INTEGRATED DELIVERY SYSTEMS TASK GROUP MEETING REPORT

JANUARY 24, 2019 MEETING
HOSTED AT ST. JUDE CHILDREN’S RESEARCH HOSPITAL
MEMPHIS, TENNESSEE
EXECUTIVE SUMMARY:

On January 24, 2019, 27 stakeholders from 16 organizations gathered for an inaugural in-person meeting of the Integrated Delivery Systems (IDS) Task Group, an entity of the National HPV Vaccination Roundtable. The meeting purpose was to gather members for meaningful dialog, collaboration and project ideation with the ultimate goal of spurring health care systems to take action to increase HPV vaccination.

The IDS Task Group launched in June 2018 in response to needs identified by the larger organization. Thanks to a supplemental grant from CDC’s Immunization Division, and the generosity of the event venue host, St. Jude Children’s Research Hospital, members spent a day actively networking, ideating and strategic planning for future task group activities.

Task group members included representatives from seven health systems which have already implemented HPV vaccination initiatives or are in the process of launching such initiatives. These system leaders were identified in 2018 and recommended by other members of the HPV Roundtable to further our mission.

The group heard discovery presentations from St. Jude and AMGA (the trade association for integrated delivery systems). Members collaborated in pairs, small groups and the large group to brainstorm new ideas to spur action. Identified thematic areas for strategic impact included:

<table>
<thead>
<tr>
<th>Area</th>
<th>Activities</th>
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<tbody>
<tr>
<td>IT and Analytics</td>
<td>• Streamline the capture of HPV vaccination data from EHR for trackability</td>
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<tr>
<td></td>
<td>• Incentivize systems and providers</td>
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<td></td>
<td>• Create frameworks for how to prioritize HPV vaccinations across IDSs</td>
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<td>Expertise sharing</td>
<td>• Create a learning collaborative for low performing geographic areas and organizations</td>
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<td></td>
<td>• Build regional coalitions of IDSs to strategize around prioritizing HPV vaccination</td>
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<td>• Create/promote quality measures around vaccination rates</td>
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<td></td>
<td>• Recommend pay-for-performance for improving QI metrics</td>
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<tr>
<td>Specific populations</td>
<td>• Focus efforts on rural populations</td>
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<td></td>
<td>• Leverage faith-based organizations</td>
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<td>• Increase utilization of nurses within outpatient setting to increase HPV vaccination series completion</td>
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It was noted that some of these action areas were more appropriate to other HPV Roundtable task groups. Group consensus identified “prioritization” and “expertise sharing” as the top area of focus for IDS Task Group work.

The group further honed down ideas to a manageable list of project ideas/initiatives for the task group to undertake over the next 6-12 months, represented in the graphic below.

The meeting concluded with a series of polling questions on next steps and meeting evaluation. 100% of respondents voted that they were satisfied with the accomplishments of the day, with 73% voting for very satisfied.

Following the meeting, St. Jude staff offered a tour of their hospital and facilities for some of the participants. The group will reconvene via phone and again in person at the national meeting in August 2019.

“This has been an awesome opportunity and very productive from the brainstorming and planning standpoint.”
PARTICIPANTS:

Initially scoped for ten attendees, the meeting grew to nearly three times the number of expected attendees. Task group members comprised 20 slots, with the other seats going to key stakeholders at ACS, AMGA, the Office of the Assistant Secretary of Health, and St. Jude Children’s Research Hospital. Seven health systems, denoted in light yellow in the chart below, were represented.

<table>
<thead>
<tr>
<th>no.</th>
<th>ORGANIZATION</th>
<th>First Name</th>
<th>Last Name</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Academic Pediatric Association</td>
<td>Cynthia</td>
<td>Rand</td>
<td>Associate Professor, Pediatrics</td>
</tr>
<tr>
<td>2</td>
<td>Academic Pediatric Association</td>
<td>Sharon</td>
<td>Humiston</td>
<td>Professor of Pediatrics</td>
</tr>
<tr>
<td>3</td>
<td>Advocate Children's Medical Group</td>
<td>Megan</td>
<td>Glenn</td>
<td>Director, Pediatric Service Line</td>
</tr>
<tr>
<td>4</td>
<td>American Academy of Pediatrics</td>
<td>Kristin</td>
<td>Oliver</td>
<td>Asst. Professor, Mount Sinai, Environmental Medicine &amp; Public Health</td>
</tr>
<tr>
<td>5</td>
<td>American Cancer Society</td>
<td>Durado</td>
<td>Brooks</td>
<td>Vice-President, Cancer Control Interventions</td>
</tr>
<tr>
<td>6</td>
<td>American Cancer Society</td>
<td>Sara</td>
<td>Comstock</td>
<td>Sr. Director, Hospital Systems</td>
</tr>
<tr>
<td>7</td>
<td>American Cancer Society</td>
<td>Meg</td>
<td>Fischer</td>
<td>Director, Hospital Systems Capacity Building</td>
</tr>
<tr>
<td>8</td>
<td>American Cancer Society</td>
<td>Marcie</td>
<td>Fisher-Borne</td>
<td>Director, HPV Vaccination</td>
</tr>
<tr>
<td>9</td>
<td>American Cancer Society</td>
<td>Jennifer</td>
<td>Nkonga</td>
<td>Director, National HPV Roundtable, Health Systems &amp; Provider Engagement</td>
</tr>
<tr>
<td>10</td>
<td>American Cancer Society</td>
<td>Debbie</td>
<td>Saslow</td>
<td>Director, Women's Cancers</td>
</tr>
<tr>
<td>11</td>
<td>American Cancer Society</td>
<td>Jennifer</td>
<td>Sienko</td>
<td>Director, National HPV Roundtable, Communications &amp; Public Engagement</td>
</tr>
<tr>
<td>12</td>
<td>American Cancer Society</td>
<td>Ingrid</td>
<td>Tse</td>
<td>Intern, Harvard MPH Program</td>
</tr>
<tr>
<td>13</td>
<td>AMGA</td>
<td>Elizabeth</td>
<td>Ciemins</td>
<td>Senior Director, Research &amp; Analytics</td>
</tr>
<tr>
<td>14</td>
<td>Centers for Disease Control &amp; Prevention</td>
<td>Melinda</td>
<td>Wharton</td>
<td>Director, Immunization Services Division</td>
</tr>
</tbody>
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MEETING AGENDA:

The overarching goals of the IDS Task Group meeting were to convene and connect members for the first time and to facilitate brainstorming activities, collaboration and project ideation. The specific meeting objectives were to:

- Strategize for HPV Roundtable impact on health systems in the United States
- Develop work plan objectives and activities for 2019-2020 task group activities

CHAIR WELCOME & TASK GROUP PROGRESS:

After a warm welcome, Dr. Kristin Oliver, Chair, started the meeting off with an overview of the task group focus, goal and progress since last year. The task group has completed its discovery stage
where 4 health systems shared lessons learned from their successfully implemented HPV initiatives. Information exchange is currently underway as the webpage content and case studies are being developed. The group was presented the first case study draft on Advocate Health System which will be circulated to the other task group members for review and feedback. Key slides are shared below.

Our future strategies must prioritize systems which serve 11-12 year olds.

Our primary task group goal is to influence health systems to prioritize HPV vaccination improvements.

In our first seven months we have assembled 7 health systems which have implemented or are implementing HPV initiatives.

Members were asked in advance of the meeting about their expectations for the gathering.
EVENT HOST WELCOME: Welcome and Introduction to St. Jude Children’s Research Hospital, by Charles W. M. Roberts, MD, PhD, Cancer Center Director

Dr. Roberts provided a warm welcome to task group members as the event host. He was joined by Dr. James Downing, CEO. Since 1977, St. Jude is the only NCI-Comprehensive Cancer Center focused on children’s cancers. As most pediatric cancers cannot be prevented, however, St. Jude’s research has led them to consider how they can reduce risk of preventable cancers later in life.

As part of their strategic planning process, they are embarking on a new “big sky” HPV initiative. This initiative has 3 domains: community, health care providers/systems, and public policy (inclusive of strategic communication/partnerships). Their footprint will include Shelby County, the state of Tennessee, and regional efforts. Given their national recognition, they may be able to play a role in national efforts as well. Up to 9 FTE positions will be created. St. Jude comes to this work with strengths in their knowledge of pediatrics, consumer trust, experience with strategic communications, and resources to invest in the work. They also have an institutional commitment to collaboration, evidenced by their partnership with 9 southeastern children’s hospitals.

St. Jude is also partnering with WHO, which named St. Jude as the first “Collaborating Center for Pediatric Cancer”. Their goal is to increase the cure rate of 6 common pediatric cancers worldwide to 60%. Dr. Roberts concluded with a vision of how they can leverage their strengths as a knowledgeable partner in the pediatric population and as a respected and trusted institution both in the US and worldwide whilst collaborating with the National HPV Roundtable.

NETWORKING:

Attendees were asked to break into small groups to learn about one another’s organizations. Two rounds of questions were posed to groups of 3-5 attendees:

- Share 3 things we should know about your organization
- Share what HPV systems work you’re involved with at your organization
TOPICAL PRESENTATION:  *Findings from AMGA’s Adult Immunization Learning Collaborative by Elizabeth Ciemins PhD, MPH, MA, Senior Director of Research and Analytics of AMGA*

Dr. Ciemins gave a presentation on the Adult Immunization Learning Collaborative funded by Pfizer. AMGA is an association of medical groups and integrated health care organizations seeking to improve coordinated, patient-centered, high-quality, value-driven health care. The AMGA Foundation exists to help their member organizations redesign their systems for population health impact. The adult immunization learning collaborative was designed for organizations that are striving to improve their adult immunization rates, to identify optimal and efficient ways to improve adult immunization, with a focus on pneumococcal and influenza vaccinations. AMGA was asked to present this information to inform task group efforts to influence health systems. The following discovery questions guided our thinking and dialog:

- What is the value of this information for our IDS Task Group?
- What are the key factors to attract systems to engage in AMGA projects?
- How do learning collaboratives advance a prevention initiative?
- What can AMGA tell us about member organizations that serve pediatric audiences? How do they access data about their partners?
- What would be key differences in work on adult immunization versus adolescent immunization when engaging systems?
- What might be some collaborative opportunities of interest to AMGA on HPV prevention through systems?

The full presentation was made available to task group members. Key presentation takeaways include:

**Learning Collaborative Structure**
- Guided by an Advisory Committee
- Utilize detailed, defined measurements
- Provided outreach and coaching during site visits
- Host in person meetings/networking
- Host webinars—share quarterly unblinded data with site gains, ID positive deviants to ask them to share, groups report on what they’re doing
- Develop case studies/research

**Why do systems join a collaborative?**
- Opportunity for shared learning/networking
- Senior leadership appreciates value of immunization/save $ through prevention
- Bring immunization efforts into one, cohesive program
• Funding from AMGA to participating systems helps systems prioritize the work
• Connects with population health programs
• Reduce risks/costs
• Addresses patients declining vaccines/fears of side effects/clinics for high risk patients/
  leverage patient portal/new E.H.R. immunization integration

Who participated in the decision-making process?
• Chief Quality Officer/Director Quality/Performance
• Analytics/Informatics/IT Officers
• Executive Leaders
• Communications and Training Staff
• Chief Medical Officer/Director
• Stakeholder/Interdisciplinary Teams
• Primary Care/Family Medicine

How did they prioritize vaccination?
• Standing Adult Vaccine Committees helped prioritize
• Created multidisciplinary teams with regular monthly meeting
• Leadership approval and support
• Optimized strategic relationships with local primary care/acute providers
• Tapped into providers’ commitment to preventive care
• Create sense of program/project ownership among operational leaders
• Recruit/leverage champions

Operational Levers
• Robust QI and reporting tools (Crystal reports, SQL, BI)
• Care coordination program that could be tapped into (ID care gaps)
• Dedicated position to coordinate database and analytics staff PLUS dedicated analytics
  staff
• Dashboard and health maintenance modules in EHR
• High enrollment in patient portal
• EHR interoperability between specialists/primary care
• Regular data reports on QI measures for providers; real time score cards
• Reporting quality measures to ACOs QI info already using patient registries & dedicated
  IT resources

Learning Collaborative Results
• Seven AMGA members participated in the pilot Collaborative (Group 1). These
  organizations worked together from February 2015 to April 2016 and achieved improved
vaccination rates during the 14-month period.
• One focus of the Collaborative centered on the new CDC guidelines for pneumococcal
  vaccines in patients age 65 and older. The Collaborative was successful in increasing
  rates of compliance with the guidelines from 4 percent to 34 percent over the course of
  the 14-month intervention period.
Based on the success achieved by participants, AMGA Foundation launched a second group of participants, including up to 40 AMGA member organizations, in 2017 (Groups 2 and 3).

- Flu and Pneumococcal--set custom measures--started with 4 HEDIS measures
- Results across 19 organizations found positive increases in pneumococcal measures in both absolute and relative improvements
- When AMGA compared learning collaborative sites to non-participating sites, collaborative sites outperformed non-participating sites by 8-16 percentage points
- High performing sites had a positive learning climate, positive networks and communication, a pro-prevention/population health culture
- Cost savings—one group reduced pneumococcal admissions from 62% to 25%
- Submitting 2 papers on findings now—in next 6 months—stay tuned
- Of note: 3 members of the IDS Task Group participated in the learning collaborative (Sanford, Oschner, Kelsey-Sebold)

![Significant Improvement in Adult Immunization Rates Achieved](image)

- **The Problem**: Each year, at least **1 MILLION** people are hospitalized due to pneumococcal disease, and **5-7%** of these people **WILL DIE**. PNEUMOCOCCAL disease accounts for **$3.5 BILLION** in direct medical costs. PNEUMOCOCCAL INFECTION [is] responsible for more than 300,000 hospitalizations for the majority of the U.S. and 2.5 million hospital days each year.

- **The Interventions**: AMGA Foundation recently launched a 18-month shared learning collaborative focused on improving adult immunization rates, specifically those targeting pneumococcal disease and influenza. Common interventions used by programs in the collaborative include:
  - Provider/Staff Education & Engagement
  - Clinical Standards & Guidelines
  - Workflow & Staffing Optimization
  - Measurement & Reporting

- **The Results**: After **14 months**, immunization rates in patients ages 65+ increased from **4%** to **34%**.

- **The Advantages**: By implementing the best practices that emerged from this collaborative, medical groups can:
  - Meet ACO and ACO-QI Quality Measures
  - Improve Vaccination Rates
  - Reduce Clinical and Economic Burden of Vaccine Preventable Diseases

Learn more at [amga.org/ai2](http://amga.org/ai2)
**BRAINSTORMING ACTIVITIES:**

1) **Creation of Impact Wall:**

Attendees reflected on “what impact do we want to have on integrated delivery systems in the US?” They were instructed to produce a few ideas per person and presented each idea to the larger group. The ideas were grouped by similar themes including information technology and analytics, prioritization, expertise sharing, quality measures etc. Below is a summary graphic of the ideas.

<table>
<thead>
<tr>
<th>Category</th>
<th>Ideas</th>
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| IT and Analytics       | • Streamline the capture of HPV vaccination data from EHR for trackability  
                        | • Map HPV cancers with HPV vaccination rates to focus priorities      |
| Prioritization         | • Increase awareness and support from executive leadership across IDSs about HPV vaccination  
                        | • Incentivize systems and providers                                   |
| Expertise sharing      | • Create a learning collaborative for low performing geographic areas and organizations  
                        | • Build regional coalitions of IDSs to strategize around prioritizing HPV vaccination |
| Quality Measures       | • Tie measurements to reimbursement aside from HEDIS  
                        | • Create/promote quality measures around vaccination rates           |
| Specific populations   | • Focus efforts on rural populations                                   
                        | • Leverage faith-based organizations                                  |
| Policy                 | • Focus advocacy efforts at national and state level  
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| Education              | • Parents: Increase public awareness on cancer prevention from non-industry perspectives  
                        | • Provider: Address misconceptions with payer / coverage              |
| RN / Staff             | • Increase utilization of nurses within outpatient setting to increase HPV vaccination series completion |

2) **Small Group Discussions**

After outlining ideas of our larger vision, participants were asked to break into small discussion groups to think about influence and context, including:

1. **How do we reach decision makers?**
2. **What are the assets of our task group member organizations we can leverage?**
3. **What are the market opportunities or system levers we can work to our advantage?**

**Station #1: Decision Makers**

Task group members brainstormed responses to the following questions:
Station #2: System Levers
Members of this group considered a variety of market/system levers that the task group could influence. The list included:
- Cost management/value-based care
- Data/IT
- Health plan alignment
- Population health
- Quality improvement
- Social determinants of health

Group members focused on two levers they identified as most important: population health and quality improvement. For each lever, the group discussed the rationale around the lever and possible value proposition statements to use in future messaging.

<table>
<thead>
<tr>
<th>LEVER #1: POPULATION HEALTH</th>
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<tbody>
<tr>
<td><strong>How do we position HPV vaccination as a means to advance population health?</strong></td>
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<tr>
<td>Preventive care framework</td>
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<td>Cost savings of preventive over procedures/treatment</td>
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<td>Long-term view to decrease cancer incidence</td>
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Cost modeling helpful

Leverage Australian example (society vs. systems)

Avoid short term outcomes: cervical pre-cancers/pregnancy complications

Must consider Medicaid vs. non-Medicaid expansion states

Patient-centered care driver — vaccination easier for patients

**VALUE PROPOSITIONS:**
- “Do the right thing”— Secure CEO/CMO statements that cancer prevention is the right thing to do
- Make your IDS a trusted vaccine information source/provider

**LEVER #2: QUALITY IMPROVEMENT**

How do we position HPV vaccination as a means to advance QI within a system?

Improving vaccination is a straightforward QI project

Funding can be found to support the work

Replicable— fix this and techniques can be applied to other areas

**VALUE PROPOSITION:**
- No other initiative touches so many service lines (peds/primary/ob/gyn/oncology)

3) **Member organization assets/strengths**

The work of the task group will be driven by and enhanced by the skills, talents and resources of member organizations. Members of this small group shared a snapshot of their organizational expertise and specific assets or strengths that they bring to the task group work.

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<thead>
<tr>
<th><strong>St. Jude Children’s Research Hospital</strong></th>
<th><strong>Parkland Hospital</strong></th>
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<tr>
<td>expertise lies with providing trusted guidance and care to children and families. They also have a robust marketing and advertising platform. St. Jude is a leader in the field of cancer research and they have a nationally trusted name. They can leverage this to change public perception and drive collaborations.</td>
<td>Parkland Hospital is a safety net hospital in Dallas, Texas with a prevention focus. They have strong community relationships with local schools. Parkland is also a teaching hospital with community clinics. They have expertise in IT data capture and tracking. They can leverage their teaching hospital status and its network of community clinics to reach trainees and have a good system for outreach to community members.</td>
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<th><strong>American Cancer Society</strong></th>
<th><strong>Mercy Health</strong></th>
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<tr>
<td>is a national organization which has international recognition and credibility. ACS has a public health workforce, facilitates connection between systems, and has the potential to leverage funding. ACS has been working in the clinical interventions space and can share guidelines for quality improvement in terms of measurements and capacity assessments.</td>
<td>Mercy Health is a smaller, multistate system that is mission-orientated. They have experience in interdepartmental collaborations. They can be a good candidate to facilitate pilot intervention work given their strong data capabilities.</td>
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ACTION PLANNING:

To conclude and consolidate brainstorming activities, task group members identified the necessary steps the group should prioritize to reach our goals over the next 6-12 months, represented in this infographic:
Communicating the “WHY” — The task group must help create and package business rationale tools for executive leadership teams to consider why they should prioritize HPV vaccination. Activities could include:

- Constructing slide/story powerpoint decks as outreach tools
- Leveraging thought leaders to support prioritization with a call to action (e.g. engage the Assistant Secretary Surgeon General, Surgeon General, Nursing officers, State Health Officers, etc.)
- Leveraging medical conferences and platforms such as AMGA, American College of Healthcare Executives, Becker’s Hospital Review
- Reaching out to national footprint IDS systems

Communicate the “HOW” — The task group needs to provide the tools, information and “how-to” instructions for systems to take on HPV vaccination as a systems initiative.

- Create a centralized, curated resource depository
- Connect account executives from industry and partners work to work in synergy
- Host AHEC webinars to promote promising practices and lessons learned
- Build off and coordinate with the National Vaccine Program Office’s HPV communication plan
- Promote and disseminate the HPV Roundtable’s resources, including the Large System Action Guide

Facilitate expert sharing — The task group should create opportunities to promote, develop, implement, and support HPV vaccination systems initiatives via:

- Strategic sharing/presentations at conferences
- Regional group meetings
- Existing online platforms (such as Medscape, Doximity and Linkedin)
- Learning collaboratives
- HPV Roundtable’s national meeting and web platform
- Faith-based or rural forums where aligned with the program of work
NEXT STEPS:

Attendees were polled at the end of the meeting to indicate their top priority actions for the task group. The top 5 activities in ranked order of attendee support:

**IDS NEXT STEPS: TOP 5 ACTIVITIES PER MEMBER VOTE**

1. Learning collaborative
2. Slide/story deck
3. Leverage conferences
4. Invite systems to national meeting
5. Reach out to national footprint systems

IDS Memphis Meeting
January 2019
ATTENDEE EVALUATION:

At the end of the meeting, attendees were asked to participate in a PollEverywhere survey from their mobile phones. Attendees were asked about their satisfaction with the meeting.

- **100%** of participants voted that they were satisfied with the accomplishments of the day, with 73% voting for very satisfied.

- Task group members felt “excited”, “inspired” and “motivated” by the day’s work and were “excited for next steps”.

- Some quotes of the specific feedback are listed here:
  - “Very well organised, prepared.”
  - “Great people around the room and diverse group.”
  - “This has been an awesome opportunity and very productive from the brainstorming and planning standpoint.”
  - “Terrific space, helpful with accommodations and travel!”

For IDS task group on the whole:

- **100%** of task group members voted that they were satisfied with the HPV roundtable at this point, with 86% voting for very satisfied.

The majority of members voted in favor of monthly calls (75%) as opposed to every 6 weeks (25%).