
ATTENDEES

Margot Savory, Deanna Kepka, Anna Hassan, Debbie Saslow, Mike Moore, Lois Ramondetta, Cherie Ann Nathan

Staff: Jennifer Nkonga

Call recording link: <http://acswebmeetings.adobeconnect.com/pg56neclnyn0/>

DISCUSSION TOPICS

I. Welcome & Roll Call

- Margot welcomed members to the June call and reviewed agenda topics.

II. Member News & Updates

- ACS: Anna shared 11 health systems involved in IDS project, 3 doing an MOC project, all using HPV RT Large Systems Action Guide. Also developed a collaborative action plan to use with partners. Systems in ID, KS and MN doing the MOC pilot. sys action guide and VACS CAP
- NCI Cancer Centers: Deanna shared that over 35 states attended the June meeting in Utah, with 230 attendees and positive reviews. Included about 20 cancer centers. Next meeting will be in Dallas in one year hosted by J. Tiro.
- Huntsman Cancer Center: Deanna shared that Hunstmans is expecting a rural supplement from NCI. This will be a rural clinic intervention to pilot test HPV messaging using partnerships created through the Intermountain HPV Coalition. Hunstmans also has a subcontract from NAO for evaluation of how effective You Are the Key trainings have been, so stay tuned for results.
- HPV RT: Debbie shared that she attended a series of meetings in Indiana with Dr. Wharton. IN convened over 100 people for their stakeholder group. The action guides were featured and well received. The state announced that any VFC provider with low vaccination rates under 25% has to choose HPV as their MOC focus. The result was 55 have signed up in one week since they announced this--great best practice! Another update: 11 states trained in Texas as part of the Comprehensive Cancer National Partners Program (a previous training

was held in Atlanta). Debbie facilitated the Provider Training table at both meetings. She shared questions/issues/tips, will try to summarize to share with this group. Discussion themes included: incentives, appreciation for providers, national award thru CDC for 10 HPV providers. Some states have done their version of this, and may give to anyone who reaches OVER a certain rate. EX: provide a window cling for reaching a certain threshold in a practice.

- Mike Moore: Mike is moving back to IN and excited to work with new colleagues. Mike was contacted to participate in a first annual HPV awareness week, modeled after Canada, from Jan. 22-28, 2019. This would be a combined effort seeking involvement from WHO, global IPVS, AMWA, Head and Neck Cancer Society, and ACS. HNCA putting together materials, will showcase tools this group has done to increase visibility and use. Let Mike know if you want to get involved via email. May be another opp/topic for a future webinar, coordinate with that effort.
- MD Anderson: Lois attended the comp cancer HPV meeting in TX which was informative, and connected TX state coalition to state health dept./HHS and new possible focus areas. TX HPV Roundtable has 2 provider workgroup priorities: certification for MAs and dental in TX, and they may host educational events. Neither of the presidents of the regional orgs knew about the action guides.
- Head and Neck Cancer Alliance: Cherie-Ann presented to a children's group in ATL by webinar in July to promote vaccine among pediatricians ; they can send us the slides to add to the Resource Library. Also gave a best practices presentation in Milwaukee on HPV.
- Roundtable: Jennifer reminded members that then new NIS Teen data was released:
 - MMWR Weekly. August 24, 2018 National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2017 PDF version:
https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a1.htm?s_cid=mm6733a1_w
 - Also CDC shared that [HPV Pink Book training](#) was scheduled for Sep. 12th, 2018.
 - See slides for additional HPV Roundtable updates
- ACS: Debbie shared info on the updated USPSTF cervical cancer screening guidelines. At age 21-pap every 3 years, at 30, 3 options: pap every 3 years, both HPV and pap every 5 years , or JUST HPV test every 5 years. Stop at age 65 if there are normal results. ACS is reviewing their guideline as well. Issue: girls now at screening age, if vaccinated 5-10 yrs ago, would have had quad vaccine/and lower rates at that time..provider may not know if female patient was truly vaccinated, poses a complication. In places with national healthcare, and registries, its easier to shift to this ex: Australia. US isn't there yet. Switch to HPV screening is due to advances in screening, but a pap test isn't informative for older women.

III. Team Project Work & Discussion

- AUG. 20th WEBINAR UPDATE:
 - [OGDEN CLINIC was showcased](#)/interviewed by Margot

- They had a team of a family doc, MA and unit clerk speak to how they employ recommendations of action guide in practice. Also shared their own success stories.
 - Nearly 200 attendees of 350+ registered
 - got input before the webinar--50% hadn't heard of the action guides before. Provided us with good comments from pre-survey to prep presenters. Very small post event survey of 20 respondents, largely positive to very positive.
 - Rolled out new action guide training tool samples: powerpoint training deck for RNs/Mas, and handout for MDs/PAs/NPs; more to come over next 4-6 weeks
- Next Steps:
 - Need additional members to review remaining 5 training ppts (Lois, Margot)/ 3 handouts (Mike and Cherie-Ann)
 - Need more short webinars:
 - Anna could reach out via ACS staff to see if their system partners want to participate in some way
 - We could highlight a wide variety of stories, and link back to the guides, regardless of where they are practicing.
 - More [key takeaway summaries](#). Thanks to Margot for making summary slides after the webinar!
 - More promotion of action guides:
 - Link to MOC programs—Anna to connect to ACS staff
 - National HPV Week in January 2019—Mike is liaison; think about how we can be involved
 - Reach out to state pediatric dentistry association and state dental hygienists, ask members to reach out, share our guides
 - Consider opps with Commission on Cancer facilities--prevention and screening is thru cancer practitioners...is there a mechanism to highlight resources on how they can access rates in their own system?

IV. WRAP UP

NEXT TASK GROUP CALL: September call tabled...Nov. 29th
@ 3 p.m. EST

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