October 2020 Webinar

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

• **We’re In!** Updates & Context Overview

• Atrium Health’s HPV vaccination quality improvement initiative
  • Q & A

• Scientific Update
  • Q & A
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<td>Community Health Care Association of New York State (CHCNYS)</td>
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<td>Comprehensive Cancer Coalition Prevent Cancer Idaho</td>
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<td>Montana Immunization Program</td>
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<td>Oklahoma State Department of Health, Immunization Services</td>
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<td>Pennsylvania Dept. of Health, Division of Cancer Control and Prevention</td>
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<td>Southern Illinois Cancer Action Network</td>
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<td>Stigler Health &amp; Wellness Center, Inc., OK</td>
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<td>Surfing for Hope Foundation, CA</td>
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<td>University of Louisville- Gynecologic Oncology, KY</td>
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<td>46.</td>
<td>Wichita Falls-Wichita County Public Health District, TX</td>
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2019 NIS Teen Data Update: Adolescent Vaccination Rates

Source: https://www.cdc.gov/mmwr/volumes/69/wr/mm6933a1.htm

Up from 51.1% in 2018!
2019 NIS Teen Data Update: Health Insurance Status for HPV UTD Vaccination

Source: https://www.cdc.gov/mmwr/volumes/69/wr/mm6933a1.htm

Data available at: https://stacks.cdc.gov/view/cdc/91795
• Rates for vaccinations, primary, and preventive services among children in Medicaid and CHIP have steeply declined during the pandemic.

• This decline may have significant impacts on long-term health outcomes for children, as Medicaid and CHIP cover nearly 40 million children, including three quarters of children living in poverty and many with special health care needs that require health services.
DANGER: Declining Childhood Screening Services

CMS Performance Indicator Data

Preliminary data show the number of child screening services declined substantially through April, started to rise in May, but is still substantially lower than prior years’ rates.

Screening rates among children dropped from nearly 68 screens per 1,000 beneficiaries to a low of 28 screens per 1,000 beneficiaries in April, back up to 35 screens per 1,000 beneficiaries in May.

Notes: These data are preliminary. Data are sourced from the T-MSIS files via APMC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runway and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

• Released 12 months of data on changes in enrollment in Medicaid and CHIP (Children’s Health Insurance Program)
CMS Performance Indicator Data

Figure 2. National adult and child enrollment in Medicaid and CHIP, July 2019 to June 2020, CMS Performance Indicator Data

Table 2. National adult and child enrollment, July 2019 to June 2020

What We Must Do:
States, Agencies, Providers, Schools, Health Systems

1. Return to prior year primary and preventive visit levels

2. Catch-up on overdue medical, behavioral health and dental appointments as well as childhood immunizations.

Tips from Atrium Health on Driving up HPV Completion Rates...

During a Pandemic

Dr. Lyn Nuse
Who Are We?

**Atrium Health** (formerly Carolinas Healthcare System)

- Charlotte, NC
- Network of over 40 hospitals and 900 care locations throughout NC, SC, and GA
- Medical Group with 3000 physicians and APPs

**Atrium Health Levine Children’s**

- Levine Children’s Hospital, Jeff Gordon Children’s Center, 32 general pediatric clinics, 3 large specialty clinics
- Ranked by US News and World Report in 8 specialties
Our Quality Journey

• Longstanding quality program across Atrium’s enterprise

• 5 years ago, Pediatric Quality Workgroup formed to drive quality of care for children

• “What is the right thing to do for our patients?”
  • At that time, our rate of vaccination was 12% for females by age 13yo. Males were not included.

• Expanded the metric to include males and to look at completion rates within different age groups.
  • Because our Tdap and Meningococcal vaccination rates exceed 90%, we elected not to use the standard HEDIS metric

• In 2019-2020, we partnered with the American Cancer Society on a QI MOC project around HPV Vaccination, focusing on provider education and training in the Announcement Approach. As a result, we have achieved our greatest performance to date.
Why HPV Vaccine?

We want to prevent cancer.
• Continued to struggle in pockets of our division
  • No discernable pattern: clinic size, patient demographic

• Chance to partner across service lines
  • Family Medicine sees about 15% of all children within AH
  • AH Gynecologic Oncologist as expert presenter

• Offered MOC
  • All 32 General Peds practices, 5 FM
Atrium Health aims to increase HPV vaccination initiation rates by 10% and completion rates by 15% among 11 to 13-year-old adolescents by January 31, 2021 at all clinic sites participating in the MOCQI Project. The ultimate goal of this project is to meet or exceed the 80% completion rate by 2026 in accordance with the ACS’s Mission HPV Cancer-Free goal.
2020 Performance

HPV Vaccination Completion
Ages 11-17 years

- % HPV Vaccine Completion
- Target
- Baseline

Jan-20: 48.0%
Feb-20: 48.9%
Mar-20: 48.3%
Apr-20: 47.4%
May-20: 47.9%
Jun-20: 46.5%
Jul-20: 45.3%
Aug-20: 45.9%
Sep-20: 50.6%
Oct-20: 52.7%
Keys to Success—the 3 E’s

• Establish the Why
• Educate
• Execute
Establishing the Why

• Leadership sets and articulates the vision

• Involve frontline physicians and APPs

• Acknowledge that it’s hard work

CHANGE ISN’T EASY
• Educate Providers
• Educate Staff
• Educate Parents/Patients
Execute

• Measure It!!!
  • Clear goals
  • Division, Clinic, Provider levels
  • Monthly feedback
  • Data review with each required ACS/MOC webinar

• Remove Barriers
  • Suggested workflows
  • PI coordinators

• Celebrate the Wins!
COVID Challenges

- With “Safer at Home” all clinics moved to essential visits only
  - Focused on under 2yo wellness visits

- AH experienced decreased visits and immunization rates similar to national trends

- AH developed a comprehensive re-entry plan setting expectations for “COVID-Safe” care

- Children’s implemented several workflow changes to address parent concerns and promote COVID-Safe care.
  - Virtual Visits for well and sick care
  - Online completion of forms prior to Wellness visits
  - In-office flow changes to minimize/eliminate patient contact with others
  - Implementation of virtual waiting room
  - Universal Masking and Screening of everyone entering our doors
Atrium has an ongoing well visit “recall campaign” that runs all year. Any patient > 14 months or more without a wellness visit is contacted to schedule their annual exam.

General Pediatrics has created a process to run practice level reports of lapsed WCVs:

- **Establishing the Why**: Set expectation for all offices to follow
- **Educate**: Communicated process to all practices through monthly meeting cascade
- **Execute**: Measure office visit volumes and utilization of templates
Take-Aways: ACS Partnership/MOCQI

• Created a unified approach to increasing HPV vaccination rate.

• Our collective message to parents/patients is now the same.

• There is always a way to “do it better”.

• Expanded our repertoire in discussing the subject with families

• Gave us standard, validated, evidence-based tools to use with families
Q & A Session
Scientific Updates

Debbie Saslow, PhD
HPV Vaccination and the Risk of Invasive Cervical Cancer

Jiayao Lei, Ph.D., Alexander Ploner, Ph.D., K. Miriam Elfström, Ph.D., Jiangrong Wang, Ph.D., Adam Roth, M.D., Ph.D., Fang Fang, M.D., Ph.D., Karin Sundström, M.D., Ph.D., Joakim Dillner, M.D., Ph.D., and Pär Sparén, Ph.D.

HPV Vaccination Prevents Invasive Cervical Cancer

- Quadrivalent vaccine
- 1.7 million females ages 10-30
- 528,000 were vaccinated
- 83% of vaccination was in girls ages 10-16
- Sweden, 2006-2017
- In 2007, vaccinated females ages 13-17
- In 2012, added catch-up for ages 13-18 and school vaccination for ages 10-12
- Organized screening with Pap ages 23-29 and primary HPV ages 30-64
- Outcome: cervical cancer or age 31, whichever came first
HPV Vaccination Prevents Invasive Cervical Cancer

- 528,000 females vaccinated
- 518,000 included
  - 439,000 were ages 10-16
  - 60,000 were ages 17-19
  - 30,000 were ages 20+

- 1,145,000 unvaccinated
- 528,000 included

- 19 cases of cancer
  - 2 cases in ages 10-16
  - 10 cases in ages 17-19
  - 17 cases in ages 20+

- 538 cases of cancer

88% protection against invasive cervical cancer when vaccinated before age 17
## Impact of Age at Vaccination

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<th>Age at Vaccination</th>
<th>Effectiveness against CIN3+</th>
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<td>12-13</td>
<td>86%</td>
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<tr>
<td>17</td>
<td>51%</td>
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<td>18-21</td>
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<tr>
<th>Age at Vaccination</th>
<th>Effectiveness against invasive cervical cancer by age 31</th>
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<tr>
<td>10-16</td>
<td>88%</td>
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<td>10-19</td>
<td>64%</td>
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<tr>
<td>17-30</td>
<td>53%</td>
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Questions

❖ The 88% reductions in girls getting the vaccine before 17 are for sexually active girls?
❖ For girls getting the vaccine at 17+ and not sexually active, is their protection any less than those getting vaccinated sooner?
❖ What does this Swedish study show about vaccinating those past 17 and past 20 years?
❖ How will these data impact screening using Paps in this cohort as they turn 21?
❖ Are any similar studies underway in the United States?
❖ With the new data coming out of Sweden, will ACS reassess the recommendation not to vaccinate past 26 years of age?
❖ How to message these new data to parents?
❖ What do we know about male HPV related cancers? Are there current studies?
1. Screening for cervical cancer is recommended for individuals with a cervix starting at age 25 years.

For individuals aged 25 to 65 years, screening should be done with a primary HPV test* every 5 years.

If primary HPV testing is not available, screening may be done with either cotesting that combines an HPV test with a Papanicolaou (Pap) test every 5 years or a Pap test every 3 years.

*A primary HPV test is an HPV test that is done by itself for screening. The FDA has approved certain tests to be primary HPV tests.
2. Individuals older than 65 years who have had regular screening with normal results should not be screened for cervical cancer. Once screening is stopped, it should not be started again.

3. Individuals who do not have a cervix (for example, because of a hysterectomy) and who do not have a history of cervical cancer or a serious precancer should not be screened.

Co-testing or cytology testing alone are included as acceptable options for cervical cancer screening because access to primary HPV testing may be limited in some settings. As the US makes the transition to primary HPV testing, the use of cotesting or cytology alone for cervical cancer screening will be eliminated from future guidelines.
We anticipate that self-sampling will play an increasingly prominent role in cervical cancer screening once regulatory and clinical prerequisites are in place.
Questions

- Differences between ACS, ACOG, and USPSTF recommendations
- Controversies about the new recommendations
  - Age to start
  - Transition to primary HPV screening
WE’RE IN!
2020 WEBINARS—The Updated Plan

- JULY—Getting Back on Track
  - Best practice sharing
  - Strategies to get patients in

- OCTOBER—Mid-year Check-In
  - NIS Teen Update
  - Challenges and solutions
  - Innovations from systems

- DECEMBER—Pulse Check Survey
  - COVID-19 2020 impacts
  - Planning for 2021
  - LATE JANUARY—Retrospective Webinar
HPV VACCINATION TOOLS & RESOURCES

The National HPV Vaccination Roundtable is on a mission to raise HPV vaccination rates and prevent HPV cancers in the United States.

OUR VISION:

We see a future where HPV immunization rates are raised to 80%, and looking beyond, we will advance towards eliminating vaccine-preventable HPV cancers.

THANK YOU FOR ATTENDING TODAY!

hpvroundtable.org

Funding for this presentation is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a cooperative agreement award totaling $300,000 for FY2021. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.
### Questions & Answers from Attendees:

| **Dr. Nuse Questions:** |  
|-------------------------|-----------------|
| 1 How do you go about educating providers and staff - via staff meetings, CMEs, professional organizations, etc. | We use multiple platforms: each practice identified a staff champion for the ACS project who was responsible for educating their teams, our PI coordinators round regularly and interact with staff to educate and spread updates, and then we have regular practice huddles where everyone (staff, managers, providers) are available and providers can educate staff there. |
| 2 Did you have a hard time getting all physicians on board with promoting and administering HPV vaccine starting at age 11? If so, what information/education was provided to them to help change their thinking towards HPV? | We have a handful who are still uncomfortable, but our gyn oncologist provided great education around safety and reasoning behind the age recommendation. That converted most of those who were hesitant up until then. Over the years, we have distributed studies and resources on a regular basis, but hearing it from an expert peer seemed to have the most impact for those who had doubts despite the info shared previously. |
| 3 Can you talk more about how you involve social media? Is it targeting parents? Adolescents? Which platforms do you use? | Levine Children's Facebook page primarily, focusing on messaging primarily to parents. We also have an Instagram page, but our demographic info shows most parents are on FB (our page has over 40,000 "members"). We have a series around HPV vaccine that we repeat/update each summer, representing the viewpoints form general peds, gynecology, and oncology. |
| 4 Do you have dedicated P.I. Coordinators? | Yes, 2 Performance Improvement Coordinators for ambulatory pediatrics |
| 5 May you provide us with examples of evidence based tools | The ACS MOC QI tool really speaks to the announcement approach and the reframing of concerns. Their QI program is one that has been studied extensively, and published. I am happy to help get you those references. NOTE: Also check out the HPV Roundtable Resource Library: www.hpvroundtable.org/resource-library. |

| **Dr. Saslow Questions:** |  
|-------------------------|-----------------|
| 12 With the groups differing on guidelines, our Health Plan partners often go by USPSTF, so they have to wait until that organization changes for them to make coverage changes for their member bases | USPSTF does recommend everything that ACS recommends with the exception of HPV testing or co-testing for ages 25-29. |