

# Improving HPV Vaccine Provision

## Implementing Evidence- Based Strategies

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# Disclosures

- No conflicts to disclose.

# Background

- Integrated healthcare systems → primary care
  - QI infrastructure
  - Vaccination data across system
- Challenges
  - Heterogenous population
  - Implementation of interventions
  - Competition among quality metric priorities

# Study Team

## Cook Children's



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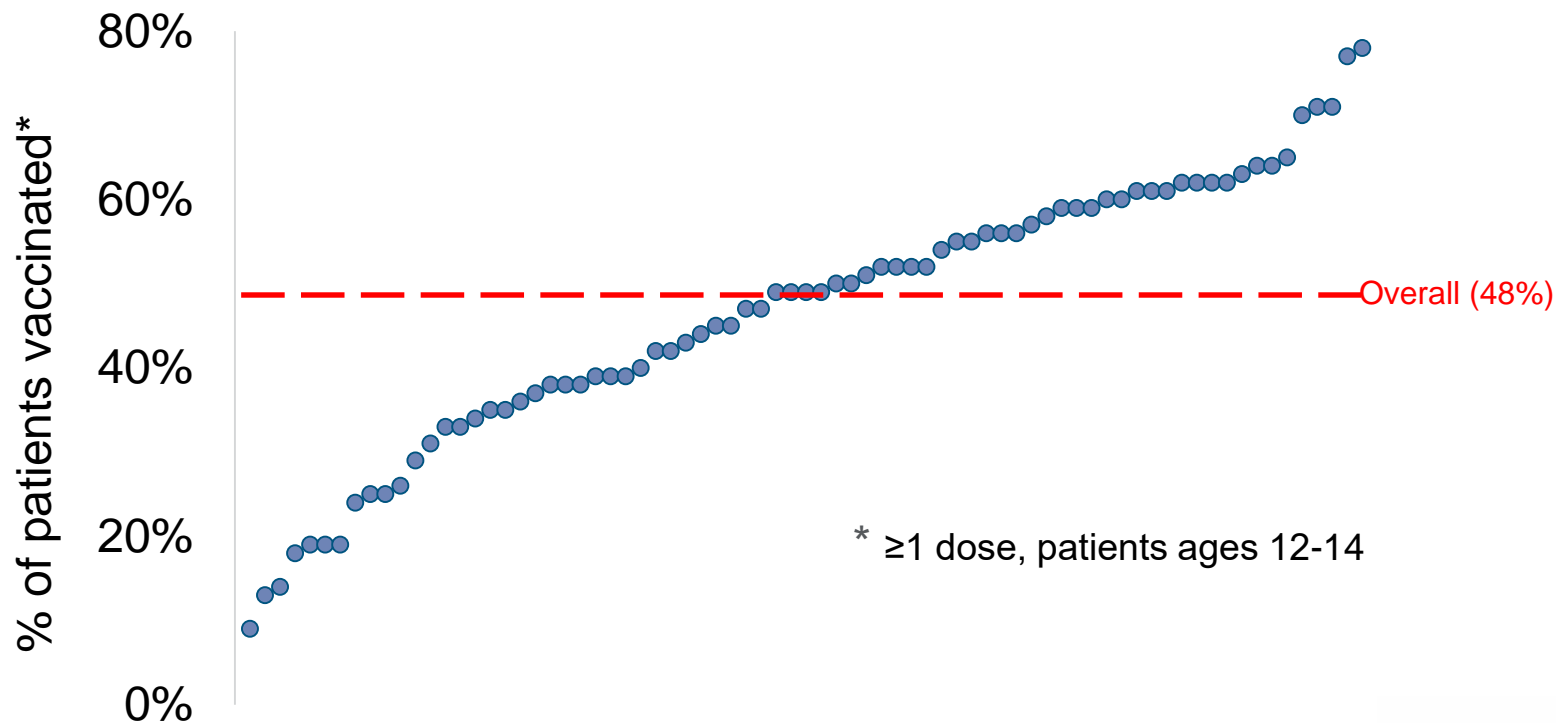
Annie-Laurie McRee, DrPH

# Cook Children's Health Care System

- Integrated system in Fort Worth, TX
  - 33 pediatric primary care practices
  - 80 pediatricians serving >22,000 12-14 yr olds
  - Shared EMR with physician-assigned patients



# Baseline HPV Vaccine Coverage

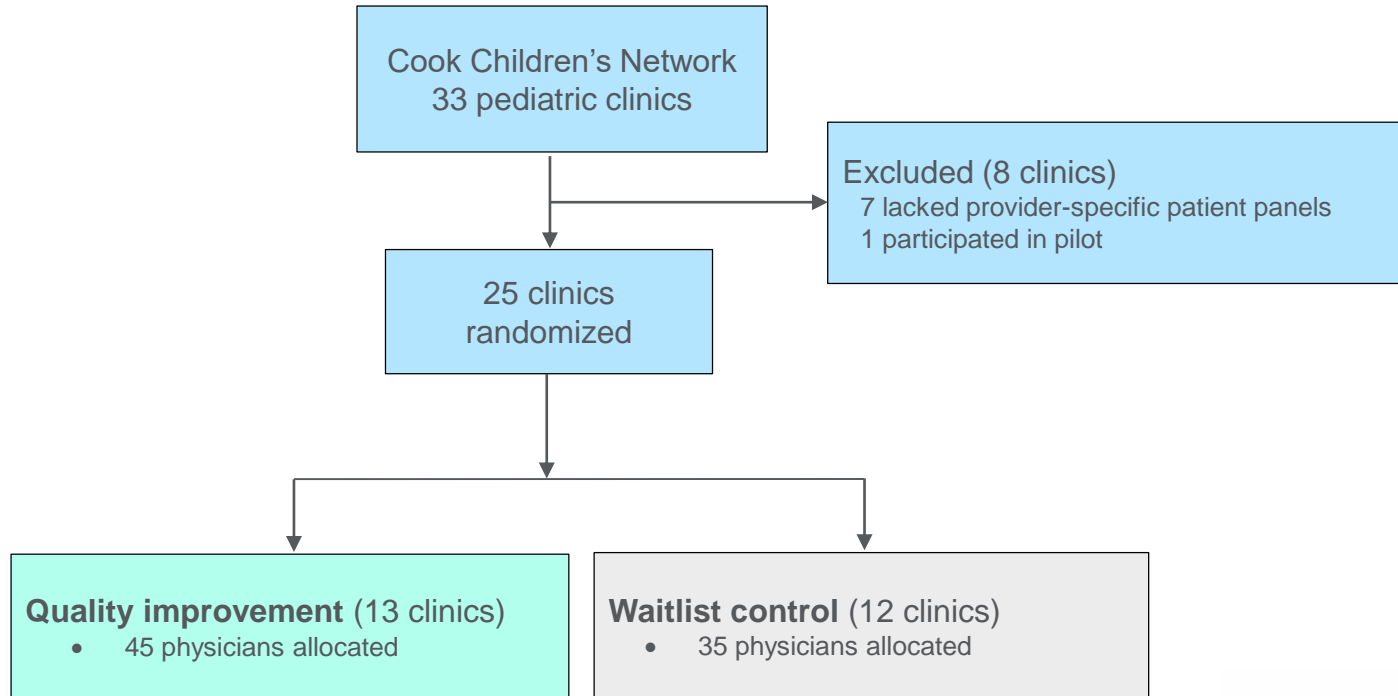


\*  $\geq 1$  dose, patients ages 12-14

# Aims

- Conduct a 6 month QI program using existing resources but adapted for Cook Children's
- Evaluate reach to pediatricians
- Evaluate impact on HPV vaccination for 12-14 yr patients ( $\geq 1$  dose)

# Design





# Analysis

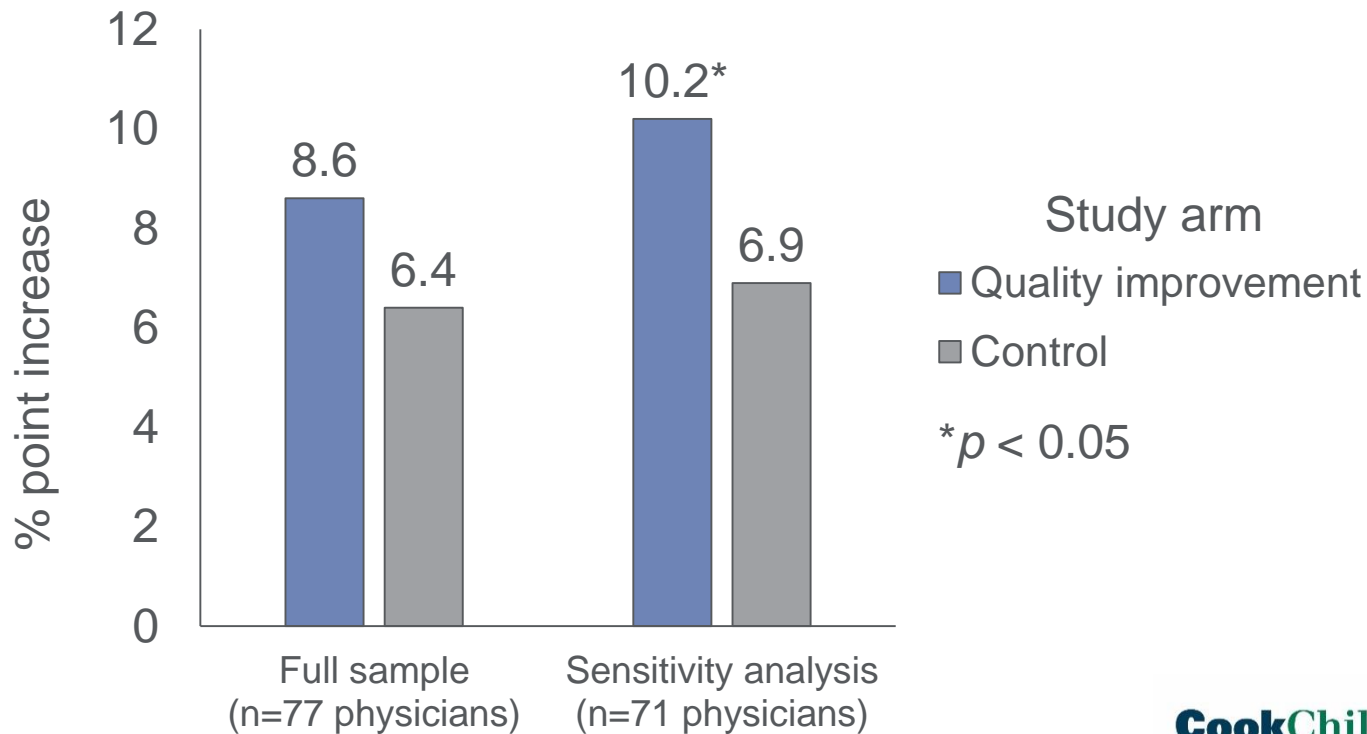
- Reach: % of practices and pediatricians who participated
- Impact on HPV vaccine provision at 6 mos
  - Hierarchical linear modeling
    - Full sample, intent to treat
    - Sensitivity analysis, excluding MDs with poor data

# Results

- Reach

- 13/13 practices scheduled training
- 41/43 (95%) pediatricians participated

# Increase in HPV vaccination coverage at 6 mos



# Discussion

- Program achieved excellent reach
- Increases in HPV vaccine provision were small compared to control
- Train the champion strategy shows promise
- Further study on increasing impact, mechanisms of behavior change, and assessment of implementation outcomes