



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

**VALUE-BASED
REIMBURSEMENT**

**PEDIATRIC
QUALITY
MEASURES &
DATA
COLLECTION**

**HEALTH IT/EHR
IMPROVEMENTS**

**TEAM BASED
CARE/ TOP OF
LICENSE**

**POPULATION
HEALTH**

**ENGAGE STAFF IN
QUALITY
IMPROVEMENT**

**PROVIDER
RELATIONSHIPS/
REORGANIZATION**

**IMPROVED
PATIENT
EXPERIENCE**

**INCREASE
REVENUE**

SUMMARY

How to use this Tool

This is an internal ACS account manager tool designed to help you identify key areas of alignment around HPV vaccination efforts with your integrated delivery system (IDS) priorities. **Along the left side** of the document you will find common IDS priorities. By clicking on a priority you will be taken to a page with information organized in four parts:

- **Background information** about key priority areas and relevance to HPV vaccination.
- **Example questions** that can help start a conversation. Often a single question from this section can help spark a discussion about the overall topic. This tool is intended to begin a conversation about priorities, not a script for your meeting.
- High level **key points** on how HPV vaccination can help a system address key priority areas.
- **Additional Resources** if you want a deeper dive in this area

HPV is Cancer Prevention Message

The HPV vaccine is cancer prevention. It prevents infection by high risk types of human papillomavirus, or HPV, that cause the majority of cervical, vaginal, vulvar, anal, penile, and throat cancers and genital warts. Each year in the US, an estimated 31,500 men and women will receive a diagnosis of cancer caused by HPV. In addition to cancers, each year there are more than 300,000 women who undergo treatment for new cases of pre-cancerous, high-grade cervical dysplasia.

The vaccine is most effective when given before age 13 to achieve the best immune response, and most complete coverage against cancer-causing strains of HPV. That's why the American Cancer Society recommends that boys and girls get the HPV vaccine at age 11 or 12.

Why ACS

As one of the most respected cancer organizations in the world, ACS is uniquely positioned to lead the fight. Our national infrastructure and volunteer base will make HPV cancer prevention a priority for the nation. We are a trusted, science based organization committed to reducing our country's cancer incidence and mortality through partnerships.

Why Now

The US lags behind other developed countries in protecting our children against HPV cancers. No one should face a diagnosis of cancer that could be prevented. The HPV vaccine is safe, effective, and proven to prevent HPV infections that lead to cancer. With over a dozen extensive safety studies and more than 270 million doses given worldwide over the past 10 years, national and international organizations are confident that the HPV vaccine is extremely safe. If we vaccinated all of our 11-to-12-year-olds, we could see a generation of HPV cancer-free adults.

How the Work Gets Done

Since 2015, our Cancer Control staff have partnered with health care, immunization, cancer control, and other organizations to increase HPV vaccination to prevent cancer. Now is the time for all of our staff and volunteers to join the fight.



SYSTEM PRIORITY AREAS

TRIPLE AIM/ REDUCE COSTS

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

PROVIDER RELATIONSHIPS/ REORGANIZATION

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Triple AIM/Reduce Costs

The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. The goal is to align three priorities simultaneously during the redesign of the healthcare system, which we call the “Triple Aim”:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

Prevention, especially vaccinations, align well with the Triple AIM. Reference the [HPV Triple AIM Infographic](#). Completion of the bundled adolescent immunization series (Tdap, HPV, Meningococcal vaccines) by age 13 has the potential to provide the greatest health benefit, reduce cost, improve the patient experience, and aligns with the [most current ACIP recommendations](#) and [2018 HEDIS Measures](#).

Some organizations are adding a fourth AIM to the initial Triple AIM. This can vary from organization to organization but generally revolves around employee or provider satisfaction. For more information regarding the Quadruple AIM please refer to the [IHI Quadruple AIM Statement](#).

Example Questions to Ask:

- *I understand that health care is moving forward with a focus on quality and value. How have your physicians responded to this call?*
- *Where have you focused efforts on improving quality and lowering costs?*
- *What areas have you seen the most success as you focus on improving value?*
- *Have you had conversations with health plans about aligning payment with the Triple AIM?*

ACS & HPV Key Points:

- ACS has been helping clinics improve their adolescent vaccination rates for several years. We have tools that can help a clinic focus on quality measurement and improvement.
- Adherence to the HPV guidelines can reduce the number of recommended HPV vaccinations from 3 to 2 if given before a child turns 15. For every child that is immunized before 15 the cost of HPV vaccination drops by 33% and it improves the patient experience because no child wants more shots.
- HEDIS Adolescent vaccination measurement combines all adolescent vaccines (TDAP, HPV, Meningococcal) into a single quality measurement. This combination highlights HPV because higher vaccination rates of TDAP and Meningococcal will not be reflected if HPV rates are low because the measure will only be as good as the lowest component.

Additional Resources:

- [ACS HPV Triple AIM Infographic](#)
- [IHI Triple AIM Website](#)
- [IHI Defining a Better Health Care System Video](#)
- [ACIP Recommended Immunization Schedule](#)
- [IHI Quadruple AIM Statement](#)
- [2018 HEDIS Adolescent Immunization Measures](#)



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

PROVIDER RELATIONSHIPS/ REORGANIZATION

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Value-Based Reimbursement

The business of healthcare is changing as reimbursement shifts from volume to value. This creates an atmosphere that focuses on the quality of care as much, or more, than it focuses on the volume of patients being seen. As you might expect, large organizations are often not the nimblest, and this large-scale change can be difficult to manage. This shift in focus is new to many providers and systems. Managing the data collection, reporting, and the quality improvement process can seem daunting to hospital administration. Quality measures that require behavior change or long-term management, such as asthma or diabetes management, are difficult areas to address. Projects that focus on vaccination can be easier due to direct nature of vaccine decision making. In general, it is easier to get a parent to say yes to a shot versus changing a patient's daily diet or exercise routine. If you must start somewhere in the move towards value based care and quality measures, then starting with vaccinations is a sound strategy.

Example Questions to Ask:

- *What role do you see the hospital playing in the creating a system that is focused on creating a healthy population versus a system that manages healthcare resources?*
- *What has been the biggest issue for you as reimbursement shifts away from fee-for-service and towards value-based reimbursement?*
- *What has been your greatest success as reimbursement shifts away from fee-for-service and towards value-based reimbursement?*
- *Do you currently have any value-based reimbursement agreements with Medicaid or commercial health plans? If so then what areas are they focused on?*
- *Have you had conversations with health plans about aligning payment with the Triple AIM?*

ACS & HPV Key Points:

- ACS has been helping clinics improve their adolescent vaccination rates for several years. We have tools that can help a clinic focus on quality measurement and improvement which set the stage for value-based reimbursement.
- Having senior level buy-in for a project is critical to giving some weight to a vaccination focused project. We would love to help engage your system in a quality focused project around adolescent vaccination. ACS can help be a catalyst for change in your system.
- Vaccination can be a great place to begin, as it does not have the systematic barriers such as insurance coverage. It can be administered at the point of care, and it can involve the entire care team through interventions such as standing orders and ongoing quality improvement.
- Breaking down practice silos can seem daunting for administration because it is difficult to pick a place to start. This is especially true for primary care and pediatric areas. An immunization project is a step in the direction of system integration. This can be especially true of practices that have recently joined the health system through acquisition or mergers.
- Often, systems have not engaged their primary care pediatricians in the process because they have been focused on cost savings in areas of higher spending. They need to engage their pediatricians and an adolescent immunization project can be a good starting place.

Additional Resources

- [Physician Use of Data to Improve Care Video](#)
- [University of Illinois Chicago Volume to Value Infographic](#)
- [HIMSS: A Paradigm Shift in the Delivery and Reimbursement of Healthcare](#)
- [Overview CMS Value-Based Programs](#)



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

PROVIDER RELATIONSHIPS/ REORGANIZATION

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Improved Pediatric Quality Measures & Data Collection

The reimbursement landscape is shifting to a focus on quality. Practices need to start the quality improvement process, and because vaccine measures are easy to capture, report and improve, they present a great starting place for a system. Assessing quality requires the application of quality measures such as HEDIS. Most quality measures for large systems will center around pulling information from their EHR system. This data is often used by the Quality Improvement department to help drive change at a clinic level. The pediatric primary care settings have not been traditional areas of focus for large systems, so they are an area for growth. The usual steps for collecting data for healthcare-quality measurement can be robust and difficult to capture accurately. For example, a CRC project requires multiple tests, long time periods, and pulling data from multiple areas of an EHR system. A project with a focus on adolescent vaccination engages clinical staff in measurement and has data requirements that are easier to collect and report. We can leverage national quality measures such as HEDIS and existing ACS resources to assist a system with their quality improvement efforts.

Example Questions to Ask:

- *What role do you see the hospital playing in creating a system that promotes team based care?*
- *Do you currently share quality measures with your pedestrians? If so what quality measures are included in your feedback reports?*
- *What quality initiatives are currently underway in your pediatric clinics?*
- *Where have you had success with improving pediatric quality measures?*
- *Getting clinicians to input accurate data can be a challenge. How have your providers responded to the push towards collecting data for quality measurement?*
- *How have you used data to drive change in areas of your hospital?*

ACS & HPV Key Points:

- ACS has been helping clinicians improve HPV vaccination for many years. We have proven tools and resources that can drive improvement in a clinic.
- ACS can help engage clinicians in the work as we roll out the Mission: HPV Cancer Free campaign. Sometimes having an outside entity starting the process may make it easier for administration to prioritize. It feels less like an internal mandate and more like embracing an opportunity.
- Engaging providers and building a culture around quality improvement can be difficult. Choosing a quality area that is more difficult to improve, such as asthma care or diabetes management, makes it difficult to build in the early wins that build momentum. Starting with adolescent vaccination can simplify the process because the decision and intervention are made in the office at the point of care. Success around vaccination can be seen and measured quickly.
- Some quality measures have robust requirement such as diagnosis, severity of illness, or services rendered outside of a practice. A national adolescent vaccination quality measurement has been defined and has limited report requirements. It should be an easy place to start with engaging all staff in the QI process.

Additional Resources

- [QI in Healthcare Video](#)
- [2018 HEDIS Adolescent Immunization Measures](#)
- [ACS Public HPV Landscape Dashboard](#)
- [McKesson Quality Journey](#)
- [Physician Use of Data to Improve Care Video](#)



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

PROVIDER RELATIONSHIPS/ REORGANIZATION

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Health IT/Electronic Health Record Improvements

Electronic Health Records (EHR) have likely been a reality for your health system partner for over a decade. During this time, they may have moved systems or have been constantly investing in the informational technology infrastructure of their business. The Health IT (HIT) budgets of even small systems will stretch into the millions annually. This investment has been due in part to regulations, such as HITECH, but also is an investment into improvements in care delivery and efficiency. Improvements and tweaks to an EHR system, such as provider alerts, can help maximize this investment and many systems are turning their focus towards changes that can make improvements in staff satisfaction and patient outcomes. Vaccines provide a great starting point for EHR improvements because the care delivery workflow is significantly less complex than other areas of prevention or disease management. For example, it is easier to improve the vaccine delivery workflow than say a colonoscopy referral because the shot is given and the data is captured in a short amount of time by a small number of people.

Questions to ask:

- *Have you seen success with any recent EHR projects? If so then what areas did you see improvement?*
- *Do your pediatric clinics currently use a bidirectional interface with the state immunization registry? If so then how long has that been in place?*
- *I understand that good data collection is the foundation to improve quality measures. How have you seen success with improving EHR data collection in your pediatric practices?*

ACS & HPV Key Points:

- EHRs can help improve patient experience by automating tasks such as patient education, patient reminders for due and past-due vaccinations, and outreach to overdue patients through areas such as a patient portal.
- Population health through an EHR can help provide a snapshot overall practice vaccination versus guidelines, use of reports to identify potential gaps in care, and use of order sets and standing orders to ensure consistent treatment.
- Alert fatigue can be a problem for providers who are constantly bombarded with inaccurate or poorly timed alerts and reminders. Beginning the alert improvement process in immunizations provides a great starting place due to data transparency with the state registry and a consistent vaccine workflow. If you have to start somewhere then vaccines are a great place.

Additional Resources:

- [ONC Population Health and the application of Health IT](#)
- [Beckers Example Hospital Population Health Initiative Examples](#)
- [Beckers 4 Components of Successful Population Health Initiatives](#)
- [AHRQ Alert Fatigue](#)
- [EHR Guides from Merck](#)
- [HPV VACs EHR and Registry Clearinghouse](#)
- [ACS Planning a Reminder/Recall Overview](#)
- [ACS Co-brandable HPV Reminder Cards](#)
- [Case Report: Using EHR to improve to Improve Vaccination Coverage in Children](#)
- [Merck: Using EHR to Help Improve Population Health](#)
- [Merck: Using EHR to Identify Patients for Adolescent Vaccination](#)



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

PROVIDER RELATIONSHIPS/ REORGANIZATION

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Grow Team Based Care/Top of License

Given the changing regulations and rules surrounding healthcare and reimbursement, it takes more and more time to administer the delivery of healthcare. The result of this shift is that physicians are being asked to do more beyond seeing patients in their office. IDS executives want providers and staff to practice at the “top of license” and as a team instead of a group of individuals. This means that a task should not be done by a doctor if it could have been done by a nurse. A task that could be accomplished using a medical assistant should not be something that more expensive nurses are consistently performing. Engaging clinical team members to practice at the top of their licenses helps build a team based approach that best utilizes resources. This approach builds a system that engages the entire care team, ensuring the patients receive the vaccines or care they need, promotes vaccination visits, and improve efficiency with vaccinating patients. A vaccination project that implements evidence based interventions such as provider alerts and standing orders can engage the whole care team in the vaccination process while ensuring staff practice at the top of their license.

Example Questions to Ask:

- *There is an industry trend to promote team based primary care. How have you been successful with promoting a team approach to care?*
- *With all the changes facing practices, staff need to operate at the top of their license. How have you been successful with helping your pediatric staff practice at the top of their license?*
- *Standing orders are an evidence based intervention for improving adolescent vaccines. Have you implemented standing orders in your clinics? How did staff handle this change?*

ACS & HPV Key Points:

- ACS has tools and resources that we have honed over the last several years that can help engage all the clinical staff.
- Adolescent vaccinations should involve the entire care team. Using standing orders can involve all parts of the clinic and can ensure that everyone is practice at the top of their license.
- You can build satisfaction with providers and ancillary clinical staff members because they are all important pieces in the vaccination process. A team approach improves care and can increase job satisfaction.
- Engaging nurses and medical assistance in the QI process can improve job satisfaction and will often lead to the best solutions.
- Taking on a large project like a PCMH certification can feel daunting. You can build momentum and start to begin the improvement process with the entire team around adolescent vaccination before you take on a redesign project like PCMH.

Additional Resources:

- [ACS Clinical Quality Improvement Tools](#)
- [American Medical Association Team Based Care Learning Module](#)
- [AHRQ Team Based Care Resource Center](#)
- [IHI Team Based Care: Optimizing Primary Care for Patients and Providers](#)
- [AAP Guiding Principles of Team-Based Care](#)
- [IHI Overcoming Barriers to Team-Based Care Video](#)



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

PROVIDER RELATIONSHIPS/ REORGANIZATION

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Engage Providers in Population Health

Healthcare reform regulations and reimbursement changes are shifting the focus from an individual patient to a patient population. The transition to a population approach has increased rapidly as large health systems take on more risk through payment structures such as ACOs and other risk sharing arrangements. While not all systems are involved in risk sharing, it is a growing area of healthcare and is viewed as the future of care delivery. Immunizations are a great starting place for population health approaches. Data sharing is possible through the state immunization registry and may provide easy coordination depending on the status of your immunization registry. For a system that is wanting their providers to engage in more population health approaches, a focus around immunizations may provide a great platform given the IT infrastructure that is already in place through your immunization registry. If you are unsure about the readiness of your state immunization registry then talk to your state health systems colleague.

Example Questions to Ask:

- *What systems have you implemented to move towards a population health management approach to care?*
- *How have your providers responded to the shift towards population health management?*
- *What areas have you seen the greatest success with implementing population health management?*
- *With your push towards population health management how have begun to analyze your gaps in care in your pediatric clinics?*
- *Do your pediatric or family practice providers have access to a population health management system?*

ACS & HPV Key Points:

- Using data to monitor and intervene on overdue adolescents is a great starting place to train providers around population health management. ACS has tools and resources that can help.
- The state immunization registry offers data interoperability and transparency around immunizations that is unparalleled in other areas of healthcare. Determining the immunization status of a child is possible through the registry and eliminates several hurdles involved with starting a population health management program.
- Vaccination is a primary prevention modality that needs improvement. Beginning a population health project that centers around vaccination is executable and achievable. We have some clinics in the country that have seen 100% vaccination. ACS has experience helping clinics improve their vaccination rates. We would love to share our tools with the system.

Additional Resources:

- [Becker's Hospital Review: Engage Your Providers in Population Health](#)
- [Cleveland Clinic Population Health Video](#)
- [CDC FAQ for Immunization Information Systems/Registries](#)
- [IHI Population Health: Making Sense of the Terminology in US Health Care Today](#)
- [Merck: Using EHR to Help Improve Population Health](#)
- [Merck: Using EHR to Identify Patients for Adolescent Vaccination](#)



**SYSTEM PRIORITY
AREAS**

**TRIPLE AIM/
REDUCE COSTS**

**VALUE-BASED
REIMBURSEMENT**

**PEDIATRIC
QUALITY
MEASURES &
DATA
COLLECTION**

**HEALTH IT/EHR
IMPROVEMENTS**

**TEAM BASED
CARE/ TOP OF
LICENSE**

**POPULATION
HEALTH**

**ENGAGE STAFF IN
QUALITY
IMPROVEMENT**

**PROVIDER
RELATIONSHIPS/
REORGANIZATION**

**IMPROVED
PATIENT
EXPERIENCE**

**INCREASE
REVENUE**

SUMMARY

Engage Clinical staff in Quality Improvement

One of the biggest challenges of improving quality within healthcare is engaging clinicians in the work. Engaging providers in the quality improvement process can help build a culture of quality and safety. Clinical staff are pulled in a lot of directions including seeing patients, training staff, and increasing administrative needs. However, they provide insight into the realities of the medical care provided at their offices. This is a perspective that clinicians uniquely possess. Involving clinical staff in the QI process is an important piece to a successful quality improvement project. An adolescent vaccine project can build a culture of quality improvement and help a system build a quality-focused culture. Hospital administrators should realize that a provider involvement is critical and ACS can help improve clinical engagement.

Example Questions to Ask:

- *Can you tell me about your existing pediatric quality improvement processes?*
- *How have your clinicians, especially the pediatricians, responded to ongoing quality improvement efforts?*
- *Is provider engagement different for practices that have recently merged with your system?*
- *Do you have any active provider quality improvement committees? If so what measures are they currently focused on?*

ACS & HPV Key Points:

- ACS has been helping clinicians with improving HPV work for many years. We have proven tools and resources that can drive improvement in a clinic.
- ACS can help engage clinicians in the work as we roll out the Mission: HPV Cancer Free campaign. Sometimes having an outside entity initiate the process may make it easier for administration to prioritize. It feels less like an internal mandate and more like embracing an opportunity.
- You can build satisfaction with providers and ancillary clinical staff members because they are all important pieces in the vaccination process. A team approach improves care and can increase job satisfaction.
- With the changing landscape of healthcare reform it is important to build a culture of provider driven quality improvement. Starting a QI project around more difficult areas such as COPD or diabetes can lead to slow gains and less engaged staff. Vaccination is an area where improvement can be easier and help build a culture around provider driven QI.

Additional Resources:

- [ACS Steps Action Guide for Increasing HPV Vaccination in Practice](#)
- [ACS QI Project Sell Sheet](#)
- [7 Rules for Engaging Clinicians Video](#)
- [Health Catalyst 6 Proven Strategies for Engaging Physicians](#)
- [AHRQ Engaging Primary Care Practices in Quality Improvement](#)



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

**PROVIDER RELATIONSHIPS/
REORGANIZATION**

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Strengthen Provider Relationships/Acquisitions/Reorganization

The Triple AIM of improving population health and the patient experience at a lower cost has expanded in the eyes of many. This fourth aim is often centered around improving clinical and staff satisfaction. As health systems continue to expand, the relationships hospitals have with physicians is changing as more physicians are becoming employed by large health systems. Often, this allows physicians to be freed from the daily burden of running a practice. Just because a practice or provider is now employed by a health system, this does not mean the practice standards or patterns are aligned with those of the larger organization. Health systems are looking to build a stronger relationship with all of their providers and staff, but it can often take a back seat to other administrative priorities. ACS can help provide a spark and excitement that can grow provider engagement and staff satisfaction.

Example Questions to Ask:

- *Building relationships with providers, especially those recently added to your system, can be challenging. How have you strengthened the relationships with your primary care network especially pediatricians?*
- *What are some ways you are looking to strengthen your primary care provider relationships?*
- *Do you have a provider or pediatric champion around immunizations or prevention? How have they changed your provider relations?*

ACS & HPV Key Points:

- ACS has been helping clinicians with improving HPV work for many years. We have proven tools and resources that can drive improvement in a clinic. Involving clinicians in this process can improve their job satisfaction.
- ACS can help engage clinicians in the work as we roll out the Mission: HPV Cancer Free campaign. Sometimes having an outside entity begin the process may make it easier for administration to prioritize. It feels less like an internal mandate and more like embracing an opportunity.
- Providers can anticipate pushback from parents which can create weak recommendations and waste time. Using an announcement approach to vaccine recommendations can help providers feel more effective and efficient to providing care. They are happier and research shows parents are happier as well.
- Providers and staff, especially those new to the system, are dealing with increased scrutiny and regulation with their work. Engaging them in the QI process exposes them to the benefits, such as interactions with experienced QI staff, that being a part of a big system offers. Showing providers that their system provides support to deal with scrutiny and regulation can strengthen their ties to each other and the system.
- Building a culture of quality can develop pride with being part of a large system that helps patients. ACS can help provide some external recognition for providers that show improvement or have high outcomes.

Additional Resources:

- [ACS Steps Action Guide for Increasing HPV Vaccination in Practice](#)
- [ACS QI Project Sell Sheet](#)
- [IHI Quadruple AIM Statement](#)
- [Becker 4 Ways to Improve Physician Satisfaction](#)
- [HPV IQ Announcement Method Tools](#)



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

PROVIDER RELATIONSHIPS/ REORGANIZATION

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Improve the Patient Experience

Improving the patient experience or satisfaction is one of the primary goals of the Triple AIM and is measured and reported under the Affordable Care Act. In addition to the Triple AIM and the ACA, a competitive marketplace leads to an increased concern for patient satisfaction to be as high as possible. There are many areas of opportunity around improving the patient experience and adolescent vaccinations. Adherence to the HPV guidelines can to reduce the number of recommended HPV vaccinations from 3 to 2 if given before a child turns 15. Nobody wants extra shots, but there are other interventions such standing orders, reminder/recall, nurse-only visits and the announcement approach that can improve the patient experience.

Example Questions to Ask:

- *With the growing emphasis on the patient experience what areas of your system have you focused on improving?*
- *Where have you seen success on improving the patient experience in family practice or pediatrics?*
- *Have you worked on a project in your pediatric clinics around improving the patient experience? If so then what areas have you looked to improve?*

ACS & HPV Key Points:

- There are clinical level interventions that ACS can help you implement, such as standing orders or nurse-only vaccination visits, that can help decrease wait times and improve satisfaction.
- Kids who vaccinated before at 15 only need 2 shots instead of 3. This keeps down extra visits to the provider office.
- ACS has evidence based provider education that highlights the announcement approach to vaccines. This provider training centers around using announcements for vaccines in a way that is similar to temperature or blood pressure. Providers don't ask if the patient wants these services but more announces that they are going to happen. This approach is easier for both parents and providers and research shows both parents and providers prefer the announcement method.
- Some evidence based interventions, such as patient reminders and standing orders, help improve the patient experience and enhance the delivery of care. Patients appreciate reminders and nobody wants to wait around for a doctor to give an order if it could be done earlier by a nurse.

Additional Resources:

- [ACS Planning a Reminder/Recall Overview](#)
- [ACS Co-brandable HPV Reminder Cards](#)
- [HPV IQ Announcement Method Training](#)
- [AHRQ Why Improve Patient Experience](#)
- [Fred Lee TED Talk Video: Patient Satisfaction or Patient Experience](#)



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

PROVIDER RELATIONSHIPS/ REORGANIZATION

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Increase Revenue

Improving the recommendation of vaccination along with other evidence based interventions such as reminder and recall programs can improve patient outcomes while improving clinical revenue. This includes billing for shots that were previously missed, but may include additional revenue attained through value based payment arrangements with health plans. Avoiding missed opportunities, recalling overdue children, and improving clinical efficiency can drive up revenue while improving efficiency. An adolescent immunization project will improve outcomes and revenue, and can be a great starting point for improvement. However, there are other areas of pediatric or adolescent care that may produce larger financial wins than increased vaccine utilization. Because of this, mention the increase in revenue when possible, but shift the discussion to other system priorities such as improved provider engagement or care redesign.

Example Questions to Ask:

- *Missed opportunities for services can hurt both health and revenue. Have you looked at a gap analysis for your pediatric practices recently? If so what was the area of focus and what did you find?*
- *Are you currently utilizing any health plan incentives programs with your pediatric population?*
- *(Only bring this up if you know they are part of the Merck rebate program) I understand Merck recently changed some of the requirements for their rebate program. How do you feel these changes are going to affect your practices?*

ACS & HPV Key Points:

- Missed vaccinations are revenue that can help boost the average revenue per office visit. Missed immunizations do not meet ACIP guidelines or improve the health of a child. They represent revenue that is not being collected.
- For the adolescent shots given during an immunization visit, a clinic can charge \$40 for the first component and \$20 for ever component thereafter. Avoiding missed vaccination opportunities can increase visits by up to \$40.
- Additional revenue can be generated from manufacturer rebate or health plan incentive programs. Incentive programs vary depending on location and health plan. For example, in 2016 BCBS of Michigan offered a \$40 completion bonus for each child who completed the vaccine series. Talk with Merck and your SHS colleague about local incentives that may be available.
- Patient reminders can not only help improve HPV vaccination rates but can increase the number of visits. ACS offers cobrandable resources for HPV patient reminders.
- Increased access to care, through interventions like extended hours or nurse-only visits, can lead to more patients and less patients receiving services outside of the hospital's network.

Additional Resources:

- [ACS Steps Action Guide for Increasing HPV Vaccination in Practice](#)
- [AAFP Immunizations: How to Protect Patients and the Bottom Line](#)
- [Understanding the Financial Implications of Immunization Reminder/Recall in a Multipractice Pediatric Group](#)
- [Effectiveness and Net Cost of Reminder/Recall for Adolescents Immunizations](#)
- [Athenahealth VaccineView: Improving Reimbursement Transparency](#)
- [ACS Planning a Reminder/Recall Overview](#)



SYSTEM PRIORITY AREAS

**TRIPLE AIM/
REDUCE COSTS**

VALUE-BASED REIMBURSEMENT

PEDIATRIC QUALITY MEASURES & DATA COLLECTION

HEALTH IT/EHR IMPROVEMENTS

TEAM BASED CARE/ TOP OF LICENSE

POPULATION HEALTH

ENGAGE STAFF IN QUALITY IMPROVEMENT

PROVIDER RELATIONSHIPS/ REORGANIZATION

IMPROVED PATIENT EXPERIENCE

INCREASE REVENUE

SUMMARY

Why prioritize HPV?

Prioritizing and managing change, in addition to running a clinic or system, is the job of many system administrators. This can feel a bit overwhelming because change is happening rapidly. By providing help, tools, and resources around their existing priorities, we allow administrators to grow impact without creating new work for themselves or their employees. HPV makes sense as a priority largely because the needle is easier to move than other areas of prevention or disease management. As systems embrace the changes thrust upon them, it makes sense to start with an area that can build wins and shift how they provide care. HPV provides an opportunity to tackle a problem and see quick wins that can serve as building blocks for more difficult projects.

What to do once a system prioritizes HPV

Monitor and report system-wide vaccination rates.

- Make sure your affiliated primary care physicians know their vaccination rates and set goals to get rates up. Improvement almost never happens without monitoring.
- Provide evidence-based tools to help your affiliated practices make systematic changes to improve vaccination rates and quality.
- Educate all staff

Engage primary care networks in HPV vaccination efforts.

- Promote provider training and CME opportunities related to HPV vaccination as a quality recommendation from a primary care clinician is the key determinant of whether someone is vaccinated.
 - Encourage Medical Homes, ACOs, and quality incentives to impact primary care practice.
- ### Engage administrators, primary care providers, oncologists and survivors in HPV vaccination efforts.
- Involve oncologists in provider education and training to emphasize the urgency in vaccinating against HPV vaccine preventable cancers.
 - Engage survivors of HPV related cancers in community education and provider education opportunities.
 - Involve interested providers and administrators in statewide HPV vaccination efforts such as state-level HPV vaccination roundtables.
 - Connect with state immunization programs, cancer control coalitions and other coalitions focused on increasing HPV vaccination.

Additional Resources:

- [Sample HPV IDS Engagement Plan](#)
- [VACs Strategies for Hospitals and Cancer Centers](#)
- [Aligning HPV Vaccination with COC Prevention Standards presentation](#)
- [Steps Action Guide for Increasing HPV Vaccination in Practice](#)
- [HPV Roundtable IDS Tools](#)
- [HPV VACs SharePoint](#)