

Practice Facilitation to Increase HPV Vaccine Promoting Practices in a Safety Net Health System

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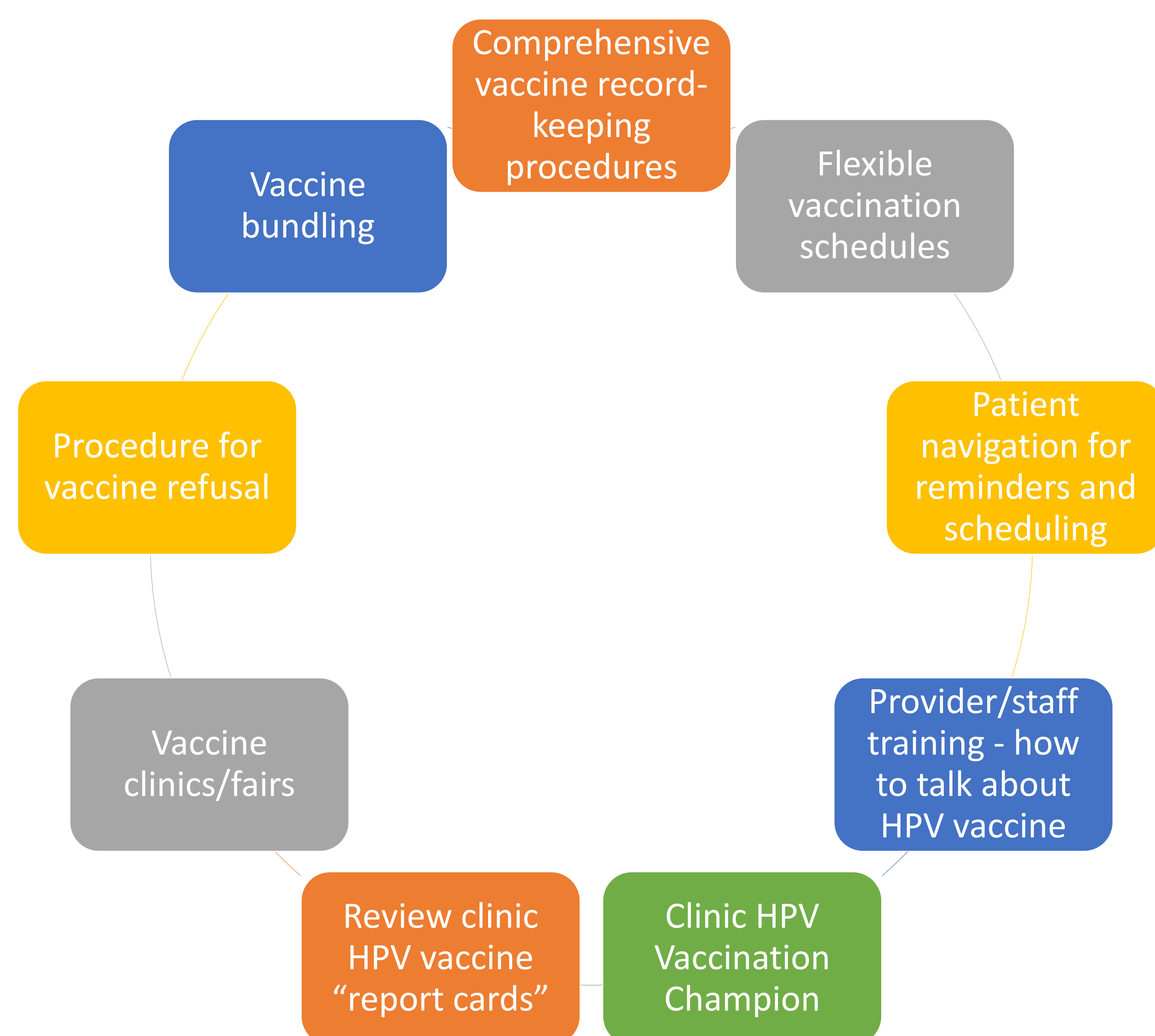
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HPV-vaccine-promoting practices increased 16.5% after a 3-year provider training/practice facilitation intervention in a safety-net healthcare system.

Purpose of the study Practice facilitation is an implementation strategy that utilizes an external facilitator to work with clinic staff to improve healthcare processes and outcomes. We implemented a provider training/practice facilitation intervention to increase HPV vaccine-promoting practices among pediatric and family practice clinics in a safety-net healthcare system.

Methods I This was part of a larger program to improve HPV vaccine rates among medically underserved pediatric populations (ages 11-18 years) in a large, urban safety-net health system. We implemented 3 strategies at 19 Harris Health System clinics from 2016-2019: patient (parent) education; tiered patient tracking, reminder/recall and patient navigation; and provider training/practice facilitation. Training/practice facilitation was led by a pediatrician and consisted of an initial didactic training at each clinic on providing strong provider recommendations for the HPV vaccine; a follow-up visit to identify and recommend clinic-specific improvements; and semi-annual assessment and feedback of HPV vaccination rates.

Figure 1: Categories of HPV-promoting clinical practices assessed



Methods II A pre-post survey was given to each clinic to assess HPV vaccine-promoting practices before and after our program. The 10-15 minute survey included 35 questions adapted from existing instruments. Clinics could answer “yes,” “no” or “sometimes” to whether their clinic routinely employs a series of HPV vaccine-promoting practices (Figure 1). Responses were compiled into a score for each clinic’s vaccine-promoting practices.

Results All participating clinics completed the pre-post survey. At baseline, the mean score was 41.3, which increased to 48.1 at follow-up (Figure 2). The most commonly adopted practices were: provider HPV trainings, reminder calls for subsequent/overdue HPV vaccine doses, and procedures for locating missing vaccine records, including contacting schools.

Conclusion Survey results showed a 16.5% increase in HPV vaccine-promoting practices over a 3-year period. Future analysis will assess which clinical practice(s) are associated with increased vaccination rates. Our data suggest that practice facilitation can be used to improve clinical practices that promote HPV vaccination in a safety-net healthcare system.

Figure 2: Average HPV-promoting Clinical Practices Score Before and After Practice Facilitation Intervention

