

**Baseline Assessment Tool**

*Mountain West HPV Project*

*An ACS | NCI CCC Partnership Model to Reduce Geographic Disparities in HPV Vaccination Rates among Adolescents Living in Rural States*

The purpose of this assessment tool is to have a better understanding of your baseline HPV vaccination data, your quality improvement work already in place, and how the arms of this project can better assist your health system and clinic(s).

Questions 1 – 43 are specific to the health system. Questions 44-49 are specific to the clinic.

\*This assessment tool was adapted from the American Cancer Society’s HPV Vaccination Systems and Strategies Inventory 2020

**Baseline Information – Demographics**

**1.** System Name: **2.** Health System type? Other:

**3.** BCHMIS ID or DUNs Number (n/a if unknown):

**4.** Name and title of Health System project lead:

**5.** Name and title of Health System QI lead:

**6.** Name and title of project clinical champion:

**7.** Name of ACS staff lead: Hannah Nein and Jane Smith

**8.** Local ACS staff involved in project:

**9.** Total number of clinic sites in system:

**10.** Number of clinic sites participating in this project:

**11.** Which service lines are participating in this HPV

vaccination project? *(check all that apply)*

**12.** Which of the following types of clinics are participating in this HPV vaccination project? *(check all that apply)*

Pediatric

Family Medicine

Other (specify):

Urban clinics

Suburban clinics

Rural clinics

Other (specify):

Internal medicine

Dental

School‐based clinics

Mobile clinic

**13.** Are there incentives for participating in this project outside

of the project scope? If yes, please describe.  No  Yes  Unsure

**14. If yes to 13**, describe incentive source (e.g. health department, etc.):

**Baseline Information – Data Systems**

**15.** EHR system: Other:

**16.** Population Management system and version:

Version:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **17.** Our health system currently has procedures  to:  (*check all that apply*) | Automatically determine which immunizations are due for each patient at every visit  Automatically determine which immunizations are due for each patient at well child visits ONLY  Alert providers that a patient is due for HPV vaccination  Provide a report of patients who are not up‐to‐date on HPV  vaccination or have not completed all doses  Provide a report with provider‐specific HPV vaccination rates  Provide a missed opportunity report that identifies patients who had an appointment, were due for HPV vaccination, but did not receive a vaccine dose | | | | |
| **18.** At this moment our EHR system: | Has a bidirectional interface with the State Immunization Registry  *If bidirectional, how does the Immunization Registry send data to the EHR?*    Has a unidirectional interface with the State Immunization Registry (pushes updates to the State Immunization Registry)  Does not interface with the State Immunization Registry  Receives updates from the State Immunization Registry as soon as they become available  Allows us to pull immunization information on-demand for each patient (e.g., by clicking a button in the EHR) | | | | |
| **19.** At this moment our State Immunization  Registry: *(check all that apply)* | Has current and accurate data  Is used daily to verify patient vaccination status  Provides data we use to track HPV vaccination rates  Is not useful to our HPV vaccination work  *If it is not useful, please explain:*  May have functions we could use, but have not explored  *If there are functions, please list them:*  Is not connected with our health system/clinic  *If not connected, please describe why:* | | | | |
| **Baseline Information – Policies & Practices** | | | | | |
|  | **Yes** | **No** | **Don’t Know** | **Notes** |
| **20.** Does your system have standing orders for the HPV vaccination? (If Yes, indicate in *Notes* who besides a provider vaccinates, how often, and whether a copy of standing orders is available for review.) |  |  |  |  |
| **21. If yes to 20,** are standing orders implemented fully and systematically? (If yes, indicate in *Notes* the specifics for the HPV vaccine [i.e. ages of children, etc.]) |  |  |  |  |
| **22.** After receiving the first HPV vaccination dose,are patients scheduled for the next HPV vaccination visit before they leave the office? (Indicate in *Notes* how far out provider and nurse schedules are open, e.g. 3 months, 6 months, 1 year). |  |  |  |  |
| **23.** If the HPV vaccine is declined, is it a health system policy to recommend it again at future visits? (If No, indicate in *Notes* why not). |  |  |  |  |

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| **Baseline Information – Previous HPV Activities** | | | | |
|  | **Yes** | **No** | **Don’t Know** | **If yes, please describe your past experience and when your system participated in these.** |
| **24.** Has your system used quality improvement to increase HPV vaccination rates in the past? |  |  |  |  |
| **25.** Has your system completed a HPV VACs Systems and Strategies Inventory with ACS in the past? |  |  |  |  |
| **26.** Which of the following **training and education activities** has your system already conducted to increase HPV vaccination rates?  (*check all that apply*) | Educated staff on HPV vaccination as cancer prevention  Educated staff on strategies to improve HPV vaccination rates  Identified HPV vaccination champions  Trained providers on making an effective HPV vaccine recommendation  Other (specify) | | | |
| **27.** Which of the following **interventions** has your system already implemented to increase HPV vaccination?  (*check all that apply*) | Client reminders  Drive-through immunization clinic  Campaigns via EHR  Provider assessment &  Extended hours feedback  Provider prompts/reminders  Immunization forecast  Offered in alternative  Standing orders  settings like schools or  Other (specify):  mobile units  Parent/patient education | | | |

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| **Baseline Information – System Implementation Support** | | | | | |
|  | | | | | |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| **28.** We get support from local health departments or the state department of health to help us to improve HPV vaccination rates in our health system. |  |  |  |  |  |  |
| **29.**  We get support from the state Primary Care Association to help us to improve HPV vaccination rates in our health system. |  |  |  |  |  |
| **30.** We get support from other organizations (e.g., the American Cancer Society, professional societies, etc) to help us to improve HPV vaccination rates in our health system. |  |  |  |  |  |
| **31.** We get support from our EHR vendor to help us to improve HPV vaccination rates in our health system. |  |  |  |  |  |
| **32.** We get advice from other health systems to help us to improve HPV vaccination rates in our health system. |  |  |  |  |  |
| **33.** Increasing HPV vaccination rates is one of the top priorities for our health system. |  |  |  |  |  |
| **34.** HPV vaccination is one of the best tools available to prevent cancer in girls. |  |  |  |  |  |
| **35.** HPV vaccination is one of the best tools available to prevent cancer in boys. |  |  |  |  |  |
| **36.** Employees in our health system regularly take time to consider ways to improve how we do things. |  |  |  |  |  |
| **37.** Leadership in this system strongly support health system change efforts**.** |  |  |  |  |  |

 

**System Baseline Information ‐ Vaccination Rates**



Calculate **baseline** vaccination rates as the number of active medical patients ages 9‐13 who were up‐to‐date with HPV, Tdap, and Meningococcal vaccines in

2019. Separate vaccine rates by vaccine, age, and sex (if possible). If **unable to separate by sex**, use the **Combined** column in the data table. Overall vaccination rates will be calculated for ages 9‐13 as one group.

**Tips on calculating rates – please note, that depending on where you pull data from, you may not be able to fit these criteria or put a number in every box – this is okay! Please answer Questions 39-43 to give specific details on your data pull.**

 Active medical patients are defined as those who had at least one reportable medical visit during the **previous 24 months**. If you use different criteria for active medical patients, please note this in question 42.

 HPV vaccine initiation number should include patients who have **ever received at least 1 dose** of the HPV vaccine.

 HPV vaccine series completion includes patients who have received 2 doses of HPV vaccine separated by at least 5 months. Completion rates should not exceed initiation rates.

 Use the following table to identify **up‐to‐date** patients in 2019:

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| --- | --- | --- |
| **Ages** | **Born** | **Ever received the following vaccines:** |
| 9‐10 | 2009‐2010 | At least 1 dose of HPV; 2 doses of HPV |
| 11‐12 | 2007‐2008 |
| 13 | 2006 | At least 1 dose of HPV; 2 doses of HPV; Meningococcal; Tdap |

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| **38. Baseline** | Females | | | | | Males | | | | | | Combined | | | | | |
| **2019**  **Vaccination**  **Rates** | Total Number Active Medical | HPV Vaccine | | Other vaccines | | Total Number Active Medical | HPV Vaccine | | | Other vaccines | | Total Number Active Medical | HPV Vaccine | | Other vaccines | | |
| ≥1 Dose | 2 Doses | Mening ococcal | Tdap | ≥1 Dose | 2 Doses | | Mening ococcal | Tdap | ≥1 Dose | 2 Doses | Mening ococcal | Tdap | |
| **Ages 9‐10** |  |  |  |  | |  |  |  | |  | |  |  |  |  | | |
| **Ages 11‐12** |  |  |  |  |  |  | |  |  |  |
| **Age 13** |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| *Vaccination*  *Rates* |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |

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| **SYSTEM Baseline Information ‐ Vaccination Rates** | | |
| **39.** What was the primary data source used to calculate vaccination rates? | EHR (preferred)  State Immunization Registry  Chart Audit  Other (specify): |  |
| **40.** Were any secondary data sources used?  *(check all that apply)* | EHR  State Immunization Registry  Chart Audit  Other (specify): |
| **41.** Did you face challenges with any of the following? (*check all that apply*) | Yes, reporting data by age  Yes, reporting data by sex  Yes, using the above active patient definition  No  Other (specify): |
| **42. If yes to 41,** please share more about the item(s) you selected (i.e. what was used as the criteria for an active patient, data cannot be broken out by sex, etc.). |  |
| **43.** Please share anything else about your baseline data you’d like us to know. |  |

**Please continue onto the next page**

**CLINIC Baseline Information**

This section is intended to be filled out at the clinic level. Please fill out this section (Questions 44-49) for every clinic within your system that is participating in the project. Attached is a clinic supplement so you can use additional copies of the blank clinic-specific form. If this does not apply to you, please disregard this section.

**Clinic Name:**

**Clinic Address:**

**CLINIC Baseline Information ‐ Vaccination Rates**



Calculate **baseline** vaccination rates as the number of active medical patients ages 9‐13 who were up‐to‐date with HPV, Tdap, and Meningococcal vaccines in

2019 in your clinic. Separate vaccine rates by vaccine, age, and sex (if possible). If **unable to separate by sex**, use the **Combined** column in the data table. Overall vaccination rates will be calculated for ages 9‐13 as one group.

**Tips on calculating rates – please note, that depending on where you pull data from, you may not be able to fit these criteria or put a number in every box – this is okay! Please answer Questions 45-49 to give specific details on your data pull.**

 Active medical patients are defined as those who had at least one reportable medical visit during the **previous 24 months**. If you use different criteria for active medical patients, please note this in question 48.

 HPV vaccine initiation number should include patients who have **ever received at least 1 dose** of the HPV vaccine.

 HPV vaccine series completion includes patients who have received 2 doses of HPV vaccine separated by at least 5 months. Completion rates should not exceed initiation rates.

 Use the following table to identify **up‐to‐date** patients in 2019:

|  |  |  |
| --- | --- | --- |
| **Ages** | **Born** | **Ever received the following vaccines:** |
| 9‐10 | 2009‐2010 | At least 1 dose of HPV; 2 doses of HPV |
| 11‐12 | 2007‐2008 |
| 13 | 2006 | At least 1 dose of HPV; 2 doses of HPV; Meningococcal; Tdap |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **44. Baseline** | Females | | | | | Males | | | | | | Combined | | | | | |
| **2019**  **Vaccination**  **Rates** | Total Number Active Medical | HPV Vaccine | | Other vaccines | | Total Number Active Medical | HPV Vaccine | | | Other vaccines | | Total Number Active Medical | HPV Vaccine | | Other vaccines | | |
| ≥1 Dose | 2 Doses | Mening ococcal | Tdap | ≥1 Dose | 2 Doses | | Mening ococcal | Tdap | ≥1 Dose | 2 Doses | Mening ococcal | Tdap | |
| **Ages 9‐10** |  |  |  |  | |  |  |  | |  | |  |  |  |  | | |
| **Ages 11‐12** |  |  |  |  |  |  | |  |  |  |
| **Age 13** |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| *Vaccination*  *Rates* |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |

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| **CLINIC Baseline Information ‐ Vaccination Rates** | | |
| **45.** What was the primary data source used to calculate vaccination rates? | EHR (preferred)  State Immunization Registry  Chart Audit  Other (specify): |
| **46.** Were any secondary data sources used?  *(check all that apply)* | EHR  State Immunization Registry  Chart Audit  Other (specify): |
| **47.** Did you face challenges with any of the following? (*check all that apply*) | Yes, reporting data by age  Yes, reporting data by sex  Yes, using the above active patient definition  No  Other (specify): |
| **48. If yes to 47,** please share more about the item(s) you selected (i.e. what was used as the criteria for an active patient, data cannot be broken out by sex, etc.). |  |
| **49.** Please share anything else about your baseline data you’d like us to know. |  |

**Please complete questions 44-49 for each clinic in your system. A Clinic Supplement document is attached for additional blank copies of questions 44-49.**

**Thank you so much!**