SANFORD HEALTH’S STRATEGY TO IMPROVE HPV VACCINATION RATES

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ABOUT SANFORD HEATH
SANFORD HEALTH TODAY

44 medical centers
$6.1 billion in annual revenue
482 clinics
269 senior living centers
190,000 Sanford Health Plan members
1,453 physicians, 1,001 advanced practice providers and 8,179 registered nurses delivering care in more than 80 specialty areas
49,086 employees

Sanford Health annual statistics:
• 5.4 million outpatient and clinic visits
• 86,305 admissions
• 138,881 surgeries and procedures
• 9,436 births
• 212,332 emergency department visits
• 2.8 million post-acute/skilled census
• 687,228 assisted living census
• 1.3 million senior living census
1. Bemidji
- Total Population 150,308
- 5 Year Population Growth Projection 0.2%
- Median Household Income $50,245
- Unemployment Rate 5.3%
- Population over 65 Years 20.8%

2. Bismarck
- Total Population 324,620
- 5 Year Population Growth Projection 17.8%
- Median Household Income $74,368
- Unemployment Rate 2.4%
- Population over 65 Years 14.4%

3. Fargo
- Total Population 436,590
- 5 Year Population Growth Projection 6.8%
- Median Household Income $58,988
- Unemployment Rate 2.4%
- Population over 65 Years 16.3%

4. Sioux Falls
- Total Population 581,991
- 5 Year Population Growth Projection 3.7%
- Median Household Income $60,730
- Unemployment Rate 2.3%
- Population over 65 Years 15.5%
WHY PRIORITIZE AN HPV IMPROVEMENT PROJECT?
WHY IMPROVE HPV VACCINATION RATES... WHY NOT?

• Low immunization rates
  • Lack of knowledge about low rates (nationally and internally)
  • Focus on preventative medicine
  • Internal data vs. HP2020 demonstrated need for improvement

• Funding
  • Recipient of grants in ND and SD
DATA SPECIFICATIONS

• Data
  • HPV:
    • Males and Females 11-26 years
      • Simplify vaccination schedule: confusion about males ending at age 21
      • Desire to evaluate age eligible population
      • Zero doses vs. series completion
  • Tdap:
    • Males and Females 11-18 years
  • MCV4:
    • 1 dose between 11-15 years
    • 1 dose on or after 16 years (pulled for 16-18 years)
ADOLESCENT IMMUNIZATIONS
CLINIC LEVEL RATES

HPV Zero Doses Given
HPV Series Completion
TDaP
Mening First Dose

Jun-15 (Baseline)
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17

Healthy People 2020 Goal

Decreased by 30.5%
Increased by 20.5%
1. Meet with clinic leadership to obtain buy-in
2. Staff education (in person)
3. Distribution of monthly immunization rates
4. Monthly meetings with leadership
5. Reminder/Recall
6. Marketing
7. Merck magnets and text reminders
8. Screening of Someone You Love the HPV Epidemic documentary to local colleges
COMPLETED CLIENT REMINDERS BY TYPE

Year 1 (7 sites):
- Televox: 20,871
- Mail: 20,705
- Phone call: 0

Year 2 (39 sites):
- Televox: 20,120
- Mail: 40,106
- Phone call: 2,769

Legend:
- Televox
- Mail
- Phone call
NUMBER OF HPV VACCINE DOSES ADMINISTERED BY PROJECT YEAR

Year 1 (7 sites):
- Baseline Year: 1,554
- End of Project Year: 2,986

Year 2 (39 sites):
- Baseline Year: 6,883
- End of Project Year: 10,234
RATE OF ZERO DOSE HPV VACCINATION AMONG MALES AND FEMALES AGES 11-26 ACROSS PARTICIPATING CLINICS
RATE OF HPV VACCINATION SERIES COMPLETION AMONG MALES AND FEMALES AGES 11-26

Year 1 (7 sites)  Year 2 (all 39 sites)
PROGRESS AS OF TODAY: REDUCTION IN ZERO DOSES

7 Metro Family Medicine Clinics Percent of Patients with Zero Doses of HPV

Jun-15 vs Jun-19
PROGRESS AS OF TODAY: HPV SERIES COMPLETION

7 Metro Family Medicine Clinics Series Completion Rates

Family Medicine Clinic 1
Family Medicine Clinic 2
Family Medicine Clinic 3
Family Medicine Clinic 4
Family Medicine Clinic 5
Family Medicine Clinic 6
Family Medicine Clinic 7

Jun-15  Jun-19  HP 2020 Goal
ACHIEVEMENTS

1. SD HPV Grant awarded for second year
2. Staff and clinics awarded with HPV Champion and various immunization awards
3. Vax Champ program
4. National Recognition
5. Enhanced knowledge and awareness of staff
6. Team member of the IDS HPV Roundtable workgroup
7. Participation in other projects (i.e., AMGA learning collaborative)
8. Improve immunization rates for other vaccines
9. Built a multi-disciplinary group to guide and standardize immunization practices for all immunizing providers
KEY LESSONS

• Dedicated personnel
  • Broad impact

• Pull provider and clinic level rates
  • Data transparency

• Buy-in from executive leadership & key stakeholders

• Education
  • How to recommend
  • How to address questions
  • Vaccines
  • Payment
  • Myths
  • Tools to support the work
  • Culture change: no missed opportunities

• Create a vaccine champion for each clinic
  • Assists in expanding the reach and impact of large system goals
  • Readily available resource for questions

• Secure funding

• Share wins

• Have conversations with clinics and/or providers who are underperforming