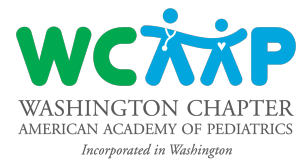


# HPV@9 Quality Improvement Project

## Cohort 4 Report Summary

### February - July 2025



The HPV@9 Quality Improvement (QI) Project, led by the Washington Chapter of the American Academy of Pediatrics (WCAAP), aims to increase HPV vaccination rates among preteens by initiating vaccination at age 9. This approach aligns with CDC/ACIP guidelines and is endorsed by leading health organizations.

Cohort 4, conducted from February to July 2025, included nine pediatric and family medicine clinics across Washington State serving 5,283 children, ages 9-10. The project supported clinics in implementing age 9 workflows through training, coaching, and evidence-based strategies.

### Key Outcomes

- **HPV Vaccination:** 715 HPV doses were administered to 9-10-year-olds. The combined age 9-10 HPV coverage rate for first dose HPV increased from 4 to 14% across the cohort.
- **Clinic Success:** All nine clinics met goal of a  $\geq 5$  percentage point increase in HPV coverage at ages 9-10. Median increase was +8 percentage points with range +5 to +18 percentage points.
- **Provider Confidence:** Percent of providers who are very or extremely confident in making effective HPV vaccine recommendations at age 9-10 increased from 74 to 94%.
- **Training:** 48 providers and 102 staff completed 1-4 eLearning modules, earning up to 3.5-4 hours of continuing education (CME/CNE/CE). A total of 448 total modules were completed.
- **Maintenance of Certification (MOC) Credit:** Awarded to 31 of 34 participating physicians
- **Highly Rated by Providers:** 4.7/5 stars for time well spent and 4.7/5 stars for ease of implementation

### Effective Strategies

- Workflow prompts to recommend HPV vaccine starting at age 9
- Use of the “announcement approach” for HPV vaccine recommendations
- Use of exam room posters and take-home materials, featuring HPV vaccine starting at age 9
- Implementation of standing orders
- Patient outreach including MyChart messages and phone calls

### Challenges

- Inability to update EHR prompts due to system-level constraints
- Limited pre- and post-survey participation among non-physician staff
- Mixed feedback on module length and content repetition, especially for those completing 4 modules

### Recommendations

- Continue offering MOC and continuing education credits as strong incentives
- Streamline MOC requirements for future cohorts, consider requiring 2 instead of 4 modules
- Improve survey processes and data collection tools
- Expand use of HPV cancer survivor stories to motivate and educate clinicians

### Conclusion

Cohort 4 demonstrated that initiating HPV vaccination at age 9 is both feasible and impactful. The project achieved measurable improvements in vaccination rates and provider confidence, reinforcing the value of structured QI initiatives in advancing public health goals.