



Preventing HPV
cancer and increasing
HPV vaccination rates.

2020
We're In! HPV Cancer Prevention

#WEREIN2020HPV



KEYNOTE SPEAKER
Brett P. Giroir, M.D.
Admiral, U.S. Public Health Service
Assistant Secretary for Health
U.S. Department of Health and
Human Services



HEALTH SYSTEM PERSPECTIVE
Melanie Mouzoon, M.D.
Managing Physician for
Immunization Practices
Kelsey-Sebold Clinic

LAUNCH OF A NATIONAL HPV CANCER PREVENTION INITIATIVE FOR HEALTH SYSTEMS

Your organization is invited to join us for the launch of a nationwide initiative to increase HPV vaccination through health systems. Registration is required.

**WE'RE IN! 2020 WEBINAR
JAN. 28, 2020 @ 1 P.M. EST**

Community health centers, integrated delivery systems, medical groups, accountable care organizations, and private practices are key partners to raising HPV vaccination rates.

We also believe there is an important role for HPV/cancer coalitions, state health organizations and other public health partners.

Join the webinar to:

- Understand federal priorities around HPV cancer prevention
- Learn how to prioritize HPV vaccination in your health system
- Sign-on to We're In! 2020
- Gain access to new education tools and resources
- Receive future educational and networking updates



CDC PERSPECTIVE
Melinda Wharton, M.D.
Director,
Immunization
Services, NCI

REGISTER NOW:

[https://zoom.us/webinar/register/
4615763954075/WN_WGQZGypxSQ
WJFIAMGIU3ww](https://zoom.us/webinar/register/4615763954075/WN_WGQZGypxSQWJFIAMGIU3ww)

The webinar will be recorded and posted at:
<https://hpvroundtable.org/resource-library>

WE'RE IN! 2020 **HPV Cancer Prevention Initiative for Health Systems**

FUNDING FOR THIS INITIATIVE WAS MADE POSSIBLE (IN PART) BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION COOPERATIVE AGREEMENT GRANT NUMBER 5U59CE002551-01, CDEA # 95733. THE CONTENT DOES NOT NECESSARILY REFLECT THE OFFICE POLICIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, NOR DOES THE MENTION OF TRADE NAMES, COMMERCIAL PRACTICES, OR ORGANIZATIONS IMPLY ENDORSEMENT BY THE U.S. GOVERNMENT.

We're In! 2020 for HPV Cancer Prevention:

WELCOME

Noel Brewer, PhD

Professor of Health Behavior, Univ. of North Carolina
Chair, National HPV Vaccination Roundtable



The National HPV Vaccination Roundtable

Our mission is to raise HPV
vaccination rates to prevent HPV
cancers.

We **convene**, **communicate** with,
and **catalyze** member
organizations, and by extension
the public.



Funding for this initiative was made possible (in part) by the Centers for Disease Control and Prevention Cooperative Agreement grant number NH23IP922551-03, CFDA # 93.733. The content does not necessarily reflect the office policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

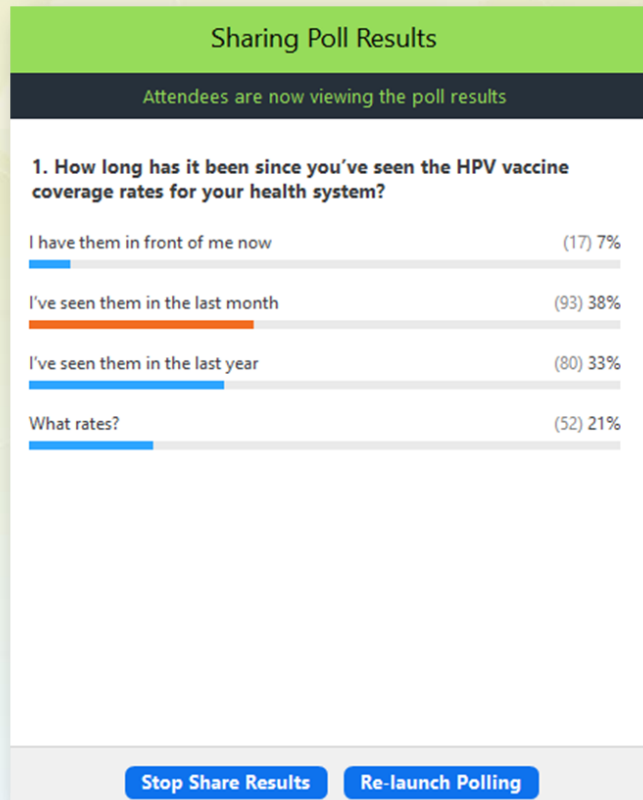
AGENDA

- Understand federal priorities and why health systems engagement is needed
- Learn what systems changes look like
- Outline roles for systems, state health organizations and coalitions
- Invite to join *We're In! 2020*



POLL #1

HPV Vaccination Rates



HPV Cancer Prevention

We're In!

2020



Strategic Activation:

Why We Need Health Systems to Prioritize HPV Vaccination

Brett P. Giroir, M.D.

Admiral, U.S. Public Health Service

Assistant Secretary for Health

U.S. Department of Health and Human Services



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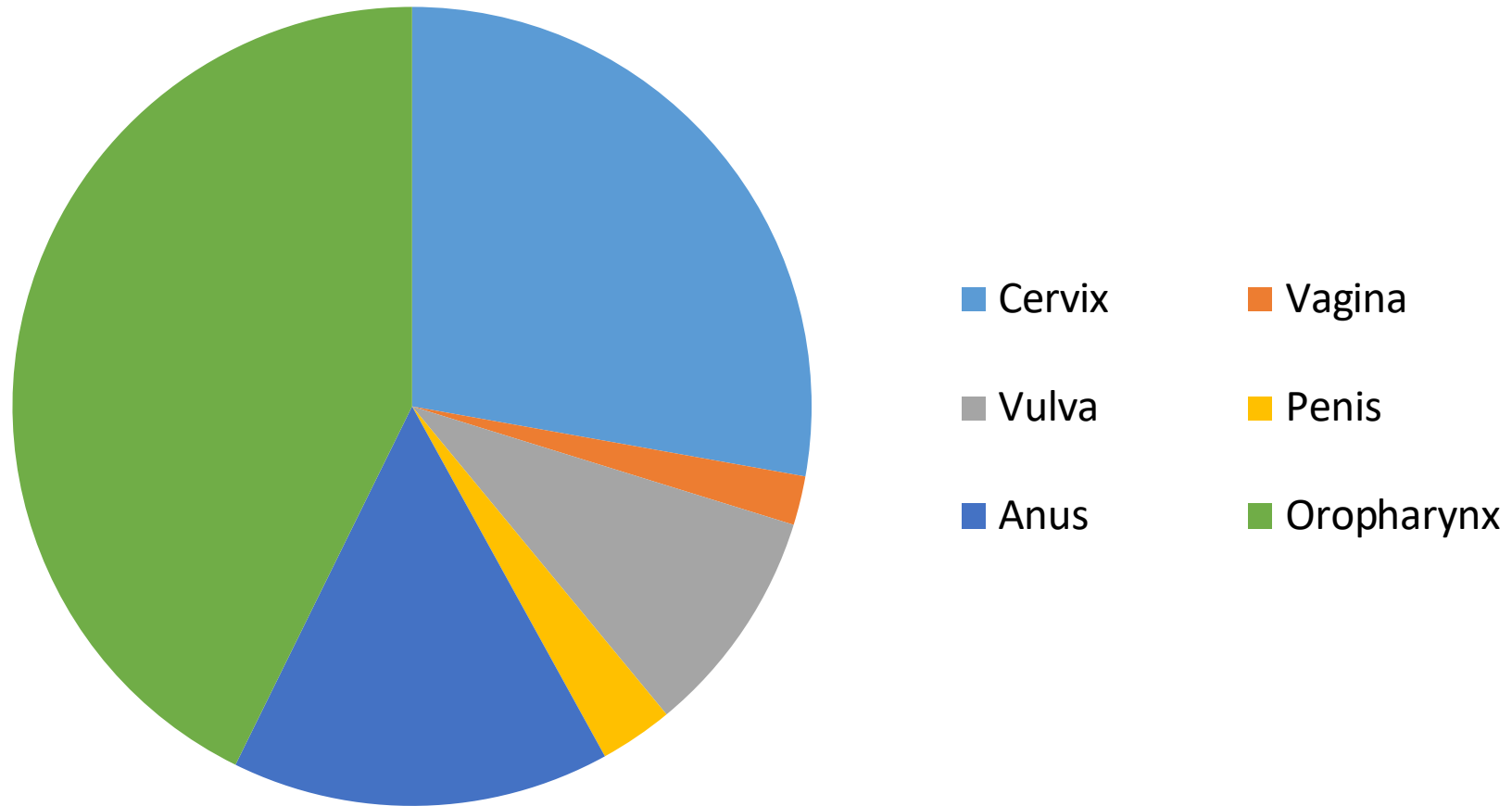
HPV VACCINATION: *A Call to Action*

ADMIRAL BRETT P. GIROIR, M.D.
Assistant Secretary for Health and Senior Advisor



HPV: AN URGENT PUBLIC HEALTH ISSUE

34,800 HPV-ATTRIBUTABLE CANCER CASES IN U.S. EVERY YEAR



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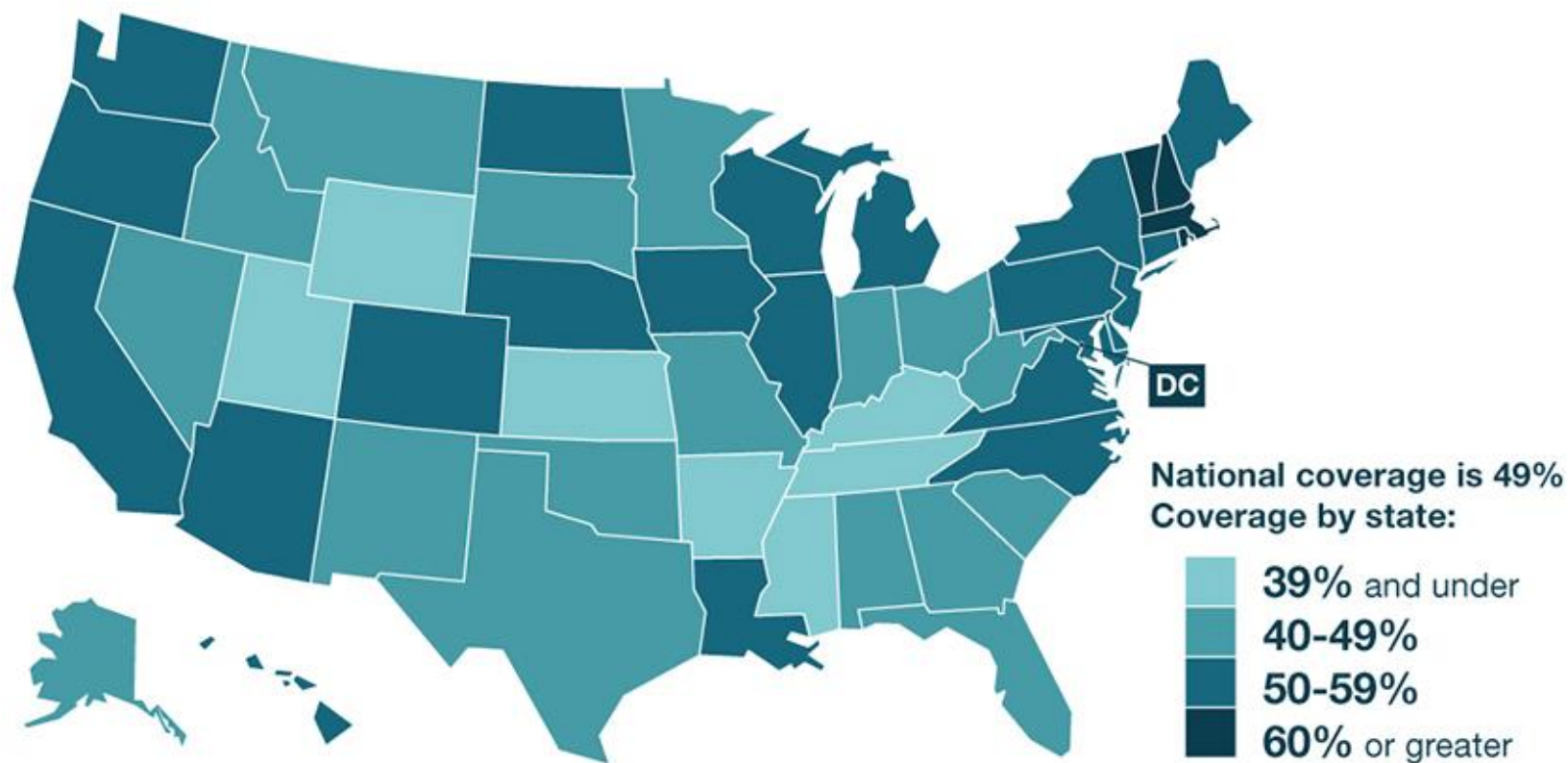
Source: <https://www.cdc.gov/cancer/hpv/statistics/cases.htm>

HPV vaccination rates remain
unacceptably low for adolescents:

Only **51% of adolescents**
are up to date.



ADOLESCENTS (%) UP-TO-DATE ON HPV VACCINATION



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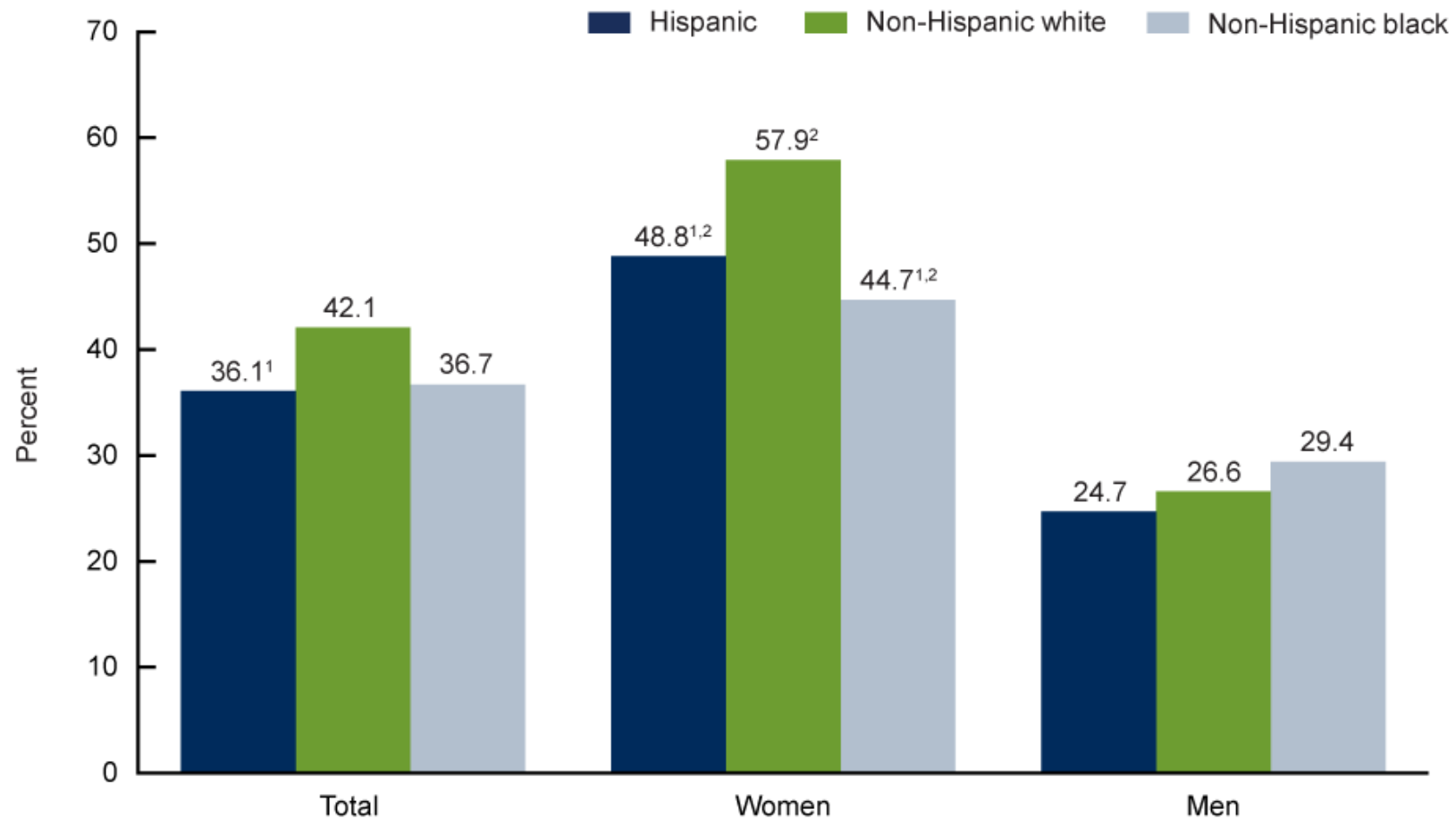
Source: National Vaccine Advisory Committee
www.cdc.gov/hpv

HPV VACCINATION AMONG YOUNG ADULTS, 2013-2018

- Among adults aged 18–26, the percentage who ever received one or more doses of human papillomavirus (HPV) vaccine increased from 22.1% to 39.9%.
- The percentage of adults aged 18–26 who received the recommended number of doses of HPV vaccine increased from 13.8% to 21.5%.
- In 2018, non-Hispanic white adults were more likely than Hispanic adults to have ever received one or more doses of HPV vaccine.
- Among adults aged 18–26 who ever received one or more doses of HPV vaccine, the majority received the first dose between the ages of 13 and 17 years.



PERCENT ADULTS (18-26 YEARS) WHO EVER RECEIVED ≥ 1 DOSE OF HPV VACCINE, 2018



HPV VACCINE PREVENTS CANCER

National Vaccine Plan 2020 - 2025

In Progress

To Be Released in 2020



Increasing HPV vaccination series completion rates to 80% by 2025 would prevent:

- **>30,000** cases of HPV cancers each year in the U.S., including almost all cases of cervical cancer
- **>134,000** cases of HPV associated pre-cancerous lesions of the cervix each year in the U.S.



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Source: <https://www.cdc.gov/cancer/hpv/statistics/cases.htm>

CONTRIBUTING FACTORS TO LOW HPV VACCINE COVERAGE AMONG ADOLESCENTS

- Providers not giving strong enough recommendations for HPV vaccine compared to other adolescent vaccines
- Missed opportunities during preventive care
- Parents refusing HPV vaccination
- Lack of HPV vaccination mandates
- Rural challenges



NATIONAL VACCINE ADVISORY COMMITTEE (NVAC)

HPV VACCINATION RECOMMENDATIONS TO THE ASH

NVAC developed recommendations for strengthening federal, state, and local HPV prevention coverage rates.

*A future without HPV cancers is within reach,
but urgent action is needed*

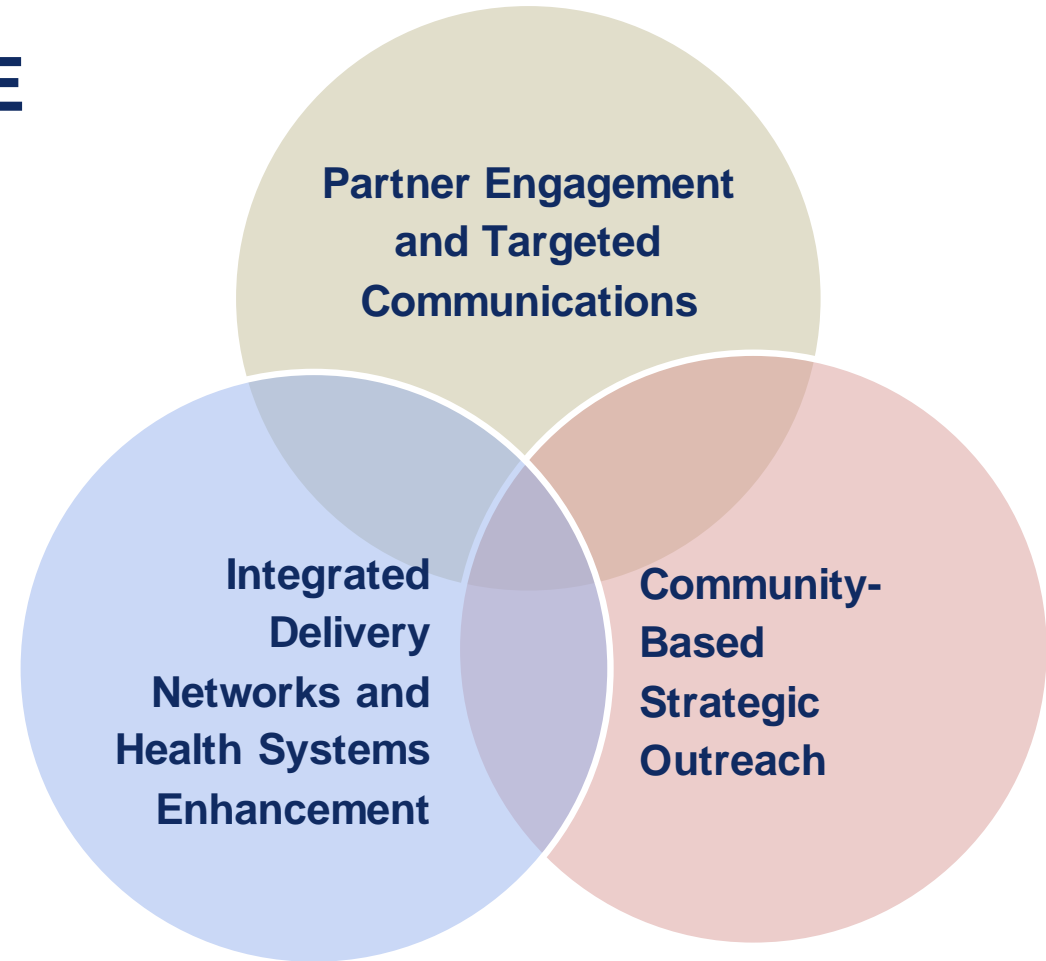
- Encourage *dissemination and implementation of evidenced based practitioner resources* and collaboration
- Engage with and encourage state health officials to *use existing publicly available resources for coalition building*
- Request *further research be conducted to better understand the needs of rural providers*
- Encourage *the increased use of technology-based, telemedicine systems* such as tele-consulting and tele-mentoring partnerships
- Support a *stronger HHS-wide social media presence* to improve the reach of communication strategies and directly engage parents and adolescents to build trust



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OASH INITIATIVE TO IMPROVE HPV VACCINE UPTAKE

- Develop and implement an engagement strategy that reaches all necessary stakeholders and catalyzes private and public collaborations
- Cultivate an understanding of the importance of the HPV vaccine as cancer prevention in rural communities
- **Integrated Delivery Networks & Health Systems Enhancement**



Goal: 80% HPV vaccination series completion in five years



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Clinicians: Strengthening Your HPV Vaccine Recommendation Can Save Lives

April 19, 2019 | By: [Adm. Brett P. Giroir, M.D.](#), Assistant Secretary for Health, Commissioner of Food and Drugs (Acting) and [Robert R. Redfield, M.D.](#), Director, Centers for Disease Control and Prevention (CDC)

Summary: HPV vaccination saves lives. It is the best way to protect our nation's youth from cancers caused by HPV.

Your words are our most powerful tool to prevent thousands of HPV cancers each year in America. That's because an effective recommendation by a trusted clinician is the best predictor of HPV vaccination. Your recommendation is simple, inexpensive, and powerful – and the best way to improve HPV vaccination rates, which remain far too low across our country. Despite the availability of a safe and effective vaccine, only half of adolescent boys and girls completed the vaccination series in 2017.



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HOW CAN HEALTH SYSTEMS HELP PRIORITIZE IMPLEMENTATION OF BEST PRACTICES

Evidence-Based Practices

- Presumptive recommendations
- Standing Orders
- Provider Prompts
- Patient reminder recall systems

Other Successful Strategies to Consider

- Clinical team approach
- Create a pro-immunization environment
- Designate an HPV Vaccine Champion
- Evaluate, sustain, and celebrate success



KELSEY-SEYBOLD CLINIC

HOUSTON, TEXAS

- EDUCATED ALL PROVIDERS
 - and partnered with industry
- TRACKED PERFORMANCE
 - physician dashboards helped to track and improve individual performance
- RECOGNIZED BARRIERS
 - trained providers on how to address parental hesitancy
- ENGAGED QI PROFESSIONALS
 - collected transparent vaccination data and shared it to all stakeholders
- EMPOWERED CHAMPIONS

BASELINE RATES			
2013 RATES	TOTAL	FEMALE	MALE
N=Adolescents Ages 13-17	7,029	3,713	3,316
Initiation ≥1	49.3%	54%	44%
Series completion ≥3	27.3%	34%	20%

POST-INTERVENTION RATES			
2018 RATES	TOTAL	FEMALE	MALE
N=Adolescents Ages 13-17	15,292	7,842	7,450
Series Initiation*	67.3%	66.9%	67.7%
HPV Series Completion*	53.9%	54.4%	53.4%



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http://hpvroundtable.org/wp-content/uploads/2019/10/ACS-HPV_Showcase_document-KelseySeybold-WEB.pdf

DENVER HEALTH (FARMAR et al, PEDIATRICS 2016)

- Routine use of an immunization registry and recommending needed vaccines at every visit
- Medical assistants check vaccine registry for recommended vaccines at every visit
- Standing order for routine immunizations
- Vaccines are given early in the visit to allow time to observe for immediate side effects
- Providers present Tdap, MCV, and HPV as a standard “bundle” of adolescent immunizations
- Provider-level “report cards” with adolescent vaccination coverage rates
- Vaccination drives at School Based Health Centers

2013 (n = 11, 463)

≥ 1 DOSE	NATIONAL	DENVER
Females	57.3%	89.8%
Males	34.6%	89.3%

≥ 3 DOSES	NATIONAL	DENVER
Females	37.6%	66.0%
Males	13.9%	52.5%



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<https://pediatrics.aappublications.org/content/pediatrics/138/5/e20152653.full.pdf>

WHY MAKE INCREASING HPV VACCINATION RATES A PRIORITY FOR YOUR SYSTEM?

Decreased Costs

- Prevents more than 90% of cervical cancer cases and reduces costs associated with abnormal Pap tests, office visits, and procedures for cervical cancer prevention.
- Well-child visits that include the HPV vaccine may increase reimbursement.
- Nationally, \$1.7 billion is spent annually in direct medical costs to treat conditions associated with genital HPV infections
- HPV vaccination aligns with the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

Improved Quality of Care

- The vaccines provided to patients now are expected to protect them for the rest of their lives, improving long-term population health.
- QI projects can increase HPV vaccination rates and reduce missed opportunities.
- Adolescent health care quality is measured by several Healthcare Effectiveness Data and Information Set (HEDIS) performance indicators important to payers and consumers.
- Improving on HPV vaccination delivery can impact organizational quality measures for immunization of adolescents and adolescent well-care visits.

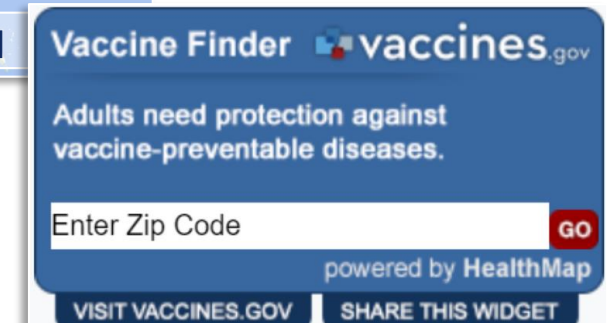
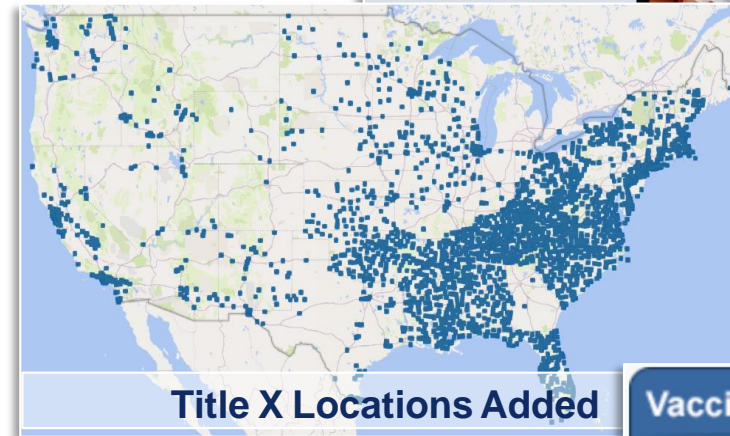
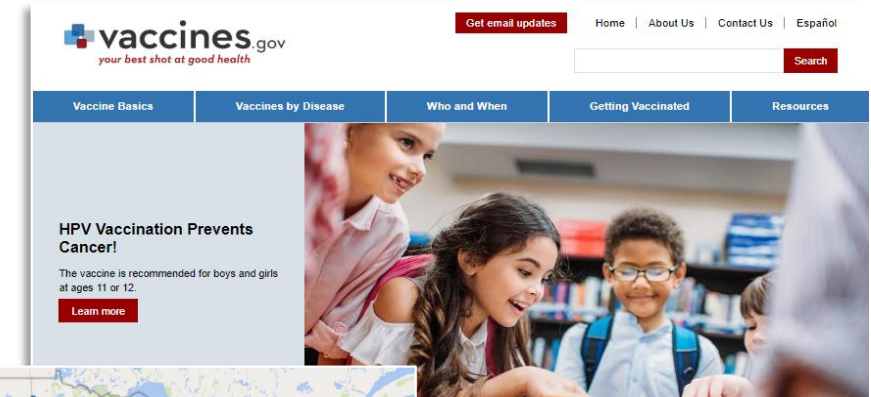
Improved Patient Experiences

- Vaccination can prevent the pain and suffering that comes from HPV pre-cancer or cancer diagnosis and treatment.
- On-time vaccination means patients only need two doses instead of three, saving parents and patients time and money.
- Proactive methods such as providing vaccine reminders and advance scheduling of second doses reflect the needs and wants of patients.



VACCINES.GOV: HPV VACCINATION SITES

- **Nearly 3,000 Title X clinics offering HPV vaccine added to the Vaccine Finder (www.vaccines.gov)**
- Vaccine Finder is an interactive tool –available to embed on any website – that allows users to search for nearby vaccination locations offering:
 - Flu
 - Hepatitis A
 - Hepatitis B
 - HPV
 - MMR
 - Shingles
 - Td/Tdap
 - Meningococcal
 - Pneumococcal
 - Varicella



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HHS HPV VACCINATION RESOURCES

- **Vaccines.gov**
HPV Promotional Toolkit

#EndHPVCancers using the hashtag on social media

- Videos on the importance of HPV vaccination and engaging the faith community

Please consider retweeting
@HHS_ASH and @HHSVaccines



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Over 10 years of monitoring and research show that the **HPV vaccine is safe, effective, and the best protection against HPV cancers.**

Learn more at
www.vaccines.gov



The fight against cancer starts with HPV vaccination

The **HPV vaccine** prevents 6 types of cancer.
Join us to #EndHPVCancers





BRETT P. GIROIR, M.D.

ADM, U.S. Public Health Service
Assistant Secretary for Health and
Senior Advisor

WWW.HHS.GOV/ASH

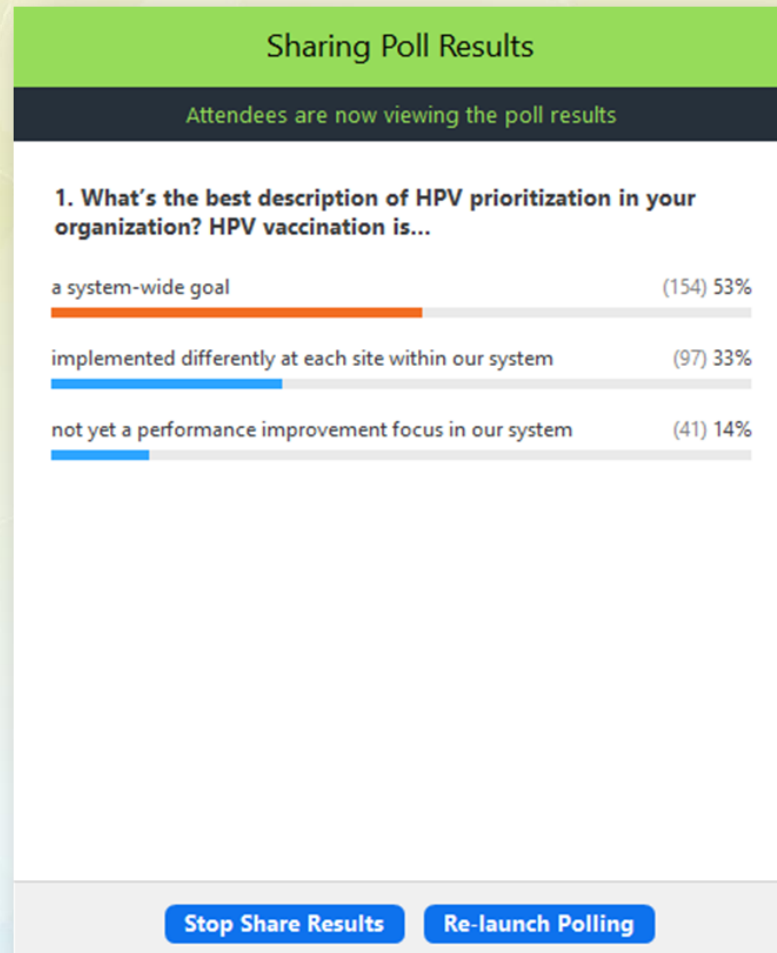
WWW.USPHS.GOV

@HHS_ASH

ASH@hhs.gov

POLL #2

HPV Prioritization



HPV Cancer Prevention

We're In!

2020

The graphic features a circular design with the text 'HPV Cancer Prevention' arched over the top. Inside the circle, the text 'We're In!' is displayed in a bold, blue font. The circle is composed of several segments in shades of blue and yellow. Below the circle, the year '2020' is written in a large, bold, blue font. A vertical yellow line is positioned to the left of the graphic.

A Health System Perspective:

Initiating an HPV Cancer Prevention Initiative

Melanie Mouzoon, M.D.

Managing Physician for Immunization Practices

Chair, The Immunization Partnership

Kelsey-Seybold Clinic





KELSEY SEYBOLD CLINIC (KSC):

- Large multi-specialty group practice in the greater Houston, TX area
- 21 locations, 400+ physicians
- Nation's first accredited ACO
- Focus on capitation but about 50% of patients are FFS

Our system makes cancer prevention a priority; as an ACO we want the best outcomes for the entire population we serve.

Population health is an area in which we do well. We are early adopters of vaccines historically.

Historical Barriers

- In Texas, a strong backlash to Gov. Perry's mandate of HPV vaccination in schools lead to growth in antivaccine sentiments and in particular refusal of this vaccine.
- KSC adopted use of HPV-4 early on, but made the same mistakes as others, linking vaccine to sexual activity and distinguishing required from recommended vaccines, delivering recommendations in a way that invited refusal.



Where We Started...

- Cancer Center opening was an opportunity to take a **new approach**
- **Letters** sent under the signature of multiple department chairs and with strong anti-cancer message loud and clear
- Invited **special speakers** on cervical cancer who presented to OB and pediatric department meetings
- Disseminated **CDC materials** on making effective recommendations to pediatricians and family medicine physicians at meetings, via email, and via webinars
- **Presented HPV vaccination rates** to clinics and physicians
- Provide **ongoing consultation** on ways to improve vaccination (empower nurses to offer, bundle recommendations, start vaccination at age 9, etc.)



2019 Efforts

- **MOC project** on HPV vaccination was implemented for all primary care physicians and the discussion board encouraged adoption of bundled recommendations, catch-up vaccination, offering at 18 for those whose parents rejected vaccination earlier
- **Best practice alerts** for age 9 and also for 18-26 were instituted
- Ongoing **collaboration with industry** to review quarterly rate assessments for completion by 13 and speakers offered to all sites for encouragement of timely and effective vaccine recommendation
- Presentation to Nurse Practice Council
- **Training roadshow** to all clinic locations—HPV vaccine info, address misconceptions, recommendation delivery

OUR NEXT STEPS:

- Focus on completion by age 13
- More feedback of overall rates in addition to dashboard (rates of vaccination in patients seen that quarter).



Key Factors to Improving Our Immunization Practices

- **Created a role** for Managing Physician for Immunization Practices
- **Implemented national best practices** for immunization
 - Regular rate assessments
 - Reminder/recall systems
 - Standing orders
 - Policy of vaccination at every opportunity
- **Provided feedback** on rates
 - Compared to NIS and Healthy People benchmarks
 - Reported to Medical Standards Committee
 - Monitored by department and individual physicians
- **Added IT supports**
 - Best practice alerts
 - On-hold messaging
 - My Chart messaging replacing mail and telephone reminders
 - Electronic dashboards

Lessons Learned



1. Multiple approaches and lots of repetition are needed for success.
2. There are advantages to measuring change in a variety of ways –to stimulate a multi-pronged effort to protect patients from HPV cancers
 - by missed opportunities,
 - by overall completion by 13 vs among those 13-17
 - by initiation by age 11
 - by vaccine-naïve at age 18
3. Quality and Clinical Education departments have competing priorities, so it helps to set up system changes that will be ongoing such as recall/reminders that go out monthly based on specific criteria, and best practice alerts and dashboards that can be automated
4. MOC opportunities are popular and can be focused to increase HPV vaccination rates.

HEALTH SYSTEM SHOWCASE

http://hpvroundtable.org/wp-content/uploads/2019/10/ACS-HPV_Showcase_document-KelseySeybold-WEB.pdf



Health System Showcase

Kelsey-Seybold 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.

SPOTLIGHT ON
Kelsey-Seybold Clinic
Houston, TX

 **Kelsey-Seybold Clinic**
Changing the way health cares

Overview

- In 2013, leaders at Kelsey-Sebold 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-Sebold'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-Sebold accomplished this while their patient population of 13-18-year-olds more than doubled in size.



CDC's Perspective:

The Role of Health Systems & Public Health Organizations

Melinda Wharton, MD, MPH

Director, Immunization Services Division

National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention

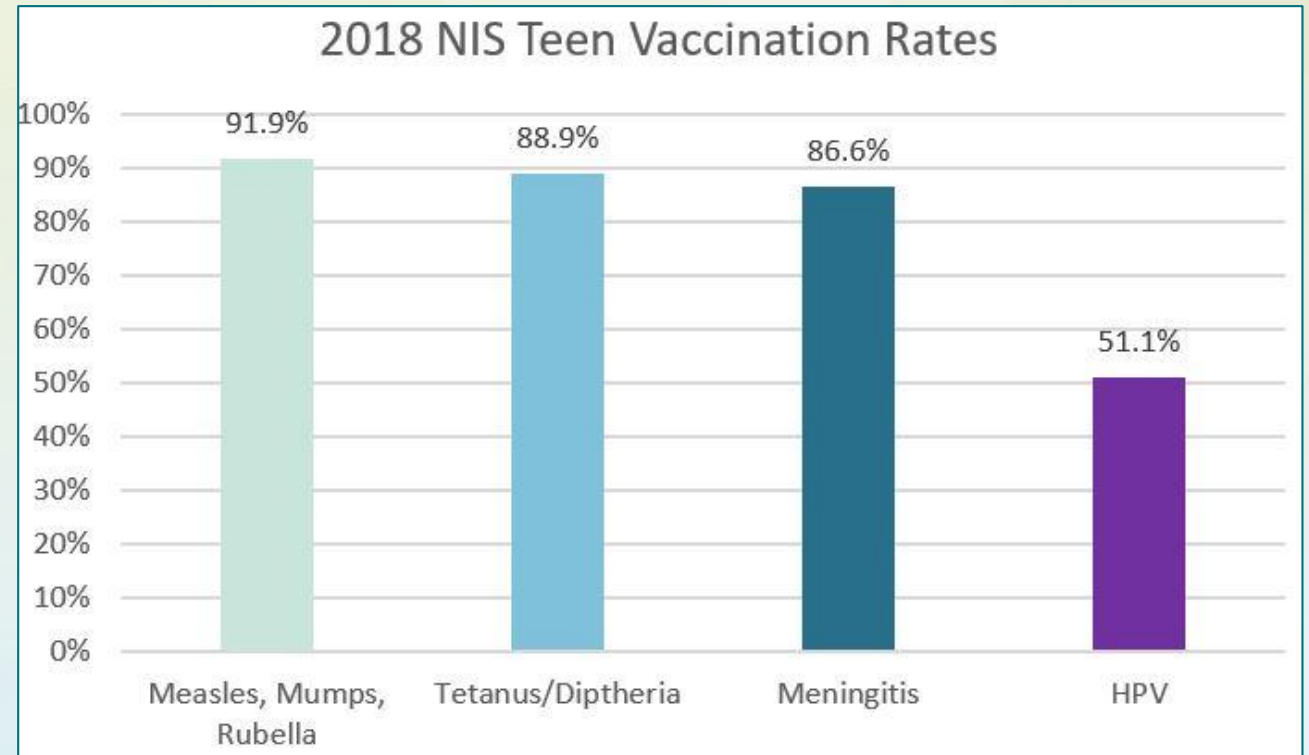


**HPV vaccination is
the right thing to do
to protect patients.**

Are Your Organizational Rates Similar to National Rates?

We are failing to protect our children from future HPV cancers and pre-cancers.

Source: https://www.cdc.gov/mmwr/volumes/68/wr/mm6833a2.htm#T1_down



What Are Your System's HPV Vaccination Rates?

What are your “up-to-date” rates (i.e. 2 shots by age 13)?

- Initiation vs completion rates?
- Zero dose rates?
- Male vs female rates?



THE BIG QUESTION:

Organizational Commitment to Adolescents

Does your HPV vaccination rate
represent your organizational commitment
to adolescent population health?



CALL TO ACTION FOR HEALTH SYSTEMS

We're In! 2020 is a 12-month initiative to catalyze health systems to work collectively towards raising HPV vaccination rates to 80%.

JOIN US!

**Preventing HPV
cancer and increasing
HPV vaccination rates.**



We're In! HPV Cancer Prevention



ENGAGE YOUR LEADERSHIP:

- HPV vaccination initiatives can be more impactful when they have strong leadership support
- Position HPV vaccination as an organizational imperative for cancer prevention
- Identify opportunities to advance key adolescent immunization performance measures

We, the undersigned organization, commit to prioritize adolescent HPV vaccination to prevent cancer.

By signing on to this initiative, we agree to the following:

- 1) Determine our baseline HPV vaccination rates for adolescents by age 13.
- 2) Work collectively as part of this national movement to raise rates towards 80% for boys and girls.
- 3) Immunize to prevent HPV cancers and protect adolescent population health.
- 4) Set a performance improvement goal to deliver on-time HPV vaccination for all our adolescent patients (i.e., 2 shots by age 13).



We're In!
2020
COMMITMENT

Optional Components:

- ☐ Share baseline rate (by 13)
- ☐ Share mid-year and end of year progress updates via short online forms
- ☐ Share progress on future webinars, social media channels, blogs or e-updates



We're In!

2020

OPTIONAL
PROGRESS
SHARING

We're In! 2020



Your Health System is Invited to Join *We're In! 2020* for HPV Cancer Prevention

Healthy People 2020 is here! This year, we are calling upon U.S. health systems to protect adolescent population health by preventing HPV cancers.

Only 51% of teens are fully vaccinated against HPV cancers. We can do much better.

Your health system is part of the solution. The National HPV Vaccination Roundtable invites your organization and public health partners to join us in a national movement to prioritize and improve HPV vaccination. [Sign on today](#) for a year of learning, networking, and improving health through cancer prevention.

www.hpvroundtable.org/were-in-2020

JOIN HERE:



Call to Action:

COALITIONS & STATE HEALTH ORGANIZATIONS



Identify health systems serving adolescent populations



Leverage opportunities to meet with system leaders and discuss HPV prioritization



Encourage systems to sign-on to the *We're In! 2020* Commitment



Share hproundtable.org/health-systems & intervention resources



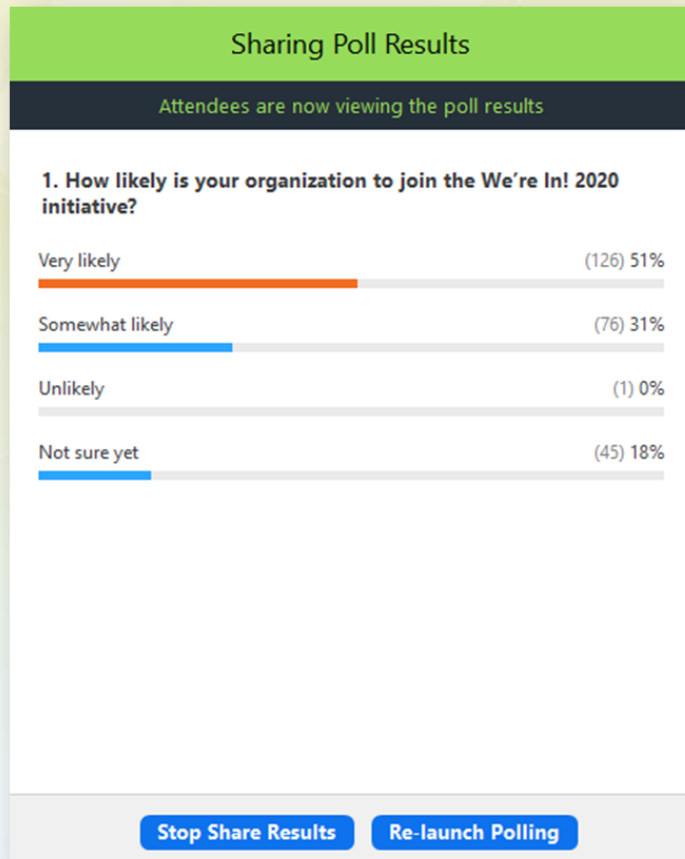
Follow the HPV Roundtable on social media or website for updates



Connect health systems to local partners for support

POLL #3

Joining *We're In! 2020*



HPV Cancer Prevention

We're In!

2020

SUPPORTING YOUR
WORK:

The Influencer Toolkit— Resources for Health Systems

Jennifer Nkonga, MS

Director, Health System & Provider Engagement

National HPV Vaccination Roundtable



Health Systems Influencer Toolkit (aka the Health Systems Webpage)

VIDEOS

HOW & WHY
STORYDECKS

ACTION
GUIDES

LETTERS

CASE
STUDIES

www.hpvroundtable.org/health-systems

“Why should health systems prioritize HPV vaccination?”

Cancer Prevention through Health Systems

02:00 hpvroundtable.org

The Triple AIM & HPV Vaccination

Why should health systems prioritize HPV vaccination?

“How does HPV vaccination help move care from volume to value?”

Population Health & HPV Vaccination

01:26 hpvroundtable.org

FACT:

We can protect kids from HPV.

Vaccinate for HPV

Nov 28, 2018 | 0:38

VIDEOS

Welcome Jennifer Nkonga! Logout Search ...

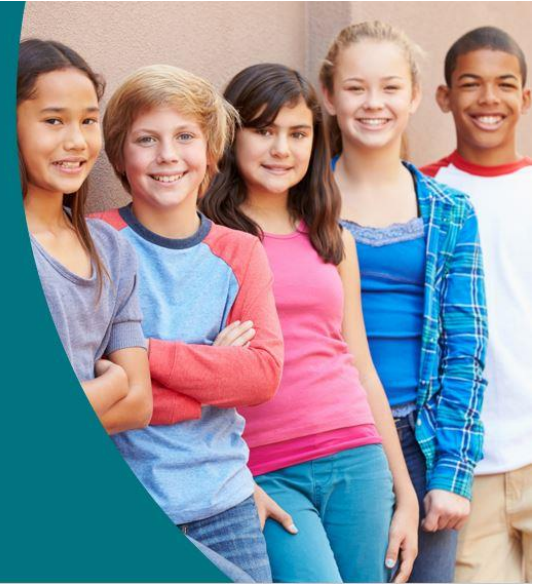
About Resource Library Member Information Task Groups

The National HPV Vaccination Roundtable

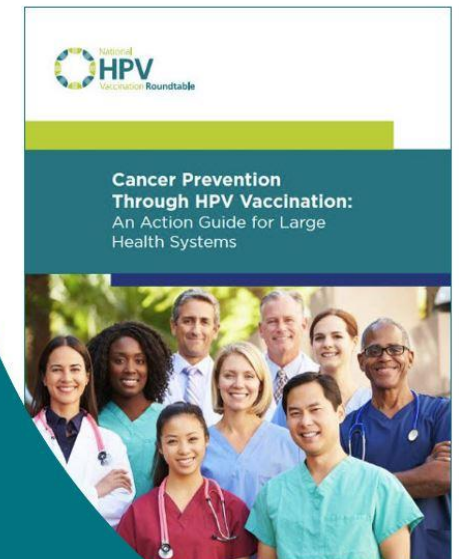
The National HPV Vaccination Roundtable is a coalition of over 70 national organizations working to increase HPV vaccination rates.

HPV PRIORITIZATION STORY DECKS

HPV Vaccination The Why For Large Health Systems



HPV Vaccination The How For Large Health Systems



CLINICIAN & HEALTH SYSTEM ACTION GUIDES



Available for download at hpvroundtable.org/action-guides

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.

SPOTLIGHT ON
Kelsey-Seibold Clinic
Houston, TX

Kelsey-Seibold Clinic
 Changing the way health cares.

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.

Kelsey-Seibold Clinic Health Systems Showcase

HPV Vaccination Rates

2013 RATES	BASELINE RATES			POST-INTERVENTION RATES			
	TOTAL	FEMALE	MALE	2016 RATES	TOTAL	FEMALE	MALE
N=Adolescents Age 13-17	7,029	3,713	3,316	N=Adolescents Age 13-17	15,282	7,842	7,440
Initiation ≥1	49.3%	54%	44%	Series Initiation*	67.3%	66.9%	67.2%
Series completion ≥3	27.3%	34%	20%	HPV Series completion*	53.9%	54.4%	53.4%

NOTES:
 * 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 ACP 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

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	Bundled the adolescent vaccines offer a vaccine bundle that places HPV between meningococcal and Tdap vaccines. Start at age 9 Offer HPV vaccination starting at age 9 and be complete by age 11. EMM alerts Alerts flag patients ages 11 to 26, who are under immunized according to the ACP schedule.	Physicians need training on meeting a prescriptive recommendation to the vaccine. Performance originally based on increased parent/guardian. Opportunity has been addressed.	Action #1: Make a prescriptive recommendation for cancer prevention. Action #2: Minimize missed opportunities.
	Standing orders Develop standing orders for HPV vaccination for return prior to seeing a provider.	Best practice alerts can be ignored by providers. Alert settings might start at age 11, not 9. There was variation in the willingness of providers to follow standing orders or vaccine prior to a provider visit.	Action #3: Minimize missed opportunities. Action #4: Take a team approach.
TECHNOLOGY	Provider education Nurses provided on prescriptive recommendations to caregivers. Focused on provider with the lowest rates. Educate multiple specialties about HPV. Encourage learning from peers. Quarterly dashboard Provide physicians quarterly dashboards to monitor progress.	Anticipated barriers included provider hesitancy, miscommunication, and weak recommendation habits. HPV rates compared for attention among other measures such as EMM calculation rates or other immunizations.	Action #5: Answer parent questions. Action #6: Evaluate and sustain success.
	Patient education Send parent letters promoting HPV as cancer prevention. Send quarterly parent recall to prevent vaccination lapsed. Use multiple communication channels to send recall messages, letters.	Maintaining the regularity of recall can be challenging.	Action #7: Answer parent questions. Action #8: Minimize missed opportunities.

HEALTH SYSTEM SHOWCASES



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DEDICATED TO THE HEALTH OF ALL CHILDREN®

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HPV Vaccine: When, Why, and How

MOC

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EDUCATIONAL OPPORTUNITIES

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- ☐ Health Plans
- ☒ Health Professionals
- ☐ Immunization
- ☐ National Partners
- ☐ Parents

The Human Papillomavirus Connection
This page lays out the links between HPV and head and neck cancers.
Organization: Head and Neck Cancer Alliance (HNCA)
[View This Resource](#)

Factsheet: HPV Vaccine Safety and Effectiveness
HPV vaccination provides safe, effective, and long-lasting protection against cancers caused by HPV. This fact sheet helps educate parents on all the latest information regarding HPV vaccine safety and effectiveness. Updated July 2018.
Organization: Center for Disease Control
[View This Resource](#)

Flipchart for Pediatric Offices and Parents
A Guide to Adolescent Immunizations: Flip Chart for Pediatric Offices and Parents is a resource from the American Academy of Pediatrics aimed at helping pediatric health care providers discuss adolescent immunizations with their patients and families. The flip chart is now available as an electronic resource in English, Spanish and Chinese. It provides information and answers to parents' questions on adolescent vaccines in easy-to-understand infographics on one side and talking points for health care providers on the other.

ROUNDTABLE RESOURCE LIBRARY

[hpvrroundtable.org/resource-library/](httpvrroundtable.org/resource-library/)



WE'RE IN!
2020 WEBINARS:

- **January 28, 2020 at 1:00pm ET – Launch**
- **February 28th, 2 p.m. EST- Data & Evidence-based Interventions**
 - Uncovering your rates
 - Data success stories: Lessons Learned
 - Data tools: Steps Guide
 - Best practices
- **May—Back to School Preparation**
 - Vaccination season prep
 - Best practices: patient reminders
 - System showcase
- **Sept/Oct—Mid-year Progress**
 - How are we faring?
 - Challenges and solutions
 - Innovations from systems
- **February 2021—Results**
 - Celebrating collective progress
 - Sharing national data
 - Recognizing Hall of Fame achievers
 - Showcase of best practices



Quick Start Content for *We're In! 2020*

We're In! 2020 is a clarion call for U.S. health systems to join a national movement dedicated to improving adolescent health through HPV cancer prevention. Organizations sign-on to an honorary commitment to improve their system's rates over the course of 2020 so that we collectively move towards 80% as a nation.

This Quick Start Guide contains pre-written content to help you start using the National HPV Vaccination Roundtable's *We're In! 2020* symbol and messages.

Partner organizations are encouraged to adapt this content to fit their needs. If you have any questions, contact the HPV National Vaccination Roundtable at HPV.Vaccination.Roundtable@cancer.org.

We're In! 2020 LOGO

This symbol and its variations are to be used by health systems and public health organizations which have signed on to the *We're In! 2020* honorary commitment. Logo usage requires completion of a simplified usage agreement.

We're In! 2020 VISUAL FILES

To download this symbol, please visit the link below for both high-res and low-res files. [DOWNLOAD](#)

We're In! 2020 QUICKSTART GUIDE

WEBPAGE CONTENT	2
PRESS RELEASE	4
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NEWSLETTER BLURB	7
GET SOCIAL	8
SOCIAL MEDIA POSTS	8
SOCIAL IMAGES	9
POWERPOINT TEMPLATES AND PRESENTATIONS	9



WEBPAGE CONTENT

HEADLINE: [ORGANIZATION NAME] is Protecting Our Children From Cancer

IMAGE: [DOWNLOAD](#)

BODY:

In 2020, [ORGANIZATION NAME] will join health systems from across the country in improving long-term adolescent health outcomes by raising HPV vaccination rates to prevent HPV cancers. We are joining the national initiative, *We're In! 2020*, which will work toward collectively raising U.S. HPV vaccination rates to 80%.

Adolescent immunization is key to long-term population health. By joining the *We're In! 2020* initiative, our leadership is prioritizing on-time HPV vaccination for all adolescent patients to protect them from cancer.

The national *We're In! 2020* initiative is led by the [National HPV Vaccination Roundtable](#), with key leadership provided by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. The collective strength and focus of this national effort will push our nation towards eliminating HPV cancers.

[According to the CDC](#), HPV causes about 34,800 cases of cancer in men and women each year in the U.S. HPV vaccination is recommended for BOTH boys and girls at ages 11 or 12 years but can be started as early as age 9. HPV vaccination is cancer prevention, [yet only 68.1% of teens in the United States have received the first dose of the HPV vaccine and just over half \(51.1%\) of teens are up to date on their HPV vaccination](#). We must do better to protect our children from cancer.

INSERT a paragraph about WHY your organization supports HPV vaccination. This statement is a significant opportunity to share your organization's stance on the importance of immunization. Highlight any innovative changes or community initiatives your system plans to implement in 2020.

By joining other health systems and public health organizations as part of *We're In! 2020*, we add our voice to strengthen support for HPV vaccination. Parents and healthcare professionals need to hear that HPV vaccination is safe, effective and necessary to help keep boys and girls healthy into adulthood.

INSERT call to action for your health system. This could be a link to make an appointment or a link to additional information on your website.

More Information About HPV Vaccination:

WE'RE IN! 2020 QUICK START CONTENT

ROADMAP LETTER & CERTIFICATE OF COMMITMENT

Preventing HPV cancer and increasing HPV vaccination rates.

2020
We're In! HPV Cancer Prevention


January 28, 2020

Dear Health Care Colleagues,

A new decade lays before us, full of possibilities and challenges. As member organizations of the National HPV Vaccination Roundtable, we are relentless advocates for cancer prevention through adolescent immunization. The *We're In! 2020* Initiative is a means to catalyze health systems to close the HPV cancer prevention care gap.

By joining *We're In! 2020*, your organization is agreeing to prioritize HPV vaccination. We will support you in this endeavor with the latest evidence and tools. Here is a quick road map to how your organization can take part in this initiative:

- JOIN WE'RE IN! 2020 :** Speak with your leadership, and make the case for cancer prevention as part of your organizational commitment to adolescent health. By joining *We're In! 2020* your organization is agreeing to determine your current HPV vaccination rates and set a performance improvement goal. Your organizational commitment is voluntary. To join, sign the online commitment at hpvroundtable.org/were-in-2020.
- BRAG:** Any organization that signs on will be listed on our website. We'd love to showcase your logo in our *We're In! 2020* gallery and shout out on our social media platforms (#werein2020HPV). Once you sign on, you'll receive a downloadable communications toolkit to promote your efforts to your own patients and staff.
- LEARN TOGETHER:** Receive e-updates, read expert blogs and join webinars with national thought leaders. We'll send short topical e-updates each month, and announce webinars to support your work.
- ACCESS & USE FREE RESOURCES GALORE:** Log on to our health systems webpage at hpvroundtable.org/health-systems to access tools and resources to support your work. Key resources include our Action Guides, video playlists, and the key materials created by our member organizations.

 National HPV Vaccination Roundtable

CERTIFICATE
OF COMMITMENT TO IMPROVE ADOLESCENT IMMUNIZATION

Health System

We, the undersigned organization, commit to prioritize adolescent HPV vaccination to prevent cancer.

By signing on to this initiative, we agree to:

- 1) determine our baseline HPV vaccination rates for adolescents by age 13
- 2) work collectively as part of this national movement to raise rates towards 80% for boys and girls
- 3) immunize to prevent HPV cancers and protect adolescent population health
- 4) set a performance improvement goal to deliver on-time HPV vaccination for all our adolescent patients (i.e., 2 shots by age 13).

We understand that we will have the option to share information about our work, if we so choose.

Name & Title

Date





LINKEDIN WE'RE IN! 2020 GROUP

<https://www.linkedin.com/groups/12334730/>

We're In! 2020:

Benefits to Partners



Supportive framework for cancer prevention with an adolescent population health focus

Access to educational webinars to hear from national experts and high performing systems

Use of *We're In! 2020* symbol and promotional toolkit

Listing on HPV Roundtable website

Opportunities for progress to be showcased on HPV Roundtable online platforms and social media

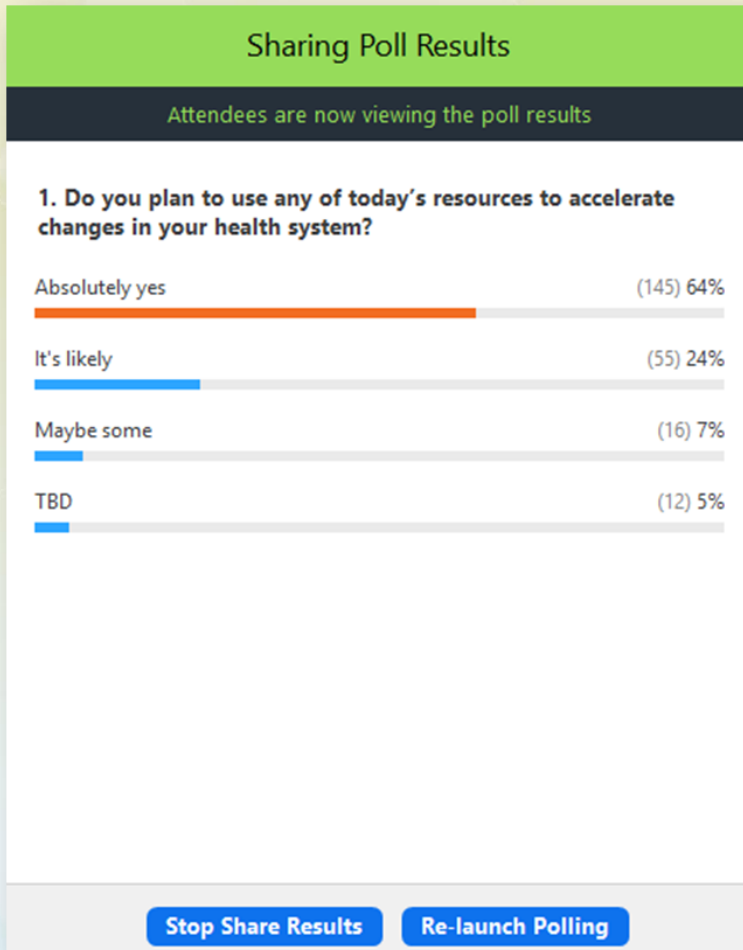
Access to peer organizations

Access to tools and resources to support evidence-based interventions

Hall of Fame listing for systems reaching various performance levels

POLL #4

Health System Resources



HPV Cancer Prevention

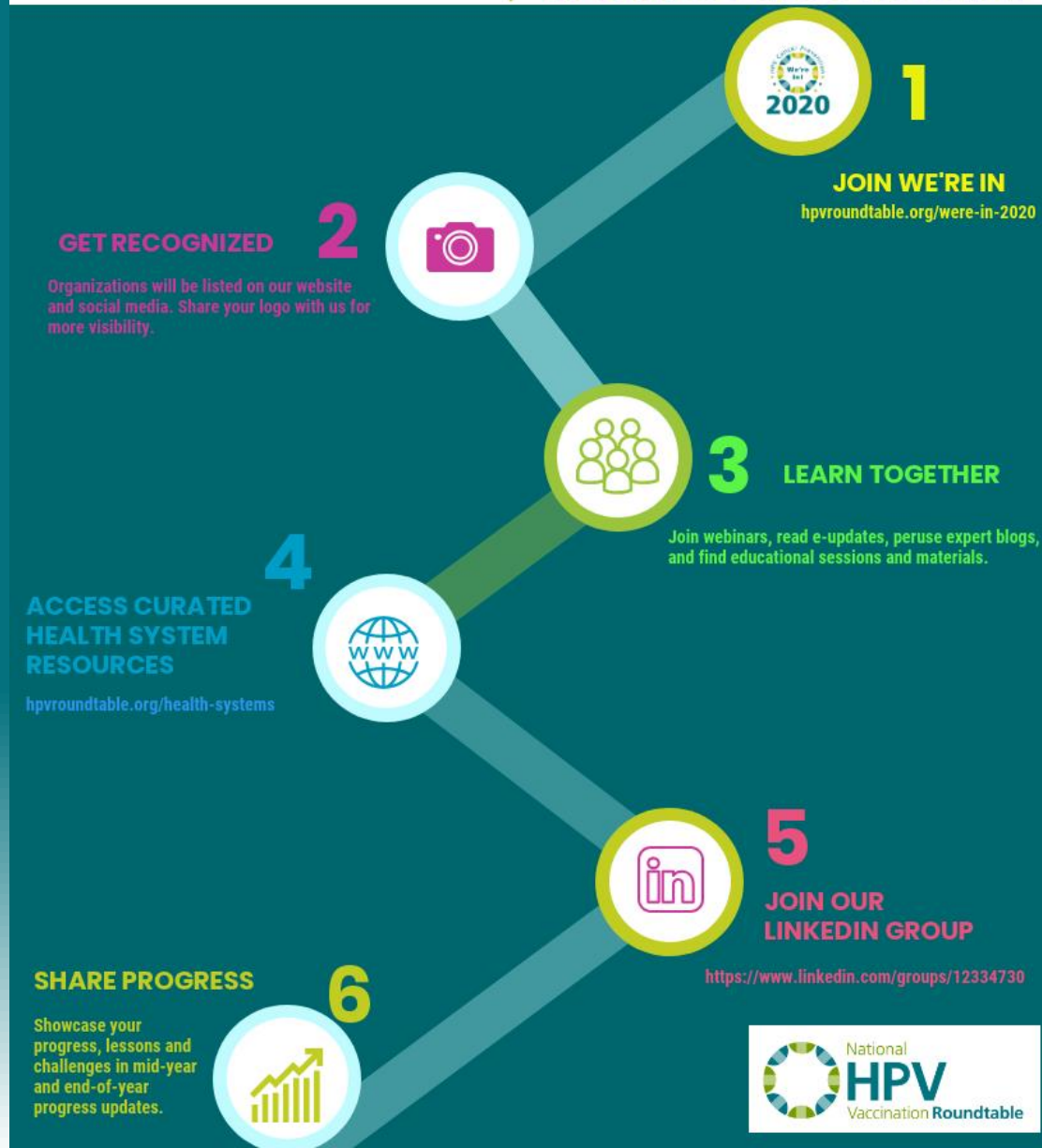
We're In!

2020

WE'RE IN! 2020

ENGAGEMENT ROADMAP

ENGAGEMENT ROADMAP



Q & A

Enter your questions in the Q & A pod

ACCESS TOOLS: www.hpvroundtable.org/health-systems

JOIN *WE'RE IN! 2020*: www.hpvroundtable.org/were-in-2020



We hope that your
organization will join
us and say “we’re in”
for HPV cancer
prevention in 2020.

