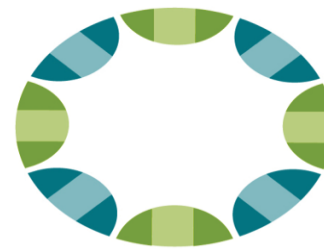




Integrated Delivery Systems Task Group Call



National
HPV
Vaccination Roundtable

Agenda

- I. Welcome & Charge Overview
- II. Introductions
- III. Task Groups on the HPV Roundtable
- IV. Discovery Presentations:
 - A. Mercy Kids
 - B. Parkland Hospital
 - C. American Cancer Society, North Region
- I. Next Steps

Varied definitions of IDS are provided in Table 1.

Table 1. Definitions of Integrated Delivery System (IDS)	
An organized, coordinated and collaborative network that: (1) links various health care providers, via common ownership or contract, across three domains of integration – economic, noneconomic, and clinical – to provide a coordinated, vertical continuum of services to a particular patient population or community and (2) is accountable both clinically and fiscally for the clinical outcomes and health status of the population or community served, and has systems in place to manage and improve them ^{xiv}	(Enthoven 2009)
A delivery system which “provides or aims to provide a coordinated continuum of services to a defined population and are willing to be held clinically and fiscally accountable for the outcomes and the health status of the population served” ^{xv}	(Lega 2007)
An organization which “uses corporate structure, strategic alliances, governance, management approaches, culture, financial practices, clinical information systems, and other tools to facilitate and insure delivery of this type of care” ^{xvi}	(Moore & Coddington 2008)
The management and delivery of health services so that the clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system ^{xvii}	World Health Organization’s working definition of IDS (Pan American Health Organization 2008)
A network of organizations that provides, or arranges to provide, a coordinated continuum of services to a defined population and is willing to be held clinically and fiscally accountable for the health status of the population served ^{xviii xix}	(Pan American Health Organization 2008; Wan, Lin & Ma 2002)
An organization that, through ownership or formal agreements, vertically and horizontally aligns health care facilities, programs or services in order to offer a coordinated continuum of health care to a defined geographic population, and that is willing to be held responsible clinically and fiscally for the health status of that population ^{xx}	(Wan, Lin & Ma 2002)

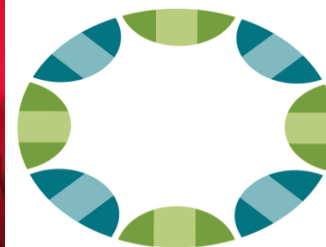
Integrated Delivery Systems: DEFINITIONS

Source: Essentials Hospital Institute, *Integrated Health Care: Literature Review*, viewable at: <http://essentialhospitals.org/wp-content/uploads/2013/12/Integrated-Health-Care-Literature-Review-Webpost-8-22-13-CB.pdf>



PROPOSED FOCUS:

To champion and advance efforts of health systems that provide patient-centric, continuum-of-care services for HPV cancer prevention, diagnosis, and treatment, with a focus on systems serving 11-12 year olds.



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PROPOSED GOAL:

Encourage and influence health systems to prioritize HPV vaccination through multi-faceted interventions and systems changes.

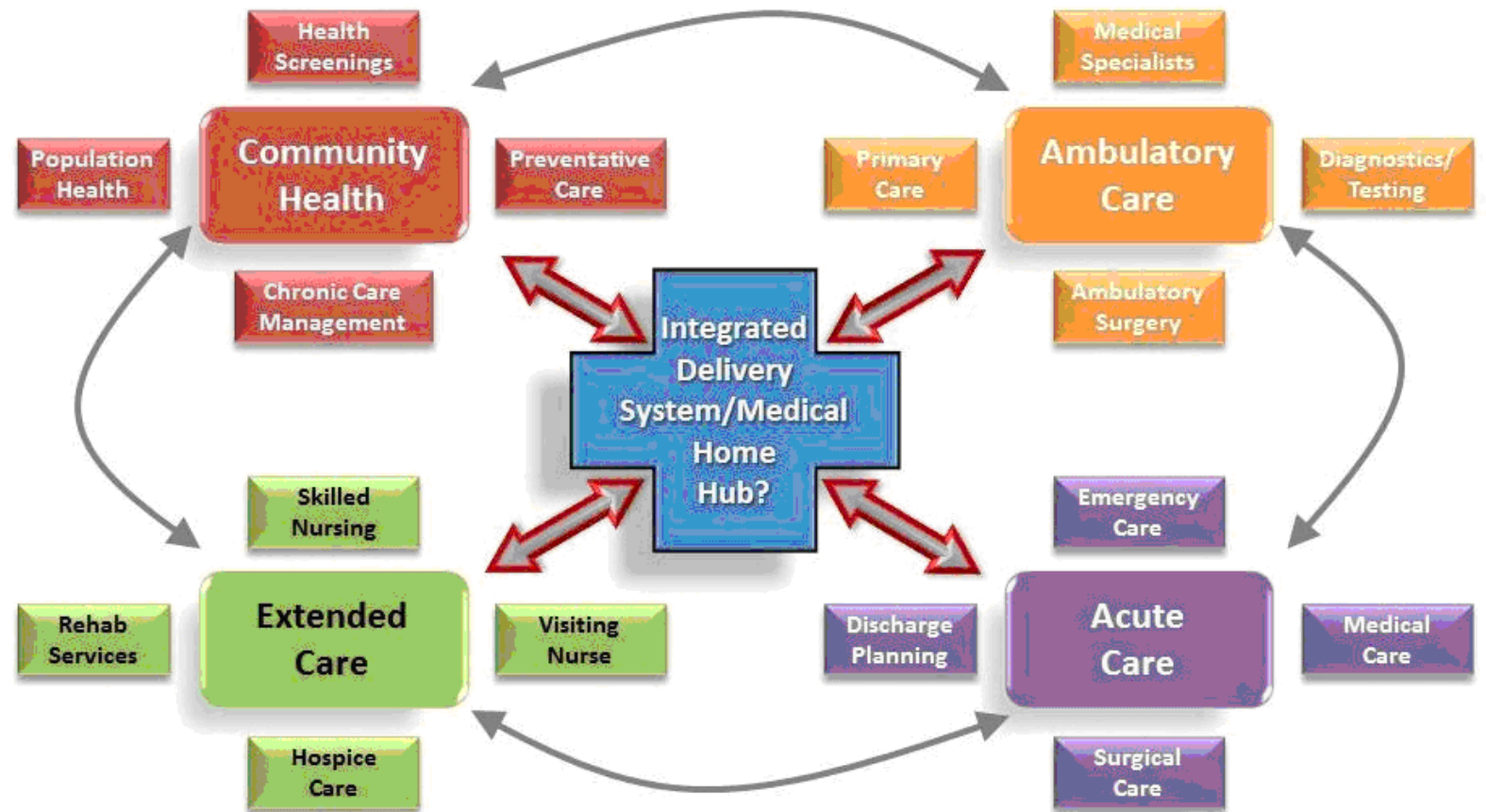
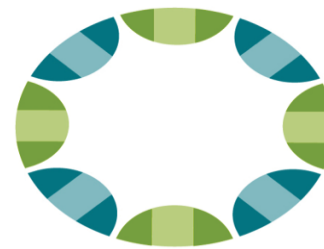


Image source: <https://www.beckershospitalreview.com/hospital-management-administration/systemness-the-next-frontier-for-integrated-health-delivery.html>

INTRODUCTIONS



National
HPV
Vaccination **Roundtable**

IDS TASK GROUP ROSTER

Last updated June 11 2018

no.	ORGANIZATION	First Name	Last Name	Email	Job Title
1	Academic Pediatric Association	Cynthia	Rand	cynthia_rand@urmc.rochester.edu	Associate Professor, Pediatrics
2	Advocate Health Care	Frank	Belmonte	frank.belmonte@advocatehealth.com	Chief Medical Officer
3	American Academy of Pediatrics	Kristin	Oliver	kristin.oliver@mssm.edu	Asst. Professor, Mount Sinai, Environmental Medicine & Public Health
4	American Cancer Society	Matt	Allison	matt.allison@cancer.org	Program Manager
5	American Cancer Society	Sara	Comstock	sara.comstock@cancer.org	Sr. Director, Hospital Systems
6	American Cancer Society	Jennifer	Nkonga	jennifer.nkonga@cancer.org	Director, National HPV Roundtable, Health Systems & Provider Engagement

IDS TASK GROUP ROSTER

Last updated June 11 2018

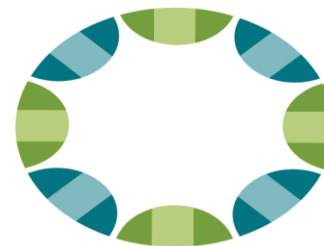
no.	ORGANIZATION	First Name	Last Name	Email	Job Title
7	American Society of Clinical Oncology	Janette	Merrill	janette.merrill@asco.org	Program Manager, Health Policy
8	Centers for Disease Control & Prevention	Achal	Bhatt	zgv8@cdc.gov	Public Health Analyst
9	Centers for Disease Control & Prevention	Mona	Saraiya	YZS2@cdc.gov	Medical Officer & Team Lead, Division of Cancer Prevention and Control's (DCPC's) Epidemiology and Applied Research Branch
10	Centers for Disease Control & Prevention	Melinda	Wharton	melinda.wharton@cdc.gov	Director, Immunization Services Division
11	Harold C. Simmons Comprehensive Cancer Center, University of Texas Southwestern Medical Center	Jasmin	Tiro	jasmin.tiro@utsouthwestern.edu	Assoc. Professor, Univ. of Texas Southwestern Medical Center
12	Immunization Action Coalition	Litjen (LJ)	Tan	lj.tan@immunize.org	Chief Strategy Officer
13	Mercy Kids	Elizabeth	Kubik	Elizabeth.Kubik@Mercy.Net	Manager, Strategic Initiatives
14	Mercy Kids	Howard	Schlansky	Howard.Schlansky@Mercy.Net	Chair, Mercy Clinic Pediatrics

IDS TASK GROUP ROSTER*Last updated June 11 2018*

no.	ORGANIZATION	First Name	Last Name	Email	Job Title
15	National Cancer Institute	Sara	Kobrin	Kobrins@mail.nih.gov	Branch Chief, Health Systems & Interventions Research
16	Ochsner Health System	April	Green	april.green@ochsner.org	Ambulatory Clinical Pharmacist - Population Health
17	Parkland Health & Hospital System	Sentayehu	Kassa	SENTAYEHU.KASSA@phhs.org	Sr. Lead Physician
18	Parkland Health & Hospital System	Noel	Santini	noel.santini@phhs.org	Sr. Medical Director, Ambulatory Services
19	Sanford Health	Andrea	Polkinghorn	Andrea.Polkinghorn@SanfordHealth.org	Immunization Strategy Leader, Enterprise Clinic Services

TASK GROUP FUNCTIONS:

- Collaborative teamwork
- Leverage member organizations' expertise and channels
- Develop new solutions
- Time bound projects



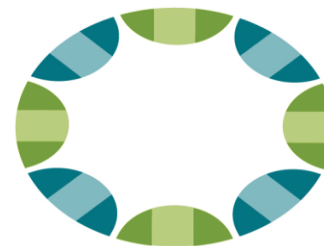
National
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Vaccination Roundtable

2018 HPV Vaccination Roundtable: Project Criteria

CRITERIA	Necessary Goals	Desirable Goals
Responsive	Address HPV Roundtable's priority areas	Address PCP or NVAC recommendations
Collaborative	Engage members across sectors	Facilitate collaboration between different groups, and link cancer prevention and immunization sectors
Impactful	Affect measurable outcomes	Address important and clearly articulated problem, i.e. pass the "So what?" test
Feasible	Have a 1-1½ year timeline for completion, within budget e.g. \$20,000, and possibly with support of contractor(s)	Be likely to be completed on schedule
Novel	Provide a new or supportive solution that does not replicate existing resources	Offer <u>a</u> highly innovative solution to the problem identified
Sustainable	Support from member organizations into the future	May pass project ownership or management to member organizations for longer term maintenance
Member Supported	Members commit to actively participating on and implementing the collaborative project	Member organizations routinely incorporate and disseminate HPV Roundtable resources

DISCOVERY PRESENTATIONS:

1. Mercy Kids
2. Parkland Hospital & Health System
3. American Cancer Society, North Region



National
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Vaccination Roundtable



Parkland

Success Factors to HPV Initiative Success

- Strong commitment to quality improvement and supporting business intelligence reporting
- Parent education/ outreach component
- Multiple organizational meeting structures to routinely review/evaluate progress
- Quarterly provider education forums
- Active RN follow-up with patients for series completion
- Cancer prevention emphasis at monthly staff meetings
- Lead physicians at clinics charged with improving providers performance through action planning
- Provider accountability for performance
- Partnership with school district

HPV Vaccination Public Health Campaign

North Region Cancer Control

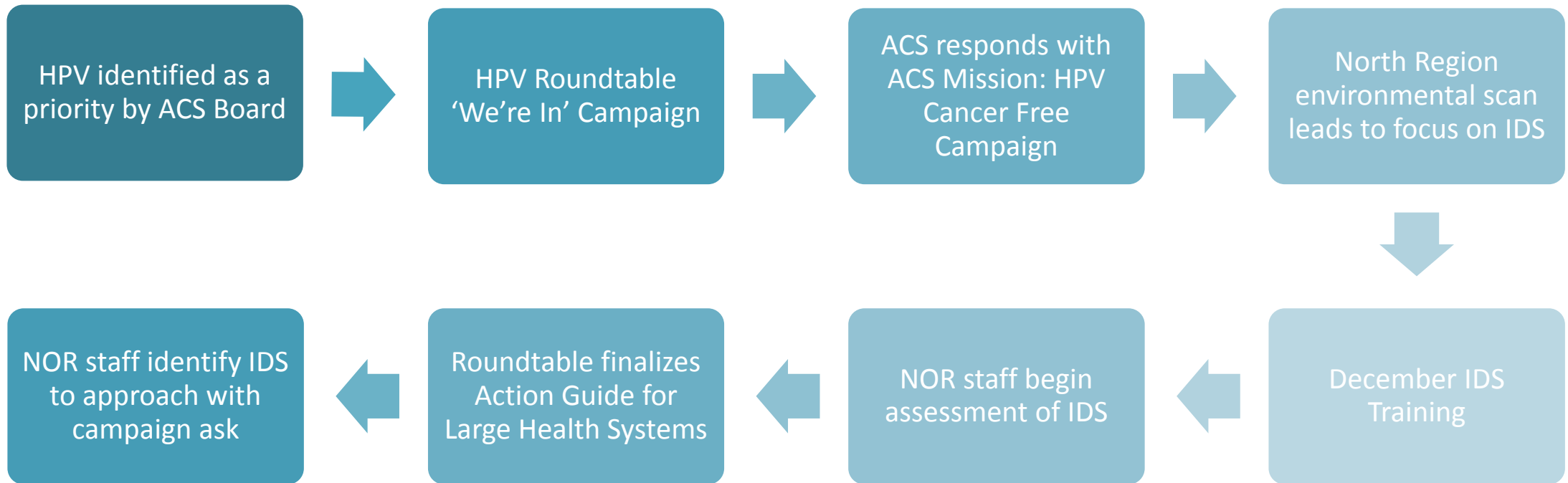


Mission:
HPV **CANCER**
FREE





Overview





What was the ask?

Partner with the American Cancer Society on our Mission: HPV Cancer Free campaign by implementing the Large Health Systems Action Guide and complete a Collaborative Action Plan.



Cancer Prevention Through HPV Vaccination: An Action Guide for Large Health Systems



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 U.S., 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.

While more than half of boys and girls in the U.S. get at least the first dose of HPV vaccine, too many are not vaccinated and are missing the protection against cancer it could provide.

The biggest predictor of HPV vaccination uptake is an effective recommendation from a health care provider.

You have the power to make a lasting impact on HPV vaccination and help reduce the HPV related cancer burden in your community.



Mission: HPV CANCER FREE

Saving Lives through Cancer Prevention

The American Cancer Society is launching a nationwide campaign to prevent more than 90% of HPV-related cancers through vaccination. The campaign, "Mission: HPV Cancer Free," will aim to increase adolescent HPV vaccination rates to 80%. Healthcare systems play a key role in leading the nation toward this ambitious goal.

The American Cancer Society will be partnering with large health systems to prioritize HPV vaccination, assess baseline vaccination rates, determine interventions, and measure progress. Pilot sites will receive technical assistance from the American Cancer Society.

American Cancer Society staff will provide:

- Access to national experts in cancer control science
- Evidence-based project tools to maximize sustainable impact
- Provider and staff training and, if desired, recruitment of external presenters including oncologists and survivors of HPV-associated cancers
- A tool kit to promote your HPV campaign
- In-person and virtual on-going technical assistance
- Contribute resources to the kick-off event(s)
- External local, state and national partner resources to support your efforts
- Assistance with recognition
- A platform to disseminate your lessons learned

Expectations of Health System

Like any quality improvement project, staff time varies based on key factors, including the capacity to pull data and provider and staff training schedules. The HPV pilot project is designed to integrate into regular quality improvement efforts as well as clinical and non-clinical staff meetings.

- Prioritize HPV vaccination as a QI project
- Establish an HPV vaccination QI team
- Assess your HPV vaccination baseline rates
- Set HPV vaccination goal(s)
- Host an internal event to kick-off your campaign
- Organize and conduct provider and staff training
- Implement evidence-based interventions and/or policy changes
- Celebrate and share your success!

First Last | Health Systems Manager
FirstLast@Cancer.org | XXX-XXX-XXXX

This project is supported in part by CDC Cooperative Agreement Number 5H231P000593-02.



Mission: HPV CANCER FREE

DELETE BOX AND PLACE PARTNER LOGO HERE

HPV Vaccination Collaborative Action Plan

Our organizations stand united to prevent cancer through HPV vaccination. This Collaborative Action Plan (CAP) is made between the American Cancer Society and _____.

Our organizations commit to work together to increase HPV vaccination coverage in adolescents ages 11 and 12. Using the [Large Health Systems Action Guide](#) as a framework, we will identify and implement strategies to increase vaccination and ensure providers and staff know evidence-based strategies for HPV vaccination.

This CAP also serves as a data collection and planning tool for our HPV vaccination project. To set a baseline for measuring progress, complete this section at the beginning of the project:

1. Baseline Information

To plan project activities, complete this section as soon as you've collected all baseline information:

2. Project Activity Plan

To assess progress on project activities, complete this section 6 months after project initiation:

3. Midpoint Check-in

To measure the project's impact, complete this section one year after project initiation:

4. Follow-up Information

1. Baseline Information (complete at the beginning of the project)

1. System Name:	2. DU/Rx Number:
3. States where System has clinic sites:	
4. Name of Health System project lead:	
5. Names of other Health System staff involved in project:	
6. Name of ACS staff partner:	
7. Names of other ACS staff involved in project:	
8. Total number of clinic sites in system:	
9. Number of clinic sites participating in this HPV vaccination project:	
10. Which service lines are participating in this HPV vaccination project?	<input type="checkbox"/> Pediatric <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Other (specify):
11. EHR System and version:	

Mission: HPV Cancer Free | Collaborative Action Plan



What are systems agreeing to?

- Prioritize HPV vaccination as a QI project
- Establish an HPV vaccination QI team
- Assess HPV vaccination rates
- Set HPV vaccination goal(s)
- Host an internal event to kick-off for the campaign*
- Organize and conduct provider and staff training
- Implement evidence-based interventions/policy changes
- Celebrate and share successes!



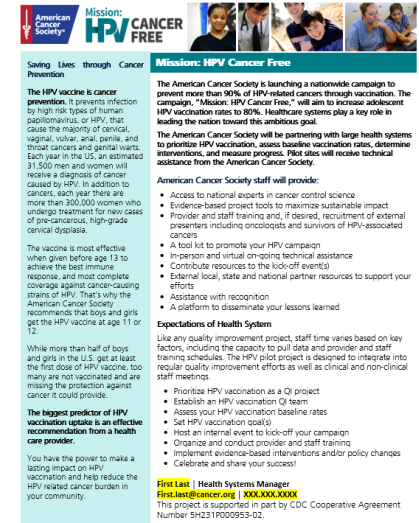
**Cancer Prevention
Through HPV Vaccination:**
An Action Guide for Large
Health Systems





What is ACS providing?

- Access to national experts in cancer control science
- Evidence-based project tools to maximize sustainable impact
- **Provider and staff training** and, if desired, recruitment of external presenters including oncologists and survivors of HPV-associated cancers
- **A tool kit to promote the HPV campaign**
- In-person and virtual on-going technical assistance
- **Contribute resources to the kick-off event(s)**
- External local, state and national partner resources to support efforts
- Assistance with **recognition**
- A platform to disseminate your lessons learned





SYSTEMS COMMITTED TO IMPLEMENTING THE LARGE SYSTEMS ACTION GUIDE & COLLABORATIVE ACTION PLAN

- Allina
- Children's Hospital of Wisconsin
- Froedtert Health
- Hospital Sister Health System (HSHS)
- Mercy/CHI (Des Moines)
- Mercy (St. Louis)
- Mercyhealth (Wisconsin)
- Sanford Health
- St. Luke's (Idaho)
- ThedaCare
- UnityPoint
- University of Kansas Health



Planning & Data Collection

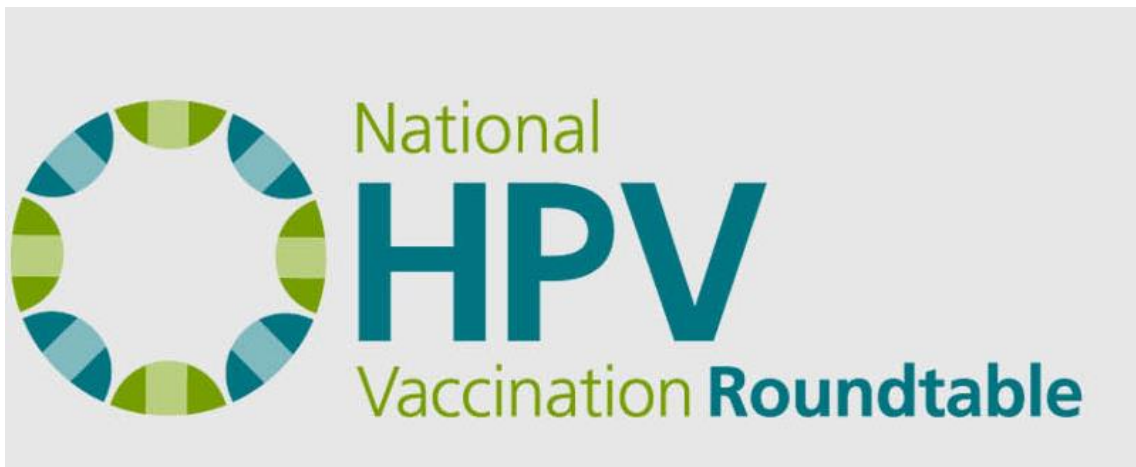
- A Collaborative Action Plan (CAP) will serve as a planning and data collection tool the project.
- There are 4 sections in the CAP:
 - Section 1: Baseline Information
 - Section 2: Project Activity Plan
 - Section 3: Mid-Point Check-In
 - Section 4: Follow-Up Information



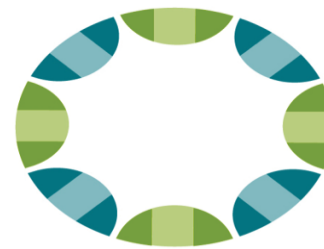
Evaluation Partnership with ACS VACs and the HPV Vaccination Roundtable



**Cancer Prevention
Through HPV Vaccination:**
An Action Guide for Large
Health Systems



Next Steps



National
HPV
Vaccination **Roundtable**