Improving HPV Immunization by Age 13 in Over 20 Kansas City Pediatric Practices

Luke A. Harris
*Children's Mercy Hospital*, laharris@cmh.edu

Douglas Blowey
*Children's Mercy Hospital*, dblowey@cmh.edu

Follow this and additional works at: [https://scholarlyexchange.childrensmercy.org/posters](https://scholarlyexchange.childrensmercy.org/posters)

Part of the Community Health and Preventive Medicine Commons, Pediatrics Commons, and the Virus Diseases Commons

**Recommended Citation**

[https://scholarlyexchange.childrensmercy.org/posters/47](https://scholarlyexchange.childrensmercy.org/posters/47)

This Poster is brought to you for free and open access by SHARE @ Children's Mercy. It has been accepted for inclusion in Posters by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.
Current Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) clinical guidelines recommend HPV immunization by age 13 because this produces the highest amount of protective antibodies before exposure to HPV. Unfortunately, HPV immunization rates by age 13 in Missouri and Kansas are among the 7 worst performing states in the United States.¹

The Children’s Health Network (CHN), a network consisting of Children’s Mercy and 188 primary care providers across 23 pediatric practices in the Kansas City area, set a goal to improve HPV vaccination performance from below the national HEDIS 50th percentile (14.13%; baseline rate of 8%) to above the national HEDIS 75th or 90th percentile (18.00%; 22.63%) over a two year period.²

Methods

Several quality improvement interventions were implemented between June 2016 and March 2018 [Figure 1].

1. Infectious disease presentation & YouTube video on clinical importance of receiving HPV vaccinations prior to age 13.
3. Transparent practice-level HPV immunization performance reports presented & reviewed every 2-3 months.
4. Developed recommended HPV immunization quality improvement tactics and added to quality improvement tool kit [Figure 2].

Results

In less than two years, CHN achieved a 200% increase in HPV immunization rate from 8% to 24% (above the national HEDIS 90th percentile of 22.63%) [Figure 3] with individual practices improving between 6 to 26 percentage points. Improvement resulted in an additional 1,643 children receiving HPV vaccination before age 13.

Conclusion

In less than two years, CHN achieved a 200% increase in HPV immunization rate from 8% to 24% (above the HEDIS 90th percentile) by developing a shared set of resources, effectively communicating these resources, and transparently reporting performance. The network plans to use a similar quality improvement approach to drive improvement with other pediatric measures.

References