

**WE HAD
THE
HPV
VACCINATION
BLUES**

STARRING THE
INTEGRATED DELIVERY
SYSTEMS TASK GROUP



- ADVOCATE CHILDREN'S HOSPITAL
- KELSEY SEBOLD
- MERCY KIDS
- SANFORD HEALTH
- PARKLAND HOSPITAL
- ST. JUDE CHILDREN'S RESEARCH HOSPITAL

IMAGE SOURCE:
[HTTPS://PIXELS.COM/FEATURED/BLUES-MUSIC-COLLAGE-1-DOUG-SIEGEL.HTML](https://pixels.com/featured/blues-music-collage-1-doug-siegel.html)



ENTER OUR PROTAGONISTS

- CDC
- OIDP

Time to shake a tail feather!





MEET THE BAND







Brainstorming the IDS Task Group Action Plan

Steps to take over the next 6-12 months:



1

Communicate the "why"

Construct slide/story deck

Leverage thought leaders to support prioritization with a call-to-action

Leverage medical conferences such as AMGA, ACHE, Beckers

Reach out to national footprint systems



2

Communicate the "how"

Promote the resource depository

Encourage connections between industry account executives and partners

Showcase progress on AHEC Webinars

Tap into NVPO's communication plans

Promote & disseminate Large System Action Guide



3

Facilitate expert sharing

Present at conferences

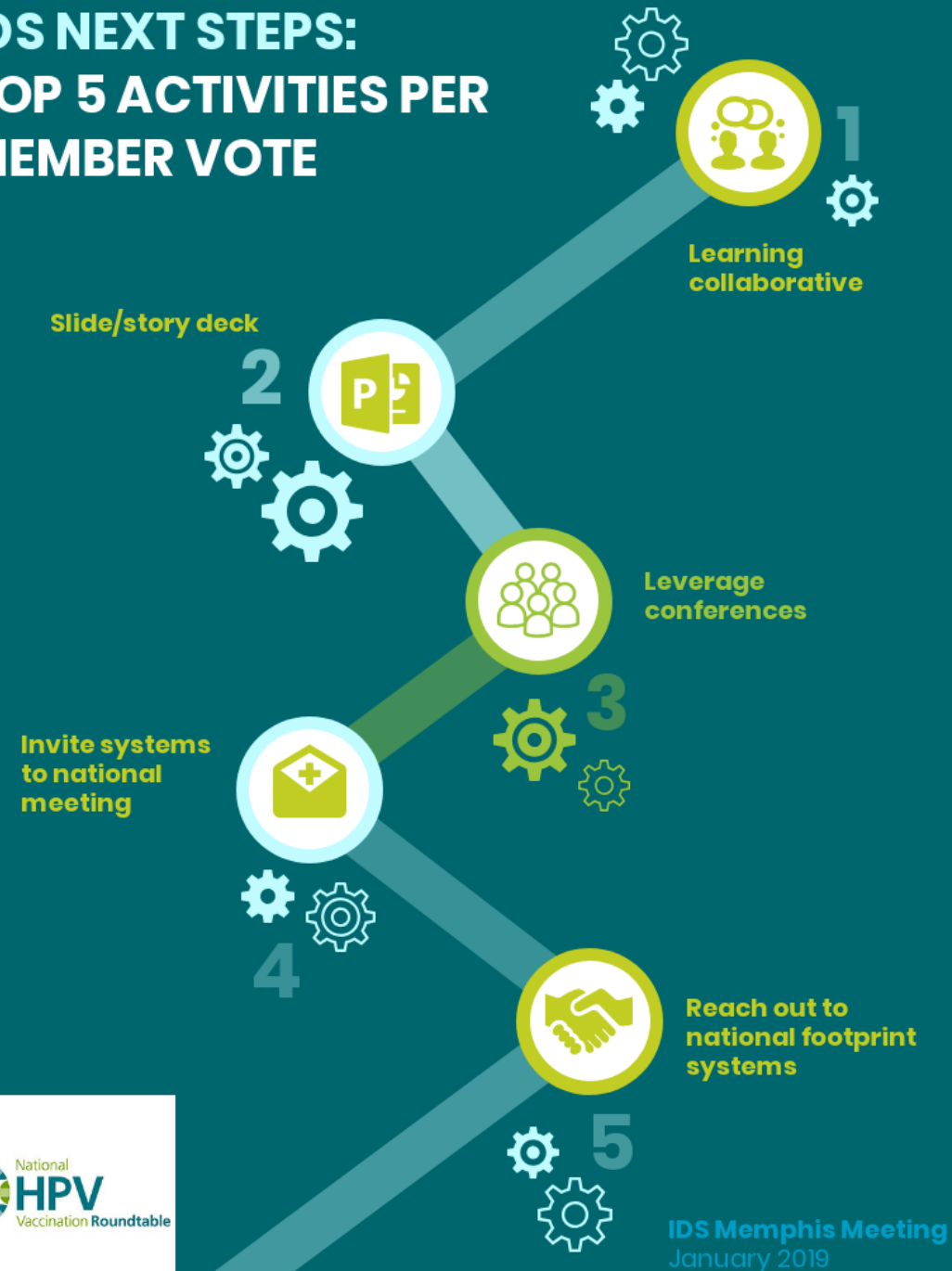
Convene regional group meetings

Leverage existing online platforms

Facilitate learning collaboratives

Invite IDSs to HPV Roundtable national meeting

IDS NEXT STEPS: TOP 5 ACTIVITIES PER MEMBER VOTE



AMGA/ HPV ROUNDTABLE LEARNING COLLABORATIVE



Why Prioritize HPV?

As a member of a health system, I cannot think of any disease that touches more divisions than HPV disease.

Pediatrics, adult primary care, OB/GYN, oncology, various social specialties and so on.

Our goal at Mercy is to get to at least 80% HPV series completion rate. We have started our journey, made some progress but have a long way to go.

But for any organization, it starts by STARTING!

--- Howard Schlansky, MD, FAAP
Pediatrics Dept. Chair
Mercy Clinic East Community

IDS Influencer Toolkit

VIDEOS

**HOW &
WHY
STORYDECK**

**HEALTH
SYSTEM
SHOWCASES**

**SELL
SHEET**

**OUTREACH
PACKAGE**



Health System Showcase

Kelsey-Seibold Clinic is a large multi-specialty clinic system located in Greater Houston, Texas which includes 425 providers that care for a half-million patients annually in more than 55 medical specialties at 20 locations. They were the first accredited Accountable Care Organization (ACO) in the U.S.

Overview

- In 2013, leaders at Kelsey-Seibold realized that HPV vaccination rates were not on par with other childhood vaccination rates.
- Dr. Melanie Mouzoon, a pediatrician charged with leading quality improvement initiatives for adolescent immunization, took steps with the Quality Improvement (QI) department to collaborate with department chairs in ob/gyn, pediatrics, family medicine, internal medicine and oncology to improve physician recommendations for HPV vaccination and immunization rates.
- Over the past five years, Kelsey-Seibold's HPV initiation rates for 18-year-olds have increased from 49% to 67% and series completion rates increased from 27.3% to 54%. Kelsey-Seibold accomplished this while their patient population of 13-18-year-olds more than doubled in size.

SPOTLIGHT ON Kelsey-Seibold Clinic Houston, TX



Kelsey-Seibold Clinic Health Systems Showcase

HPV Vaccination Rates							
BASELINE RATES				POST-INTERVENTION RATES			
2013 RATES	TOTAL	FEMALE	MALE	2018 RATES	TOTAL	FEMALE	MALE
N-Adolescents Ages 13-17	7,029	3,713	3,316	N-Adolescents Ages 13-17	15,292	7,842	7,450
Initiation y=1	49.3%	54%	44%	Series Initiation*	67.3%	66.9%	67.7%
Series completion y=3	27.3%	34%	20%	HPV Series completion*	53.9%	54.4%	53.4%

NOTE:
* Series initiation and completion are measured as by age 18 at Kelsey-Seibold.
* In 2017, the measure used by CDC changed to a focus on initiation and completion rates because of ACO changes to the vaccine recommendation in 2016.

Steps to Success

- EDUCATED ALL PROVIDERS.** Educated all providers at all locations. Included primary care physicians and stressed the importance of bundling recommendations with reminder/recall adherence. Partnered with industry in accordance with organizational policies.
- TRACKED PERFORMANCE.** Physician dashboards helped to track and improve individual performance.
- RECOGNIZED BARRIERS.** Discussed and planned for barriers to increased HPV vaccination rates, which included training providers on how to address parental hesitancy.
- ENGAGED QI PROFESSIONALS.** The quality improvement department collected transparent vaccination data and shared it with providers, pediatricians, the department chair, and the director of population health.
- EMPOWERED CHAMPIONS.** An immunization champion helped to focus on the best immunization practices.



Key Players

 Quality Department Gathered data to create the provider dashboard	 Nurse Educators Taught nurses about standing orders	 Chairman of Population Health Managed the overall quality of care	 Merck Partnered to provide staff education
--	--	--	---

Kelsey-Seibold Clinic Health Systems Showcase

Leadership Champion

Dr. Melanie Mouzoon
Managing Physician for Immunization Practice

Dr. Mouzoon's passion for best practices in immunization began in 1993 when she began to evaluate rates in her own practice. She oversaw immunization practice management in Kelsey-Seibold's pediatric department and in 2000 expanded to oversee the entire multispecialty group. Standing orders were adopted in 2000, and HPV vaccination was added to the list as soon as it came out. Dr. Mouzoon is a member of the AAP, Texas Pediatric Society, Houston Pediatric Association, International Society for Travel Medicine, and The Immunization Partnership.



"As a system, Kelsey-Seibold is focused on the health of the entire population we serve, and we look to the long-term improvements in individual well-being.

Preventing cancer is great for the future of our patients and for our ACO model of care as well."

Key Strategies & Interventions

DOMAIN	STRATEGY	POTENTIAL ISSUES	PROVIDER ACTION GUIDE #
 PRACTICE	Bundle the adolescent vaccine Offer a vaccine bundle that places HPV between meningococcal and Tdap vaccinations.	Physicians need training on making a presumptive recommendation to be successful.	Action #1: Make a presumptive recommendation for cancer prevention.
	Start at age 9 Offer HPV vaccination starting at age 9 and be complete by age 11.	Pediatricians originally focused on increased parent pushback. Experience has shown otherwise.	Action #3: Minimize missed opportunities.
	Elim alerts Alerts flag patients ages 11 to 26 who are under-scheduled according to the ACO schedule.	Best practice alerts can be ignored by providers. Alert settings might start at age 11, not 9.	Action #2: Minimize missed opportunities.
 TECHNOLOGY	Standing orders Establish standing orders for HPV vaccination for nurses prior to seeing a provider.	There was variation in the willingness of providers to let nurses administer a vaccine prior to a physician visit.	Action #4: Take a team approach.
	Provider education Teach bundled and presumptive recommendation techniques. Focus first on providers with the lowest rates. Educate multiple specialties about HPV. Encourage learning from peers.	Adapted to include provider readiness, information, and weak recommendation habits.	Action #2: Answer parent questions.
	Quarterly dashboards Provide physicians quarterly dashboards to monitor progress.	HPV rates compete for attention among other measures such as BMI calculation rates or other reminder alerts.	Action #5: Evaluate and sustain success.
 EDUCATION/OUTREACH	Parent education Send parent letters promoting HPV as cancer prevention. Send quarterly parent recalls to previous vaccination clinics. Use multiple communication channels to send recalls (messages, letters).	Maintaining the regularity of recalls can be challenging.	Action #2: Answer parent questions. Action #3: Minimize missed opportunities.

What do we
want you to
do?

Sing the
songs of the
IDS Camp
Choir!



This is really the Arcata Interfaith Choir so check them out!