We're In! 2020 is a national HPV cancer prevention initiative for health systems.

Using Data & Selecting Interventions to Drive System Changes

February 28, 2020 Webinar
<table>
<thead>
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<th><strong>We’re In! 2020 Organizations!!</strong></th>
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<td>1 California Health Collaborative</td>
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<td>2 Carver County Public Health, MN</td>
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<td>3 Cook Children’s Health Care System, TX</td>
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<td>4 Erie County Department of Health, NY</td>
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<td>5 Evergreen Family Medicine, OR</td>
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<td>6 Global Initiative Against HPV and Cervical Cancer (GIAHC)</td>
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<td>7 Greater Beaumont Pediatrics and Family Medicine, TX</td>
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<td>19 Scotts Bluff County Health Department, NE</td>
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<td>20 Shoshone Family Medical Center, ID</td>
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<td>21 South Central Public Health District, ID</td>
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<td>22 Southern Illinois Cancer Action Network</td>
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<td>23 Stigler Health &amp; Wellness Center, Inc., OK</td>
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<tr>
<td>24 Surfing for Hope Foundation, CA</td>
</tr>
<tr>
<td>25 University of Louisville- Gynecologic Oncology, KY</td>
</tr>
<tr>
<td>26 Wichita Falls-Wichita County Public Health District, TX</td>
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www.hpvroundtable.org/were-in-2020
AGENDA

• Explore how to use data to increase your HPV vaccination rates
• Review interventions to increase HPV vaccination
• Share lessons from Park Nicollet in MN
• Invite your organization to Join We're In! 2020
• Q & A
Using Data to Drive Decision Making & Systems Change

Marcie Fisher-Borne, PhD, MSW, MPH
Senior Director, HPV Vaccination
American Cancer Society
We have a solvable problem.
Steps for Increasing HPV Vaccination in Practice:
An Action Guide to Implement Evidence-based Interventions in Clinical Practice

Step #1
Assemble a Team

Step #2
Make a Plan

Step #3
Engage & Prepare All Staff

Step #4
Get Your Patients Vaccinated By Their 13th Birthday

Steps Guide Link
Figure 1. Summer peaks in adolescent vaccine uptake in the United States and individual states. Uptake standardized at 100 per month for 2007 to 2012. Source: National Immunization Survey-Teen, administered 2008 to 2012.
What gets measured, gets done

-Peter Drucker
Who are your players?

- Informatics
- Clinical Champions
- Clinical Care Team
- QI
- Family Medicine
- Pediatrics
- Population Health
- Cancer Center
- Who else?

You won’t need all the people...all the time
DATA SUPPORT ROLES

- Question Asker
- Question Answerer
- Cheerleader
- Resource Connector
- Graph Creator
- Report Checker
- Tool Provider
POLL #1

Data Support Roles
What problem are you trying to solve?

• Multi-Level: State, System, Clinic, Provider
• Trends over time
• Initiation vs. Completion or Both
• Missed Opportunity (HPV compared to Tdap, MCV4)
• Gender gap
How do you use your data?

• Use data to inform every aspect of your work
  • Interventions
  • Timing
  • Location
  • Progress

• Provider Assessment & Feedback

• Focus your work (initiation vs completion, gender, clinic sites)

• Competition

• Celebrate Success/Bright Spots
Who’s your population?

• Who do you define as an active patient?

• Age
  • On-Time Vaccination
  • 9-12
  • 13

• Time period

*Remember to use the same age range and timeframe when making comparisons*
Big picture data questions

Every data pull should have a purpose
As you jump in:

- How can you ask for data in a way that gives you the highest probability of getting what you need?
  - Start early
  - Expect revisions
  - Define your measure!
  - Stay consistent

Tools to help you: Data Tracker, PDSA Cycle Template (Steps Guide)
1. Quality Improvement is data-driven
2. Most of us are not Electronic Health Record experts
3. Most of us do not query or look at patient-level data
4. Data is meant to be questioned and tweaked
5. Data can tell us many different stories (positive or negative)
6. Data you are receiving may be imperfect and have limitations
7. You may be asked to review and interpret data live
8. You’re not alone! You have a team
Interpreting Data

What does the data mean?

What do you see?

- Initiation and completion
- HPV and the other adolescent vaccines
- Boys and girls
- Age groups

What questions do you have?
Let's work on HPV

How can we make an impact?

What should we do?
POLL #2
Evidence-Based Interventions
Multi-Level Interventions are most impactful.
Your clinic system may not initially tackle every step. **Steps 1-3** can help you build capacity to implement the evidence-based strategies in **Step 4**.

Consider starting with one or two strategies that are most realistic for your clinic.

**Increasing HPV Vaccination: An Overview**

**Step 1: Assemble a Team**
- Identify an HPV vaccination champion.
- Form a quality improvement team for HPV vaccination.
  - Identify clinical and non-clinical staff to serve as change agents.
  - Agree on team tasks.
- Identify external organizations and resources to support your efforts.

**Step 2: Make a Plan**
- Identify opportunities to increase HPV vaccination.
  - Complete an inventory of HPV vaccination systems and strategies.
  - Map your current vaccination process.
  - Share the results with staff.
- Determine baseline vaccination rates.
  - Calculate rates for patients who have received vaccination for each HPV dose, Tdap, and Meningococcal by their 11th birthday.
  - Improve accuracy of the baseline rates.

**Step 3: Engage All Staff**
- Engage all clinical and non-clinical staff in your efforts.
  - Train staff to ensure consistent, positive message delivery to parents and patients.
  - Use human-interest stories to increase staff investment.

**Step 4: Get Your Patients Vaccinated Before Their 13th Birthday**
- Make an effective recommendation.
  - Recommend the HPV vaccine for all boys and girls at 11 or 12 years of age the same day and same way you recommend other vaccines.
- Prompt the health care provider.
  - Ensure families know that a specific patient is due or overdue for an HPV vaccination.
- Increase access.
  - Incorporate standing orders into clinic procedures.
  - Provide walk-in or immunization-only appointments.
- Track series completion and follow-up.
  - Remind parents when it’s time for the next dose of vaccine or when the vaccine is overdue for their child.
- Measure and improve performance.
  - Conduct ROSA cycles.
  - Measure the number of missed opportunities.
  - Ensure that providers know their individual rates.

**Design your clinic’s HPV vaccination strategy.**
- Choose multiple strategies that build on past quality improvement successes.
- Create an HPV vaccination policy.
- Incorporate staff feedback into strategy design and implementation.

**Prepare the clinic system.**
- Modify your EHR system to accommodate the needs of your clinic.
- Ensure your vaccine supply and storage needs are met.

**Prepare the parent and patient.**
- Provide targeted education materials.

**Prepare the clinician.**
- Train clinicians on how to effectively communicate with parents and patients.
- Provide targeted provider education materials.
A **strong provider recommendation** from a child’s healthcare provider is the **most significant factor** in a parent’s decision to vaccinate their children.

“Now that your child is 11, **they are due for three vaccines** that are really important for all kids their age. They will help protect against **meningitis, HPV cancers, and pertussis**. We will be giving these at the end of the visit today.”

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1 Opel et al: ‘Presumptive Recommendation’
Professional Education Questions

• What type of **training and educational activities** has your systems already conducted related to HPV vaccination (cancer prevention, rate focus, champion cultivation)

• Is there a general **pro-vaccine culture** in the system/clinic?

• What is the general **perception of HPV** vaccination by providers/clinic staff?

• Have system/clinic/provider level **rates been shared** before or during educational sessions?
Don’t forget the rest of the office and clinic staff:

1. Recruit your whole office staff in the plan. Be sure that everyone who has patient contact (not just providers) gets educated about HPV vaccination and **IS ON THE SAME PAGE**
   - Remember this includes front office staff

2. Be sure that each office staff group knows their role in immunization and communication

3. Have everyone encourage questions; interpret them as natural caution, not refusal

4. Systematically arrange for the next dose

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**Tip:**

The HPV Vaccination Roundtable has great PowerPoints and guides to help get the whole care team involved.
Provider Education Resources

- HPVIQ.org
- HPVroundtable.org
- Your ACS health system partner!
Assessing vaccination rates by provider/care team

- Bright Spots/Positive Deviants
- Opportunities for targeting education
- Dashboards (blinded/unblinded)
- Competition
- Pay for performance

EHR Provider Dashboard Example
Provider Assessment and Feedback

Knowing Rates will Improve Progress

Data Tracker Baseline Tab

Visualize your SASI data & get percentages by age group (different than SASI which only gives you cumulative %).

Data Tracker Site/Provider Level Tab

Dig deeper beyond rate data! You can track clinic, provider, monthly, PDSAs--Customize!
Standing Orders

• Policy that allows eligible health professionals to assess and administer recommended vaccinations.

• Stipulate that all patients meeting certain criteria should be vaccinated – age, underlying medical condition

• Empowers the healthcare professional to:
  • Track immunization history
  • Identify eligible patients
  • Educate patients – alert provider if patient still has questions or wants to talk with the provider
  • Administer vaccines

Tip:
Standing Orders addresses both initiation and completion
1. Does your system have standing orders for vaccination? If yes, who besides a provider vaccinates, how often, is standing order policy available for review?

2. If the system doesn’t currently use standing orders for HPV vaccination:

   • Are standing orders commonly used in other areas of clinical care?
     • If yes, What made that roll out successful? Lessons that could be applied here?
     • If no, don’t get stuck on implementation if they go against a system cultural norm, it’s ok to move on!
Nurse prompts:
- Stickies
- Checklists
- Preprinted notes in client’s chart
- Daily huddles

EHR prompts:
- Automatic pop-ups
- ‘To do’ task list
- Many EHRs have prompts pre-installed that can be customized

Tip:
Provider prompts are more effective than parent reminders for initiating HPV vaccine series.

- Impact: Small to Medium
- Consideration: Adding language for recommendation may increase success
Provider Reminders/Prompts Questions

- Automatically determine which immunizations are due for each patient at every visit
- Alert providers that a patient is due for HPV vaccination
- Provide a report of patients who are not up-to-date on HPV vaccination or have not completed all doses
- Provide a report with provider-specific HPV vaccination rates
- Provide a missed opportunity report that identifies patients who had an appointment, were due for HPV vaccination, but did not receive a vaccine dose

What else?
- Are alerts successfully used in other clinical areas?
- Do the alerts include sample scripts/language for making a recommendation?
Patient Reminder/Recall

- Texts
- Email
- Phone
- Mail
- Patient Portal

**Tip**
- Parents expect to be reminded about the next dose.
- Systematically sending reminders is **key** for series completion.

- Impact: Small to Medium
- Cost: Can be high
- Most effective for second dose
What else?

- What methods of reminding patients has been successful in your clinic/system?
- Do you have existing platforms/systems in place that you could incorporate HPV reminders into?
Other Strategies to Increase Access

- Schedule next dose before patient leaves the visit!!!!
- Administer **ALL** vaccines each patient is due for at *every* opportunity*
  - Well child
  - Sick visits
  - Sports physicals
  - Nurse only visits
- Add and promote walk-in vaccination appointments
- Extend regular clinic hours or add weekend hours
- Add vaccine initiatives at school-based clinics
- Start HPV vaccine series at age 9
Priority 2nd Dose Strategy

Priority Strategy to Increase Completion Rates:

Schedule next dose before patient leaves the visit!!!!
Maximize Use of Electronic Health Records

**Quality Dashboards:** Provide at-a-glance tools for providers to understand their performance versus organizational goals in real-time.

**System/Provider:** Best-practice alerts, appointment reports, order sets

**Member Portal:** reminders, recalls, overdue alerts, education, after visit summary

EHR Provider Dashboard Example
What else?

- Are there other clinical areas that have optimized your EHR to improve population health?
- What did they do that was effective? Are there any lessons to be learned/applied to HPV?
Key Question Review

- Who’s needs to be at the table?
- What population are you trying to impact?
- What’s the problem you’re trying to solve?
- How are you going to use the data once you have it?
- How do you use data to inform your all your intervention decisions?
Intervention Tools

Steps Guide:
• Available via HPV RT resource page

HPV VACs Data Tracker:
• Available via HPV RT resource page

Merck EHR Related Tools
• [https://www.merckvaccines.com/Professional-Resources/EHRRelatedTools](https://www.merckvaccines.com/Professional-Resources/EHRRelatedTools)
THANK YOU!
A Health System Perspective:

Initiating an HPV Cancer Prevention Initiative

Andrea Singh, MD
Pediatrics Chair, Park Nicollet
Co-Chair, Health Partners Children's Health Initiative
<table>
<thead>
<tr>
<th>Cancer site</th>
<th>Number of HPV-associated cancers</th>
<th>Percentage probably caused by any HPV type</th>
<th>Estimated Number probably caused by any HPV type*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Cervix</td>
<td>12,015</td>
<td>91%</td>
<td>10,900</td>
</tr>
<tr>
<td>Vagina</td>
<td>862</td>
<td>75%</td>
<td>600</td>
</tr>
<tr>
<td>Vulva</td>
<td>4,009</td>
<td>69%</td>
<td>2,800</td>
</tr>
<tr>
<td>Penis</td>
<td>1,303</td>
<td>63%</td>
<td>0</td>
</tr>
<tr>
<td>Anus**</td>
<td>6,810</td>
<td>91%</td>
<td>4,200</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>19,000</td>
<td>70%</td>
<td>2,200</td>
</tr>
<tr>
<td>TOTAL</td>
<td>43,999</td>
<td>79%</td>
<td>20,700</td>
</tr>
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*Estimates were rounded to the nearest 100. Estimated counts might not sum to total because of rounding.

**Includes anal and rectal squamous cell carcinomas.

# Park Nicollet’s Rates

<table>
<thead>
<tr>
<th>Performance Measure Baseline</th>
<th>All Patients</th>
<th></th>
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<tbody>
<tr>
<td><strong>Patients who turned 13</strong></td>
<td>Total Number Active Medical</td>
<td>HPV Vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4,009</td>
<td>1403</td>
<td>861</td>
<td>3,659</td>
<td>3,659</td>
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**Vaccination Rates**

- **35%**: 1 Dose
- **21%**: Series Complete
- **91%**: MCV4
- **91%**: Tdap

**Notes:**
- MAYO CLINIC ROCHESTER, MN: TOP 64%, AVERAGE 34%
- FAIRVIEW MEDICAL GROUP MINNEAPOLIS, MN: AVERAGE 21%
- PARK NICOLLET HEALTH SERVICES ST. LOUIS PARK, MN: AVERAGE 21%
# HPV Interventions - 2019

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<tr>
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<th>Person Responsible</th>
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• Live Web-ex Series on education and presumptive language Jan 2019 - Completed  
• Monthly updates to Immunization mentors – ongoing  
• Maintenance of Certification project                              | Dr. Garrett Jones, Clinical Quality, individual sites, providers, operations, frontline |
| Provider assessment and feedback | • Monthly operations review - rates  
• Site quality reviews – as needed  
• Monthly PCL meetings - 2020                                      | Clinical Quality, CMD, Clinic Managers, Regional Directors, Regional Medical Directors |
| Patient reminder/recall system  | • Well Child Overdue Registry – Implemented  
• HPV 2nd Dose Registry – Implemented  
• New Overdue Immunization Registry – Implemented  
| Provider and staff reminders   | • Health Maintenance Alerts - Implemented  
• Dynamic Smartsets - Implemented  
• MIIC Reconciliation Banner Alert – Implemented  
• Pre visit planning smartsets – Implemented                         | Frontline Rooming Staff Clinicians                                            |
| Partnerships                  | • Pilot with Urgent Care in offering and administering second dose HPV – 2019 - 2020  
• Pilot with Dental – identification of patients needing second dose HPV, offering to bring patient to adjacent PC clinic for same day vaccination- 2020 | Clinical Quality, EPIC, Dental, UC, local teams                                   |
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Cancer Prevention Through HPV Vaccination in Your Practice: An Action Guide for Physicians, Physician Assistants, and Nurse Practitioners
Clinician Role in HPV Cancer Prevention – Live WebEx

Be a vaccine advocate!

- Fact: Providers do not strongly recommend the HPV vaccine.
  - Only 76% of practitioners routinely recommend HPV vaccine for girls and only 46% for boys\(^1\)
  - Only 53% of parents received follow-up counseling or recommendation after initially declining the vaccine\(^2\)

\(^1\)McRee et al. *Journal of Pediatric Healthcare*, 2013
\(^2\)Kornides et al. *Academic Pediatrics*, 2018
Clinician Role in HPV Cancer Prevention – Live WebEx

Be presumptive!

- **Presumptive**
  - “Today your child will be getting the HPV vaccine”

- **Participatory**
  - “What do you want to do about the HPV vaccine today?”

AAP News
July 7, 2017

Doctors’ presumptive language increases HPV vaccine acceptance
Don’t offer to delay the vaccine

– Providers offered or recommended delay in 65% of encounters
– Same-day HPV vaccination occurred much more frequently when delay was not offered
  • 82% vs. 6%

Sturm et al. *Journal of Adolescent Health*. 2017
Clinician Role in HPV Cancer Prevention – Live WebEx

Feel comfortable addressing questions or concerns

• Address myths with fact
• Don’t be afraid to challenge myths and engage with families, but always be respectful
• Know your reliable resources

- American Cancer Society (ACS)
- CDC
- MDH
- Immunize.org
- CHOP Vaccine Education Cent
Clinician Role in HPV Cancer Prevention – Live WebEx

Minimize “missed opportunities”

• Review vaccines at every visit (not just Well visits)
  o Now it is easy to find missing vaccines via Health Maintenance Alerts (HMAs)
  o Even if families decline today, it “plants the seed” for tomorrow

• Use the sticky notes feature in electronic medical record
  o Easy way to remember what was discussed at the last visit regarding vaccines
# HPV Interventions – 2019
## Leveraging data

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<td>Clinical Quality, Local teams, Regional Directors, Regional Medical Directors</td>
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<tr>
<td>Patient reminder/recall system</td>
<td>• Well Child Overdue Registry – Implemented&lt;br&gt;• HPV 2nd Dose Registry – Implemented&lt;br&gt;• New Overdue Immunization Registry – Implemented&lt;br&gt;• HPV 2nd dose Texting – Dec. 2018 – early 2019</td>
<td>Clinical Quality, Immunizations workgroups, Peds Standards workgroup, CIM, CMP, Local teams</td>
</tr>
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<td>Provider and staff reminders</td>
<td>• Health Maintenance Alerts - Implemented&lt;br&gt;• Dynamic Smartsets - Implemented&lt;br&gt;• MIIC Reconciliation Banner Alert – Implemented&lt;br&gt;• Pre-visit planning smartsets – Implemented</td>
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Leveraging Data
## Monthly Quality Rankings

<table>
<thead>
<tr>
<th>Goal</th>
<th>Bloom</th>
<th>Brook</th>
<th>Burns</th>
<th>Carlson</th>
<th>Champ</th>
<th>Chan</th>
<th>Lakeville</th>
<th>Maple Grove</th>
<th>Mpls</th>
<th>Prior Lake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adol Imms</td>
<td>30.0%</td>
<td>41.7%</td>
<td>35.2%</td>
<td>37.8%</td>
<td>41.9%</td>
<td>50.0%</td>
<td>44.2%</td>
<td>46.3%</td>
<td>36.3%</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

**Measure**

- % Green: 88.9%
- % Yellow: 11.1%
- % Red: 0.0%
- Adol Imms

Over 50% green or yellow is highlighted
Over 20% red is highlighted
# HPV Interventions - 2019 & Beyond

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We hope that your organization will join us and say “we’re in” for HPV cancer prevention in 2020.
WHERE TO FIND OUT MORE:

www.hpvroundtable.org/were-in-2020
WE’RE IN! 2020

LEADERSHIP ENGAGEMENT

- Roadmap Infographic
- How to Join Letter
- Invitation from the Assistant Secretary of Health @ HHS
We're In! 2020 Implementation Resources

- Clinician & Health System Action Guides
- Case studies
- HPV Prioritization PowerPoint slide decks
- Quality improvement tools
- Videos
- Webinar recordings

www.hpvroundtable.org/health-systems
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
POLL #3

Future Topics
WE’RE IN!
2020 WEBINARS:

• May—Back to School Preparation
  o Vaccination season prep
  o Best practices: patient reminders
  o System showcase

• Sept/Oct—Mid-year Progress
  o How are we faring?
  o Challenges and solutions
  o Innovations from systems

• February 2021—Results
  o Celebrating collective progress
  o Sharing national data
  o Recognizing Hall of Fame achievers
  o Showcase of best practices
Connect to Peer Organizations

Join organizations that have signed on to *We’re In! 2020* to share resources, event information, and progress about your work.

https://www.linkedin.com/groups/12334730/
THANK YOU FOR PARTICIPATING TODAY!

hpvroundtable.org

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