

Immunizations for Adolescents (Combo 2)

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Adolescent immunizations protect young people from serious, vaccine-preventable diseases and reduce the risk of outbreaks in the broader community. Combo 2 assesses whether adolescents receive meningococcal conjugate, Tdap, and the complete HPV vaccine series by their 13th birthday.

Adolescents use office-based healthcare less often than younger children and have higher rates of emergency department use, creating fewer routine opportunities to vaccinate. Rural communities may face additional barriers, including transportation, limited appointment availability, incomplete records across care settings, vaccine misinformation, and concerns about HPV vaccination.

Improving adolescent immunization coverage prevents avoidable illness and cancer, supports school readiness, and strengthens lifelong preventive-care engagement. Success depends on beginning outreach before age 11, using every encounter to assess vaccine status, and offering clear, confident recommendations to families.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS ✓ QIP X UDS ✓ PHMI	Immunizations	MODERATE

Immunizations for Adolescents is a high-leverage pediatric quality measure aligned across HEDIS, QIP, and population health priorities. Improvement can close individual care gaps while strengthening outreach, access, documentation, and preventive-care systems for adolescents.

Understanding the Improvement Strategy

HEDIS & QIP	CARE DELIVERY
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which adolescents are missing Tdap, meningococcal, or HPV doses needed to complete Combo 2 by age 13?	Key question: At every adolescent encounter, are we reviewing vaccine status and administering all vaccines that are due?
COMMON STRATEGIES • Outreach beginning at ages 9–11 • Registry and care gap reports • Parent reminders and recall notices • Monitor gaps by vaccine and population	COMMON STRATEGIES • Assess status at every encounter • Presumptive, bundled vaccine recommendation • Walk-in and extended-hour access • Reconcile records through CAIR2

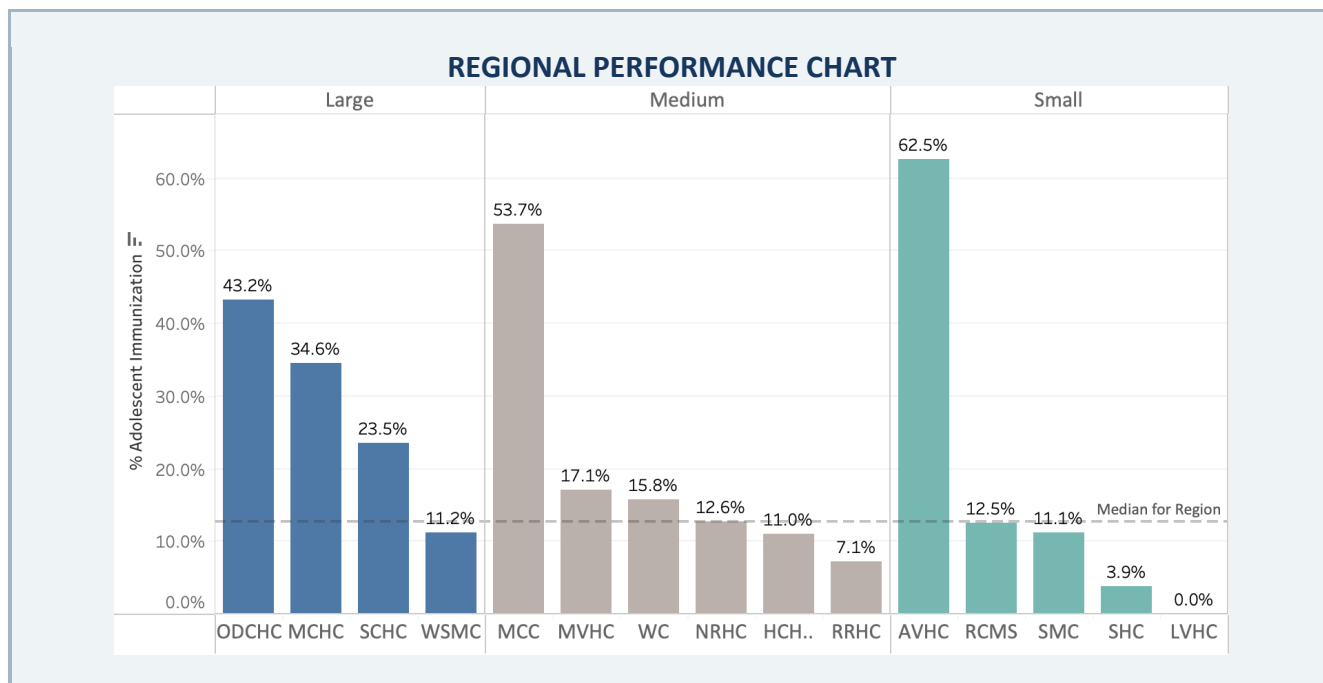
Strategic takeaway: Strong performance requires early population-level outreach and dependable care-delivery workflows that assess, recommend, and administer all due vaccines at every appropriate encounter.

Rural Northern California Performance

Regional Insights

- Targeted outreach beginning at ages 9–11 can create enough time for adolescents to complete all required doses by their 13th birthday.
- Sports physicals, well visits, and dedicated adolescent immunization clinics provide important opportunities to vaccinate adolescents who may have few routine visits.
- A personalized, presumptive recommendation—paired with empathetic discussion of parent concerns—can improve acceptance of Tdap, meningococcal, and HPV vaccines.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- Which vaccine component—Tdap, meningococcal, or HPV—creates the largest care gap?
- Are sports physicals, well visits, and other encounters consistently used to vaccinate?
- Should Immunizations for Adolescents be considered a quality improvement priority this year?

Quality Measure Definition (QIP)

Percentage of adolescents age 13 who received one meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), and two doses of human papillomavirus (HPV) vaccine by their 13th birthday.

National Quality Benchmark

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
UDS benchmark	Not applicable

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.