A Method for Increasing HPV Vaccination Rates: Maintenance of Certification Requirements

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Will more adolescents receive the human papillomavirus (HPV) vaccine if their providers' immunization rates are measured against other providers' rates? That's what our research team sought to answer.

Most people in the United States will contract one or more types of HPV in their lifetime, and several strains of HPV are known to cause tens of thousands of cancer cases in men and women each year. Currently, there are three available vaccines that have strong safety and efficacy profiles in preventing most cancer-causing strains of HPV, and the Centers for Disease Control and Prevention (CDC) added HPV vaccines to the list of routinely recommended vaccines for adolescent girls in 2006, and for boys in 2011. Rates of HPV vaccination, however, are low compared to other adolescent vaccines, leaving many children unprotected and at risk.

All pediatricians, with the exception of lifetime certificate holders (i.e. those who were board certified before 1988), are now required to take part in quality improvement projects in order to maintain their board certification, as part of the Maintenance of Certification Part IV (MOC) program. MOC Part IV is a requirement put in place by the American Board of Pediatrics and other medical specialty certifying boards to improve the quality of health care delivered to children and adults. The program teaches pediatricians how to measure the quality of care at their own practice and how to fill gaps in healthcare quality. While this program may encourage pediatricians to participate in quality improvement projects that they would otherwise not participate in, research is lacking on the effect of participation in MOC initiatives on child health outcomes.

Our research team evaluated whether participation in a MOC initiative at CHOP improved rates of captured opportunities for the HPV vaccine. Captured opportunities are instances when an adolescent who is due for the vaccine comes into the office and actually receives the vaccine.

The one-year MOC program at CHOP was an electronic health record (EHR)-based approach to quality improvement. Data were extracted from the EHR and used to provide feedback to pediatricians on their HPV vaccination rates, as well as the rates of their primary care practice and the overall network of CHOP primary care practices. In addition, 27 participating pediatricians from 11 primary care practices took part in conference calls where they set goals as a group for specific improvements, such as using consistent language to recommend the HPV vaccine to families and increasing recommendations for the HPV vaccine during sick visits.

We found that pediatricians who participated in the MOC program had higher rates of captured HPV vaccination opportunities than non-participants, and that 96% of participants felt the effort they invested in the project was warranted. Also, half would not have joined the project without the MOC requirement, suggesting that requiring pediatricians to participate in MOC programs encourages participation in quality improvement initiatives by clinicians who would otherwise not take part.

Our results suggest that pediatricians' participation in MOC efforts may help to improve the health of children, in this case, in regards to increased HPV vaccination rates. Additional research is needed to evaluate how this MOC requirement may be more broadly utilized to improve the overall health of children.

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