

Quality Measures & Interventions

HPV Vaccination QI Program

Quality Measures

Quality measures should be:

- Something that can improve health for your patients
- Easy to quantify
- Easy to measure
- Something that you have the ability to impact
- Tied to standards (such as insurance company, government, local, or organization measures) when possible

For this program, pull data on the following HPV vaccination quality measures:

- Percentage of patients age 11 - 26 with at least 1 HPV vaccine
- Percentage of patients age 11 - 26 with completed HPV vaccine series
- Percentage of patients with completed HPV vaccination series by age 13 (NQF 1407, MIPS #394, HEDIS measure), if possible

If you choose, it is an option to look at subgroup analysis for the age groups 11-12, 13-17, and 18-26 as well as subgroup analysis by gender or health equity issues by looking for differences in the measure between groups of different race/ethnicities, socioeconomic status, or insurance status.

For practices that do not have the capacity to efficiently extract data from their electronic health record, a random review of 10 charts will be used to measure pre- intervention vaccination rates. Either data collection pathway will provide participants the opportunity to identify gaps in care by conducting a pre-intervention baseline analysis of vaccination rates. After a three-month practice intervention period, physicians will re-measure their outcomes data to ascertain if improvement of vaccination rates had been achieved.

Interventions

Good interventions will:

- Use the entire team effectively - Not just more work for the physician and other clinical staff
- Often engage patients in improving their health
- Generally involve incremental change - Make small changes, then make more changes later if the initial changes work well
- Only change one or two processes at a time
- Include educating staff on the disease or treatment being addressed

Possible HPV Vaccination Interventions:

- Develop a standing order for HPV vaccination
- Have nurse/MA confirm HPV vaccination status for every patient age 11 – 26 at each visit
- Have front office staff/office manager run report of individuals age 11 – 26 who have not completed HPV vaccination and send an email, portal, or text message to patient/family from the physician with vaccine education and recommendation
- Develop patient education resources related to HPV vaccination
- Link HPV vaccination with other routine vaccinations in the target population (including DTaP and meningococcal vaccine)
- Write a letter to the editor/article for the local newspaper discussing the benefits of HPV vaccination
- Do a social media campaign about the importance of HPV vaccination
- Do a television or radio interview about HPV vaccination
- Find opportunities to discuss HPV vaccination in the school setting (such as health class)
- Use sports physicals as an opportunity to educate about and recommend HPV vaccination
- Have a vaccination clinic
- Develop a program to do HPV vaccine along with flu shot for those who are due for HPV vaccination
- Partner with local health department or other local organizations to promote HPV vaccination
- Activate health maintenance alerts in the EHR to identify individuals needing to be seen where vaccination recommendation can be included