HPV Vaccination Self-Assessment Survey

FQHC Systems are not expected to have all of these items in place. This tool allows us to determine how we can potentially support/strengthen your existing efforts to increase HPV vaccination rates in boys and girls aged 11-12.

Demographic Information

FQHC System Name: _____   State: _____

1. FQHC Contact Name: _____

2. FQHC Contact Title:
☐ Chief Executive Officer / Executive Director
☐ Chief Operations Officer / Clinic Operations Director
☐ Chief Medical Officer / Medical Director
☐ Chief Nursing Officer / Director of Nursing
☐ Quality Director / Manager
☐ Other,   please specify: _____

3. ACS Staff Name: _____

4. Total number of sites: _____

5. Number of sites serving pediatric patients: _____

6. Number of sites devoted to pediatric patients: _____

7. Number of school based sites: _____

8. How would you describe the location(s) within your FQHC system that serve pediatric patients (select all that apply):
☐ Urban, inner city
☐ Urban, not inner city
☐ Suburban
☐ Rural
☐ Other (*specify*): _____

9. Number of sites with PCMH Recognition/Accreditation: _____

10. Has your Health Center participated in a HRSA Health Disparities Collaborative?
☐ No
Yes, check all that apply:
☐ Asthma
☐ Diabetes
☐ Depression
☐ Other (specify): _____

11. Total number of active female patients who will be 11 or 12 years of age by June 15, 2015: _____

12. Total number of active male patients who will be 11 or 12 years of age by June 15, 2015: _____

13. UDS Childhood Immunization Rate *(Percentage of children who have received age appropriate vaccines who had their 3rd birthday during measurement year (on or prior to 31 December):* _____ **%**
UDS Data for: ☐ 2013 ☐ 2014
Pulled using: ☐ Chart Audit ☐ EHR Universe

HPV Vaccination Count – Based on HEDIS Measure
Active patients are those who at some point during the measurement year had at least one medical visit.

Female Patients	**14.** Number of active, female adolescents who turn 13 years of age during the measurement year.	☐ 2013 (1/1/2013 – 12/31/2013) ☐ 2014 (1/1/2014 – 12/31/2014)
	15. Number of active, female adolescents who turn 13 years of age during the measurement year **with <u>three</u> documented doses of HPV vaccine** with different dates of service on or between the member's 9th and 13th birthdays.	
Male Patients	**16.** Number of active, male adolescents who turn 13 years of age during the measurement year.	☐ 2013 (1/1/2013 – 12/31/2013) ☐ 2014 (1/1/2014 – 12/31/2014)
	17. Number of active, male adolescents who turn 13 years of age during the measurement year **with <u>three</u> documented doses of HPV vaccine** with different dates of service on or between the member's 9th and 13th birthdays.	

18. Is there anything you would like to clarify or explain about the data you provided above:

Electronic Health Records (EHR/EMR)

19. Current EHR/EMR System: _____   Version: _____

	YES			NO		
	Yes, Easy **(<24 hours)**	**Yes,** Somewhat Difficult **(<1 week)**	**Yes,** Difficult **(≥ 1 week)**	**No,** but that feature can be programed <u>with current staff and resources</u>	**No,** but that feature can be programed <u>for a vendor fee</u>	**No,** cannot be generated
20. Is your EHR system currently set up to provide a list of patients who are not up-to-date on **any age appropriate vaccinations**?	☐	☐	☐	☐	☐	☐
21. Is your EHR system currently set up to provide a list of patients aged 11 and 12 who are not up-to-date on their **HPV vaccination** or have not completed all three doses?	☐	☐	☐	☐	☐	☐

	YES	NO		
		No, but that feature can be programed **with current staff and resources**	**No**, but that feature can be programed **for a vendor fee**	**No**, cannot be generated
22. Is your EHR system currently set up to alert a provider that a patient is due or past due for **any age appropriate vaccinations**?	☐	☐	☐	☐
23. Is your EHR system currently set up to alert a provider that a patient is due or past due for **HPV vaccination**?	☐	☐	☐	☐
24. Do patient EHR charts indicate current vaccination compliance for **any age appropriate vaccinations**?	☐	☐	☐	☐
25. Do patient EHR charts indicate current vaccination compliance for **HPV vaccination**?	☐	☐	☐	☐
26. Do patient EHR charts indicate if a provider has made a successful or unsuccessful recommendation for **any age appropriate vaccinations**?	☐	☐	☐	☐
27. Do patient EHR charts indicate if a provider has made a successful or unsuccessful recommendation for **HPV vaccination**?	☐	☐	☐	☐

28. Is there anything you would like to add about your Electronic Health Records system and the capacity to track or report on HPV vaccination?

Current Vaccination Approach

Client reminder and recall

Involves reminding members of a target population that vaccinations are due (reminders) or late (recall). Reminders and recalls are delivered by various methods—telephone, letter, postcard, text message or other.

Please indicate whether the following evidence-based approaches are in place in your FQHC system.	**Yes,** we have implemented this strategy **fully and systematically**	**Yes,** we have implemented this strategy, but **inconsistently implemented**	**Yes,** but we are at an **early stage** of implementing this strategy	**No,** but we are **planning to implement** this strategy in the future	**No,** but we would be interested in implementing this strategy **with the grant**	**No,** and we have **no plans** to do so
29. Does your FQHC system use client reminders and recall to promote **any age appropriate vaccinations**?	☐	☐	☐	☐	☐	☐
30. Does your FQHC system use client reminders and recall to promote **HPV vaccinations for girls** aged 11-12?	☐	☐	☐	☐	☐	☐
31. Does your FQHC system use client reminders and recall to promote **HPV vaccinations for boys** aged 11-12?	☐	☐	☐	☐	☐	☐

32. Have you utilized this strategy for any other disease sites (e.g. mammography screening, colorectal cancer screening or other screening or monitoring)? ☐ Yes ☐ No

Client-based education

Includes the use of brochures, videos, posters, vaccine information statements (VIS), and face-to-face sessions designed to inform and motivate clients to obtain recommended vaccinations in the clinic. These activities are usually delivered in advance of and in addition to the client-provider interaction.

Please indicate whether the following evidence-based approaches are in place in your FQHC system.	**Yes,** we have implemented this strategy **fully and systematically**	**Yes,** we have implemented this strategy, but **inconsistently implemented**	**Yes,** but we are at an **early stage** of implementing this strategy	**No,** but we are **planning to implement** this strategy in the future	**No,** but we would be interested in implementing this strategy **with the grant**	**No,** and we have **no plans** to do so
33. Does your FQHC system use client-based education to promote **any age appropriate vaccinations**?	☐	☐	☐	☐	☐	☐
34. Does your FQHC system use client-based education to promote **HPV vaccinations for girls** aged 11-12?	☐	☐	☐	☐	☐	☐
35. Does your FQHC system use client-based education to promote **HPV vaccinations for boys** aged 11-12?	☐	☐	☐	☐	☐	☐

36. Have you utilized this strategy for any other disease sites (e.g. mammography screening, colorectal cancer screening or other screening or monitoring)? ☐ Yes ☐ No

Provider reminders

Informs those who administer vaccinations that individual clients are due for specific vaccinations. Techniques by which reminders are delivered vary, but can include notes prepared in advance and posted in client charts, alerts in electronic medical records, and letters sent by mail.

Please indicate whether the following evidence-based approaches are in place in your FQHC system.	**Yes,** we have implemented this strategy **fully and systematically**	**Yes,** we have implemented this strategy, but **inconsistently implemented**	**Yes,** but we are at an **early stage** of implementing this strategy	**No,** but we are **planning to implement** this strategy in the future	**No,** but we would be interested in implementing this strategy **with the grant**	**No,** and we have **no plans** to do so
37. Does your FQHC system use provider reminders to promote **any age appropriate vaccinations**?	☐	☐	☐	☐	☐	☐
38. Does your FQHC system use provider reminders to promote **HPV vaccinations for girls** aged 11-12?	☐	☐	☐	☐	☐	☐
39. Does your FQHC system use provider reminders to promote **HPV vaccinations for boys** aged 11-12?	☐	☐	☐	☐	☐	☐

40. Have you utilized this strategy for any other disease sites (e.g. mammography screening, colorectal cancer screening or other screening or monitoring)? ☐ Yes ☐ No

Standing Orders

Includes a protocol enabling assessment and vaccination without the need for examination or direct order from the attending provider at the time of the interaction.

Please indicate whether the following evidence-based approaches are in place in your FQHC system.	**Yes,** we have implemented this strategy **fully and systematically**	**Yes,** we have implemented this strategy, but **inconsistently implemented**	**Yes,** but we are at an **early stage** of implementing this strategy	**No,** but we are **planning to implement** this strategy in the future	**No,** but we would be interested in implementing this strategy **with the grant**	**No,** and we have **no plans** to do so
41. Does your FQHC system use standing orders to promote **any age appropriate vaccinations**?	☐	☐	☐	☐	☐	☐
42. Does your FQHC system use standing orders to promote **HPV vaccinations for girls** aged 11-12?	☐	☐	☐	☐	☐	☐
43. Does your FQHC system use standing orders to promote **HPV vaccinations for boys** aged 11-12?	☐	☐	☐	☐	☐	☐

44. Have you utilized this strategy for any other disease sites (e.g. mammography screening, colorectal cancer screening or other screening or monitoring)? ☐ Yes ☐ No

Provider Assessment & Feedback

Involves retrospectively evaluating the performance of providers in delivering one or more vaccinations to a client population and giving them feedback on their performance. Assessment and feedback can also involve other activities (e.g., incentives or benchmarking).

Please indicate whether the following evidence-based approaches are in place in your FQHC system.	**Yes,** we have implemented this strategy **fully and systematically**	**Yes,** we have implemented this strategy, but **inconsistently implemented**	**Yes,** but we are at an **early stage** of implementing this strategy	**No,** but we are **planning to implement** this strategy in the future	**No,** but we would be interested in implementing this strategy **with the grant**	**No,** and we have **no plans** to do so
45. Does your FQHC system use provider assessment and feedback to promote **any age appropriate vaccinations**?	☐	☐	☐	☐	☐	☐
46. Does your FQHC system use provider assessment and feedback to promote **HPV vaccinations for girls** aged 11-12?	☐	☐	☐	☐	☐	☐
47. Does your FQHC system use provider assessment and feedback to promote **HPV vaccinations for boys** aged 11-12?	☐	☐	☐	☐	☐	☐

48. Have you utilized this strategy for any other disease sites (e.g. mammography screening, colorectal cancer screening or other screening or monitoring)?	☐ Yes ☐ No

Interest & Capacity

	High Interest	**Medium** Interest	**Low** Interest	**No** Interest
49. What is the interest level of your clinic staff for receiving Staff/Provider education for increasing HPV vaccination?	☐	☐	☐	☐
50. What is the interest level of your clinic staff for disseminating educational materials on HPV vaccination to patients and their parents?	☐	☐	☐	☐
	High Capacity	**Medium** Capacity	**Low** Capacity	**No** Capacity
51. What is your FQHC's capacity (time and willingness) to take on a new quality improvement project to increase HPV vaccination?	☐	☐	☐	☐

52. Do you have at least one staff member who could serve as a champion for a quality improvement project to increase HPV vaccination rates?	☐ Yes ☐ No
53. Do you have an identified staff person who serves as lead for quality improvement projects?	☐ Yes ☐ No

54. Do you have regular quality improvement meetings?	☐ Yes ☐ No
55. Have you previously collaborated with a state or local health department or other organization to increase HPV vaccination rates?	☐ Yes ☐ No

56. If yes, please provide a brief description of this collaboration:

57. Is there anything else you would like to share related to your HPV vaccination services and educational efforts?