**Strengthening clinic practices and policies to increase HPV vaccination initiation and completion**

**Center and Investigators**

University of Iowa, Askelson, Curry, Parker, Daniel-Ulloa, Baquero

**Goal**

The overall goal is to increase opportunities for health care providers to initiate and complete the HPV series through offering clinic managers a menu of evidence-based clinic practice and policy changes (client remind/recall systems, provider reminders, and standing orders). The short-term goal of the study is to understand how these changes, which have been shown to be effective with other vaccines, can be successfully implemented with the HPV vaccine.

**Activities**

We will work with clinics and/or Accountable Care Organizations to train clinic managers on implementing these clinic changes. The training would be web-based. The evaluation will focus on changes in HPV vaccination initiation and completion rates, as well as examine the adoption and implementation of clinic changes.

Based on the implementation findings, a toolkit will be developed for state Vaccine for Children programs that can be used during the AFIX (Assessment, Feedback, Incentives, eXchange) process with Vaccine for Children clinics. A manuscript for publication will be developed.

**Work already done**

Clinic managers have been surveyed to determine what HPV vaccine promoting activities are currently being used and what barriers exist to HPV vaccine initiation and completion. *Do not think others will need to replicate survey. Noel Brewer has RWJF funding to develop and test an HPV-specific version of AFIX in partnership with four states. He has an advisory board with representatives from seven states immunization branches and has developed an improved version of a report card for reporting vaccination performance and goals to clinics.*

**Opportunities for partnership**

Partners could replicate the intervention in various settings (urban, rural, *stand-alone clinics versus part of a larger system*...), practice types (Federally Qualified Health Centers, multi-specialty clinics, pediatric, family medicine, Title X clinics, school clinics...) and populations (minority, higher risk,...)

**Resources**

There are minimal costs outside of investigator time. Cost would depend on the number of clinic sites participating and if incentives are offered to clinics for participation.

Partners would need to have a state Vaccine for Children program that is supportive and actively looking for ways to engage clinics. Partners also need clinic(s)/ACO(s) with interest in increasing immunization rates. Clinics should be actively using electronic health records, which facilitate the 3 proposed changes.