DAY TWO:
HPV Coalitions Leadership Summit
Melinda Wharton MD, MPH
Director, Immunization Services Division
National Center for Immunization and Respiratory Disease
Centers for Disease Control and Prevention
State HPV Coalitions: Some Unsolicited Advice

Melinda Wharton, MD, MPH
Director, Immunization Services Division
Regional Leadership Summit of Southeastern U.S. HPV Coalitions

March 5, 2019
Estimated Up-to-Date HPV Vaccination Coverage among Adolescents, 2017
National Coverage = 49%

Source: CDC. National, state, and local area vaccination coverage among adolescents aged 13-17 years—United States, 2017
Disparities by MSA Status for Selected Adolescent Vaccines, NIS-Teen 2017

MSA: Metropolitan statistical area
CC: Central city
What can coalitions do to change this?
What can healthcare providers do?

- Make an effective recommendation for HPV vaccination as cancer prevention for every 11- or 12-year-old patient
- Assess HPV vaccine coverage for each provider in your practice and develop an office-wide strategy to improve it
- Engage the entire practice – not just the healthcare providers – in committing to improve HPV vaccine coverage
- Implement systems strategies to improve HPV vaccine coverage
HPV Vaccine Coverage among Boys with and without Provider Recommendation in MSA Central City and non-MSA Areas

Coverage Difference between MSA Central City and Non-MSA = 18 percentage points
HPV Vaccine Coverage among Boys with and without Provider Recommendation in MSA Central City and non-MSA Areas:

With Provider Recommendation=90%

MSA Central City

Coverage = 69%

Non-MSA

Coverage = 58%

Coverage Difference between MSA Central City and Non-MSA = 11 percentage points
HPV Vaccine Coverage among Boys with and without Provider Recommendation in MSA Central City and non-MSA Areas:
With Vaccine Acceptance=80%

Coverage Difference between MSA Central City and Non-MSA = 13 percentage points
HPV Vaccine Coverage among Boys with and without Provider Recommendation in MSA Central City and non-MSA Areas: With Provider Recommendation=90% and Vaccine Acceptance=80%

Coverage Difference between MSA Central City and Non-MSA = 2 percentage points
What can healthcare providers do?

- Make an effective recommendation for HPV vaccination as cancer prevention for every 11- or 12-year-old patient
- Assess HPV vaccine coverage for each provider in your practice and develop an office-wide strategy to improve it
- Engage the entire practice – not just the healthcare providers – in committing to improve HPV vaccine coverage
- Implement systems strategies to improve HPV vaccine coverage
Systems Strategies to Improve HPV Vaccine Coverage

- Establish standing orders for HPV vaccination beginning at age 11-12 years in your practice
- Conduct reminder/recall beginning at 11-12 years of age
- Assess HPV vaccine coverage at every visit and prompt clinical staff to give HPV vaccine at that visit
- Schedule return visit for next dose before the patient leaves the office
- Document each dose in the child’s medical record and the state’s immunization information system
What can coalitions do to change this?
Implementation needs to be done by the people for whom it’s their day job.

Influence can be exercised by people who are not being paid to do it.
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<td>HPV Cancer Free Family Facebook</td>
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<td>SHARE-A-THONS</td>
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<td>Social Network Analysis</td>
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Power Panel #1:

Immunization & Data
HPV Coalition Leaders 2019 Leadership summit
Immunization and Data

CLAIRE HANNAN, MPH
EXECUTIVE DIRECTOR, ASSOCIATION OF IMMUNIZATION MANAGERS
MARCH 5, 2019
Immunization Programs and Adolescent Immunization

➢ Who is AIM? Who are immunization program managers?

➢ Immunization program priorities and HPV activities

➢ Examples: Using data to improve HPV vaccination rates

➢ AIM resources
Who is AIM?

➢ Nonprofit membership organization

➢ Members are immunization program managers in 64 federal awardee areas (50 states, 6 cities, 8 territories/federated states)

➢ Help immunization programs learn from each other, work with partners, receive training, develop and implement policies and activities to increase vaccination rates
AIM Annual Survey Data (2017)

➢ Administered late 2017 (54/64 awardees responded)
➢ Question on priorities: HPV and older adolescents
➢ Questions on how IP work with partners and what activities they conduct to increase rates/increase awareness of adolescent IZ,
Enroll pharmacists as VFC providers
Increase the number of school clinics
Work with payers to expand reimbursement
Change vaccine financing policy
Partner with community vaccinators
Address vaccine safety/hesitancy
Implement/enhance billing at local health departments
Increase use of adult IZ standards
Improve pandemic preparedness
Support upcoming legislative activities
Increase coverage rates of older adolescents (16-18 yrs.)
Increase coverage rates of pregnant women
Increase the number of pharmacists using IIS
Increase adult rates
Implement PPHF grants
Improve vaccine storage and handling
Identify and address low coverage rates
Implement meaningful use/onboarding
Increase the number of valid doses in the IIS
Increase HPV rates
Increase the number of VFC providers using IIS
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Increase the number of valid dos
### Adolescent HPV Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of IP</th>
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<tbody>
<tr>
<td>Assess adolescent coverage during AFIX visits</td>
<td>12, 6, 3, 10, 12, 40, 2</td>
</tr>
<tr>
<td>Provide CDC 'You are the Key to Cancer Prevention' resources...</td>
<td>14, 14, 8, 22</td>
</tr>
<tr>
<td>Offer provider CME/CNE programs about HPV vaccine</td>
<td>7, 10, 6, 5, 22, 4</td>
</tr>
<tr>
<td>Implement IIS reminder/ recall by providing support to...</td>
<td>2, 10, 12, 8, 21, 4</td>
</tr>
<tr>
<td>Conduct education/outreach to increase public’s knowledge...</td>
<td>4, 10, 13, 8, 16, 3</td>
</tr>
<tr>
<td>Conduct provider educational webinars that focus on HPV...</td>
<td>5, 16, 8, 7, 15, 3</td>
</tr>
<tr>
<td>Collaboration in Quality Improvement in an FQHC setting</td>
<td>8, 14, 7, 7, 14, 4</td>
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<tr>
<td>HPV messaging using social media</td>
<td>10, 10, 9, 9, 12, 4</td>
</tr>
<tr>
<td>Implement IIS reminder/ recall through a centralized approach</td>
<td>17, 9, 6, 1, 12, 9</td>
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<tr>
<td>Provide adolescent coverage rates and/or exemptions reports...</td>
<td>18, 10, 5, 5, 8, 8</td>
</tr>
<tr>
<td>Expand number of school-located programs entering HPV in IIS</td>
<td>16, 8, 5, 4, 14</td>
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<tr>
<td>Expand number of pharmacies entering HPV vaccination data...</td>
<td>17, 8, 8, 2, 12</td>
</tr>
<tr>
<td>Expand the number of pharmacists enrolled in VFC program</td>
<td>22, 8, 6, 2, 12</td>
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<tr>
<td>Expand the number of OB/GYN providers enrolled in VFC...</td>
<td>12, 8, 4, 2, 6</td>
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#### IP engagement level in increasing ADOLESCENT HPV vaccination rates in the last 12 months (n=54)

- **1-** Did not engage/not a priority
- **2-** Did not engage but would like to if resources were available
- **3-** Had some engagement in activity but could not expand because of limited resources
- **4-** Had some engagement which was all that was needed
- **5-** High level of engagement because this is part of our program’s core activities
- **N/A –** Our program does not have the infrastructure and/or policy to support this activity
### Types of Partners

<table>
<thead>
<tr>
<th>Types of Partners</th>
<th>Number of IP</th>
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<tr>
<td>American Cancer Society “local affiliate” or…</td>
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<tr>
<td>State comprehensive cancer program</td>
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<tr>
<td>Local Health Departments (LHDs)</td>
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<tr>
<td>Community Health Centers</td>
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<tr>
<td>State/local AAP chapters</td>
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<tr>
<td>Large health system</td>
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<tr>
<td>State/local AAFP chapters</td>
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<tr>
<td>STD/Family planning clinics</td>
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<tr>
<td>Community vaccinators</td>
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<tr>
<td>State Medicaid Program</td>
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<td>Department of Education</td>
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<td>Juvenile detention facilities</td>
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<tr>
<td>State/local ACOG chapters</td>
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<td>Pharmacies</td>
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**IP engagement level with PARTNERS for increasing ADOLESCENT HPV vaccination rates in the last 12 months, (n=54)**

1. Did not engage/not a priority
2. Did not engage but would like to if resources were available
3. Had some engagement in activity but could not expand because of limited resources
4. Had some engagement which was all that was needed
5. High level of engagement because this is part of our program’s core activities
N/A – Our program does not have the infrastructure and/or policy to support this activity
Immunization Program HPV Activities Priorities for 2019

- **Share adolescent vaccination coverage and/or vaccine-uptake-related data** with partner organizations, adolescent immunization providers and other stakeholders

- **Promote adolescent immunization quality improvement** activities among partner organizations (e.g. provider networks, health plans)

- **Promote awareness and provide education** targeting providers, parents, and/or adolescents to improve adolescent vaccination coverage
Using Data to Improve HPV Vaccination Rates
AIM HPV Call to Action Webinar Sept 2018

➢ **Indiana: HPV Maintenance of Certification**
  ◦ American Board of Medical Specialties program for professional development and continuous education
  ◦ HPV education as a Part 4 Quality Improvement Project for Pediatricians and Family Practice Physicians
  ◦ VFC educational requirement for VFC providers with less than 25% HPV vaccine completion rate

➢ **Texas: Adolescent Immunization Provider Report Card**
  ◦ Reports to VFC providers containing ratio of Tdap to HPV vaccine administered
  ◦ Using vaccine inventory data (previously used ordering data)
AIM Resources and Activities

Practice Brief Report

Public Health Opportunities to Improve Late-Adolescent Immunization
Sarah J. Clark, MPH, Anne E. Cowan, MPH, Katelyn B. Walls, PhD

ABSTRACT

Seven state/local immunization program managers were convened to discuss how public health immunization programs could enhance their efforts to promote adolescent vaccination, with an emphasis on late adolescence (ages 16-18 years). The Centers for Disease Control and Prevention (CDC) released an updated childhood/adolescent vaccination schedule in 2017 and a recently proposed preventive care platform at 16 years of age provide a unique opportunity to focus on increasing adolescent immunization rates in this population. Public health officials discussed challenges to immunizing this population and suggested key strategies for supporting late-adolescent immunization, including partnerships between public health and immunization providers; nationally supported public information campaigns; and using immunization data specific to this population to track progress.

KEY WORDS: adolescents, immunization, preventive care, public health programs

Vaccination rates for several adolescent vaccines are below national targets, reflecting challenges for both health care providers and public health officials. In February 2017, the Centers for Disease Control and Prevention (CDC) released an updated childhood/adolescent vaccination schedule. The same week, a group of immunization program managers, representing 7 state/local public health programs, was convened to discuss how public health immunization programs could enhance their efforts to promote adolescent vaccination, with an emphasis on late adolescence (ages 16-18 years).

The in-person roundtable was held in February 2017 following the annual leadership conference of the Association of Immunization Managers (AIM). The convenience sample of participants had been invited by AIM staff and represented a range of experience as program managers, as well as geographic diversity. One of the authors (S.J.C.) facilitated the 2-hour discussion, using a general guide of questions developed prior to the roundtable. All participants agreed to audiotaping of the discussion to enable accurate reporting. The audiotaape was transcribed, and the authors reviewed the transcript to summarize key observations.

Clarification of Late-Adolescent Vaccine Recommendations

One suggestion to promote adolescent vaccination pertained to ensuring that providers accurately interpret the immunization schedule. Immunization program managers offered anecdotes describing provider confusion about the timing of vaccination in late adolescence, such as belief among many primary care providers that the second dose of quadrivalent meningococcal conjugate (MenACWY) vaccine should not be given until just before college. This interpretation could be consistent with earlier versions of the CDC vaccination schedule that showed only a combined column for 16 to 18 years, without differentiation of a specific age. In contrast, the 2017 schedule includes a separate column for 16 to 18 years, without differentiation of a specific age.

Potential Strategies for Improvement: Adolescent Well Visit

- Consider sending notices about school immunization requirements in early spring or throughout the year instead of the end of the school year. Sending adolescent reminder/recall notices throughout the year may increase awareness about the 16-year-old platform.

- Potential Strategies for Improvement: Immunization and Non-Traditional Providers

- Share materials with provider organizations for inclusion in their newsletters to educate providers about adolescent immunization and the new 16-year-old platform.
- Work with internal partners in dental health and STD prevention to expand the reach of adolescent immunization promotion beyond primary care providers.

Other suggestions and strategies for improving adolescent vaccination were shared, including:

- Utilize digital advertisements at high school sporting events to promote immunization in this demographic.
- Create educational slide deck presentations on immunization and STDs for health education teachers to use in their classrooms.
THANK YOU!

Claire Hannan, MPH
Executive Director, Association of Immunization Managers
March 5, 2019

WWW.IMMUNIZATIONMANAGERS.ORG

CHANNAN@IMMUNIZATIONMANAGERS.ORG
HPV Summit: Immunization & Data

Carmela Gupta, MPH
March 5, 2019
Goals for Today

1. Describe what Immunization Information Systems (IIS) are, where they’re located, and some of their key features

2. Discuss data available via IIS
Discuss opportunities and challenges that IIS face

Review how coalitions can secure timely IIS data

Discuss exciting developments coming down the pike for IIS
What are Immunization Information Systems (IIS)?

Hint – they are immunization registries, but so much more
IIS Defined:

IIS are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area.

- Confidential
- Population-based
- Identify pockets of need
- Exchange data with multiple providers
- Assist schools & child care providers
- Help improve vaccination rates & reduce vaccine-preventable disease

IIS Defined:

Create consolidated reports

Assist with vaccine ordering & inventory management

Assist with disease surveillance & outbreak response

Create comprehensive records

Generate reminders to ensure on-time vaccinations

Assist with clinical decision support & forecasting

Exchange data with multiple providers

Assist schools & child care providers

Help improve vaccination rates & reduce vaccine-preventable disease
Where are IIS located?

**U.S. Cities**
- New York City
- Philadelphia
- San Antonio
- Washington D.C.
- San Diego
- Imperial County
- San Joaquin County (RIDE)

**U.S. Territories**
- American Samoa
- Guam
- Marshall Islands
- Micronesia
- North Mariana Islands
- Palau
- Puerto Rico
- U.S. Virgin Islands
Maturity

- Each IIS operates independently
- There are varying levels of maturity, comprehensiveness of data, and policies
- Oldest IIS have been in existence for 25+ years
Why isn’t there a national registry?

• In 1993, Congress rejected national IIS provisions in the Comprehensive Child Health Immunization Act

• Systems were designed to solve local challenges

• 10th Amendment – states dictate what their system can and cannot do (this can create policy variations)
Some Key Features of IIS

- Provide Consolidated Records
- Forecast When Immunizations Are Due
- Remind Patients of Due Dates
GRITS Reminder/Recall Project

Cancer Control and the Georgia Immunization Program collaborated in a study involving 94,159 patients to determine whether text message reminders improved vaccination completion rates.

- 64,802 patients received a text message reminder (intervention)
- 29,357 patients did not receive a text message reminder (control)
Project Results

- Text message reminders helped improve coverage among those 9-14 who were on the 2 dose schedule.
- 30% of intervention group completed their 2-dose HPV series compared to 19% in the control group.
- Completion rates increased by 11 percentage points, meaning a 58% increase in completion.
Data Available Via IIS
Data Captured in IIS by Population, 2017

- **Children <6**: Percentage of children <6 participating in an IIS in the United States - 2017
  - 95% in 2017
  - 82% in 2010

- **Adolescents 11-17**: Percentage of adolescents 11-17 participating in an IIS in the United States - 2017
  - 79% in 2017
  - 60% in 2010

- **Adults**: Percentage of adults greater than or equal to 19 years of age participating in an IIS in the United States - 2017
  - 51% in 2017
  - 22% in 2010

Percentage of adolescents aged 11 – 17 years participating in an immunization information system -- United States, five cities§, and D.C., 2017

National Participation: 79% (excluding Territories)
Source: CY2017 IISAR

§ Chicago, IL; Houston, TX; New York City, NY; Philadelphia, PA; San Antonio, TX.
Opportunities & Challenges

Consider ways to leverage opportunities and mitigate challenges
Opportunity: AFIX

- AFIX – can highlight gaps in coverage, as well as show coverage rates at the provider level
- By focusing on a subset of the population, a clinic, practice or provider can use the IIS to measure changes within a population
- AIRA provides guidance for immunization provider sites on how to best utilize IIS reports to improve data quality prior to running a vaccination coverage rate assessment
Opportunity: Query/Response

• Query and the ability to respond to query is broadly available
  • This is where we'll see increased value for providers (being able to query an IIS, get a record and forecast without leaving their EHR)
  • 3/4 of IIS currently have the ability to respond to a query
Opportunity: Spotlight Areas of Need

- Can be a rich data source for calculating coverage assessments
- Population-level vaccine coverage data provides a clear view of communities at risk
Challenges

• Rollout of query/response is still occurring – in other words it may not be available to you today
• Onboarding providers – queues may be longer in some locations (generally due to limited staff and prioritization of higher-volume clinics)
• RESOURCES! Time, staff, and money are both in short supply (time to make changes, money to fund changes)
Using IIS Data to Improve Public Health
How can coalitions secure timely IIS data?

• Work with your IIS partners (state immunization programs)
• When submitting a data request, describe how you want to use the data
• Some states are more restrictive on data uses – work together to create a mutually synergistic relationship
• Every IIS has access to maps and geocoding through a centralized Smarty Streets license provided by AIRA
  • Coalitions can partner with IIS to find pockets of need and strategize how to address needs
How can we work together?

1. Work with your state and local immunization programs and coalitions
2. Advocate for usage of IIS data – it can be a rich data source
3. You all have a powerful message and can help the immunization programs
Exciting Developments

At least we think they’re exciting...😊
On the Horizon

- **Community Resources**: AIRA has rolled out multiple guides that address data quality and calculating coverage assessment and several others are in the pipeline.

- **CDSi Testing**: As part of its Measurement & Improvement (M&I) initiative, AIRA is testing IIS Clinical Decision Support for Immunization (CDSi) engines to check alignment with ACIP recommendations.

- **Immunization Gateway**: HHS is working on an Immunization Gateway to allow large federal providers (VA and DoD) to submit data through one central gateway (data then parsed out to appropriate registries) and to support IIS querying each other across state lines.
SAVE THE DATE
AIRA 2019 National Meeting
August 13-15
INDIANAPOLIS • INDIANA
Thank You!

Carmela Gupta
AIRA Sr. Program Manager
202.552.0198
cgupta@@immregistries.org

For more information, visit the AIRA website and repository at immregistries.org
When the Registry isn’t Enough:
Alternative data sources for estimating HPV vaccination coverage

Jane Pezua, MPH, Adolescent IZ Coordinator
ACS Regional Summit
Birmingham, AL
We Need Data to Understand:

• How are we doing now?
• Where* do we need to improve?
  – Where are the bright spots to learn from?
  – Where are we lagging?
• How should we target our interventions?
• Did the interventions work?

*ex: geography, clinical site, population group, dose timing
Sources of data at state/local levels

• Medi-Cal (Medicaid) Managed Care quality review reports, Department of Health Care Services
• Commercial HMO quality reports, Integrated Healthcare Association (regional health improvement collaborative*)
• Health plan and medical group health care quality report cards, Office of the Patient Advocate, Health and Human Services Agency

*National network for RHICs here: [https://www.nrhi.org/nhris-members/](https://www.nrhi.org/nhris-members/)
Quality of Care Measure:
Immunization of Adolescents (HEDIS IMA-2*)

% of kids turning 13 years of age in the measurement year with

- 1 Tdap
- 1 MenACWY (meningococcal conjugate)
- Up-to-date HPV vaccine (>2 doses)

Older measures:
- IMA-2 (2016): 3 doses HPV vaccine
- IMA-1: excluded HPV vaccine
- 3 doses HPV vaccine

*Healthcare Effectiveness Data and Information Set (HEDIS)
IMA-2 Measured and Reported by

- Medi-Cal Managed Care Plans operating in all 58 counties
- Pay for Performance commercial HMO program
  - 9 health plans, 200 physician organizations caring for 95% of commercial HMO enrollment in CA
  - Public reporting of common measure set
    [http://reportcard.opa.ca.gov/rc/medicalgroupcounty.aspx](http://reportcard.opa.ca.gov/rc/medicalgroupcounty.aspx)
  - Health plan incentive payments to physician groups
    (Pay for Performance, P4P)
    [https://www.iha.org/sites/default/files/resources/fs_amp_commercial_hmo.pdf](https://www.iha.org/sites/default/files/resources/fs_amp_commercial_hmo.pdf)
Estimated Payers for CA’s 13 year olds, 2017

- **Medi-Cal***: 
n=262,000  
(51%)

- **Private**: 
n=245,300  
(48%)

- **Uninsured****:  
n=5,700  
(1%)

* DHCS provided data to CDPH for VFC estimates
For what % of CA’s 13 year olds is HPV Immunization Reported?

- Medi-Cal (FQHC) 12%
- Medi-Cal (not FQHC) 39%
- Private-participating HMO 19%
- Private (other) 28%
- Private (FQHC) 1%
- Uninsured (FQHC) 1%

n=513,000

70% included in IMA-2 results

https://bphc.hrsa.gov/uds/datacenter.aspx?q=t3a&year=2017&state=CA
### Comparison of HPV Vaccine-containing Measures

<table>
<thead>
<tr>
<th></th>
<th>IMA-2</th>
<th>NIS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>On-time immunization as of 13\textsuperscript{th} birthday</td>
<td>13-15 or 13-17 years of age \hspace{1cm} On-time (only for national)</td>
</tr>
<tr>
<td><strong># of 13 year olds</strong></td>
<td>400 per Medi-Cal Managed Care Plan in each county or region; all 100K in participating commercial HMOs</td>
<td>400 in whole state</td>
</tr>
<tr>
<td><strong>Posted</strong> (1-2 yrs. later)</td>
<td>Yes</td>
<td>Yes, for each state by \hspace{1cm} component vaccine \hspace{1cm} 1\textsuperscript{st} HPV dose and up-to-date \hspace{1cm} gender</td>
</tr>
<tr>
<td><strong>Source</strong></td>
<td>Provider records, claims, encounters, registry</td>
<td>Provider report</td>
</tr>
<tr>
<td><strong>Level of report</strong></td>
<td>Medical group or HMO in a county or region \hspace{1cm} (Covers ~70% of 13 year olds)</td>
<td>California and national \hspace{1cm} (population based)</td>
</tr>
</tbody>
</table>
Immunizations for Adolescents (IMA)
Medi-Cal Managed Care Weighted Average, Measurement Years 2013-2016

Addition of 3 HPV vaccine doses (up to date)

IMA-2 by Medi-Cal Managed Care Plan and County or Region, Measurement Year 2016

Immunizations for Adolescents, Medi-Cal Managed Care Plans, Measurement Years (MY) 2015-2016, Sacramento

- Kaiser NorCal:
  - 2016 IMA-2: 34%
  - 2015 IMA-1: 88%

- Health Net:
  - 2016 IMA-2: 27%
  - 2015 IMA-1: 65%

- Anthem:
  - 2016 IMA-2: 23%
  - 2015 IMA-1: 67%

- Molina:
  - 2016 IMA-2: 19%
  - 2015 IMA-1: 64%

Immunizations for Adolescents (IMA-2), MY 2017 Pay for Performance Program Commercial HMOs

N = 200 physician organizations caring for ~ 100k continuously enrolled 13 y/o
Source: AMP Commercial HMO results, 2017, Integrated Healthcare Association
Immunizations for Adolescents (IMA-2), MY 2017 Pay for Performance Program Commercial HMOs

N = 200 physician organizations caring for ~ 100k continuously enrolled 13 y/o
Source: AMP Commercial HMO results, 2017, Integrated Healthcare Association
### % of Girls with 3 Doses HPV Vaccine by age 13, Commercial HMO Members, Sacramento, 2016

<table>
<thead>
<tr>
<th>Medical Group</th>
<th>% of Girls with 3 Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sutter Independent Physicians</td>
<td>42%</td>
</tr>
<tr>
<td>Sutter Medical Foundation – Sutter Medical Group</td>
<td>42%</td>
</tr>
<tr>
<td>Kaiser Permanente – The Permanente Medical Group</td>
<td>36%</td>
</tr>
<tr>
<td>– South Sacramento Medical Center</td>
<td></td>
</tr>
<tr>
<td>Hill Physicians Medical Group – Sacramento Region</td>
<td>35%</td>
</tr>
<tr>
<td>Kaiser Permanente – The Permanente Medical Group</td>
<td>33%</td>
</tr>
<tr>
<td>– Roseville/Sacramento Medical Centers</td>
<td></td>
</tr>
<tr>
<td>Mercy Medical Group/Dignity Health Medical Foundation</td>
<td>22%</td>
</tr>
<tr>
<td>UC Davis Medical Group</td>
<td>20%</td>
</tr>
<tr>
<td>Woodland Healthcare</td>
<td>12%</td>
</tr>
<tr>
<td>Sierra Nevada Medical Associates, Inc.</td>
<td>9%</td>
</tr>
</tbody>
</table>

[Source](http://reportcard.opa.ca.gov/rc/MedicalGroupmeasure.aspx?Category=IHA&Topic=TreatingChildren&Measure=HPVForFemaleAdolescents&County=SACRAMENTO)
Summary of IMA-2 Results

• Low % of 13 year olds up to date on HPV immunizations
  ~ 27% in Medi-Cal Managed Care, CA, 2016
  ~ 35% in Commercial HMOs, CA, 2017
  (compared to 29.8% in NIS, US, 2017)*

• Many opportunities for improvement
  – Variability across plans and physician groups, across and within counties
  – Gap between Tdap vs. HPV immunization levels

*https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a1.htm?s_cid=mm6733a1_w
Our Challenges

• What would make today’s quality-measure data more actionable?
  – Reported by component vaccine to assess missed opportunities
  – Published more timely, in more user-friendly displays

• How can we more effectively leverage the data we have?
  – Guide consumer and employer choice
  – Hold HMOs, payers, clinics accountable
  – Incentivize providers

...While we work toward fully populating and optimizing IIS
Thank you!
Jane.Pezua@cdph.ca.gov

Acknowledgements

- Rebeca Boyte – CDPH
- Sandy Preiss – ACS
- Lisa Albers, MD – DHCS
- Lindsay Erikson – Integrated Healthcare Association
Power Panel #1:

Q & A
Power Panel #2:
HpV: Little “p” Policy Change

Guidance for Coalition Leaders
In the next 60 minutes...

- HPV legislation/policy nationally and in the 7 states at the Regional Leadership Summit
- Opportunities and policy limitations for coalitions
- Examples of successful coalition-led initiatives
- Offering some guidance
- Role of health systems, industry, government partners and others
Covering the Basics

- Big “P”, small “p”...What’s The Difference?
- Can’t the HPV Roundtable give us model legislation, testify and help us lobby lawmakers?
- If we legislate it, everyone will comply, right?!
- But there is a bill...we have a legislative champion...
- Come on, this is such an easy issue!
Big “P”: What’s Happening In 2019?

- Appropriations
- Exemptions & Opt-outs
- Informed Consent
- Mandates
- Adding Boys
- Tracking & Reporting
- Education
- Strategic Plan
The Power of little “p”

Consider these suggestions in the broader context of the CCC/HPV/Immunization coalition or roundtable.

Consult with ACS CAN and/or government relations professionals in your coalition.
Assess

**Do**: consider current policies & type of change needed

**Don’t**: underestimate effectiveness of small “p”

Landscape

**Do**: consider current politics, vax history

**Don’t**: disregard other states struggles

Follow the Evidence

**Do**: Focus on EBIs; policies that have meaningful impact

**Don’t**: Solely focus on HPV, consider “All ACIP recommended vaccines”

**Do**: Prepare for implementation & evaluation

Bundle & Evaluate

Know the Rules

**Do**: Know the rules ethics, advocacy, lobbying limits/restrictions
A Few More Things...

- Partner & Stakeholder Engagement
- Best Practices & Lessons Learned
- Educating Policymakers
- Look for the Small Wins
Thank You

citseko.staples@cancer.org
404 806 0739
St. Jude Children’s Research Hospital

Robert Clark,
Chief Gov. Affairs Officer
Merck
Sarah Strawbridge,
Associate Director, U.S. Policy & Gov. Relations
Alabama School-based Vaccine Clinics (SBVC)

Cindy Lesinger
Immunization Division Director
Alabama Department of Public Health (ADPH)
Background

- AL immunization school law, requires Tdap before entering 6th grade, not MCV or HPV.
- AL has 20 counties without a pediatrician and 49% of children 0-18 years of age is Medicaid eligible.
- In 2015, ADPH addressed the high number of children with no certificate of immunization and no Tdap with AL Dept of Education (ADOE).
Background con’t

• In 2017, ADOE requested the statewide flu vaccine provider expand to Tdap.
• AL VFC Program requires all adolescent vaccines to be offered.
• In 2/18, after bad flu season, ADPH and ADOE signed a joint letter to encourage superintendents to allow SBVCs.
• In 3/18, AL House and Senate signed a joint resolution encouraging all schools to allow SBVCs.
Number of SBVCs

• AL currently has 2 types of SBVCs:
  – 4 outside providers coming in to school
  – 9 embedded clinics in schools
Vaccines Administered

• Embedded clinics offer all ACIP vaccines
• Outside providers, initially offered only flu vaccine
• In last 3 year’s, 2 outside providers have begun adolescent vaccines at school
• 1 provider is county-wide
• 1 provider is statewide
Statewide Provider

- In 2016-2017 school year
  - Offered to 5 school systems, 4 accepted, and 1 refused to offer HPV
    (Corrected after joint letter and resolution)
  - Number of doses administered: 154 HPV, 164 MCV, 315 Tdap
- In 2017-2018 school year
  - 46 school systems participated in offering clinics in 188 schools
  - Number of doses administered: 376 HPV, 409 MCV, and 727 Tdap
- In 2018-2019 school year
  - Offered to 107 out of the 138 school systems
  - 76 accepted
  - 21 have not responded and or may be getting spring clinics from other local providers
  - 10 school districts have simply refused
  - Will offer MCVB to the 16+ population
Statewide Provider con’t

- ImmPRINT forecast is attached to all consent form
- No adverse events/reactions beyond typical soreness/swelling and or redness at injection site.
- Parents and schools are very appreciative of the compliance clinics and
- SBVC are also getting students who have not responded to multiple contacts from the school system to update their vaccinations
Power Panel #2:

Q & A
Power Panel #3:

Health Plan Partners
The Health of America Initiative: HPV Vaccination Findings

March 5, 2019
The Health of America

A Bold Vision — Data-driven insights and essential research establish understanding, inspire quality care and enable communities to spark real change by focusing on effective outcomes…
Main Components

MONTHLY REPORTS & SNAPSHOTs

BCBS ALLIANCE FOR HEALTH RESEARCH

BCBS HEALTH INDEX

BCBS HEALTH INDEX LEGEND

LESS HEALTHY
MORE HEALTHY
Adolescent Vaccination Rates – HPV

HPV VACCINATION RATE

- Tdap 84%
- Meningococcal 78%
- HPV (1 Dose) 34%

Lags behind other adolescent vaccinations

HPV causes about 31,500 cancer cases each year

Girls are 60% more at risk than boys for HPV related cancers.

Girls: 37%
Boys: 32%

55% increase from 2013 to 2016

Varies up to 57% across the country

Girls outpace boys but, boys are catching up quickly!
Adolescent Vaccination Rates

Here’s what parents say about the HPV vaccine…

**WHAT PARENTS DON’T KNOW ABOUT THE HPV VACCINE**

- Number of Doses: 54%
- Age to Start: 54%
- Age to Complete: 64%

**AND THE TOP REASONS ARE**

1. Concern for adverse side effects: 60%
2. Feel their child is not at risk: 24%
3. Don’t have enough info: 12%
4. Other concern: 4%

**PARENTS WANT INFORMATION**

57% want doctors to give them information on vaccination schedules
Adolescent Vaccination Rates

HPV vaccination rates vary widely by state and Metropolitan Statistical Areas (MSAs)

% OF ALL ADOLESCENTS WHO COMPLETED THE FIRST DOSE OF THE HPV VACCINE BEFORE THEIR 13TH BIRTHDAY BY STATE (COMPLETION YEAR – 2016)

<table>
<thead>
<tr>
<th>Location</th>
<th>Completed in 2013</th>
<th>Completed in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham</td>
<td>18.6%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Alabama</td>
<td>19.7%</td>
<td>34.1%</td>
</tr>
<tr>
<td>National</td>
<td>22.4%</td>
<td>34.4%</td>
</tr>
</tbody>
</table>

* Percent of adolescents who received their first of three doses of HPV vaccine between ages 10 and 13
Health of America on the web

Health of America materials can be found at:
https://www.bcbs.com/the-health-of-america
Blue Cross and Blue Shield of Alabama

Lisa Wright, MD
Medical Director
Interested in taking a deeper dive in the Blue Cross Blue Shield adolescent vaccination report data? The American Cancer Society has developed a Tableau dashboard to visualize the data by state and MSA, making it easier to interpret.

Check it out at http://bit.ly/bcbshpvdashboard
Power Panel #3:

Q & A
# Lunch with Colleagues

## Day Two Luncheon Leads

<table>
<thead>
<tr>
<th></th>
<th>Immunization</th>
<th>Academics/Researchers</th>
<th>Health Systems/Providers</th>
<th>Comp Cancer</th>
<th>ACS</th>
<th>OPEN/Lobby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Pezua</td>
<td>Jen Sienko</td>
<td>Achal Bhatt</td>
<td>Allison McGuire</td>
<td>Greg Parkington</td>
<td>General</td>
<td></td>
</tr>
</tbody>
</table>

*It can be scary making new friends... but it sure beats having no friends.*
1:00-1:45 P.M. — **Please be in the room at 1 sharp!**

**BREAKOUT #1:**
Issues in Managing a Coalition (Cat Herding 101)
LOBBY

**BREAKOUT #2:**
Increasing HPV Vaccination in Rural Communities: Challenges & Opportunities
BOARD ROOM WTI 231

**BREAKOUT #3:**
Survey Says...Top Kinds of Collaborations with Health Systems (& Health Plans too!)
WTI 101
Teams have 25 minutes to discuss takeaways from the last two days, answer the following question, and prepare a poster for report back to the full group:

**Identify what concrete actions you will take as a team after this event?**
STATE TEAM MEETUP:

AL: Lobby
AR: WTI 101
TN: WTI 231
KY: WTI 201
SC: Lobby
MS: Lobby
GA: Patient Education Room

1:45-2:15 P.M.
State Team Report Back
Closing Activity
THANK YOU FOR COMING!

TASK GROUP DEBRIEF MEETING IN WTI 231