
ATTENDEES

Sharon Humiston (APA), Kristin Oliver (AAP), Sara Comstock (ACS), Janette Merrill (ASCO), Elizabeth Kubik (Mercy), Howard Schlansky (Mercy), Sara Kobrin (NCI), April Green (Ochsner), Andrea Polkinghorn (Sanford), Megan Gillaspie (Advocate), Melinda Wharton (CDC), Debbie Saslow (ACS), Sentayehu Kassa (Parkland)

Staff: Jennifer Nkonga

Meeting recording accessible at:

<http://acswebmeetings.adobeconnect.com/poik181auu99>

DISCUSSION TOPICS

Welcome

- Jennifer welcomed new attendees. LJ Tan is out of the country.
- Members were encouraged to [download](#) the June call notes, roster and slides if they were not on the June call. You must login to the HPV RT site to access member-only features.

Introduction of New Attendees

- **Sharon Humiston (APA):** Sharon sat in for Cindy Rand. They collaborate on HPV work for APA and she collaborates with Kristin Oliver on AAP work. She is a pediatrician/researcher with Children's Mercy Kansas City.
- **Megan Gillaspie:** Megan is Director of Pediatric Operations at Advocate Medical Group in Chicago. She works closely with Dr. Frank Belmonte on HPV immunization rate improvement and is working on an RN focused HPV project.
- **Sentayehu Kassa:** Sentayehu is a family physician with Parkland Hospital, and leads their work on HPV vaccination.

Member Updates

- **MERCY:** Howard gave an update on HPV activities within their system since the last call. In June, the HPV team visited all their primary care offices, 40 in total, to deliver HPV training. Merck helped with the training, and Howard led 1/3 of sessions. His key question is "when

is the best time to give the vaccine?” to which the best answer is “Any time you can.” However, staff give a lot of different answers. Merck has provided materials for their adult offices. Hesitation that staff noted the most frequently was around religion, but Mercy has long relied on a pro-vaccine statement from the Catholic church to encourage vaccination. They also are focused on reaching 80% of those ready to vaccinate versus the vaccine hesitant. Mercy cares for patients in 4 states, with about 125,000 patients ages 11 and older.

- **Working with Industry:** Group members discussed how and if staff members pushed back about working with industry in delivering staff training sessions.
 - Issue: Some providers are very vocal about not collaborating with Merck.
 - System Tactics:
 - One system strategy is to have industry provide education on disease and vaccine info only. The manufacturer is not talking about ordering the vaccine, and there is no decision making or sales happening at clinic level.
 - Another education strategy is to have industry focus on ACIP-approved vaccines. They focus on label use of the products.
 - Partnering with industry also extends staff’s ability to get out to all sites for educational sessions. Industry has been helpful to make sure all staff receive education.
 - Staff can preview industry presentations in advance and pop in to observe delivery of content as they are able.
 - Partnership has also been very helpful when launching a new initiative with written/standing orders.

Discovery Presentations

Sanford Health, Andrea Polkinghorn (*see pdf of presentation slides*)

- System Info:
 - Sanford is based in North and South Dakota. They have 289 clinics, 45 med centers, and offer services in 9 states, and 4 countries.
- HPV Initiative & Lessons Learned:
 - First step: created new role of Immunization Strategic Leader to oversee inpatient and outpatient care. Work was structured around immunization practices with an emphasis on areas for improvement. They are working towards implementing vaccine schedules, disseminating ACIP updates, implementing new protocols/standing orders, tackling rate improvement, sharing evidence-based interventions and developing new promising practices.
 - Second: Structure, Culture, Partnership and Education
 - 4 Vaccine Culture Components:

- *Structure & Leadership:* Sanford has an enterprise and regional immunization committees. The enterprise committee is the governing body for all things vaccination, and the regional committees push info/policies out.
- *Culture:* Immunization championed a policy of no missed opportunities for patient visits. If patients come in for a toenail or a wart, it's an opportunity to catch them up on their vaccinations. This was a cultural change.
- *Partnership:* Team worked with the enterprise medication safety officer and IT helped address common safety events and maximize alerts in the electronic health record. They also were able to set up patient recalls and appointment scheduling for follow up vaccinations before patients left the office.
- *Education:* Sanford developed a vaccine champion "train the trainer" program which they see as a "secret sauce." They wanted to build capacity at every clinic, so identified and invited a Vax Champ to attend an in-person kick-off event. They partnered with Sanofi and another vendor to host this event. Agenda included:
 - Definition of a champion
 - Discussion of expectations
 - Overview of current processes and best practices

After the launch event, champs have monthly assignments and webinars. Topics include: storage, handling, VFC, hesitancy, ask the expert questions.

Some providers have varying perceptions on vaccination, so they added leadership development to the Vax Champs program so SMEs could better influence their own clinical leaders. They brought in a VFC hesitancy speaker, which has helped staff feel more adequate in addressing questions and finding helpful resources.

- The vax champs have a QI project with HPV as a stretch assignment. The second cohort is now underway.
- RESULTS:
 - See slides
 - Target population includes 11-26 year old males and females

Ochsner Health System, April Green, Ambulatory Care Pharmacist, Louisiana (see pdf of presentation slides)

- Ochsner has a population health focus on increasing immunization rates in child and adults pops
- They have been working on improving rates across the system for the past 2.5 years
- Early on, they connected with Sanford and brought the Vax Champion approach to Ochsner
- In 2015, they established a Vaccine Subcommittee with a multidisciplinary team

- This included pharmacy, providers for adolescents and adults, inpatient, RN informatics, inventory management, IDS personnel, experts from EPIC
- April is co-chair with the medical director of infectious disease
- they review vaccine policies and procedures for clinics and hospitals and review new vaccines on the market to see if they want to utilize as a system
- FOCUS: 5 adult immunizations
 - flu, pneumococcal, zoster, tdap, hpv
 - WHY? HP 2020 goals, they were not on target with adult pop
- LESSONS LEARNED:
 - **Need a QI hub:** lots of QI initiatives but efforts were spread out, and folks worked in silos. Clinics/individuals/areas not aware of one another's efforts.
 - The vaccine subcommittee is now the info hub
 - **Resolve bidirectional data breaks through partnership:** Use state IIS bidirectional flow with EPIC EHR. Learned that info exchange was difficult. LINKS IIS names could be diff to names in EPIC, so worked with state to resolve, but they had limited resources. Ochsner communicated issue and now there are few breaks. Now meet monthly with state to review issues/concerns.
 - **Expand standing orders:** Expanded standing orders (SOs) in ambulatory clinics
 - Flu and pneumococcal were the only ones in existence. Expanded to include other vaccines, and partnered with industry to do system wide education in clinics. Education covered SO documentation. They offer refresher trainings during National Immunization Month.
 1. Industry is visiting clinics to offer a 15 min refresher on 5 vaccines, which increases limited staffing capacity for training and followup.
 - Rollout of SOs: organized an internal training and partnered with Pfizer and the Amer. Gerontological Society to talk to RNs and pharma staff. Trained 80 staff in 4 hour educational session on vaccines. Included info on being a vax champ then roll out of written order guidelines. Also use flu season for education.
 - **Empower Vaccine Champs:** Vaccine champs from trainings meet quarterly for webinars and updates. Also provide them TA support answer questions/concern/issues/uncertainty, also let them attend PC Council meeting to address their questions or concerns.
 - **Establish a Wellness Registry in EHR:**
 - In EPIC, they identified patients who were missing/unclear on their vaccination status on their Health Maintenance Screen. If patients due or overdue, the system will provide a list.
 - Results: Seen significant improvements
 - Met Zoster rate of 30%, with new shingles vax they have to start over
- Additional Efforts:
 - Partnership with industry--AMGA collaboration includes 19 IDS systems on way to improve rates
 - 9 internal retail pharmacies--partnered to make vaccination a priority in 9 pharmacies and to work with external pharma

- Using Clin. Care Coord to scrub charts day prior to visits, can drop the order for the vaccine. If patients aren't insured, they try to work with industry to see if vaccine can be covered.
- Layout of clinic matters--MA heavy in their clinics. MAs cannot give shots, so written orders were a stress point for MA heavy staff. The main campus has a large clinic piloting a shot-provision location, which is a general vaccination area for patients to get shots from a pharma tech or an RN. The tech runs thru a coverage check, retail pharma will step out and give shot if covered; if no drug coverage, RN can give the shot so patient isn't shuffled back and forth. This resulted from a lean evaluation of their processes at the adult clinic.
- Now, trying to do more in the community--provide public education on immunizations required with additional focus on HPV to decrease cancer diagnoses. They will do ped and adult ed/outreach.

Next Steps

- Take the IDS Survey that Jennifer will send out to get input on our collaborative work.

NEXT CALL:

Monday, Sep. 24th, 2018 at 1 p.m. EST (rescheduled from Sep. 10th)

<https://acswebmeetings.adobeconnect.com/ids>