



2025 Best Practices Immunizations for Adolescents

Partnership Tools, Programs, and Promising Practices:

- The **Preventive Care Report** is continuously available in the [eReports portal](#) and is updated daily. This tool shows each provider's member list for the Immunizations for Adolescents measure denominator, along with completion dates for each immunization in the series. Use this tool to track, schedule, and complete all immunizations in the series before each child turns 13 years old.
- The **Preventive Care Report** now contains race/ethnicity and language fields. Use this dashboard to look at Immunizations for Adolescents completion rates by race, ethnicity and language to learn more about inequities within your patient community.
- Partnership has published **VaxFacts websites** in partnership with local providers in many of our counties. Refer members/patients and parents/caregivers to these websites to learn more about the importance of childhood vaccinations.
 - Del Norte VaxFacts: <http://www.delnortevaxfacts.com>
 - Humboldt VaxFacts: <https://humboldtvaxfacts.com/>
 - Lake VaxFacts: <https://www.lakevaxfacts.com/>
 - Mendocino VaxFacts: <http://www.mendocinovaxfacts.com>
 - Shasta VaxFacts: <http://www.shastavaxfacts.com>
 - Solano VaxFacts: <https://solanovaxfacts.com/>
- The most common missing vaccination in the immunizations for adolescents' measure is completion of two Human Papillomavirus (HPV) vaccines. Partnership has added a unit of service measure, **Early Administration of the First HPV Dose**, to incentivize providers to complete members' first HPV dose by 12 years of age in order to be able to effectively complete their second dose by their 13 birthday.
- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Preventive Care for 3-17 year olds*.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling [Partnership Transportation Services](#) at (866) 828-2303, Monday – Friday, 7 a.m. – 7 p.m.

Increase Access:

- Every Partnership provider for pediatric patients is enrolled in the [Vaccines For Children \(VFC\) program](#).
- Offer immunization only visits or walk-in services to reduce the need to make an appointment.
- Offer extended evening or weekend hours to accommodate work and school schedules.

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- Use acute visits, as appropriate, to provide immunizations.
- Initiate age-appropriate back to school summer clinics.
- Partner with local organizations to do school-specific back to school clinics (six grade teachers, school nurses, public health) and make a school-based event either just prior to back to school or during open house.

Measure Workflows:

- Stay on top of annual well-care visits.
- Focus on patients turning 9-12 years old this year, as opposed to only those turning 13 in the current measurement year, using the preventive care report.
- Adopt a practice to immunize early with HPV. Children are eligible to receive HPV at the age of 9. Frame the discussion around cancer prevention. This will ensure adolescents will receive their second doses well in advance of their 13 birthday.
- Where possible and age-appropriate, co-administer HPV with meningococcal and Tetanus, diphtheria, and pertussis (Tdap). Reinforce that the HPV vaccine is part of the routine immunization schedule and can begin as early as age 9.
- Schedule second HPV vaccination appointment at checkout, and schedule text or phone reminders. If using postcard reminders, have parent/caregiver address appointment reminder card in own handwriting.
- As appropriate, offer incentives to adolescents directly, as that is a proven motivator for this age population.
- Utilize “flag” alerts in the EMR/EHR system so staff can identify and communicate to members/patients and parents/caregivers that immunization are due, at every member visit.
- Appoint a vaccine coordinator within your organization. This individual will ensure effective vaccine tracking, ordering, and training to all new staff.
- Prior to all visits, “scrub charts” to determine if immunizations and/or preventive services are due. Use CAIR data to update charts.
- Use standardized childhood vaccination templates in the EMR/EHR system to track vaccination status and progress.
- Use huddle time to communicate regarding member/patient needed service(s).

Promote Vaccination as a Practice:

- Establish formal practice commitment to vaccinations and presumptive vaccination recommendations.
- Train clinical and operational teams on addressing vaccine hesitancy and motivational interviewing to have productive conversations with families about the benefits of childhood vaccination.

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- Educate pre-teens and their caregivers around adolescent screenings and vaccinations, including HPV series. Explain that “HPV is the only anti-cancer vaccine available and that it is more effective when received young.” Waiting to receive the vaccination when the pre-teen is older may result in an additional third dose. Conversations can begin at age 9.
- Discuss with pre-teens and their caregivers about issues that may be keeping them from getting their pre-teen vaccinated. Explore possible barriers such as access to care and hours of operation, as well as listening to and responding to their concerns about vaccination.
- Communicate with parents/caregivers when vaccinations are due (reminders) or late (recall) via portals, texts, and/or calls.
- Educate support staff on immunization catch-up schedule.
- Be consistent with offering vaccinations. You may need to offer and discuss several times before a parent/caregiver agrees to complete vaccinations.
- Promote vaccination as a competency and strength within your practice. Many pre-teens are anxious about receiving shots. Clinical team members should aspire to excel at giving shots with minimal discomfort, which reduces stress for both pre-teens and their caregivers and increases the likelihood that pre-teens will continue their vaccinations on schedule.
- Work with sixth grade teachers to incorporate vaccine education into their curriculum (you can have a provider come and be a guest speaker as well).
- Work with school nurses to incorporate HPV education in their health classes.

Equity Approaches:

- Consider using an equity approach to increase screening rates for targeted communities. Look at vaccination rates by factors such as race, ethnicity, location (i.e, zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.
- Ensure information is consistent, welcoming, in plain person-centered language, appropriate, and delivered in traditional and electronic applications (based on patient’s preference).
- Have a conversation with pre-teens and parents/caregivers to confirm that vaccination information and next steps covered in the visit are mutually understood, pre-teen and parents/caregivers agree with any plans made, and they are given the opportunity to ask questions.
- Use approaches that align with your practice’s demographics (partner with local schools and faith-based organizations).
- Identify and address barriers to care (transportation, hours of operation, childcare).

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Data and Coding:

- Use California Immunization Registry (CAIR), ideally with a bi-directional interface between CAIR and the practice's EHR. Resources for practices can be found at <http://cairweb.org/how-cair-helps-your-practice/>
- Establish or update EMR/EHR templates to accurately reflect coding for visit reason and diagnosis. Review vaccination templates and linked coding in EMR/EHR or superbill to ensure alignment with HEDIS technical specifications.
- Use diagnosis coding to document reason for exclusions.
- Submit claims and encounter data within 90 days of service. We highly encourage submitting claims within 14 to 30 days of service toward the end of the measurement year period to avoid claims lag.
- Document parental refusal (Z28 code). While parental refusal will not exempt a child from the vaccination measure, members with documented parent refusal on file will increase visibility of parental refusal.

Helpful Links:

2025 PCP QIP Technical Specifications:

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Early Administration of the First HPV Dose Unit of Service measure
- Notes for eReports and PQD

QIP eReports Portal:

- Measure Reports
- Diagnosis Code Crosswalk Report
- QIP Member Report
- Preventive Care Report