

Adolescent AFIX Study: Reviewing the Science & Rationale for HPV Vaccination Quality Improvement

Research Team

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Presentation to AFIX study state partners to describe quality improvement approaches for HPV vaccines, key components of the AFIX intervention, and rationale for the study.



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LINEBERGER

Overview

- HPV vaccination: Epi and behavioral science

→ Questions

- AFIX: Theory and prior evaluation

- Our project: Aims, progress, and next steps

→ Questions

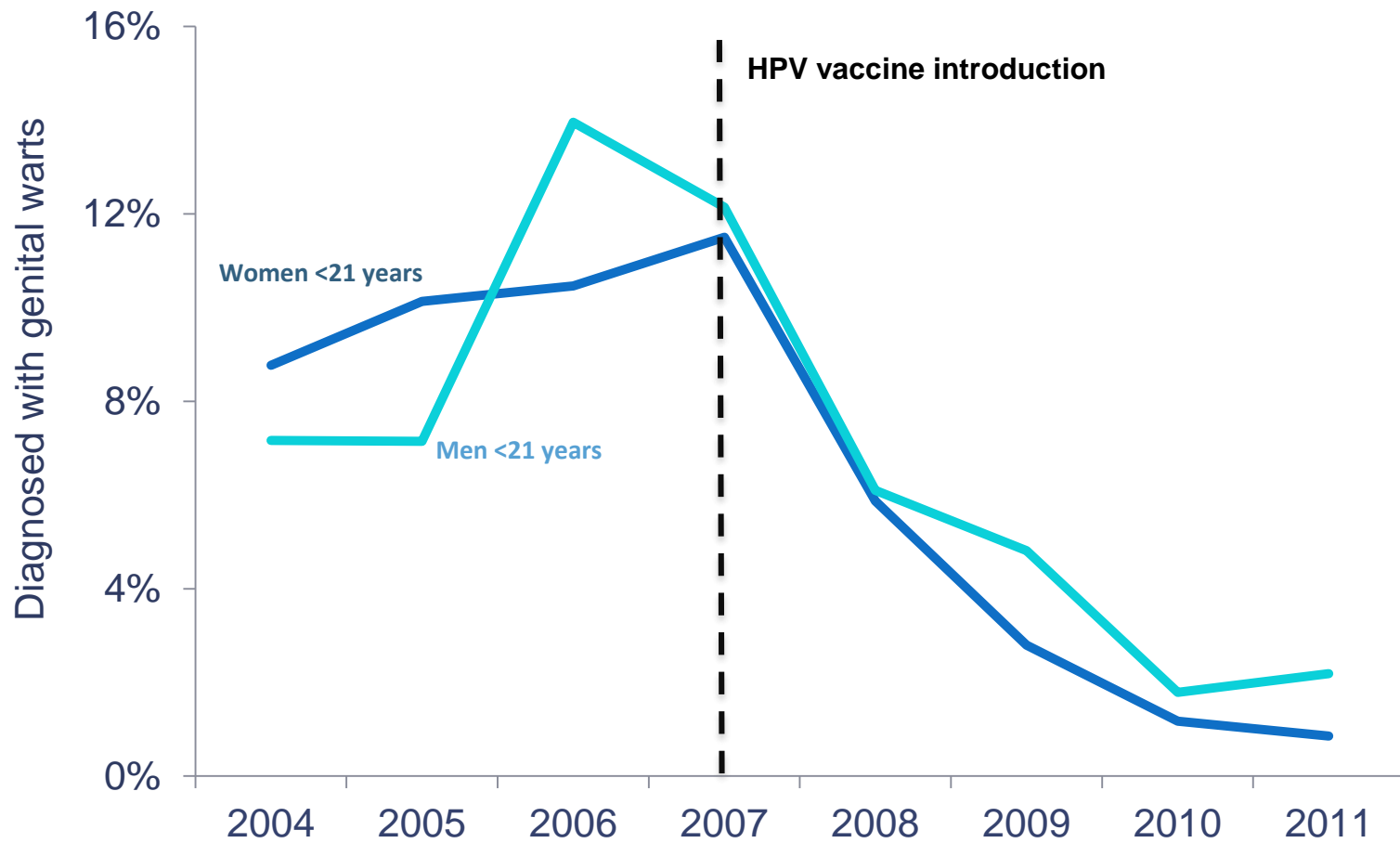
HPV Vaccination

Epidemiology and Behavioral Science

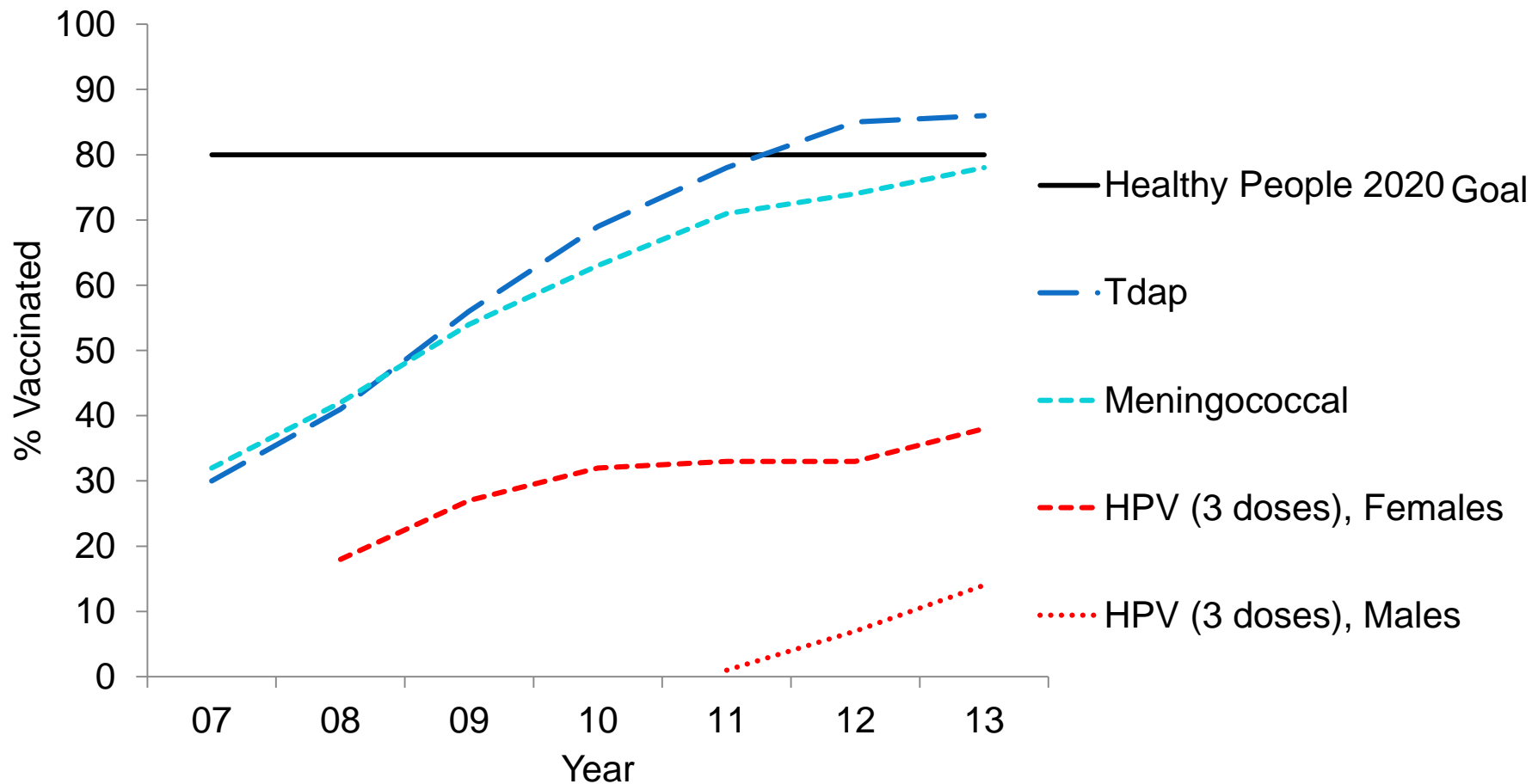
HPV vaccination guidelines

- Routine administration
 - Males and females, ages 11-12
- Catch up
 - Males to age 21
 - Females to age 26
- Concomitant vaccination
 - Tetanus, diphtheria, pertussis (Tdap)
 - Meningococcal vaccine

HPV vaccine is safe and effective

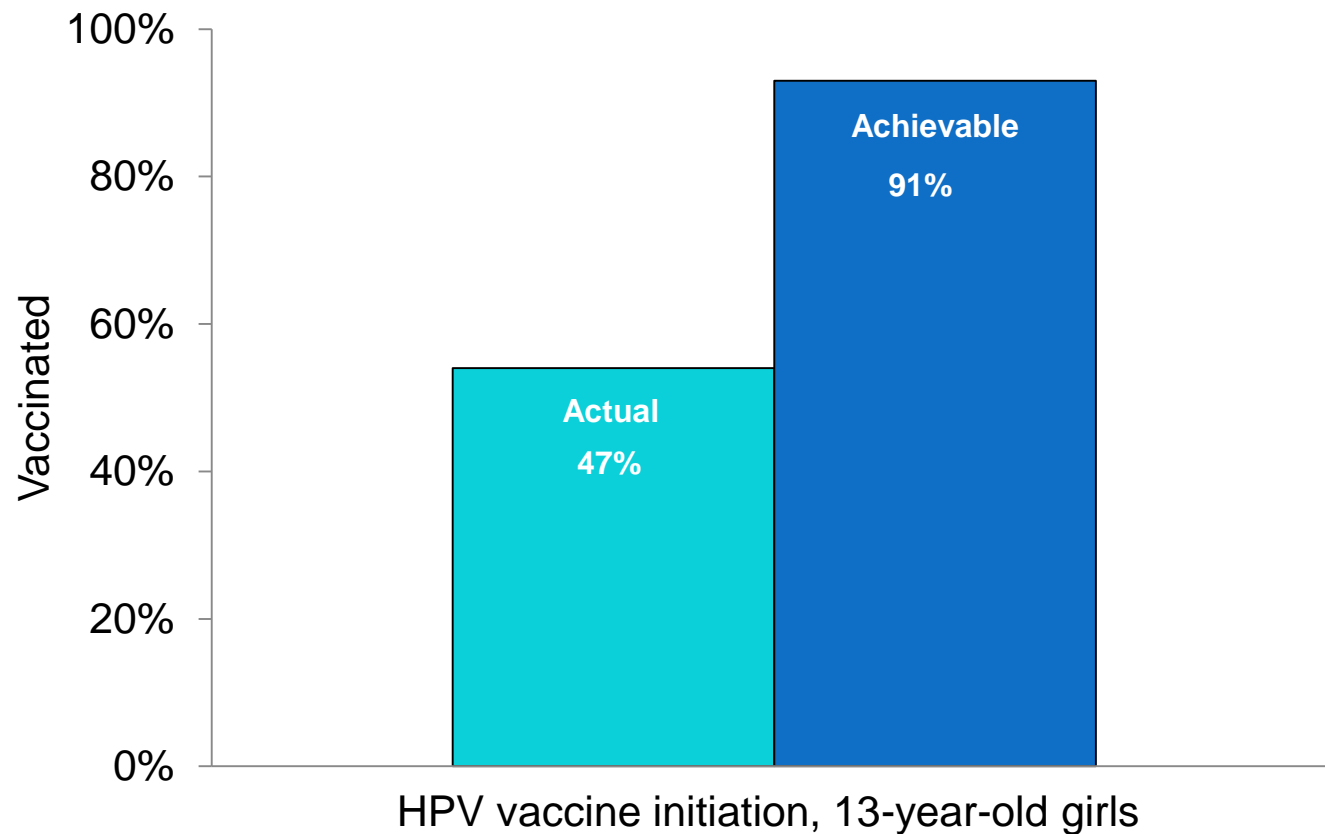


HPV vaccine coverage is very low



Data from National Immunization Survey-Teen

We miss opportunities to give HPV vaccine

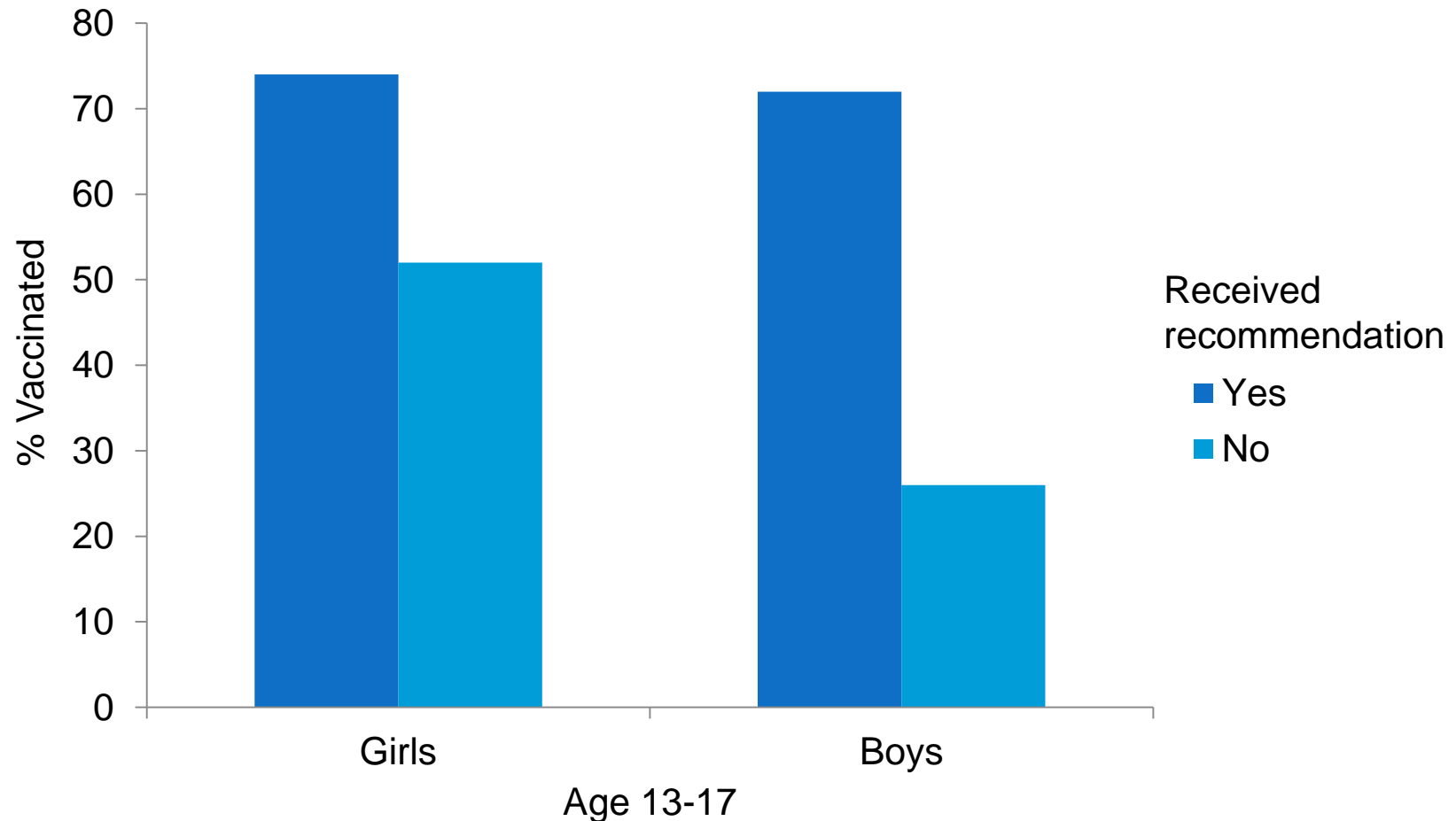


Parents are important

- Reasons for not getting HPV vaccine vary

	<u>Girls</u>	<u>Boys</u>
▫ Lack of knowledge	16%	16%
▫ Not needed	15%	18%
▫ Not recommended	13%	23%
▫ Safety/side effects	14%	7%
▫ Not sexually active	11%	8%

Providers are even more important



Recommendations need improvement

- No recommendation
 - 36% of girls and 58% of boys, ages 13-17, have not received a recommendation
- Weak recommendation
 - >60% of providers prefer to recommend HPV vaccine as “optional” for 11- to 12-year-olds

Key points

- Increasing HPV vaccine coverage is an urgent public health problem
- Improving provider recommendations is critical

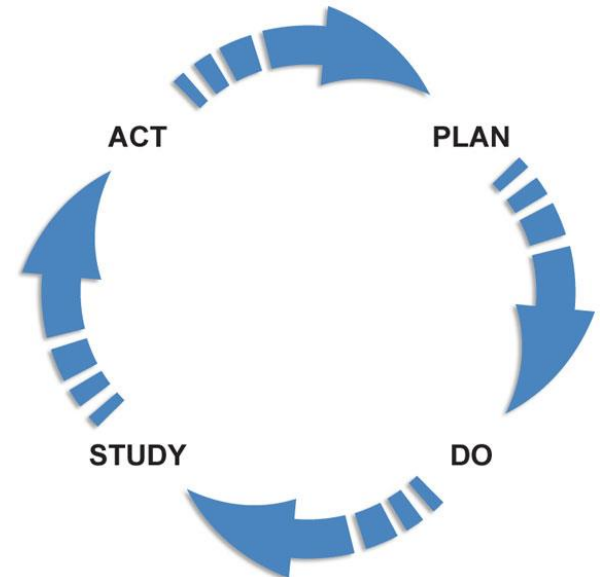
→ Questions

AFIX

Theory and prior evaluation

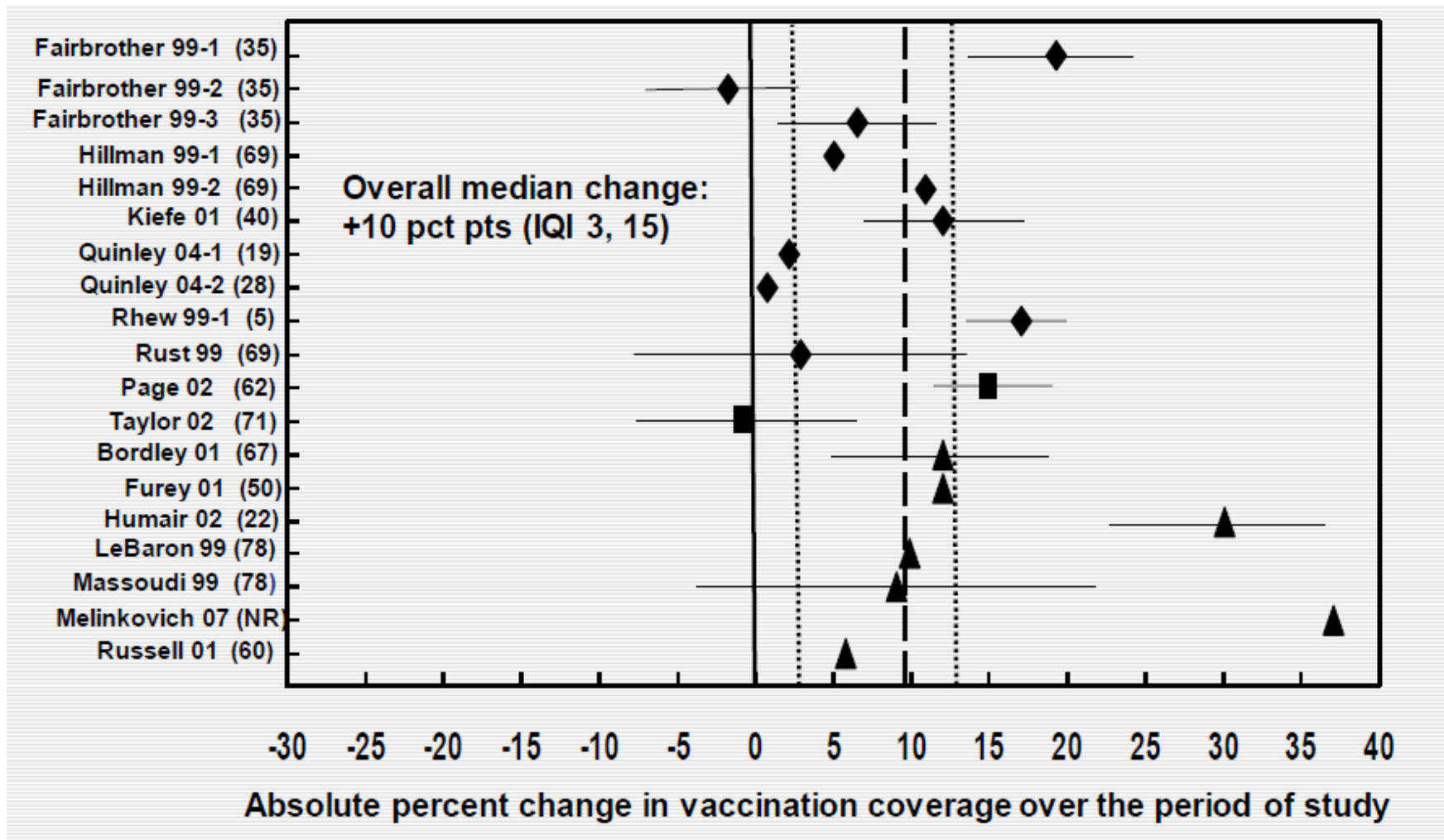
CDC's AFIX Model

- Informed by Continuous Quality Improvement
 - Data-driven approach
 - Use of short, PDSA cycles
 - Spirit of experimentation, collaboration



Coverage change for 15 studies of “assessment and feedback,” 1997-2007

Study design: ◆ RCT ■ observational ▲ low quality design



NC AFIX Pilot: 3-arm RCT with 91 clinics

In-person consultation

- Face-to-face meetings in clinics

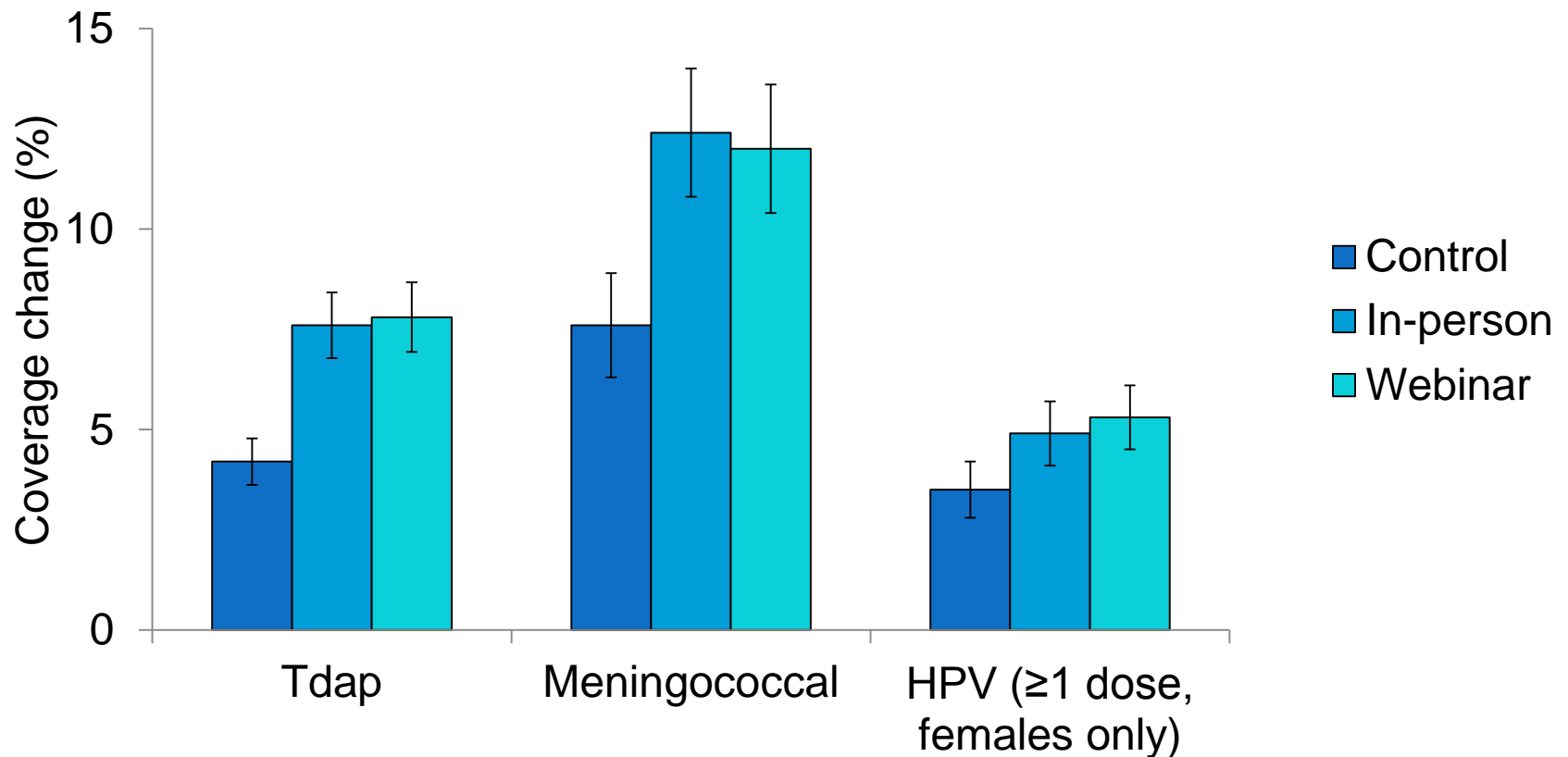
Webinar consultation

- Online meetings using video conferencing software

Control

- No intervention

Vaccine coverage changes at 5 months, ages 11-12



Additional findings

- AFIX impact disappeared by 12 months
- AFIX did little to improve catch-up vaccination for older adolescents, ages 13-18, at either time

UNC Adolescent AFIX Study

Aims, progress, and next steps

Goal: Increase HPV vaccine coverage

1. Develop an improved adolescent AFIX consultation, focusing specifically on HPV vaccination
2. Deliver in-person or webinar consultations to 270 clinics in 3 states
3. Assess the longitudinal impact of consultations on adolescents' vaccination status



Formative research findings

- AFIX visits vary in content, length, and participant role
- AFIX is often overshadowed by VFC visits
- Clinicians may be doubtful that AFIX will change HPV vaccination coverage in their clinic
- Physicians are not usually present for AFIX visits
- Incentives are not always provided

Intervention process goals

- Involve vaccine providers
- Communicate problem of HPV vaccination
 - Low coverage
 - Inadequate recommendations
- Use data to set measureable goals
- Sustain focus on quality improvement

YOUR IMMUNIZATION REPORT CARD



1 REVIEW

your clinic's adolescent immunization coverage.
ABC Pediatrics, August 8, 2014

HPV		Meningococcal	Tdap
Males, ≥1 dose	Females, ≥1 dose		
25%	25%	25%	25%

Note. Coverage estimates are for overdue patients (ages 13-17) with records in the IIS NAME.

2 SET A GOAL

to improve HPV vaccine coverage in the next 6 months.

Your clinic has...	HPV Vaccination Goal	Progress at 3 months	Progress at 6 months
1,546 patients, age 11-12	155 patients	75	75
1,546 patients, age 11-12	155 patients	75	75

Note. Goals represent 10% of male and female patients in your clinic with records in the IIS NAME. A typical clinic may give HPV vaccine to 5% of their adolescent patients in 6 months. The goal is to double this rate.

3 RECOMMEND

HPV vaccination for adolescents, starting at age 11.

Offer HPV vaccine in the same direct way you recommend other vaccines. Try saying:

**“Your child needs three shots today:
HPV vaccine, Tdap vaccine, and meningococcal vaccine.”**

Your recommendation is the single biggest influence on parents' decision to get HPV vaccine for their child. The vaccine produces a better immune response in younger adolescents. Vaccinating in the preteen years is best.

EARN FREE CMEs ONLINE!

Build skills in communicating about HPV vaccine at:

<http://www.cdc.gov/vaccines/ed/hpv/>

Next steps for state partners

- Review intervention materials
 - Report card
 - Protocol
- Provide feedback during next call
- Prepare for training and intervention pilot

→ Questions