Improving HPV Immunization Coverage in New Jersey Practices

The New Jersey Chapter of the American Academy of Pediatrics and the New Jersey Immunization Network are pleased to offer practices in our state the opportunity to take part in a national adolescent immunization initiative. This multi-state quality improvement project, which is funded by a grant from the Centers for Disease Control and Prevention, is a collaboration between the National Improvement Partnership Network (NIPN) and the Academic Pediatric Association (APA), and led by our colleagues at the Vermont Child Health Improvement Program. New Jersey is one of five states to enroll in the first cohort of the project and engage in this exciting project to improve HPV immunization coverage rates in primary care settings.

As you know, HPV is the most common sexually transmitted disease and causes over 95% of cervical cancers; it is also a leading cause of vaginal, vulvar, penile, anal, and oropharyngeal cancers. HPV vaccination rates in the US are alarmingly low, and New Jersey is no exception: in 2013, only 31.4% of females and 14.2% of males 13-17 years of age received the complete three-dose series in our state.1 Furthermore, despite the CDC’s recommendation to vaccinate at 11-12 years of age, most adolescents do not initiate vaccination at this age. We believe that practice-level change is vital to addressing this gap and improving coverage rates; as such, our project is designed to aid practice teams in implementing evidence-based immunization strategies and lower HPV prevalence in their communities. Together, we have a great opportunity to impact vaccination rates in New Jersey!

Benefits of project participation (scheduled to begin spring 2015 and conclude early 2016):

- Earn up to 25 credits towards ABP Maintenance of Certification (MOC), Part 4
- Receive QI coaching and support, including project-specific customized tools and materials
- Receive assistance in assessing your system for HPV immunization delivery, recognizing barriers, and selecting evidence-based strategies to test with PDSA cycles
- Participate in monthly Learning Collaborative webinars on topics such as delivering a strong provider recommendation for HPV vaccine and reducing Missed Opportunities for vaccination
- Track your practice’s progress through monthly feedback reports

---

Requirements for project participation:
- Designate a practice Clinic Champion and QI/Change team
- Attend one hour-long orientation call
- Participate in at least 6 of 9 monthly hour-long Learning Collaborative webinars
- Complete pre-intervention and post-intervention chart audits
- Perform monthly chart audits on tests of change (10 charts/month, 90 charts total)
- Submit monthly PDSA log sheets to guide rapid-cycle improvement

The project is led by Wendy Davis, MD, FAAP, who is the NIPN Project Lead/NIPN Associate Director. Dr. Davis will be responsible for overall project direction and leadership of QI support. She will serve as the primary contact for NIPN and direct NIPN’s multi-site QI project development, training and implementation activities.

Judy Shaw, EdD, MPH, RN, FAAP, who is NIPN Executive Director, will oversee mentoring and coaching provided by NIPN faculty to site leaders and consult with them on system changes across their programs. As a co-editor of Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (3rd edition), Dr. Shaw will assure alignment of tools and educational materials for clinicians and parents with these guidelines.

To participate, please contact Judie Grandjean, Program Director at NJAAP, or Mary Jo Garofoli, Program Coordinator at 609-842-0014. Email: jgrandjean@aapnj.org or mjgarofoli@aapnj.org.

For more information, please contact Alexandra Highet at Alexandra.highet@med.uvm.edu (802-656-8210), or Dr. Wendy Davis at wendy.davis@med.uvm.edu (802-656-9107). Thank you!

We hope that you will consider joining us for this exciting project.

Sincerely,

Fran Gallagher, M.Ed.
Executive Director, NJAAP