****

**INTEGRATED DELIVERY SYSTEMS TASK GROUP**

**AN OVERVIEW**

|  |  |
| --- | --- |
| **TASK GROUP GOAL—***draft language***:** | **Champion policy and practice changes with large integrated health systems to prioritize increasing HPV vaccination** |
| **CHAIR:** | Kristin Oliver, MD, AAP |
| **KEY PROBLEMS ADDRESSED:** | * Large health systems have access to large numbers of patients offering opportunity for significant impact on cancer prevention * Policy and practice changes can improve workflows, automate tasks, and reduce missed opportunities to vaccinate patients * HPV vaccination lags significantly behind other adolescent vaccinations that are being successfully delivered to 80-90% of age-eligible patients * Without a quality improvement framework, providers and/or practices may not be familiar with their HPV vaccination rates * A systems approach sets organizational expectations and a proactive mindset around cancer prevention * An integrated systems approach can engage champions from the treatment end of the cancer continuum who can speak to the long-term impacts of HPV cancers * HPV vaccination can deliver on the triple aim by lowering systems cancer/precancer care costs, improve patients’ experience with preventive care, and improve overall population health |
| **MEETING SCHEDULE** | * Monthly to start; alternate days/times from month to month * Based on Doodle poll results and Chair’s availability |
| **DRAFT**  **OBJECTIVES:** | * DISCOVERY: By Dec. 2018, the task group will engage and learn from at least four health systems that have successfully implemented HPV initiatives in their health system * PLANNING: By Jan. 2019, *if funding becomes available*, we will convene an in-person meeting of task group members for strategic planning and networking * INFO EXCHANGE: By Jan. 2019, we will launch a new webpage for IDS and showcase promising practices, with a goal of 500 unique page views per month * INFO EXCHANGE: By Feb. 2018, we will host or post a webinar on IDS promising practices that reaches at least 40 mid-sized health systems * CONVENE: By Sep. 2019, *if funding becomes available*, convene a select group of IDS leaders to spur action on HPV prioritization * EVALUATION: By Sep. 2019, we will evaluate the implementation and perceived value of the Large System Action Guides in a pilot with ten health systems. |
| **TARGET AUDIENCES—***may depend on project ultimately selected***:** | * Mid to large sized health systems serving adolescent populations * Health system leaders * Quality improvement professionals * Health systems in underperforming metropolitan areas/regions/states |