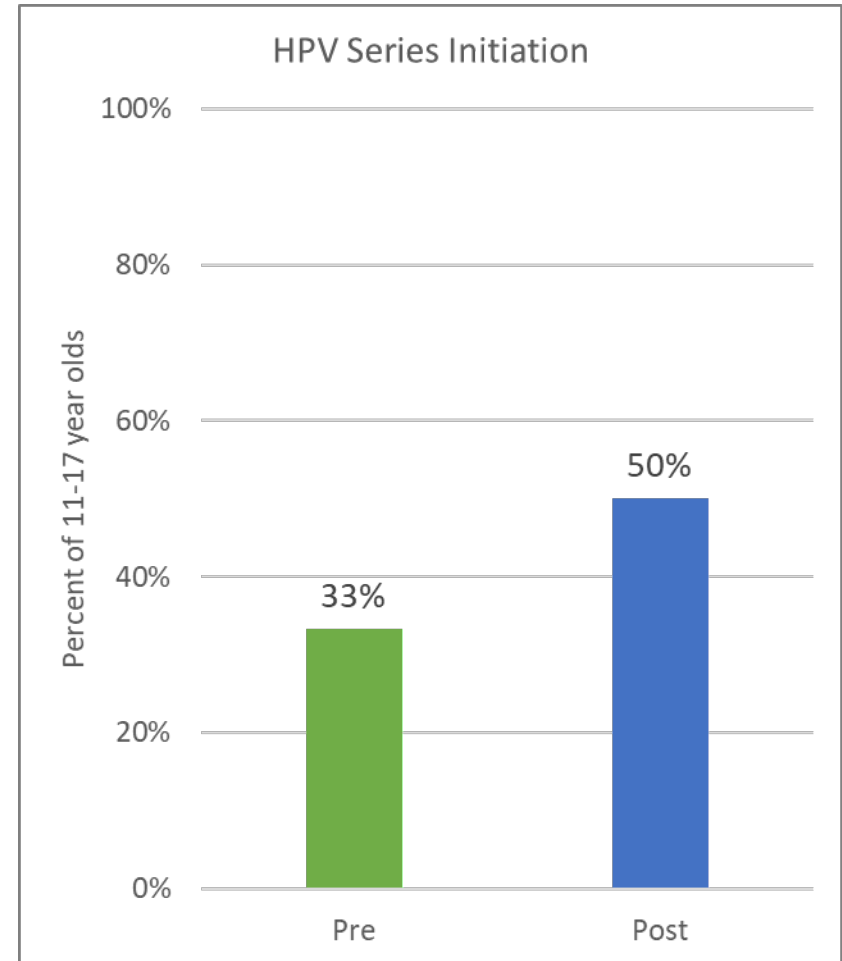
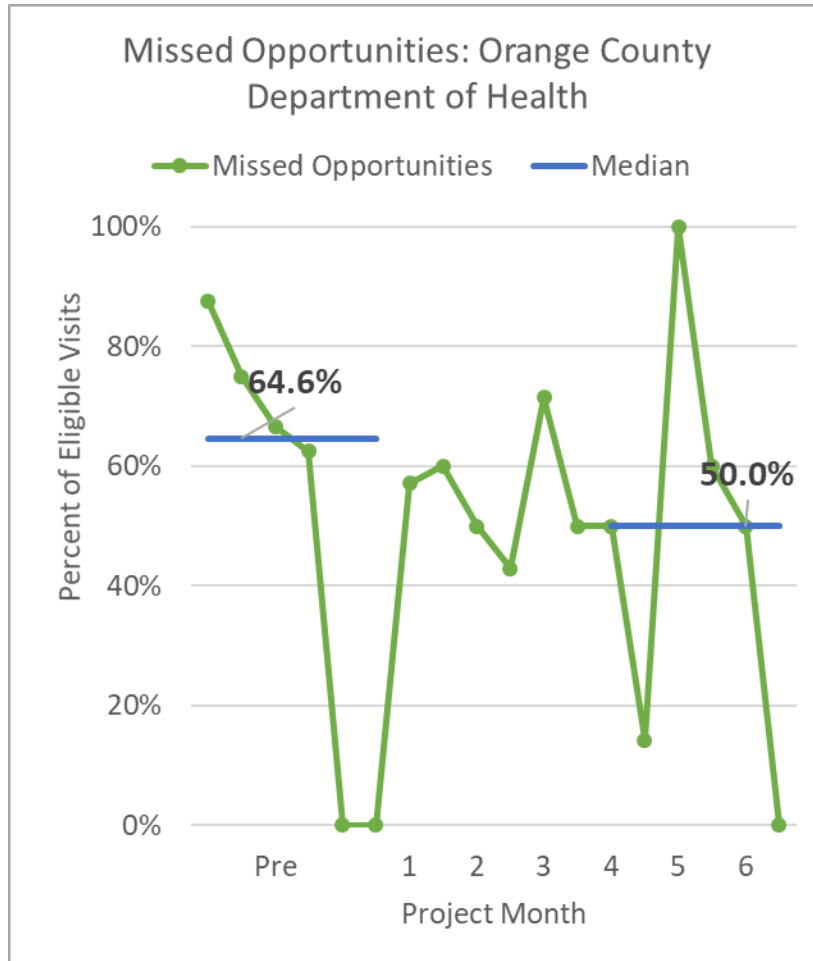
- Recall letter
  - Cost of postage, cost of envelopes
  - Poor response → Few call backs, not many appointments scheduled
- Telephone calls after 3 PM
  - Team member must spend afternoon making calls
  - Better response → More appointments made, found that most people are insured and have a primary care provider who can meet their vaccination needs



# Benefits

- Education regarding evidence-based strategies obtained
- Learned what other practices are doing
- Reinforced current immunization practices
- Share learning with other providers
- Flexibility in completing webinars
- Reduced missed opportunities
- Increased HPV series initiation

# Orange County Department of Health



# Challenges

- Multiple clinic sites with rotating nursing staff with reduced number of clinics
- 4 shots per visit (priority given to immunizations required for school entrance/attendance)
- No call/no show
- Patients obtain health insurance before 2<sup>nd</sup> or 3<sup>rd</sup> dose is due
- Unable to reach patients

# Conclusion

- Participation did not take much time away from our everyday activities
- Implementing the selected evidence-based intervention was easy to do
- We encourage other local health departments to join the upcoming project cohort

# Bismarck-Burleigh Public Health

## Theresa Schmidt, RN

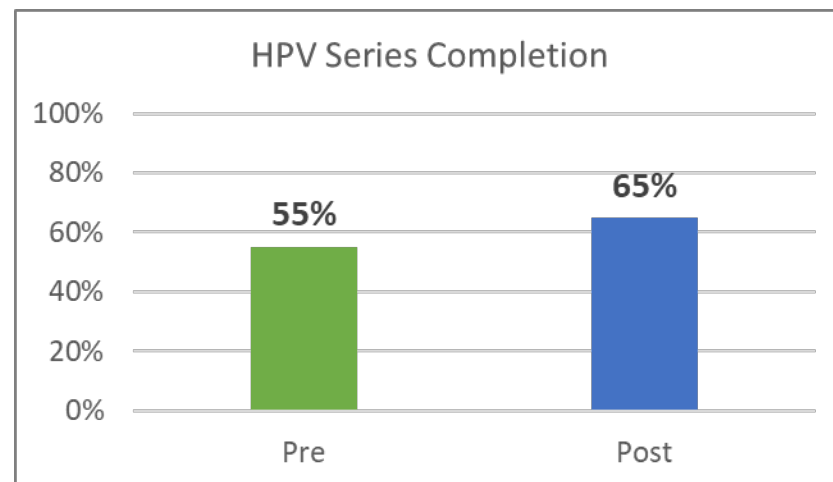
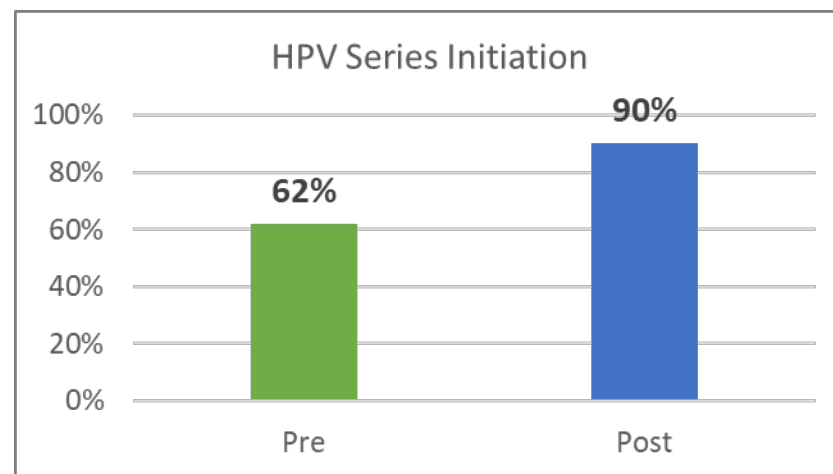
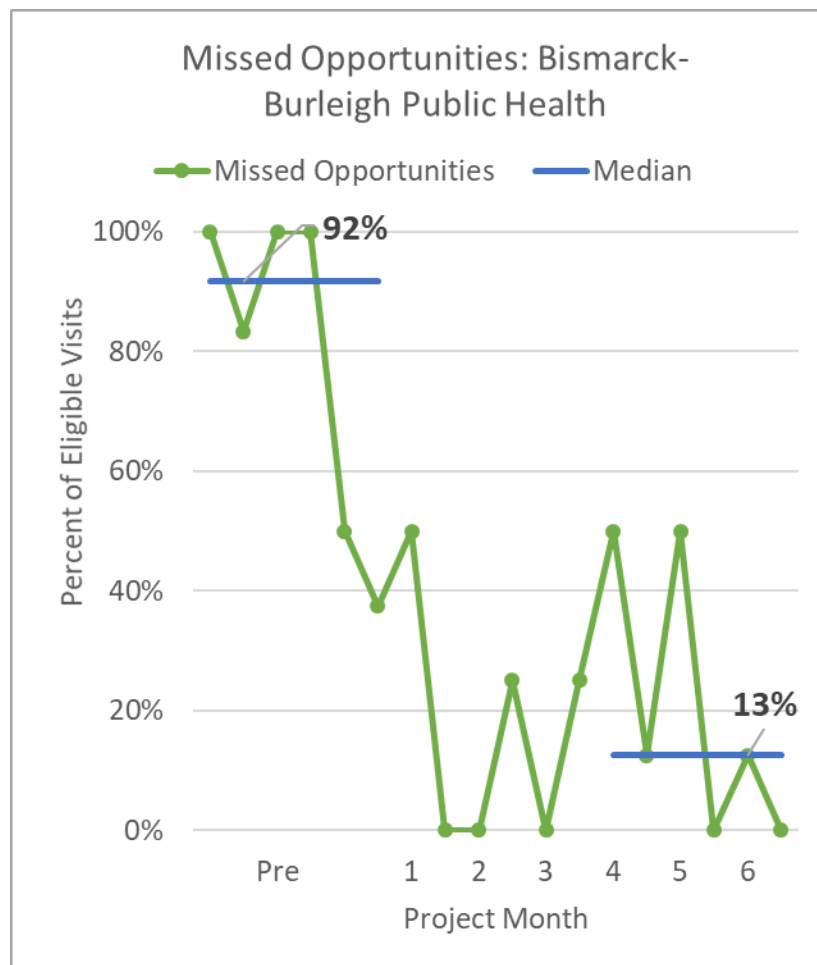
- Community Health Nurse Manager
- Bismarck, ND
- Team
  - Jodi Herman
  - Betsy Kanz
  - Naomi Friesz
  - Angie Lorenz
  - Sara Nelson



# Bismarck-Burleigh Public Health

- Participation in Cohort Three
- Strategies implemented and utilized
- Outcomes
- Benefits of participating in project
- Challenges and lessons learned

# Bismarck-Burleigh Public Health



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# Benefits to Participation

- Providers can earn Maintenance of Certification (**MOC**) and other credits for professional certification
- Project participation meets certain criteria for Patient-Centered Medical Home (**PCMH**) recognition
- Strategies used to increase HPV vaccination rates can be applied to the delivery of all vaccines

# Benefits to Participation

- Improve HPV immunization rates, which are a quality measure for some insurers or ACOs
- Receive assistance in assessing systems for HPV vaccine delivery, recognizing barriers, and selecting evidence-based strategies to test with PDSA cycles
- Monitor progress through monthly data feedback report with individualized coaching support

# Earning Credit for Meaningful Participation

## Credit Requirements:

- ✓ Attend **Project Orientation** webinar (*individual*)
- ✓ Participate in **five** Learning Collaborative webinars (*individual*)
- ✓ Submit **surveys** into REDCap (*practice*)
  1. QI Practice Readiness Assessment
  2. Office Systems Inventory (pre/post)
  3. Staff Impact Survey (post)
- ✓ Submit **data** into REDCap (*practice*)
  1. HPV Rates (pre/post)
  2. Monthly chart review of 16 patients
  3. Monthly PDSA practice self-assessment log

- 25 credits toward Maintenance of Certification (MOC), Part 4 from the American Board of Pediatrics (ABP)
- MC-FP credit for 1 Part IV module or 20 Part IV points, from the American Board of Family Medicine (ABFM)
- Up to 20 Performance Improvement Continuing Medical Education (CME) credits

# How to Enroll

Online enrollment

[https://www.surveymonkey.com/r/NIPA\\_5\\_Enrollment](https://www.surveymonkey.com/r/NIPA_5_Enrollment)

- Site contact information
- At least one team member contact

Enrollment Deadline: **October 24, 2018**

Project Begins: **October 29, 2018**

# Project Questions



**Jennifer Le**  
***Outreach Specialist***  
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**Rachel Wallace-Brodeur MS, MEd**  
***Project Director & QI Coach***  
**[rachel.wallace-brodeur@med.uvm.edu](mailto:rachel.wallace-brodeur@med.uvm.edu)**

# Questions?

