



Advancing High Performance Health

Improving HPV Vaccination Rates

ASPIRE

Accelerating System Progress with Implementation Research and Education

Optimizing HPV Vaccine Communication and Standing Orders

About the Study

Human papillomavirus (HPV) is the primary cause of cervical cancer. It also causes anal, oral, penile, vaginal, and vulvar cancers. Vaccines given during adolescence can prevent more than 36,000 cases of cancer each year. Yet rates of HPV vaccination are low among children ages 9 to 12 when compared to other recommended vaccines.

This National Institutes of Health-funded study will evaluate the best way to support HPV vaccine communication. We are recruiting urban and rural clinics for an implementation period of six months.

All eligible members of the primary care team will receive the one-hour Announcement Approach Training (AAT). AAT is an evidence-based intervention that saves time, is easy to use, and helps promote HPV vaccination as routine care. Compared to usual care or conversation training, clinics receiving AAT have shown higher HPV vaccination rates (5.4% overall in one large study).

Participant Eligibility

Up to eight AMGA member healthcare systems that meet the following requirements:

- 5 clinics each with an average of ~300 pediatric patients between the ages of 9-12 eligible for initial HPV vaccination seen for care in the last 12 months
- Ability to collect and report patient level data on HPV vaccination
- Standing orders for HPV vaccine in place (or the ability to rapidly implement them) without regular or widespread use
- HPV vaccination initiation rates of less than 72% (girls and boys combined, ages 9-12 with 0 HPV dose)

Benefits to Health Systems

- Organizational honoraria ~\$7,500 to \$15,000 per HCO
 - Based on number of participating clinics
 - Funds to cover training for all participating clinics
- \$100 to individuals who complete a two-month post-AAT workshop survey (~10 participants/clinic)
- \$100 per person for “key informant” interviews (up to 6 per health system)
- Individual CE credit for completion of AAT workshop
- Higher HPV vaccine coverage leading to improved quality performance metrics
- Saved time, improved clinic flow, and higher provider and care team job satisfaction

Participant Responsibilities

- Participate in study activities for up to 10 months
- Identify one system representative and one clinic representative per clinic to participate
- Identify one qualified individual to train and deliver AAT workshops to clinic staff
- Identify up to 6 key informants for up to 6 interviews (~60 minutes)
- Encourage clinical staff to attend the AAT (10 per clinic) and take brief surveys during and two months after the workshop
- Collect and report HPV vaccination data before enrollment and at 12, and 24 months

Timeline

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|----------------------|---------------------------|
| Sept. 2023–July 2024 | Health System Recruitment |
| July 2024–Mar. 2025 | Implementation |
| July 2024–June 2026 | EHR Data Collection |

For more information: research@amga.org