

*We're In! 2020 is a national HPV cancer prevention initiative for health systems.*

# Using Data & Selecting Interventions to Drive System Changes

February 28, 2020 Webinar

# WELCOME *WE'RE IN!* 2020 ORGANIZATIONS!!

1	California Health Collaborative
2	Carver County Public Health, MN
3	Cook Children's Health Care System, TX
4	Erie County Department of Health, NY
5	Evergreen Family Medicine, OR
6	Global Initiative Against HPV and Cervical Cancer (GIAHC)
7	Greater Beaumont Pediatrics and Family Medicine, TX
8	Health Partners/ Park Nicollet, MN
9	Horizon Health Care, SD
10	Immunize Nevada
11	Indiana Immunization Coalition
12	Lehigh Valley Physician Group, PA
13	Louisiana Dept. of Health, Immunization Program
14	Nebraska Methodist Health System
15	Oklahoma Primary Care Association

16	Oklahoma State Dept. of Health, Immunization Service
17	Pennsylvania Dept. of Health, Division of Cancer Control and Prevention
18	Sanford Health, SD
19	Scotts Bluff County Health Department, NE
20	Shoshone Family Medical Center, ID
21	South Central Public Health District, ID
22	Southern Illinois Cancer Action Network
23	Stigler Health & Wellness Center, Inc., OK
24	Surfing for Hope Foundation, CA
25	University of Louisville- Gynecologic Oncology, KY
26	Wichita Falls-Wichita County Public Health District, TX

# AGENDA

- Explore how to use data to increase your HPV vaccination rates
- Review interventions to increase HPV vaccination
- Share lessons from Park Nicollet in MN
- Invite your organization to Join *We're In! 2020*
- Q & A



# Using Data to Drive Decision Making & Systems Change

Marcie Fisher-Borne, PhD, MSW, MPH  
Senior Director, HPV Vaccination  
American Cancer Society





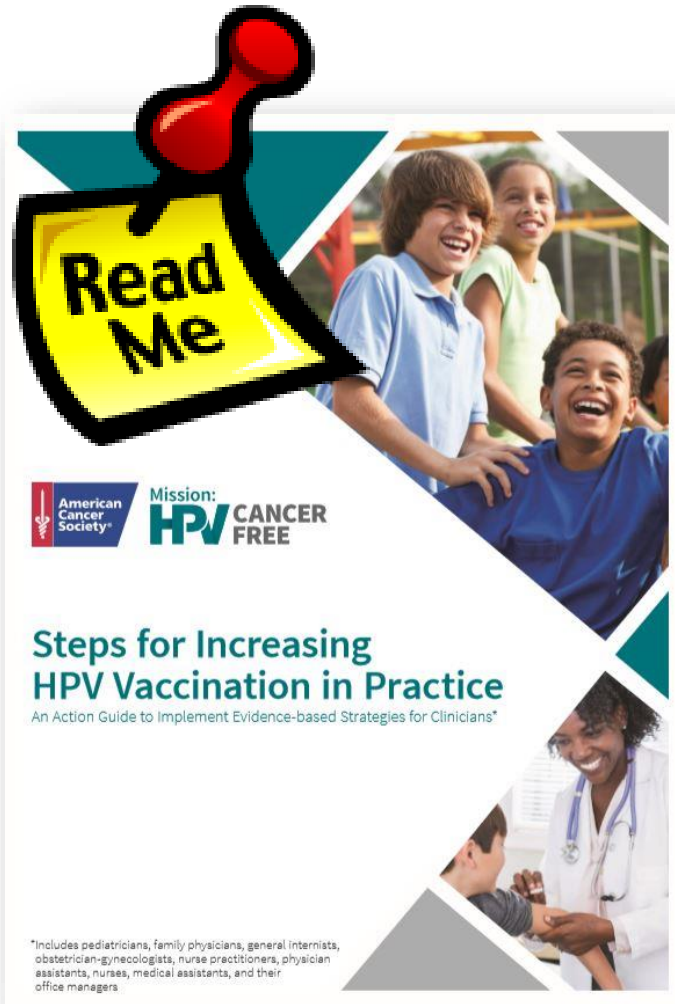
Mission:  
**HPV** **CANCER**  
**FREE**

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**We have a solvable  
problem.**

# Steps for Increasing HPV Vaccination in Practice:

An Action Guide to Implement **Evidence-based Interventions** in Clinical Practice



[Steps Guide Link](#)

Step #1  
Assemble  
a Team

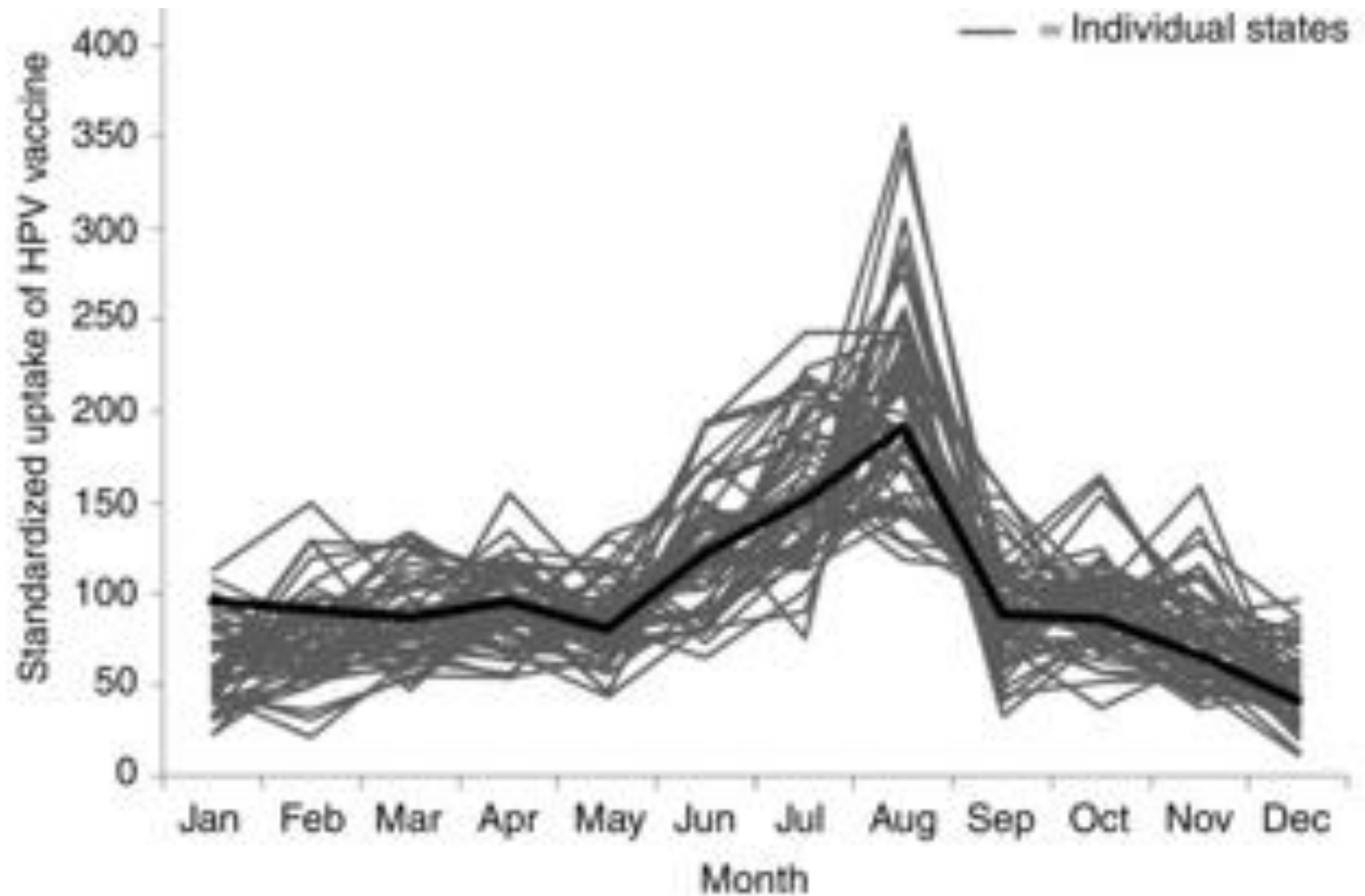
Step #2  
Make a Plan

Step #3  
Engage & Prepare All  
Staff

Step #4  
Get Your  
Patients Vaccinated  
By Their 13<sup>th</sup> Birthday

# Peak vaccine season

**Figure 1.**  
Summer peaks in  
adolescent vaccine uptake  
in the United States and  
individual states. Uptake  
standardized at 100 per  
month for 2007 to 2012.  
Source: National  
Immunization Survey-Teen,  
administered 2008 to 2012.





*What gets  
measured,  
gets done*

*-Peter Drucker*

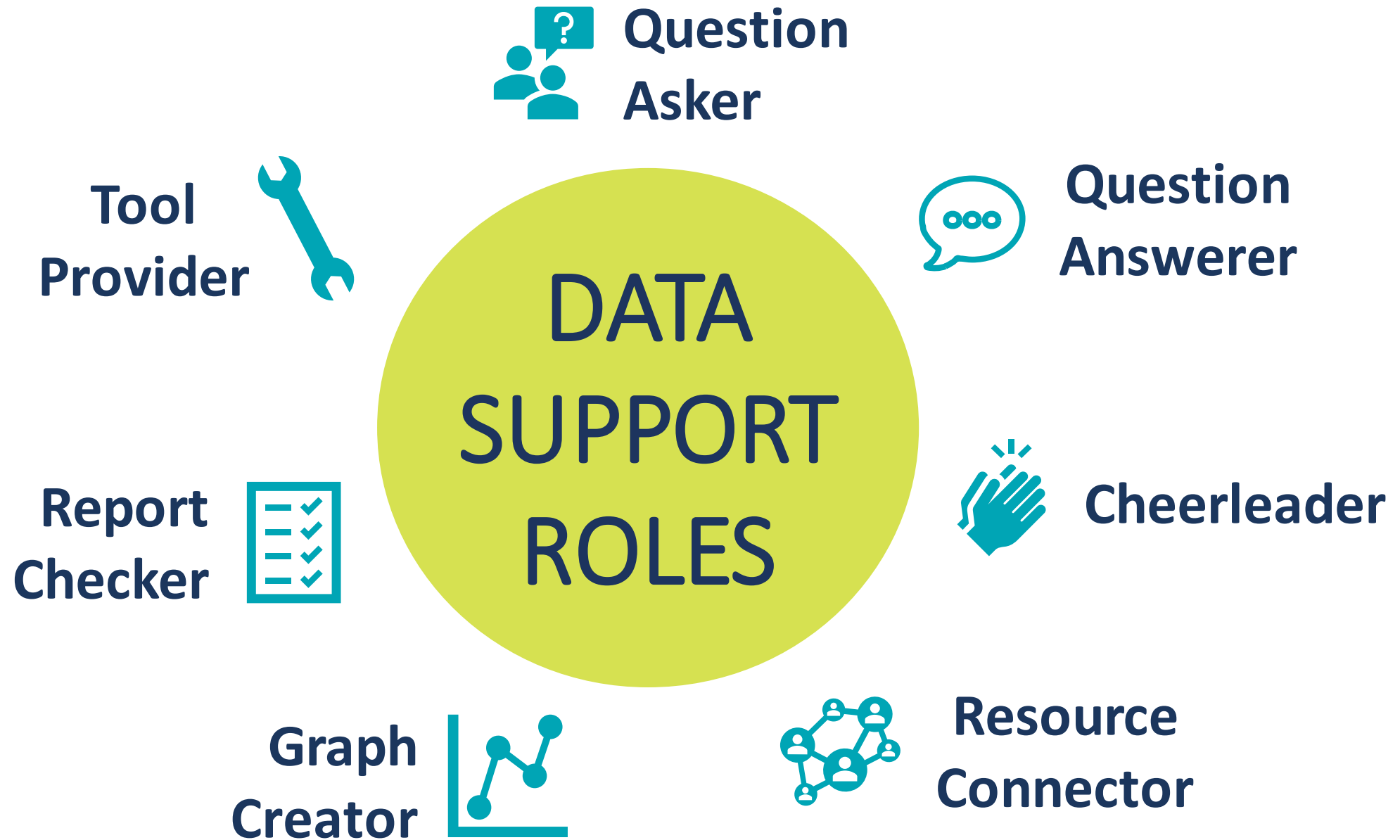


# Who are your players?

- Informatics
- Clinical Champions
- Clinical Care Team
- QI
- Family Medicine
- Pediatrics
- Population Health
- Cancer Center
- Who else?



***You won't need all the people...all the time***



# POLL #1

Data Support Roles



# What problem are you trying to solve?

- Multi-Level: State, System, Clinic, Provider
- Trends over time
- Initiation vs. Completion or Both
- Missed Opportunity (HPV compared to Tdap, MCV4)
- Gender gap



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# How do you use your data?

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- Use data to inform every aspect of your work
  - Interventions
  - Timing
  - Location
  - Progress
- Provider Assessment & Feedback
- Focus your work (initiation vs completion, gender, clinic sites)
- Competition
- Celebrate Success/Bright Spots

# Who's your population?

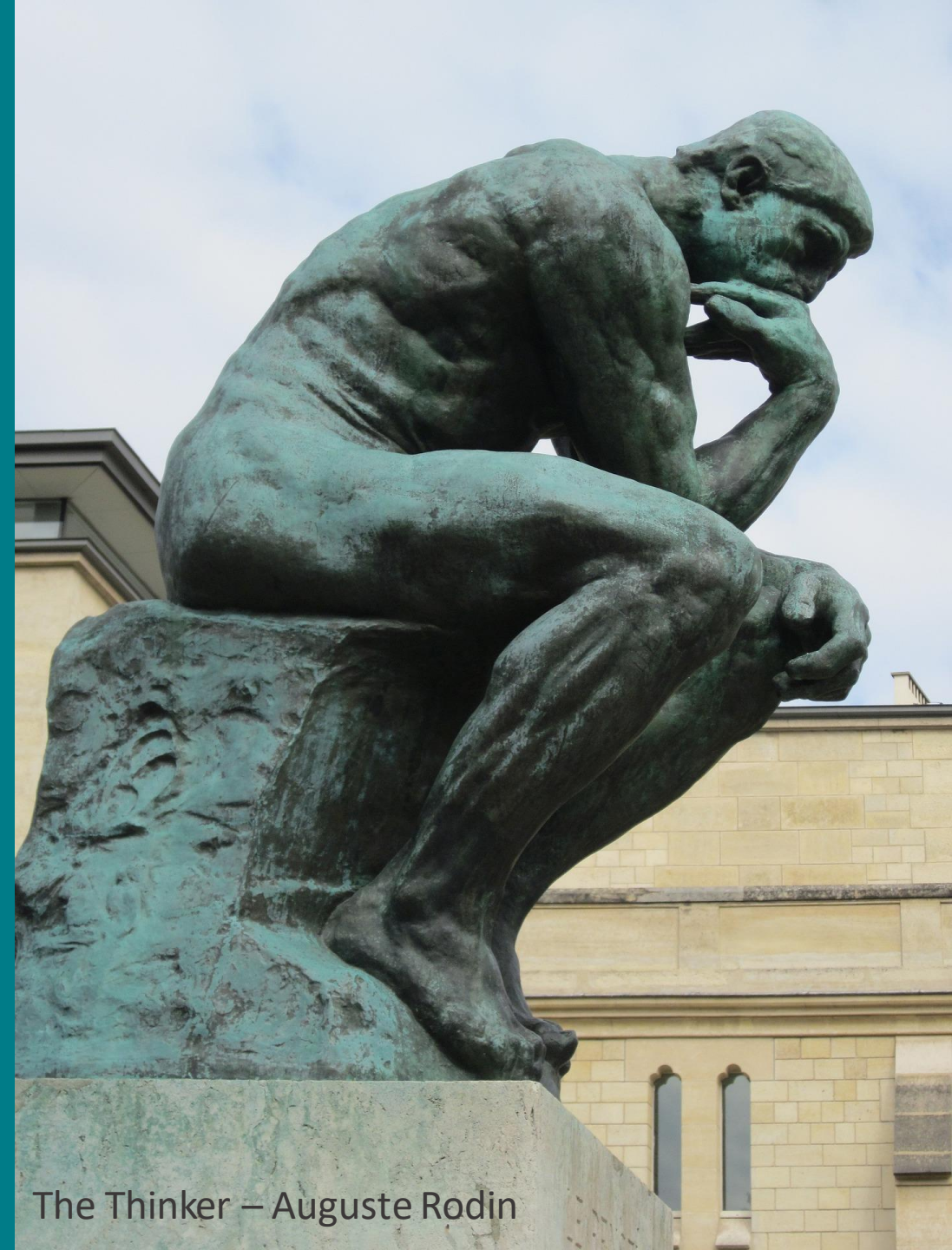
- Who do you define as an active patient?
- Age
  - **On-Time Vaccination**
  - 9-12
  - 13
- Time period

*\*Remember to use the same age range and timeframe when making comparisons\**



# Big picture data questions

*Every data pull should have  
a purpose*



The Thinker – Auguste Rodin



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# Requesting Data

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## As you jump in:

- How can you ask for data in a way that gives you the highest probability of getting what you need?
  - Start early
  - Expect revisions
  - Define your measure!
  - Stay consistent

**Tools to help you:** Data Tracker, PDSA Cycle Template (Steps Guide)

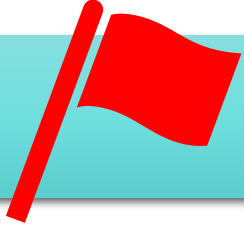
# TIDY DATA



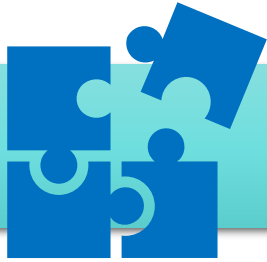
# Data Realities

1. Quality Improvement is data-driven
2. Most of us are *not* Electronic Health Record experts
3. Most of us do *not* query or look at patient-level data
4. Data is meant to be questioned and tweaked
5. Data can tell us many different stories (positive or negative)
6. Data you are receiving may be imperfect and have limitations
7. You may be asked to review and interpret data live
8. **You're not alone! You have a team**





Data Quality



Data Completeness



Data Interpretation



# Interpreting Data

**What does the data mean?**

**What do you see?**

- Initiation and completion
- HPV and the other adolescent vaccines
- Boys and girls
- Age groups

**What questions do you have?**



Let's work  
on HPV

How can we  
make an  
impact?

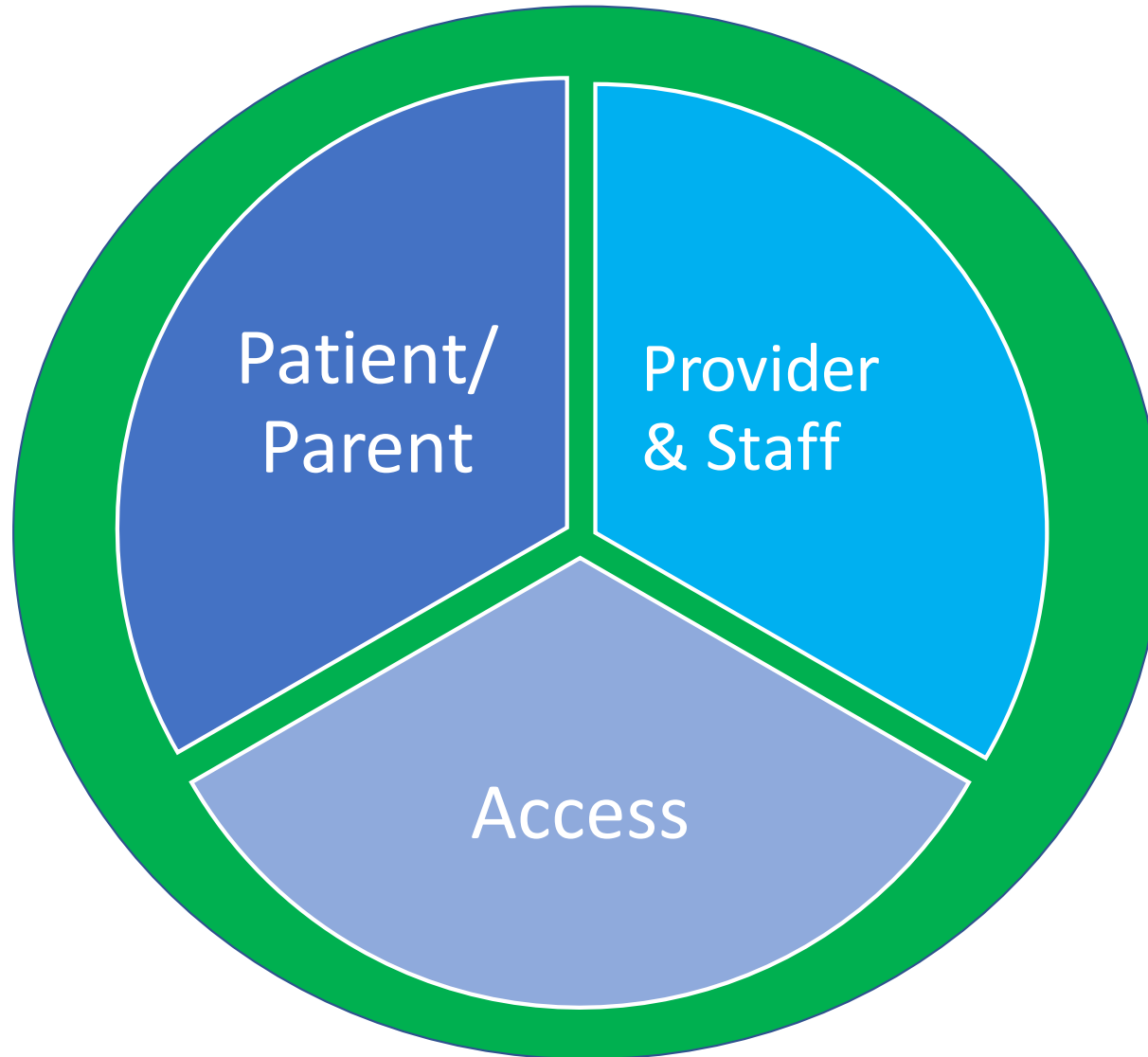
What  
should we  
do?

# POLL #2

Evidence-Based Interventions



# Multi-Level Interventions are most impactful.



## Increasing HPV Vaccination: An Overview

Your clinic system may not initially tackle every step.

**Steps 1-3** can help you build capacity to implement the evidence-based strategies in **Step 4**.

Consider starting with one or two strategies that are most realistic for your clinic.

### Step 1 Assemble a Team

**Identify an HPV vaccination champion.**

**Form a quality improvement team for HPV vaccination.**

- Identify clinical and non-clinical staff to serve as change agents.
- Agree on team tasks.

**Identify external organizations and resources to support your efforts.**

Your clinic system may not initially tackle every step.

**Steps 1-3** can help you build capacity to implement the evidence-based strategies in **Step 4**.

Consider starting with one or two strategies that are most realistic for your clinic.

### Step 2 Make a Plan

**Identify opportunities to increase HPV vaccination.**

- Complete an inventory of HPV vaccination systems and strategies.
- Map your current vaccination process.
- Share the results with staff.

**Determine baseline vaccination rates.**

- Calculate rates for patients who have received vaccination for each HPV dose, Tdap, and Meningococcal by their 13th birthday.
- Improve accuracy of the baseline rates.

**Design your clinic's HPV vaccination strategy.**

- Choose multiple strategies that build on past quality improvement successes.
- Create an HPV vaccination policy.
- Incorporate staff feedback into strategy design and implementation.

### Step 3 Engage and Prepare All Staff

**Engage all clinical and non-clinical staff in your efforts.**

- Train all staff to ensure consistent, positive message delivery to parents and patients.
- Use human-interest stories to increase staff investment.

**Prepare the clinic system.**

- Modify your EHR system to accommodate the needs of your plan.
- Ensure your vaccine supply and storage needs are met.

**Prepare the parent and patient.**

- Provide targeted education materials.

**Prepare the clinicians.**

- Train clinicians on how to effectively communicate with parents and patients.
- Provide targeted provider education materials.

### Step 4 Get Your Patients Vaccinated Before Their 13th Birthday

**Make an effective recommendation.**

- Recommend the HPV vaccine for all boys and girls at 11 or 12 years of age the same day and same way you recommend other vaccines.

**Prompt the health care provider.**

- Ensure clinicians know that a specific patient is due or overdue for HPV vaccination.

**Increase access.**

- Incorporate standing orders into clinic procedures.
- Provide walk-in or immunization-only appointments.

**Track series completion and follow-up.**

- Remind parents when it's time for the next dose of vaccine or when the vaccine is overdue for their child.

**Measure and improve performance.**

- Conduct PDSA cycles.
- Measure the number of missed opportunities.
- Ensure that providers know their individual rates.



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# Professional Education:

## *Necessary for any intervention to work*

A **strong provider recommendation** from a child's healthcare provider is the **most significant factor** in a parent's decision to vaccinate their children.

“Now that your child is 11, **they are due for three vaccines** that are really important for all kids their age. They will help protect against **meningitis, HPV cancers, and pertussis**. We **will be giving these** at the end of the visit today.”



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## Professional Education Questions

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- What type of **training and educational activities** has your systems already conducted related to HPV vaccination (cancer prevention, rate focus, champion cultivation)
- Is there a general **pro-vaccine culture** in the system/clinic?
- What is the general **perception of HPV** vaccination by providers/clinic staff?
- Have system/clinic/provider level **rates been shared** before or during educational sessions?

# Don't forget the rest of the office and clinic staff:

1. Recruit your whole office staff in the plan. Be sure that everyone who has patient contact (**not just providers**) gets educated about HPV vaccination and **IS ON THE SAME PAGE**
  - Remember this includes front office staff
2. Be sure that each office staff group knows their role in immunization and communication
3. Have everyone encourage questions; interpret them as natural caution, not refusal
4. Systematically arrange for the next dose



## Tip:

[The HPV Vaccination Roundtable has great PowerPoints and guides to help get the whole care team involved.](#)



# Provider Education Resources

- ❑ **HPVIQ.org**
- ❑ **HPVroundtable.org**
- ❑ **Your ACS health system partner!**



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# Provider Assessment & Feedback

## Assessing vaccination rates by provider/care team

- Bright Spots/Positive Deviants
- Opportunities for targeting education
- Dashboards (blinded/unblinded)
- Competition
- Pay for performance



EHR Provider Dashboard Example

# Provider Assessment and Feedback

## Knowing Rates will Improve Progress

## Data Tracker Baseline Tab

Visualize your SASI data & get percentages by age group (different than SASI which only gives you cumulative %).

## HPV Vaccines Data Tracker: Baseline

This tab is designed to help ACS staff and partners track and visualize data collected during HPV vaccination quality improvement projects. This version is designed for systems collecting baseline data. See the other tabs below for midpoint updates, monthly, follow-up, and site-level versions.

### INSTRUCTIONS

- The columns in this tracker are the same as the *Systems and Strategies Inventory (SSI)*.
- This tab is intended to collect the baseline data entered into the SSI on page 4.
- Fill in the white cells with the number of patients.
  - For instance, in the white row next to 9 & 10, copy patient counts directly from your baseline.
- Blue cells auto-calculate vaccination rates.
- Light gray cells auto-calculate the combined sex section. If you cannot report sex separately, delete the formulas and enter data.
- No data needs to be entered into the dark gray cells.
- Refer to the SSI for detailed measure definitions.
- Copy the charts below to share with your partner!

*if these columns auto-calculate!*

		Females					Males					Combined				
		Total Active Medical	≥1 Dose HPV	HPV Complete	Missing	Tdap	Total Active Medical	≥1 Dose HPV	HPV Complete	Missing	Tdap	Total Active Medical	≥1 Dose HPV	HPV Complete	Missing	Tdap
9 & 10	Number of Patients	100	20	10			100	20	10			200	40	20		
	Vaccination Rate		20%	10%				20%	10%				20%	10%		
11 & 12	Number of Patients	100	30	15			100	30	15			200	60	30		
	Vaccination Rate		30%	15%				30%	15%				30%	15%		
13	Number of Patients	100	45	25	80	90	100	45	25	80	90	200	90	50	160	180
	Vaccination Rate		45%	25%	80%	90%		45%	25%	80%	90%		45%	25%	80%	90%
Baseline Totals	Number of Patients	300	95	50			300	95	50			600	190	100		
	Vaccination Rate		32%	17%				32%	17%				32%	17%		

### Charts

These charts populate based on the data entered in the table above.

#### Baseline Vaccination Rates: Males v. Females

This chart uses only the baseline data entered above. Consider sharing this soon after the start of the project, when only baseline data has been collected, so your partner can see their rates visualized.

**Conversation Corner**

Look at the difference between the rates for HPV initiation and completion.

If initiation is high, what evidence-based interventions are best for increasing HPV completion?

Data Tracker  
Site/Provider  
Level Tab

Dig deeper beyond rate data! You can track clinic, provider, monthly, PDSAs--Customize!

### HPV Vacc Data Tracker: Multiple Sites or Providers at a Single Time Point

This tab is designed to help ACS staff and partners track and visualize data collected during HPV vaccination quality improvement projects. This version is designed to help systems to look at vaccination rates at multiple sites for a single time point. Site-level rates are extremely important for understanding where progress is being made. This is especially true for larger systems.

#### INSTRUCTIONS

**STEP 1:** Enter the ages included in data. Are these just 13 year olds, or are you looking at a larger age range? If you are using 2020 SASI definitions, the age range would be 9-13.

**AGES USED:**

**STEP 2:** What is the time period of the data? For example, is this baseline data looking at the rates for the calendar year of 2019? We recommend using a 12 month period, as vaccination rates fluctuate through the year.

**TIME PERIOD**

**STEP 3:** Enter data in the table below.

- Be sure to use the same age group for all three vaccines, so that the active patient population is consistent.
- Each row is a new site or provider. The entire table is intended to look at data for a single period in time, for example, at baseline or follow-up.
- Type the site or provider names into the first column.
- Fill in the white cells with patient counts, if not looking at mering or tdsap, leave the cells for these vaccines blank.
- Blue cells auto-calculate vaccination rates. Light gray cells auto-calculate the number of patients for males and females combined. If you cannot report sex separately, delete the formulas and enter data.

**STEP 4:** Scroll to the bottom and check out the visualizations available for the data you entered. Feel free to make your own!

Females						Males					Combined					
	Total Active Medical	≥1 Dose HPV	HPV Complete	Mening	Tdap	Total Active Medical	≥1 Dose HPV	HPV Complete	Mening	Tdap	Total Active Medical	≥1 Dose HPV	HPV Complete	Mening	Tdap	
1 SITE / PROVIDER	Number of Patients	100	60	40	80	90	100	60	40	80	90	200	120	80	160	180
	Vaccination Rate		60%	40%	80%	90%		60%	40%	80%	90%		60%	40%	80%	90%
2 SITE / PROVIDER	Number of Patients											0	0	0	0	
	Vaccination Rate											0	0	0	0	
3 SITE / PROVIDER	Number of Patients											0	0	0	0	
	Vaccination Rate											0	0	0	0	
4 SITE / PROVIDER	Number of Patients											0	0	0	0	
	Vaccination Rate											0	0	0	0	
5 SITE / PROVIDER	Number of Patients											0	0	0	0	
	Vaccination Rate											0	0	0	0	
6 SITE / PROVIDER	Number of Patients											0	0	0	0	
	Vaccination Rate											0	0	0	0	
7 SITE / PROVIDER	Number of Patients											0	0	0	0	
	Vaccination Rate											0	0	0	0	
8 SITE / PROVIDER	Number of Patients											0	0	0	0	
	Vaccination Rate											0	0	0	0	
9 SITE / PROVIDER	Number of Patients											0	0	0	0	
	Vaccination Rate											0	0	0	0	
10 SITE / PROVIDER	Number of Patients											0	0	0	0	
	Vaccination Rate											0	0	0	0	



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## Standing Orders

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- Policy that allows eligible health professionals to assess and administer recommended vaccinations.
- Stipulate that all patients meeting certain criteria should be vaccinated – age, underlying medical condition
- Empowers the healthcare professional to:
  - Track immunization history
  - Identify eligible patients
  - Educate patients –alert provider if patient still has questions or wants to talk with the provider
  - Administer vaccines

**Tip:**  
Standing Orders  
addresses both  
initiation and  
completion



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# Standing Orders Questions

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1. Does your system have standing orders for vaccination? If yes, who besides a provider vaccinates, how often, is standing order policy available for review?
2. If the system doesn't currently use standing orders for HPV vaccination:
  - Are standing orders commonly used in other areas of clinical care?
    - If yes, What made that roll out successful? Lessons that could be applied here?
    - If no, don't get stuck on implementation if they go against a system cultural norm, it's ok to move on!



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# Provider Reminders/Prompts

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## Nurse prompts:

Stickies  
Checklists  
Preprinted notes in client's chart  
Daily huddles

### Tip:

Provider prompts are more effective than parent reminders for initiating HPV vaccine series.

## EHR prompts:

Automatic pop-ups  
'To do' task list  
Many EHRs have prompts pre-installed that can be customized

- **Impact: Small to Medium**
- **Consideration: Adding language for recommendation may increase success**



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## Provider Reminders/Prompts Questions

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- ☐ Automatically determine which immunizations are due for each patient at every visit
- ☐ Alert providers that a patient is due for HPV vaccination
- ☐ Provide a report of patients who are not up-to-date on HPV vaccination or have not completed all doses
- ☐ Provide a report with provider-specific HPV vaccination rates
- ☐ Provide a missed opportunity report that identifies patients who had an appointment, were due for HPV vaccination, but did not receive a vaccine dose

### What else?

- Are alerts successfully used in other clinical areas?
- Do the alerts include sample scripts/language for making a recommendation?



# Patient Reminder/Recall

- ☐ **Texts**
- ☐ **Email**
- ☐ **Phone**
- ☐ **Mail**
- ☐ **Patient Portal**

## Tip

- Parents expect to be reminded about the next dose.
- Systematically sending reminders is **key** for series completion.

- **Impact: Small to Medium**
- **Cost: Can be high**
- **Most effective for second dose**



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# Patient Reminder/Recall Questions

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- |   |  |
|---|--|
| <input type="checkbox"/> Client reminders   | <input type="checkbox"/> Provider assessment & feedback        |
| <input type="checkbox"/> Extended hours   | <input type="checkbox"/> Provider prompts/reminders            |
| <input type="checkbox"/> Modified EHR   | <input type="checkbox"/> Standing orders                       |
| <input type="checkbox"/> Offered in alternative settings like schools or mobile units | <input type="checkbox"/> Other (specify): <input type="text"/> |
| <input type="checkbox"/> Parent/patient education                                     |  |

## What else?

- What methods of reminding patients has been successful in your clinic/system?
- Do you have existing platforms/systems in place that you could incorporate HPV reminders into?



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## Other Strategies to Increase Access

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- Schedule next dose before patient leaves the visit!!!!
- Administer **ALL** vaccines each patient is due for at **every** opportunity\*
  - Well child
  - Sick visits
  - Sports physicals
  - Nurse only visits
- Add and promote walk-in vaccination appointments
- Extend regular clinic hours or add weekend hours
- Add vaccine initiatives at school-based clinics
- Start HPV vaccine series at age **9**





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## Priority 2<sup>nd</sup> Dose Strategy

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Priority Strategy to Increase **Completion** Rates:

**Schedule next dose **before** patient leaves the visit!!!!**

# Maximize Use of Electronic Health Records

**Quality Dashboards:** Provide at-a-glance tools for providers to understand their performance versus organizational goals in real-time.

**System/Provider:** Best-practice alerts, appointment reports, order sets

**Member Portal:** reminders, recalls, overdue alerts, education, after visit summary



EHR Provider Dashboard Example



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# EHR Questions

## Baseline Information – Data Systems (complete at the beginning of the project)

16. EHR system:	<input type="text"/>	Other:	<input type="text"/>	Version:	<input type="text"/>
17. Population Management system and version:	<input type="text"/>				
18. Our system is currently set up to: (check all that apply)	<div><input type="checkbox"/> Automatically determine which immunizations are due for each patient at every visit</div> <div><input type="checkbox"/> Alert providers that a patient is due for HPV vaccination</div> <div><input type="checkbox"/> Provide a report of patients who are not up-to-date on HPV vaccination or have not completed all doses</div> <div><input type="checkbox"/> Provide a report with provider-specific HPV vaccination rates</div> <div><input type="checkbox"/> Provide a missed opportunity report that identifies patients who had an appointment, were due for HPV vaccination, but did not receive a vaccine dose</div>				
19. At this moment our EHR system has:	<div><input type="radio"/> Bidirectional interface with the State Immunization Registry</div> <div><input type="radio"/> Unidirectional interface with the State Immunization Registry</div> <div><input checked="" type="radio"/> No interface with the State Immunization Registry</div>				

## What else?

- Are there other clinical areas that have optimized your EHR to improve population health?
- What did they do that was effective? Are there any lessons to be learned/applied to HPV?



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# Key Question Review

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- Who's needs to be at the table?
- What population are you trying to impact?
- What's the problem you're trying to solve?
- How are you going to use the data once you have it?
- How do you use data to inform your all your intervention decisions?



# Intervention Tools

## Steps Guide:

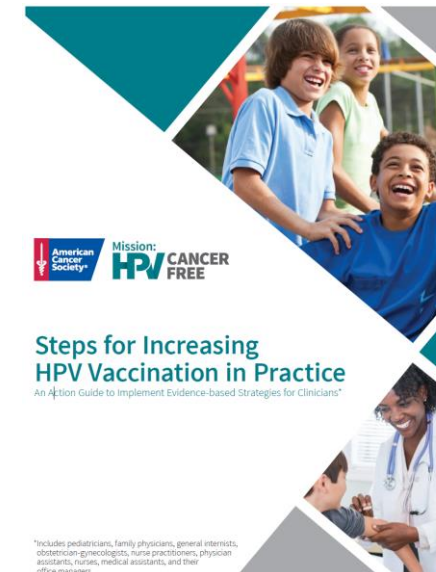
- Available via HPV RT resource page

## HPV VACs Data Tracker:

- Available via HPV RT resource page

## Merck EHR Related Tools

- <https://www.merckvaccines.com/Professional-Resources/EHRRelatedTools>



**HPV VACs Data Tracker: Baseline**

This tab is designed to help ACS staff and partners track and visualize data collected during HPV vaccination quality improvement projects. This version is designed for systems collecting baseline data. See the other tabs below for midpoint updates, monthly, follow-up, and site-level versions.

**INSTRUCTIONS:**

- The columns in this tracker are the same as the Systems and Registry Inventory (SRI).
- The tab is intended to collect the baseline data entered into the SRI.
- Click the [Help](#) link with the number of patients.
- For example, if the entire row for 11 & 12, copy patient counts directly from your baseline.
- Blue cells auto-calculate vaccination rates.
- Sign gray cells auto-calculate the combined age groups. If you cannot report age separately, delete the formula and enter data.
- No data needs to be entered into the dark gray cells.
- Refer to the SRI for detailed column definitions.
- Copy the charts below to share with your partner!

		Female				Male				Combined			
		Total Active	11-12	HPV	HPV	Total Active	11-12	HPV	HPV	Total Active	11-12	HPV	HPV
	Number of Patients	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	
11 & 12	Number of Patients	100	20	10	10	100	20	10	10	200	40	20	
	Vaccination Rate		20%	10%	10%		20%	10%	10%		20%	10%	
13-15	Number of Patients	100	20	10	10	100	20	10	10	200	40	20	
	Vaccination Rate		20%	10%	10%		20%	10%	10%		20%	10%	
16-18	Number of Patients	100	20	10	10	100	20	10	10	200	40	20	
	Vaccination Rate		20%	10%	10%		20%	10%	10%		20%	10%	
19-21	Number of Patients	100	20	10	10	100	20	10	10	200	40	20	
	Vaccination Rate		20%	10%	10%		20%	10%	10%		20%	10%	
22-24	Number of Patients	100	20	10	10	100	20	10	10	200	40	20	
	Vaccination Rate		20%	10%	10%		20%	10%	10%		20%	10%	
Baseline Total	Number of Patients	400	80	40	40	400	80	40	40	800	160	80	
	Vaccination Rate		20%	10%	10%		20%	10%	10%		20%	10%	

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### Professional Resources

#### EHR Related Tools

These tools highlight the capabilities within your electronic health record (EHR) to enhance the vaccination process.

##### Vaccination across different age groups

Discover information that may be useful in identifying appropriate patients for vaccination and creating patient lists (registries) using your EHR system.

##### Adult Vaccination

This document summarizes how you can use your EHR to identify and select groups of adult patients.

[Download](#)

##### Adolescent Vaccination

This document summarizes how you can use your EHR to identify and select groups of adolescent patients.

[Download](#)

# THANK YOU!

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[cancer.org](https://cancer.org) | 1.800.227.2345

A Health System  
Perspective:

# Initiating an HPV Cancer Prevention Initiative

Andrea Singh, MD

Pediatrics Chair, Park Nicollet

Co-Chair, Health Partners Children's Health Initiative



# Andrea Singh, MD

Park Nicollet/ HealthPartners



# Number of HPV-Associated and HPV-Attributable Cancer Cases per Year, U.S., 2012–2016

Cancer site	Number of HPV-associated cancers	Percentage probably caused by any HPV type	Estimated Number probably caused by any HPV type*		
			Female	Male	Both Sexes
Cervix	12,015	91%	10,900	0	10,900
Vagina	862	75%	600	0	600
Vulva	4,009	69%	2,800	0	2,800
Penis	1,303	63%	0	800	800
Anus**	6,810	91%	4,200	2,000	6,200
Oropharynx	19,000	70%	2,200	11,300	13,500
<b>TOTAL</b>	<b>43,999</b>	<b>79%</b>	<b>20,700</b>	<b>14,100</b>	<b>34,800</b>

\*Estimates were rounded to the nearest 100. Estimated counts might not sum to total because of rounding.





\*\*Includes anal and rectal squamous cell carcinomas

Sources: <https://www.cdc.gov/cancer/hpv/statistics> and Saraiya M et al. J Natl Cancer Inst.

2015;107:div086



# Park Nicollet's Rates

	MAYO CLINIC ROCHESTER, MN	FAIRVIEW MEDICAL GROUP MINNEAPOLIS, MN	PARK NICOLLET HEALTH SERVICES ST. LOUIS PARK, MN
 VACCINATIONS: ADOLESCENTS	 TOP 64%	 AVERAGE 34%	 AVERAGE 21%

	All Patients				
Performance Measure Baseline	Total Number Active Medical	HPV Vaccine			
		1 Dose	Series Complete	MCV4	Tdap
Patients who turned 13	4,009	1403	861	3,659	3,659
Vaccination Rates		35%	21%	91%	91%



# HPV Interventions - 2019

Activity	Timeline	Person Responsible
Clinician, staff, and Patient education	<ul style="list-style-type: none"> <li>4 quarterly meetings – all available on quality website</li> <li>Live Web-ex Series on education and presumptive language Jan 2019 - Completed</li> <li>Monthly updates to Immunization mentors – ongoing</li> <li>Maintenance of Certification project</li> </ul>	Dr. Garrett Jones, Clinical Quality, individual sites, providers, operations, frontline
Provider assessment and feedback	<ul style="list-style-type: none"> <li>Monthly operations review - rates</li> <li>Site quality reviews – as needed</li> <li>Monthly PCL meetings - 2020</li> </ul>	Clinical Quality, CMD, Clinic Managers, Regional Directors, Regional Medical Directors
Patient reminder/recall system	<ul style="list-style-type: none"> <li>Well Child Overdue Registry – Implemented</li> <li>HPV 2<sup>nd</sup> Dose Registry – Implemented</li> <li>New Overdue Immunization Registry – Implemented</li> <li>HPV 2<sup>nd</sup> dose Texting – Dec. 2018 – early 2019</li> </ul>	Clinical Quality, Immunizations Disparities Workgroup, Peds Standards Workgroup, CIM, CMP, Local teams
Provider and staff reminders	<ul style="list-style-type: none"> <li>Health Maintenance Alerts - Implemented</li> <li>Dynamic Smartsets - Implemented</li> <li>MIIC Reconciliation Banner Alert – Implemented</li> <li>Pre visit planning smartsets – Implemented</li> </ul>	Frontline Rooming Staff Clinicians
Partnerships	<ul style="list-style-type: none"> <li>Pilot with Urgent Care in offering and administering second dose HPV – 2019 - 2020</li> <li>Pilot with Dental – identification of patients needing second dose HPV, offering to bring patient to adjacent PC clinic for same day vaccination- 2020</li> </ul>	Clinical Quality, EPIC, Dental, UC, local teams



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Patient reminder/recall system	<ul style="list-style-type: none"> <li>• Well Child Overdue Registry – Implemented</li> <li>• HPV 2<sup>nd</sup> Dose Registry – Implemented</li> <li>• New Overdue Immunization Registry – Implemented</li> <li>• HPV 2<sup>nd</sup> dose Texting – Dec. 2018 – early 2019</li> </ul>	Clinical Quality, Immunizations Disparities Workgroup, Peds Standards Workgroup, CIM, CMP, Local Sites
Provider and staff reminders	<ul style="list-style-type: none"> <li>• Health Maintenance Alerts - Implemented</li> <li>• Dynamic Smartsets - Implemented</li> <li>• MIIC Reconciliation Banner Alert – Implemented</li> <li>• Pre-visit planning smartsets – Implemented</li> </ul>	Frontline Rooming Staff Clinicians
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**Cancer Prevention Through  
HPV Vaccination in Your  
Practice:** An Action Guide for  
Physicians, Physician Assistants,  
and Nurse Practitioners



# Clinician Role in HPV Cancer Prevention – Live WebEx

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## Be a vaccine advocate!

- Fact: Providers **do not** strongly recommend the HPV vaccine.
  - Only 76% of practitioners routinely recommend HPV vaccine for girls and only 46% for boys<sup>1</sup>
  - Only 53% of parents received follow-up counseling or recommendation after initially declining the vaccine<sup>2</sup>

<sup>1</sup>McRee et al. *Journal of Pediatric Healthcare*, 2013

<sup>2</sup>Kornides et al. *Academic Pediatrics*, 2018



# Clinician Role in HPV Cancer Prevention – Live WebEx

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## Be presumptive!



- Presumptive

- “Today your child will be getting the HPV vaccine”



- Participatory

- “What do you want to do about the HPV vaccine today?”

AAP News

July 7, 2017

Doctors’ presumptive language  
increases HPV vaccine acceptance



# Clinician Role in HPV Cancer Prevention – Live WebEx

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## Don't offer to delay the vaccine

- Providers offered or recommended delay in 65% of encounters
- Same-day HPV vaccination occurred much more frequently when delay was not offered
  - 82% vs. 6%



# Clinician Role in HPV Cancer Prevention – Live WebEx

## Feel comfortable addressing questions or concerns

- Address myths with fact
- Don't be afraid to challenge myths and engage with families, but always be respectful
- Know your reliable resources

- American Cancer Society (ACS)
- CDC
- MDH
- Immunize.org
- CHOP Vaccine Education Cent

The infographic is divided into two main sections. The top section, titled 'Talking to Parents about HPV Vaccine', provides advice on how to communicate with parents, such as recommending vaccination in the same way as other adolescent vaccines and using phrases like 'Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV cancers, and pertussis.' The bottom section, titled 'Top 10 List for HPV #VaxSucces', lists strategies to attain and maintain high HPV vaccination rates, including appreciating the significance of the recommendation, using the right approach by presenting it as a common vaccine, and creating systematic pathways. To the right of the list are several callout boxes addressing common questions and myths, such as 'Why does my child need this?', 'How do you know the vaccine works?', 'I'm worried my child will think that getting this vaccine makes it OK to have sex.', and 'Can HPV vaccine cause infertility in my child?'.

**Talking to Parents about HPV Vaccine**

Recommend HPV vaccination in the same way and on the same day as all adolescent vaccines. You can say, "Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV cancers, and pertussis." Remind parents of the follow-up shots their child will need and ask them to make appointments before they leave.

**Why does my child need this?**

HPV vaccine is important because it prevents infections that can cause cancer. That's why we need to start the shot series today.

**How do you know the vaccine works?**

Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in young people since it has been available.

**I'm worried my child will think that getting this vaccine makes it OK to have sex.**

Studies tell us that getting HPV vaccine doesn't make kids more likely to start having sex. I recommend we give your child her first HPV shot today.

**Can HPV vaccine cause infertility in my child?**

There is no known link between HPV vaccination and the inability to have children in the future. However, women who develop an HPV precancer or cancer could require treatment that would limit their ability to have children.

**What diseases are caused by HPV?**

Some HPV infections can cause cancer—like cancer of the cervix or in the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot today.

**What vaccines are actually required?**

I strongly recommend each of these vaccines and so do experts at the CDC and major medical organizations. School entry requirements are developed for public health and safety, but don't always reflect the most current medical recommendations for your child's health.

**Yes, I gave HPV vaccine to my child (or grandchild, etc.) when he was 11, because it's important for preventing cancer.**

HPV vaccination can help prevent future infection that can lead to cancers of the penis, anus, and back of the throat in men.

**Top 10 List for HPV #VaxSucces**  
Attain and Maintain High HPV Vaccination Rates

1. Appreciate the significance of the HPV vaccination recommendation.
  - By knowing HPV vaccination rates among your patients, you will be preventing cancer. Acknowledge the importance of your recommendation to parents to get their children vaccinated.
  - This is especially important for HPV vaccination.
2. Clinician recommendation is the number one reason parents decide to vaccinate.
  - Recommend the HPV vaccine the same day and the same way you recommend all other vaccines. For example, "Now that Danny is 11, he is due for vaccinations to help protect against meningitis, HPV cancers, pertussis, and flu. We'll give those shots during today's visit."
3. Use the right approach by presenting immunizations the correct way, especially with the HPV vaccine.
  - Like all vaccines, we want to give HPV vaccine earlier rather than later. If you wait, your child may need three shots instead of two.
4. Motivate your team and facilitate their immunization conversations with parents.
  - Starting with your front office, ensure each team member understands the importance of HPV vaccine, is educated on proper vaccination practices, and recommendations, and are ready to answer parental questions. Be sure staff regularly checks immunization records, places calls to remind families about getting vaccines, and reports back to you.
5. Create systematic pathways and procedures that help your team attain and maintain immunization rates.
  - Establish a policy to vaccinate at every visit. Create a system to check immunization status ahead of all sick and well visits. Remind the patient, staff should remind if the patient is due for immunization, with special consideration to HPV vaccination. Use standing orders.
6. Utilize your local health department's resources.
  - Utilize the resources of the local health department to achieve your goals of protecting your patients.
7. Know your rates of vaccination and refusal.
  - Develop your staff to assist you with knowing your actual vaccination rates and learning more about why some patients are behind on their vaccines. They can also help you facilitate solutions on how to bring these patients in and keep immunization rates up.
8. Maintain strong doctor-patient relationships to help with challenging immunization conversations.
  - It is extremely gratifying when parents who initially questioned immunization agree to get their child vaccinated on time. It's always nice to hear "Chad, that makes sense and I trust you!"
9. Be familiar with vaccine skepticism and critics by learning more about their reasoning.
  - Be prepared with answers to accurately, accurately, and compassionately inform parents with the most current medical facts. Skeptics often accept their provider's explanation if presented correctly.
10. Use personal stories of those who vaccinated children in your family.
  - Providing personal examples shows you believe in the importance of immunization, especially HPV vaccine. Personal stories can be effective recommendations—can help parents better understand the benefits of HPV vaccination for cancer prevention.

Adapted with permission from Health & Safety (2019)  
The 10 Immunization Success Factors Poster Design  
by Priscilla, Unsplash.com

HPV VACCINE  
IS CANCER PREVENTION

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

HPV VACCINE  
IS CANCER PREVENTION

# Clinician Role in HPV Cancer Prevention – Live WebEx

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## Minimize “missed opportunities”

- Review vaccines at every visit (not just Well visits)
  - Now it is easy to find missing vaccines via Health Maintenance Alerts (HMAs)
  - Even if families decline today, it “plants the seed” for tomorrow
- Use the sticky notes feature in electronic medical record
  - Easy way to remember what was discussed at the last visit regarding vaccines



# HPV Interventions – 2019

## Leveraging data

Activity	Timeline	Person Responsible
Clinician, staff, and Patient education	<ul style="list-style-type: none"> <li>4 quarterly meetings – all available on quality website</li> <li>Live Web-ex Series on education and presumptive language Jan 2019 - Completed</li> <li>Monthly updates to Immunization mentors – ongoing</li> <li>Maintenance of Certification project</li> </ul>	Dr. Garrett Jones, Clinical Quality, individual sites, providers, operations, frontline
<b>Provider assessment and feedback</b>	<ul style="list-style-type: none"> <li><b>Monthly operations review - rates</b></li> <li><b>Site quality reviews – as needed</b></li> <li><b>Monthly PCL meetings - 2020</b></li> </ul>	<b>Clinical Quality, Local teams, Regional Directors, Regional Medical Directors</b>
<b>Patient reminder/recall system</b>	<ul style="list-style-type: none"> <li><b>Well Child Overdue Registry – Implemented</b></li> <li><b>HPV 2<sup>nd</sup> Dose Registry – Implemented</b></li> <li><b>New Overdue Immunization Registry – Implemented</b></li> <li><b>HPV 2<sup>nd</sup> dose Texting – Dec. 2018 – early 2019</b></li> </ul>	<b>Clinical Quality, Immunizations workgroups, Peds Standards workgroup, CIM, CMP, Local teams</b>
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Partnerships	<ul style="list-style-type: none"> <li>Pilot with Urgent Care in offering and administering second dose HPV – 2019 - 2020</li> </ul>	Clinical Quality, EPIC, Dental, UC, Local teams



# Leveraging Data

Drill Order Measures Components Table Graph Control Chart

Drag and drop to reorder dimensions

Dimensions

Family of Care

Year

Location

Clinician

Patient

Clinician	Eligible Patients	% Met Combo 1: Tdap + Meningococcal	% Met Combo 2: HPV + Tdap + Meningococcal
	36	94.44%	41.67%
	1	100.00%	0.00%
	2	50.00%	
	16	81.25%	
	5	100.00%	
	2	100.00%	
	2	100.00%	
	34	94.12%	
	6	83.33%	
	1	100.00%	
	67	92.54%	
	5	60.00%	
	6	83.33%	
	2	100.00%	
	185	90.81%	

Patient	Gender	Tdap	Meningococcal	HPV	HPV: # doses
	Female	Y	N	N	1
	Male	Y	Y	N	
	Female	Y	Y	N	
	Female	Y	Y	N	1
	Male	Y	Y	N	1
	Male	Y	Y	N	
	Female	Y	Y	Y	2
	Female	Y	Y	Y	3
	Female	Y	Y	Y	2
	Male	Y	Y	N	
	Male	Y	Y	Y	2
	Female	Y	Y	Y	2
	Male	N	N	N	
	Female	Y	Y	N	1
	Male	Y	Y	Y	2



# Monthly Quality Rankings

	Goal	Bloom	Brook	Burns	Carlson	Champ	Chan	Lakeville	Maple Grove	Mpls	Prior Lake
Adol Imms	30.0%	41.7%	35.2%	37.8%	41.9%	50.0%	44.2%	46.3%	36.3%	24.9%	26.9%

% Green	% Yellow	%Red	Measure
88.9%	11.1%	0.0%	Adol Imms
Over 50% green or yellow is highlighted			
Over 20% red is highlighted			



# HPV Interventions- 2019 & Beyond

Activity	Timeline	Person Responsible
Clinician, staff, and Patient education	<ul style="list-style-type: none"> <li>4 quarterly meetings – all available on quality website</li> <li>Live Web-ex Series on education and presumptive language Jan 2019 - Completed</li> <li>Monthly updates to Immunization mentors – ongoing</li> <li>Maintenance of Certification project</li> </ul>	Dr. Garrett Jones, Clinical Quality, individual sites, providers, operations, frontline
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<b>Partnerships</b>	<ul style="list-style-type: none"> <li><b>Pilot with Urgent Care in offering and administering second dose HPV – 2019 - 2020</b></li> <li><b>Pilot with Dental – identification of patients needing second dose HPV, offering to bring patient to adjacent PC clinic for same day vaccination- 2020</b></li> </ul>	<b>Clinical Quality, EPIC, Dental, UC, Local sites</b>





We hope that your  
organization will join  
us and say “we’re in”  
for HPV cancer  
prevention in 2020.





Welcome Jennifer Nkonga!

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## We're In! 2020



### Your Health System is Invited to Join *We're In! 2020* for HPV Cancer Prevention

Healthy People 2020 is here! This year, we are calling upon U.S. health systems to protect adolescent population health by preventing HPV cancers.

Only 51% of teens are fully vaccinated against HPV cancers. We can do much better.

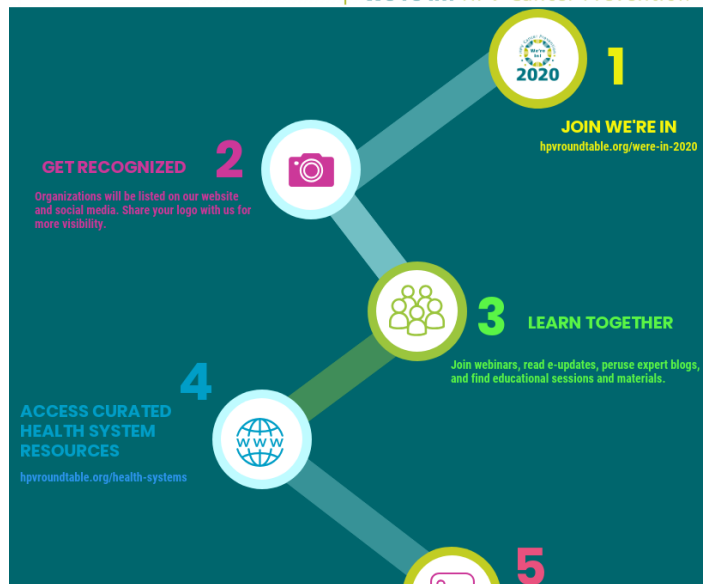
Your health system is part of the solution. The National HPV Vaccination Roundtable invites your organization and public health partners to join us in a national movement to prioritize and improve HPV vaccination. [Sign on today](#) for a year of learning, networking, and improving health through cancer prevention.

[www.hpvroundtable.org/were-in-2020](http://www.hpvroundtable.org/were-in-2020)

# WHERE TO FIND OUT MORE:



## ENGAGEMENT ROADMAP



## Preventing HPV cancer and increasing HPV vaccination rates.



January 28, 2020

Dear Health Care Colleagues,

A new decade lays before us, full of possibilities and challenges. As member organizations of the National HPV Vaccination Roundtable, we are relentless advocates for cancer prevention through adolescent immunization. The *We're In! 2020* Initiative is a means to catalyze health systems to close the HPV cancer prevention care gap.

By joining *We're In! 2020*, your organization is agreeing to prioritize HPV vaccination. We will support you in this endeavor with the latest evidence and tools. Here is a quick road map to how your organization can take part in this initiative:

1. **JOIN WE'RE IN! 2020**: Speak with your leadership, and make the case for cancer prevention as part of your organizational commitment to adolescent health. By joining *We're In! 2020* your organization is agreeing to determine your current HPV vaccination rates and set a performance improvement goal. Your organizational commitment is voluntary. To join, sign the online commitment at [hpvrroundtable.org/were-in-2020](http://hpvrroundtable.org/were-in-2020).
2. **GET RECOGNIZED**: Any organization that signs on will be listed on our website. We'd love to showcase your logo in our *We're In! 2020* gallery and shout out on our social media platforms (#werein2020HPV). Once you sign on, you'll receive a downloadable communications toolkit to promote your efforts to your own patients and staff.
3. **LEARN TOGETHER**: Receive e-updates, read expert blogs and join webinars with national thought leaders. We'll send short topical e-updates each month, and announce webinars to support your work.



Assistant Secretary for Health  
Office of Public Health and Science  
Washington D.C. 20201

Dear Colleague,

Your health system has the power to make a lasting impact on cancer prevention – and save lives – by increasing human papillomavirus (HPV) vaccination rates. While nearly every American will be infected with HPV at some point in their life, HPV vaccination rates remain low and only 51% of adolescents are fully vaccinated. Improving HPV vaccination rates in your health system can decrease costs, improve quality care, and deliver better patient experiences by preventing 92% of HPV cancers.

I would like to personally invite you to join the **We're In! 2020 Initiative for HPV Cancer Prevention**, a national endeavor dedicated to working with U.S. health systems to achieve high HPV vaccination rates. By joining, and implementing evidence-based best practice models, your organization will be recognized as one of a handful of elite health systems leading the way in cancer prevention. You will also receive access to education from national experts, networking opportunities, and evidence-based tools to support high-impact actions for healthcare staff and patients across the system.

*We're In! 2020* is led by the **National HPV Vaccination Roundtable**, a coalition of more than 70 national organizations working at the intersection of immunization and cancer prevention to raise HPV vaccination rates and prevent HPV cancers. It is also supported by the U.S. Department of Health and Human Services, where we are **committed to improving HPV vaccination rates** by bolstering HPV and cancer control coalitions, providing technical training to states and immunization professionals, and **funding activities to support health system engagement**.

We have the tools, expertise, and potential to take a remarkable leap forward in improving the health of our community and nation by preventing more than 30,000 cases of HPV cancer each year. That future is only possible when we all work together. Please join *We're In! 2020* to help end HPV cancers and be a national leader in HPV vaccination. Together we can end HPV cancers in our country.

Sincerely,

Brett P. Giroir, M.D.  
ADM, USPHS

# WE'RE IN! 2020

# LEADERSHIP ENGAGEMENT

- [Roadmap Infographic](#)
- [How to Join Letter](#)
- [Invitation from the Assistant Secretary of Health @ HHS](#)

# We're In! 2020 Implementation Resources

- Clinician & Health System Action Guides
- Case studies
- HPV Prioritization PowerPoint slide decks
- Quality improvement tools
- Videos
- Webinar recordings

[www.hpvroundtable.org/health-systems](http://www.hpvroundtable.org/health-systems)

**National HPV Vaccination Roundtable**

## Integrated Delivery Systems Showcase

**SPOTLIGHT ON: Advocate Children's Hospital, Chicago, IL**

Advocate Health Care is the largest health system in Illinois, with 6,000 physicians in an integrated network and 200 sites of care and specialty clinics from Chicago to central Illinois. Physicians are both employed and aligned with the system.

**Why was HPV vaccination prioritized?**

- In Illinois, one payor, BlueCross BlueShield (BCBS), covers nearly 3 out of 4 covered lives. BCBS strongly encouraged Advocate to take on improving HPV vaccination rates, using the metric of two shots by age 13.
- Advocate's Population Health Office (PHO) incentivized employed physicians to improve rates in 2017-2018.
- July 2017 started initiative with a general pediatrician for HPV provider lecture – unified groups, provided metrics on HPV vaccination rates

BASLINE HPV Vaccination Rates	POST-INTERVENTION HPV Vaccination Rates
18% Compared to 76% for Tdap and meningococcal	Advocate saw a 40% relative increase in HPV vaccination rates between May 2018 and October 2018. (Absolute increase of 8.1% average). 74 sites were being monitored and 46 of them saw an improvement with HPV.

Learn more about HPV treatments at Advocate Children's Hospital, Chicago, IL at <https://www.advocatechildrenshospital.com/care-and-treatment/hpv>

# Q & A

Enter your questions in the Q & A pod

**ACCESS TOOLS:** [www.hpvroundtable.org/health-systems](http://www.hpvroundtable.org/health-systems)

**JOIN *WE'RE IN! 2020*:** [www.hpvroundtable.org/were-in-2020](http://www.hpvroundtable.org/were-in-2020)

# POLL #3

Future Topics



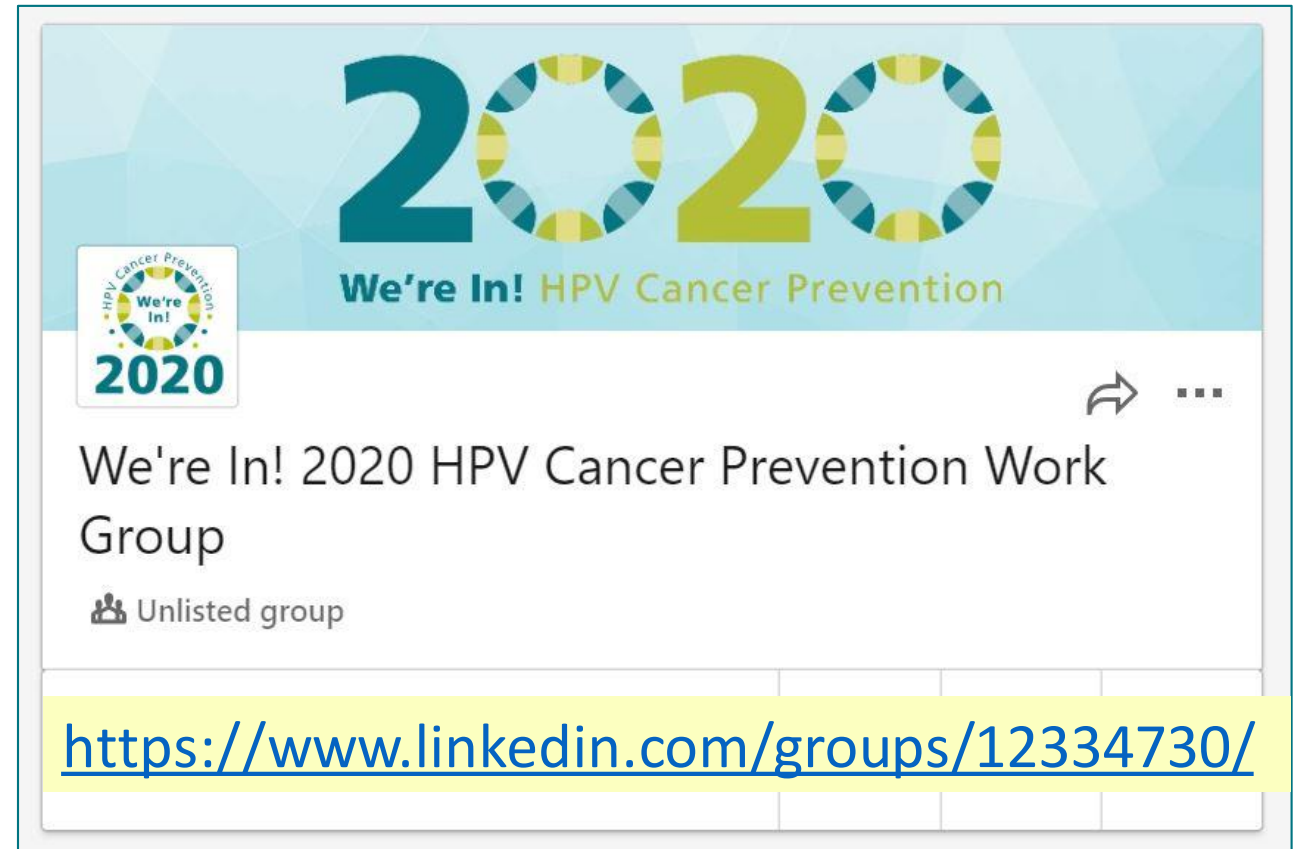


***WE'RE IN!***  
**2020 WEBINARS:**

- May—Back to School Preparation
  - Vaccination season prep
  - Best practices: patient reminders
  - System showcase
- Sept/Oct—Mid-year Progress
  - How are we faring?
  - Challenges and solutions
  - Innovations from systems
- February 2021—Results
  - Celebrating collective progress
  - Sharing national data
  - Recognizing Hall of Fame achievers
  - Showcase of best practices

# Connect to Peer Organizations

Join organizations that have signed on to *We're In! 2020* to share resources, event information, and progress about your work.



THANK YOU  
FOR  
PARTICIPATING  
TODAY!



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