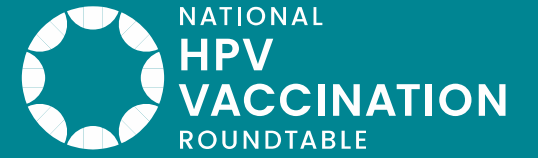




Katie Crawford
Senior Payor
Engagement Manager

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Director, National HPV
Vaccination Roundtable

**Enhancing HPV Vaccination
Efforts Through Health Plans**



Who We Are

American Cancer Society and the ACS National HPV Vaccination Roundtable



Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

ACS HPVRT Snapshot



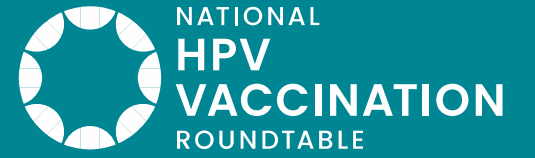
History: Established in 2014 by the ACS, in partnership with the CDC, to serve as an umbrella organization to engage all types of partners who are committed to reducing HPV –associated cancers in the US.



Mission: To reduce the incidence of and mortality from HPV-associated cancers through coordinated leadership, strategic planning, and advocacy. We believe that by working together over the long-term, the US can move towards ending vaccine-preventable HPV cancers as a public health problem.



Membership: Collaborative partnership of 90+ member organizations, including nationally known experts, thought leaders, and decision makers.



Health Plan Learning Collaborative

HPV Vaccination

2024 Health Plan Learning Collaborative: Adolescent Immunization



OVERVIEW

The American Cancer Society (ACS) HPV VACs (Vaccinate Adolescents against Cancers) Program is pleased to announce a 2024 *Health Plan Learning Collaborative: Adolescent Immunization* opportunity focused on increasing HPV vaccination rates and eliminating missed vaccination opportunities among 9- to 13-year-old adolescents. Since 2015, the HPV VACs program has leveraged quality improvement (QI) strategies and resources to support public health agencies, health care providers, and screening advocates across the nation to promote and deliver HPV vaccination appropriately, safely, and equitably.

By engaging with ACS, health plans will have the opportunity to hear from national experts, learn from peers, and discuss successes and challenges. ACS will facilitate promising and best practice sharing to support your quality improvement efforts to deliver the HPV cancer prevention vaccine.

ACS staff will provide strategy, materials, training and technical assistance, data and measurement tools, and the latest research to maximize project outcomes.

OBJECTIVES

- Increase on-time HPV vaccination rates.
- Increase understanding of effective strategies to improve vaccination rates.
- Create a comprehensive quality improvement action plan led by core team including ACS staff.
- Embrace a culture of team-based quality improvement.
- Use data to inform all aspects of the project.
- Implement effective, evidence-based interventions.
- Execute sustainable and meaningful process improvement.
- Share resources, successes, challenges, and lessons learned between health plan partners.

PRIORITIZING HPV VACCINATION AS CANCER PREVENTION

American Cancer Society's *Mission: HPV Cancer Free* aims to increase U.S. adolescent HPV vaccination rates to 80% by 2026.

We need your help to achieve a world that is HPV cancer free. We can prevent 36,000+ cancers/year and millions of preventable abnormal cervical cancer screenings. There is urgency to catch up on lost ground due to the pandemic. Adolescents have missed getting their HPV vaccine and health plans are key partners to make sure every child is protected from future cancers.

Together, our efforts can lead to the first generation free from HPV cancers.

Model used for illustrative purposes only. ©2023 American Cancer Society, Inc.

HEALTH PLAN REQUIREMENTS

Focus on improving HEDIS adolescent immunization measure
Focus efforts on HPV series completion to improve overall IMA performance.

Engage Leadership and Core Team
Engage health plan leadership to prioritize cancer prevention and convene a core quality improvement team including your ACS staff partner(s).

Participate in regular quarterly calls
Topics may include:

- Reminder recall and using your data
- Understanding hesitancy and increasing vaccine confidence
- Delivering provider education
- Communication and marketing - promising practices for members and providers

Review Data
Collaborate with your ACS staff partner(s) to use the data collection tool to measure baseline, midpoint, and final data throughout the project.

Carry Out Quality Improvement & Evidence-Based Interventions
Set goals and create action plan with ACS staff using data, previous activities, QI methods, evidence-based interventions, and system capacity.

NOTE: Each participating health plan is encouraged to present one case study and/or best practice during the learning collaborative calls.

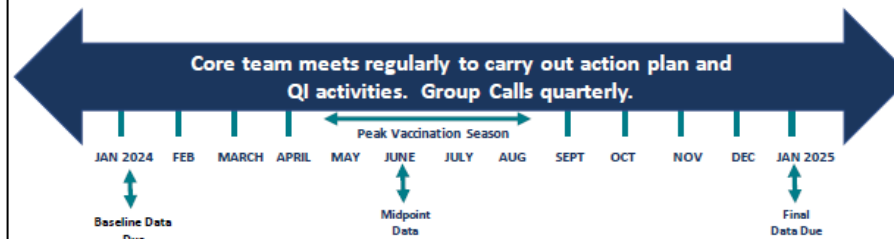
ADDITIONAL ENGAGEMENT OPPORTUNITIES (OPTIONAL)

- ACS to host provider webinar series for health plans
- ACS to host quarterly best practices calls for health systems and plans
- Co-branded member, employer, and provider facing materials (with licensing agreement)
- Timely materials and tools to utilize

DATA COLLECTION REQUIREMENTS

- ✓ Submit baseline, midpoint, and final reports, including demographic characteristics, planned and completed interventions, and vaccination rates by reporting deadlines in the comprehensive quality improvement data planning tool entitled the Data and Reporting Tool (DART).
- ✓ Additional requirements and sample questions are available in the [Data Definitions Appendix](#).
- ✓ Required data submission dates:
 - Baseline Report – January 19, 2024
 - Midpoint Report – June 28, 2024
 - Final Report – January 17, 2025

REPORTING TIMELINE



Objectives of the cohort

- 1 **Increase** HPV on-time vaccination rates and reduce barriers to care
- 2 **Increase** understanding of effective strategies to improve vaccination rates
- 3 **Create** a comprehensive quality improvement action plan led by core team including ACS team member
- 4 **Embrace** a culture of team-based quality improvement
- 5 **Use** data to inform all aspects of the project
- 6 **Implement** effective, evidence-based interventions
- 7 **Execute** sustainable and meaningful process improvement
- 8 **Share** resources, successes, challenges, and lessons learned between health plan partners



2023 Health Plan Learning Collaborative Projects

HPV Vaccination Impact Summary | January 1 – December 31, 2023



19

Product lines from 14 plans



11

States impacted



127,554

Age 13 HPV vaccination eligible patients



3.0%

Average percentage point change for HPV completion



68,310

Members that have initiated HPV series

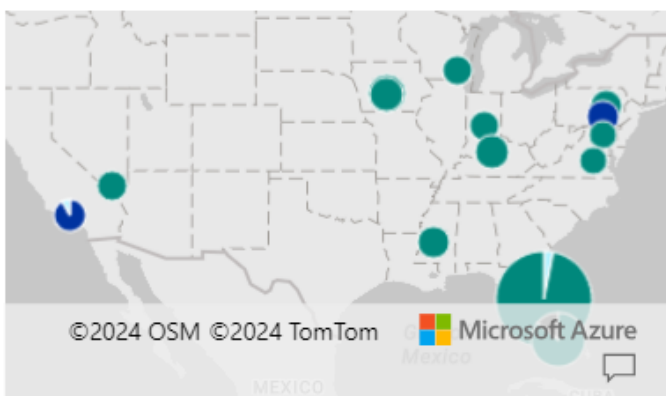


43,577

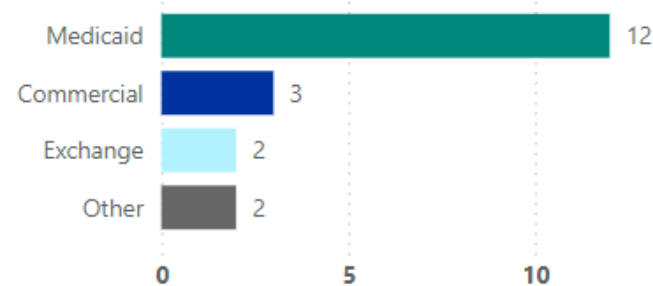
Members that have completed the HPV series

Projects' characteristics

Participating health plans reached 11 states



Majority of plans reach Medicaid members



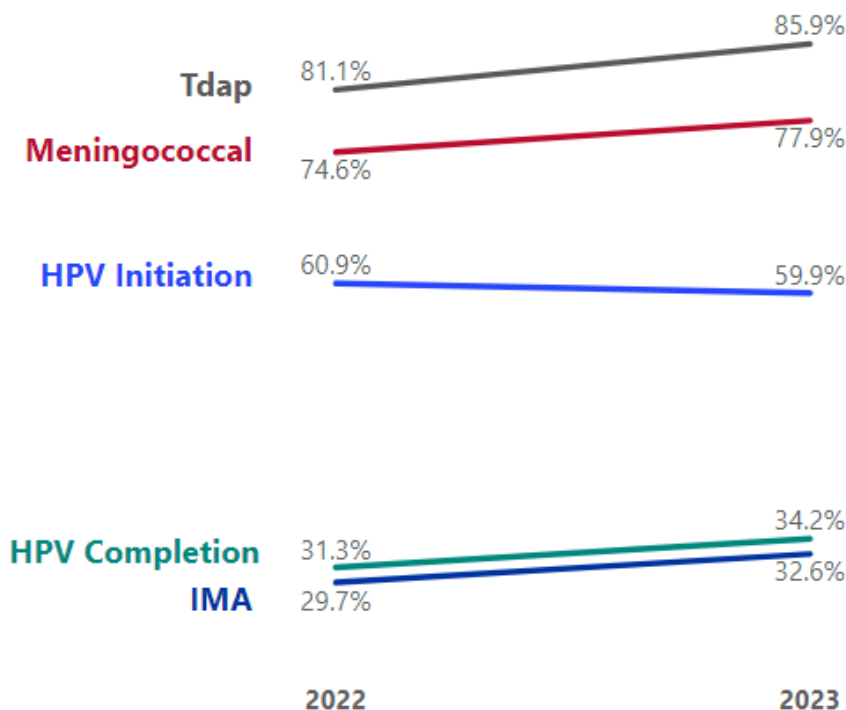
Projects' implementation activities

Plans reported implementing a total of 49 provider and 33 member interventions



Projects' impact on HPV vaccination

HPV series completion increased by 3.0% percentage points, which also improved overall IMA rates by 3.0% percentage points.



INTERVENTION SPOTLIGHT:

Member-Directed Interventions



Successes

- Addition of HPV-specific member incentives
- Updated member outreach lists to include ages 9-13
- Outreach to adolescents who need 2nd dose
- Using reminders has reduced no-show rates



Challenges

- Length of approval processes to for new materials
- Limited use of member website
- Incorrect member contact information



In 2023, [our health plan] rolled out a new birthday card for members turning 9 years old. This birthday card included education about the HPV vaccine and encouraged members to talk to the pediatrician to get the series started.”

INTERVENTION SPOTLIGHT:

Provider-Directed Interventions



Successes

- Addition of HPV-specific provider incentives
- HPV vaccination gap lists for providers
- Addition of HPV vaccination resources to provider website and newsletters



Challenges

- Pushback from providers on vaccinating at age 9
- Clinic staff turnover and leadership changes



We gave providers reports on which patients were not compliant with IMA with a breakdown on who was not compliant with HPV. This was well received.

LESSONS LEARNED:

Learning Collaborative



Successes

- We convened plans to prioritize HPV vaccination
- Excitement to learn from ACS and peers
- Health plans reported & utilization HPV data
- Promotion and use of materials

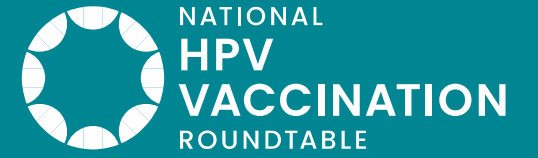


Challenges

- Plans need more than 12 months to see outcomes
- Robust implementation requires stronger teams
- HEDIS IMA fails to assess progress on ages 9-12



We have so many measures that you lose sight of how you're performing. [The data] helps you see it really is HPV that's pulling us down, right? ...If we could just move HPV, you know, 10%, what impact would that have overall?



Health Plan Summit

HPV Vaccination

In-Person Health Plan Summit

- ACS convened 20 health plans from across the country on August 29-30th, 2023 for a 2-day summit to catalyze action for quality improvement on adolescent HPV vaccination.
- Included 55 clinical and QI leaders from ACS partnering plans joined ACS team members, HPV researchers, industry partners and national experts to discuss promising practices and troubleshoot with peers.



Methods for In-Person Collaboration

Provider Engagement

Describe provider-directed interventions health plans have implemented/could implement to increase HPV vaccination.

- Categories: Provider Incentives/Recognition, Provider Outreach, Provider Training, Standing Orders, Assessment and Feedback, Provider Prompts/Reminders, Other

Member Engagement

Describe member-directed interventions health plans have implemented/could implement to increase HPV vaccination.

- Categories: Incentives, Reminders, Education, Digital/Social Media Campaigns, Other (e.g., Member portal optimization)

Starting HPV Vaccination at Age 9

Describe interventions health plans have used/could use to encourage or increase HPV vaccination starting at age 9.

- Categories: Provider, Member, Other

Participants received three different colored sticky notes:

- Green = currently doing/have done
- Yellow = planned but not implemented
- Pink = dream space



Methods for In-Person Collaboration

Day 2 transitioned grid outcomes into small group discussions. The primary goal was to share and discuss impactful implementation practices and challenges.

Discussion 1:

How can health plans deepen or innovate interventions to improve **provider** communication, engagement & EBIs?

Discussion 2:

How can health plans **best reach members & other stakeholders** through engagement & EBIs?

Discussion 3:

How can health plans promote **HPV vaccination starting at age 9?**

Member Reminders

Currently doing:

- phone calls to members (MD) ^{or}
- post-cards (pre prepped for clinics - have patients write after visit has stamp - clinic mails at monthly intervals)

↳ Shay (MD):

- ↳ how to handle transient patients
- ↳ addresses issue when can't schedule 6-12 mo out

Fristy (PA) - love postcard but barrier = PHI on postcard? ^{really good for m}

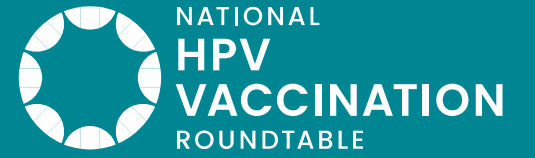
- "may be due for vaccines like HPV"
- plan can't send but provider may be able to
- parent writing = consent?

Clarissa - recent prov. feedback of lack of capacity for anything new

- also feedback on NO PAPER
↳ all reminders go thru medical EHR

↳ how could plans collaborate on state coalition / medicaid





Cancer Prevention Through HPV Vaccination

An Action Guide for Health Plans



Cancer Prevention Through HPV Vaccination: An Action Guide for Health Plans

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[Link to Health Plan Action Guide](#)



Acknowledgements

The American Cancer Society National HPV Vaccination Roundtable (ACS HPVRT) would like to thank all members of the HPV Learning Collaborative¹ and all participants of the 2023 Health Plan Summit² for participating in the discussion and activities that made the development of this action guide possible.

A Collaborative Project: The Health Plan Action Guide is a collaborative project of the ACS HPVRT and the American Cancer Society (ACS). This guide does not necessarily represent the views of all ACS HPVRT member organizations.

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Released July 2024



¹ACS has worked with health plans through the HPV Learning Collaborative to identify and explore health plans' existing and future efforts to increase HPV vaccination. Through qualitative research, including interviews with health plans, the Learning Collaborative has found that plans are eager to increase their involvement in HPV vaccination uptake efforts, both in partnership with each other and ACS. The Learning Collaborative fosters collaboration among health plans and increases their involvement in adolescent vaccination efforts.

²In August 2023, ACS and the ACS HPVRT hosted a Health Plan Summit featuring cancer control, immunization, public health, policy, and research experts and leaders from the Robert Wood Johnson Foundation (RWJF), Merck, the Association of Immunization Managers (AIM), ACS, and more than 20 health plans spanning Medicaid and commercial markets. The Summit served as a platform for health plans and key partners to assess the state of HPV vaccination in the United States and begin to think about best practices and common themes for health plans related to implementing HPV vaccination interventions. Click [here](#) for a summary of the Health Plan Summit.

Your health plan has the power to reduce the burden of human papillomavirus (HPV) cancers by motivating improvements in HPV vaccination rates. This action guide features steps your health plan can take to increase HPV vaccination and work toward eliminating HPV cancers for future generations.

The Problem

HPV is a common virus that can cause six types of cancer. **About 13 million people, including teens, become infected with HPV each year.** When HPV infections persist, people are at risk for cancer.¹ While HPV infection has no treatment, the HPV vaccine is extremely effective at preventing HPV infections and HPV cancers. Unfortunately, rates of HPV vaccination lag behind other adolescent vaccinations.

The Solution

The HPV vaccine is cancer prevention. The HPV vaccine can prevent more than 90% of HPV cancers when given to boys and girls between the recommended ages of 9–12, and it is most effective at achieving a better immune response when the first dose is given at age 9.²

Health plans are a critical part of the solution. More than nine out of 10 Americans have health insurance, giving health plans significant potential to impact HPV vaccination and cancer prevention. Health plans have the unique ability to reach multiple parts of the health care system, including providers and parents. They can also reach the parents of adolescents without a medical home.

Why prioritize HPV vaccination?

In addition to benefiting member care and well-being, health plans that focus on HPV vaccination can:



Decrease costs

In the coming decades, vaccinating adolescents now could save health plans billions of dollars associated with the following medical care:

- Cancer treatment
- Abnormal Pap tests
- Office visits
- Treatment of genital warts
- Procedures for cervical cancer prevention

Total economic burden for the most prominent HPV-related cancers in 2020:
\$2.9 billion*

Total annual medical cost of cervical cancer care in 2020:
\$2.3 billion**



Improve Healthcare Effectiveness Data and Information Set (HEDIS) Immunizations for Adolescents¹ (IMA) performance

- HPV vaccine series completion rates drive health plan HEDIS IMA performance. Improvements to HPV vaccine uptake may increase your health plan's performance when compared to peers.
- Depending on the state and product, health plans may be eligible for incentives that help them improve their HEDIS IMA measure.



If every health plan prioritizes HPV vaccination, every health plan will benefit.

"My member today might be your member tomorrow."

– Health plan representative of the National HPV Learning Collaborative



Actions Your Health Plan Can Take

ACTION 1: Form an HPV Vaccination Team

A team-based approach to HPV vaccination is key for continuous improvement in HPV vaccination rates.

- Create a team that will champion HPV vaccination. Consider representatives and subject matter experts from the following categories:
 - Provider engagement
 - Member engagement
 - Population health
 - Information technology (IT)
 - Quality Improvement (QI)
 - Dental
 - Pharmacy
- The HPV vaccination team should meet consistently (e.g., on a monthly basis) to:
 - Create an action plan
 - Plan, implement, and evaluate interventions
 - Monitor progress
 - Maintain ongoing engagement with health plan leadership
- Engage existing groups with similar missions, including:
 - Internal immunization policy panels
 - External groups, including local immunization and cancer control partners and [American Cancer Society \(ACS\) local and regional staff](#)²

- Review your data on HPV vaccination-related measures and consider taking the following steps to understand your HPV vaccination achievement levels:
 - Review the last several years of your plan's product-specific data for the HEDIS IMA measure.
 - Compare the vaccination rates for HPV against meningococcal and Tdap vaccination rates.
 - Compare your plan's rates to the HEDIS benchmarks for your state.
 - Run additional data pulls to assess HPV vaccination gaps by demographics and evaluate adolescents who have initiated the HPV series by receiving one or more HPV doses prior to age 13. Compare HPV initiation data to your other HEDIS IMA data to assess gaps in starting the series.

Action Item: After forming an HPV vaccination team and reviewing your health plan's HPV vaccination-related data, create an action plan to guide your HPV vaccination work. Set realistic and measurable objectives, and include steps for engaging various internal and external audiences and for securing leadership support.

Did You Know?

Health plans have a significant role to play in increasing HPV vaccination rates by educating providers and parents and implementing innovative approaches to incentivize and facilitate adolescent vaccination.



ACTION 2: Make the Business Case for HPV Vaccination & Secure Leadership Support

Secure buy-in from leadership for HPV vaccination efforts by leveraging research and data that quantifies the cost burden of cancer and the cost savings from HPV vaccination.

Evaluate your health plan's spending on the following:

- HPV-related cancers
- Screening and diagnostic testing for HPV-related cancers
- Treatment of genital warts
- Positive HPV tests
- Procedures for cervical cancer prevention
- Surveillance and monitoring related to anogenital and oropharyngeal cancer and recurrent respiratory papillomatosis

Then communicate to leadership how increasing HPV vaccination rates serves your health plan's bottom line:

- Present the potential cost savings for your health plan to put forth a tangible business case for how investing in HPV vaccination can benefit the business.
- Emphasize that the [cost of treating](#)³ HPV cancers is a significant economic burden, and this burden will only increase if HPV vaccination initiation and completion rates do not improve.

Action Item: Create a one-page brief to present the business case of increasing investment in HPV vaccination to health plan leadership. Pull from studies like those referenced in this action guide that quantify the cost savings associated with HPV vaccination and your health plan's HPV-related spending.

Did You Know?

HPV vaccination can reduce the incidence of cancers and pre-cancers, thereby reducing the economic burden associated with HPV cancers.



ACTION 3: Promote a Cancer Prevention Narrative

A significant barrier to improving HPV vaccination rates is getting past the messaging of HPV as a sexually transmitted infection. You have an important role to play in changing the narrative among providers and parents—and within your own health plan.

Your health plan can contribute to reframing the narrative around HPV through messaging that:

- Emphasizes cancer prevention and pro-immunization messaging in all HPV vaccination efforts, interventions, and communications.
- Delivers a clear and simple message that highlights the HPV vaccine as a cancer prevention vaccine that starts at age 9.

Example Evidence-Based Messages:

- The HPV vaccine prevents six types of cancer.
- HPV vaccination is safe and effective.

The American Cancer Society recommends that boys and girls start HPV vaccination at age 9 and complete the series no later than age 12. Communicate to members and providers the importance of completing the HPV vaccination series for the best protection against HPV cancers.

Action Item: Review your existing HPV vaccination materials for providers and for members. Do they emphasize the HPV vaccine as cancer prevention? If not, repurpose existing materials from the [ACS HPV Vaccination Roundtable⁴](#) (ACS HPVVRT) and [ACS⁵](#) that emphasize cancer prevention, refresh your existing materials, and distribute the updated materials.

COVID-19 Catch-Up

While all childhood and adolescent vaccination rates [experienced declines⁶](#) during the COVID-19 pandemic, research has shown that the HPV vaccine experienced the largest and most prolonged drop in missed vaccine doses. Further, HPV vaccinations are not rebounding proportionally to well-child visits, suggesting a concerning occurrence of missed opportunities and the need for focused efforts on HPV vaccine initiation and completion.



ACTION 4: Promote the HPV Vaccine Starting at Age 9

Communicate with providers, members, and health plan leadership on the facts of age 9 initiation to make a strong case for prioritizing initiation of the HPV vaccine at this age.

- Emphasize that one of the most effective ways to ensure the vaccine series is completed by age 13 is to initiate the vaccine series at age 9.
- Share the many [benefits of age 9 initiation⁷](#).
- Leverage existing data supporting age 9 initiation in combination with the recommendations from:
 - [American Cancer Society⁸](#)
 - [American Academy of Pediatrics \(AAP\)⁹](#)
 - [Human Vaccines & Immunotherapeutics \(HVI\) Special Issue¹⁰](#)

Example Evidence-Based Messages:

- Vaccination at younger ages generates a stronger immune response than later vaccination, offering better protection against HPV cancers.
- The American Academy of Pediatrics and the American Cancer Society recommend that children get the HPV vaccine starting at age 9 to prevent six types of cancer later in life.

For more sample evidence-based messaging around age 9, see the [Start at 9 Toolkit¹¹](#) and the [“Why Age 9?” Fact Sheet¹²](#).

Action Item: Review your existing HPV vaccination materials for providers and members. Do they emphasize the benefits of starting at age 9? If not, go to the resources under Action 4 to find key messages that emphasize the importance of age 9 initiation, refresh your existing materials, and distribute the updated materials. For more information, tools, and resources on age 9 initiation, visit the [ACS HPVVRT's Start HPV Vaccination at Age 9¹³](#) website.

Anticipate and Address Structural Barriers

Anticipate structural barriers to providers recommending HPV vaccination at age 9. For example, some EHR platforms may not include HPV vaccination prompts in automatic wellness reminders or providers may push back to earlier recommendations. You can initiate provider and member outreach and education interventions to help combat these barriers.





ACTION 5: Leverage HPV Vaccination Partnerships

You are not alone in your efforts to improve HPV vaccination rates and reduce the burden of HPV cancers.

Maximize the impact you can make by connecting with others who are engaged in HPV vaccination efforts:

- Rely on your [ACS team member](#)¹⁴ for resources, project management support, and collaborative opportunities.
- Connect with organizations such as:
 - HPV or immunization coalitions in your state (e.g., [ACS HPVRT](#),¹⁵ [National Network of Immunization Coalitions](#)¹⁶)
 - Immunization managers (i.e., [Association of Immunization Managers](#),¹⁷ [state immunization managers](#)¹⁸)
 - [Comprehensive cancer control coalitions](#)¹⁹
 - [State Medicaid director](#)²⁰
 - State Medicaid managed care associations
 - State medical professional organizations and chapters
- Work with your state coalitions and other state immunization influencers to distribute HPV vaccination [call-to-action letters](#)²¹ for health care providers and parents.

Leverage local and national resources. Identifying meaningful partnership opportunities can help you expand your health plan's reach and impact in the HPV vaccination space and create efficiencies by utilizing existing resources and educational materials.

Action Item: Identify a state-level coalition or association related to HPV vaccination or adolescent immunization for your health plan to join.

Did You Know?

The biggest predictor of HPV vaccination uptake is an effective recommendation from a health care provider.



ACTION 6: Implement Provider-Focused Interventions

Strategic engagement with providers is critical to ensure they are properly educated on and making a strong recommendation for HPV vaccination.

Types of [provider-focused interventions](#)²² include, but are not limited to:

- **Provider Education and Training:** Provider education aims to increase providers' knowledge and change their attitudes about vaccination. A strong recommendation from a health care provider is the top predictor of HPV vaccination uptake. How providers communicate about the vaccine and address parental concerns matters.
 - **Provider education information on HPV vaccination may be shared through:**
 - [Written materials](#)²³
 - [Videos](#)²⁴
 - [Continuing medical education \(CME\) programs](#)²⁵
 - **Consider training materials that include content and incorporate resources such as:**
 - Existing resources from partners such as [ACS](#),²⁶ [ACS HPVRT](#),²⁷ [AAFP](#),²⁸ and [AAP](#)²⁹
 - Materials on the [evidence-based announcement approach](#)³⁰ for effectively recommending the HPV vaccine
 - Resources or training that discuss the HPV vaccine as cancer prevention
 - Provider education materials specific to HPV versus general IMA materials
 - **Consider collaborating with partners to educate and train providers on quality improvement (QI) methods and HPV vaccination by:**
 - Hosting educational webinars
 - Offering Maintenance of Certification (MOC)
 - Providing CME opportunities
 - Based on the content of training and education sessions, **tailor the invitation list** to include the most appropriate representative from a provider practice or system—whether it be QI, clinical, or administrative staff.



- **Provider Reminders/Recall:** Health care providers can use reminders/recall systems to identify and notify families when it is time for a patient's cancer screening or vaccination (called a "reminder") or when the patient is overdue for vaccination (called a "recall").

- **Example Intervention:** Provide health care providers with sample letters, portal messages, postcards, and phone scripts to help them communicate effectively with patients and parents about the HPV vaccine.
 - Letters and member portal messages can educate parents on HPV vaccination and remind them to start at age 9.
 - Postcards can facilitate the scheduling of series completion appointments.
 - Phone calls help to ensure series completion, especially prior to a member's 13th birthday. Phone scripts can help staff address parent hesitancy or concerns and lead with a strong cancer prevention recommendation.

- Provider Assessment and Feedback:** Provider assessment and feedback assess providers' delivery of HPV vaccines and gives providers feedback on their performance.

Providers value benchmark data and the opportunity to assess how they perform against their peers. Health plans routinely send providers and provider groups gap lists that detail members with due vaccinations. Plans that aim to move toward more impactful feedback may want to consider the following:

- Start HPV vaccination care gap reporting at age 9.
- Send provider or provider group vaccination rates (instead of lists of members due in the next month or two) that include HPV vaccination performance compared to other adolescent vaccines.
- Contact providers with low HPV vaccination rates, and consider offering Maintenance of Certification to those providers.
- Collaborate with your state immunization registry, state immunization manager, and/or state health department to create provider vaccination report cards to share more comprehensive reports with providers instead of just the portion of their patients enrolled in your plan.

- Provider Incentives:** Provider incentives are direct or indirect rewards intended to motivate providers to recommend and administer the HPV vaccine. Rewards are often monetary but can also include non-monetary incentives (e.g., recognition, continuing medical education credit).

- **Example Intervention:** Implement dose-specific incentives.
 - Create dose-specific provider incentives, attaching separate incentives to each dose in the HPV series.
 - Dose-specific efforts may require innovative approaches to access data beyond the HEDIS IMA measure. Consider strategies to include non-value-based providers in these incentive programs.
 - Ensure that immunization information system (IIS) data is consistent with your plan data to avoid missing members or doses.
- **Example Intervention:** Recognize providers who are HPV vaccination champions.
 - Providers who are high achievers in HPV vaccination metrics deserve to be rewarded and acknowledged for their achievements, and such recognition may motivate them to sustain and/or expand their HPV vaccination efforts. Recognition may be given via monetary rewards, celebrations (e.g., pizza parties), posters, or plaques. It's important to remember that efforts in rewarding high-achieving providers should also recognize the efforts of all office staff!

Action Item: Assess your health plan's existing provider-focused interventions. Consider whether they are rooted in evidence-based practices³¹ and result in meaningful changes to providers' attitudes toward and recommendations of HPV vaccination. Remember, interventions work best when done in combination with other interventions.

Recognize your high achievers by nominating them for national and state level awards, such as AIM's Immunization Champion Award!³²

Key Considerations

There is no one-size-fits-all approach for facilitating immunization reminders for providers. Provider characteristics, including size, geography, and the demographics of their service population all determine the unique administrative and resource burden a provider faces. For example, small or rural provider practices may benefit from receiving pre-filled and ready-to-send postcards for second-dose reminders rather than only resources for online portals. Meanwhile, large health systems may prefer to leverage online medical portal reminders, for which your health plan could provide ready-to-upload virtual reminders.

ACTION 7: Implement Member-Focused Interventions

It is crucial for health plans to thoughtfully conduct outreach to members and parents and ensure they have the information, support, and resources necessary to feel confident in choosing to vaccinate their child against HPV. These efforts can also help educate and drive members to seek out the HPV vaccine.

Types of [member-focused interventions](#)³³ include:



Member Reminders:

Member reminders are written (letter, postcard, email, text) or telephone messages (including automated messages) advising members that they are due for vaccination. Enhance your member reminders with one or more of the following:

- Follow-up printed or telephone reminders
- Additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to vaccination
- Assistance in scheduling appointments
- Cue cards or scripts for plan staff that do live-call reminders



Member Incentives:

Member incentives are small, non-coercive rewards (e.g., cash or coupons) that aim to motivate members to seek HPV vaccination.

– Carefully assess member incentives.

- Member incentives may not be the most effective use of resources to drive meaningful change in HPV vaccination rates.
- Make sure member incentives align with your health plan's vaccination goals, are rooted in evidence-based practices, and are specific enough to meaningfully reach members who would not otherwise have started or completed the HPV vaccine series.
- When implementing member incentives, always ensure they are accessible and that members can easily find out about, document, and report the vaccines and receive the incentive. It is also important to ensure that the incentive program is permitted under the plan's contract with the state Medicaid agency and complies with any other statutory, regulatory, or administrative requirements (e.g., the Department of Insurance).



Member Education:

Member education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to HPV vaccination with the goal of informing, encouraging, and motivating them to seek vaccination.

- Initiate parent education efforts for HPV vaccination at age 8 or earlier to allow parents enough time to learn about the vaccine, ask questions, and feel prepared to get their child vaccinated against HPV at their age 9 well-child visit.
- **Example Intervention:** Start HPV vaccine education before age 9.
 - Birthday card reminders: One way to get an early start on promoting age 9 initiation is to send educational birthday cards to the household at age 8 or earlier to begin raising awareness about HPV vaccination.
 - Clinic resources: Distribute member education materials or resources to either low-performing provider groups or high-volume provider groups (ideally targeting those provider groups with corresponding education/interventions).
 - Inform parents that if children wait until age 15 to get the HPV vaccine, they will need three doses. But if your child gets the HPV vaccine between ages 9–14, they only need a total of two doses—that's one fewer shot to complete the series.



Social and Digital Media:

Social and digital media interventions utilize social and digital media campaigns (e.g., advertisements on Instagram/X) to reach a wide audience. Although health plans cannot directly target members via social media campaigns, they can target audiences of interest (i.e., families with children ages 9–13).

Use these interventions to bolster your member education efforts.

- Identify trusted or relatable messengers and spokespeople (real or fictional) to serve as the face of social and digital media campaigns (i.e., a nurse, athletic coach, or community leader will be more engaging than the health plan's chief medical officer).
- Include personal stories from parents, cancer patients/survivors, or caregivers for a particularly compelling way to drive engagement.
- Prioritize video and image posts over text-heavy content to ensure accessibility regardless of literacy levels.

Did You Know?

Some organizations offer existing partnerships with health plans to host a series of educational webinars on HPV vaccination for providers.

Action Item: Assess your health plan's existing member-focused interventions. Consider whether they are rooted in **evidence-based practices**³⁴ and result in meaningful changes to members' immunization decisions. Remember, interventions work best when done in combination—make sure your planned interventions target both providers and members meaningfully.






ACS and ACS HPVRT Resources:

- [Health Plans and HPV Vaccination](#)²⁵
- [ACS HPVRT Resource Center](#)²⁶
- [Age 9 Video Abstracts](#)³⁷
- [Start HPV Vaccination at Age 9](#)³⁸
- [HPV and HPV Fact Sheets](#)³⁹

Follow ACS:

-  <https://www.instagram.com/americancancersociety/>
-  <https://www.youtube.com/@americancancersociety>
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-  <https://x.com/HPVRtable>
-  <https://www.facebook.com/HPVRtable/>

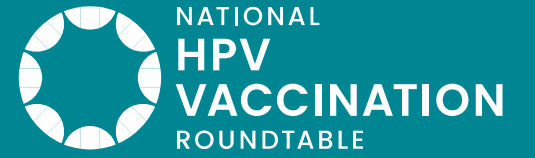
Appendix: References & Resource Links**References:**

- ¹ Reasons to Get HPV Vaccine: <https://www.cdc.gov/hpv/parents/vaccine/stx-reasons.html>
- ² ACS HPV Vaccine: <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-vaccine.html>
- ³ Financial Burden of Cancer Care: https://progressreport.cancer.gov/after/economic_burden
- ⁴ Healthcare Costs of HPV-Related Cancers: <https://pubmed.ncbi.nlm.nih.gov/34018457/>

Resource Links:

1. NCQA IMA: <https://www.ncqa.org/hedls/asures/immunizations-for-adolescents/>
2. Connect with your local ACS: <https://www.cancer.org/about-us/our-partners.html>
3. Healthcare Costs of HPV-Related Cancers: <https://pubmed.ncbi.nlm.nih.gov/34018457/>
4. ACS HPVRT Resource Center: <https://hpvrtable.org/resource-center/>
5. ACS HPV Vaccination Resources for Health Professionals: <https://www.cancer.org/health-care-professionals/hpv-vaccination-information-for-health-professionals/hpv-vaccination-resources-for-health-professionals.html>
6. Impact of COVID-19 Pandemic on Vaccination Uptake: <https://pubmed.ncbi.nlm.nih.gov/37671468/>
7. ACS HPVRT Why Age 9? Fact Sheet: https://hpvrtable.org/wp-content/uploads/2023/05/HPV_Roundtable-HPV_Why_Age_9_Sales_Sheet_WEB.pdf
8. ACS HPV Vaccine: <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-vaccine.html>
9. AAP Age 9 Recommendation: <https://publications.aap.org/journal-blogs/blog/23697/initiation-of-hpv-vaccination-at-9-10-years-of-age>
10. ACS HPVRT HVI Special Issue: <https://www.tandfonline.com/journals/khv20/collections/HPV-vaccination-starting-age-9>
11. ACS HPVRT Start at 9 Toolkit: https://hpvrtable.org/wp-content/uploads/2023/05/FINAL_NW_Summit-Clinic-Toolkit-Print-On-Demand-Kits.pdf
12. ACS HPVRT Why Age 9? Fact Sheet: https://hpvrtable.org/wp-content/uploads/2023/05/HPV_Roundtable-HPV_Why_Age_9_Sales_Sheet_WEB.pdf
13. ACS HPVRT Start HPV Vaccination at Age 9 Website: <https://hpvrtable.org/start-hpv-vaccination-at-age-9/>
14. ACS Regional Partners: <https://acs4ccc.org/acs-ccc-resources/acs-regional-partners/>
15. ACS HPVRT: <https://hpvrtable.org/>
16. National Network of Immunization Coalitions: <https://www.immunizationcoalitions.org/>
17. Association of Immunization Managers: <https://www.immunizationmanagers.org/>
18. AIM Immunization Program Directory: <https://www.immunizationmanagers.org/about-aim/program-manager-directory/>
19. ACS Comprehensive Cancer Control: https://www.cdc.gov/cancer/ncccp/ccc_plans.htm
20. National Association of Medicaid Directors: <https://medicaiddirectors.org/who-we-are/medicaid-directors/>
21. HPV Vaccination Call-To-Action Letters: https://www.canva.com/design/DAF-BQ5qxXQ/5-junpa3zdouXF4BUHNo6/view?utm_content=DAF-BQ5qxXQ&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink&mode=preview
22. ACS Evidence-Based Interventions Guide: <https://www.mysocietysource.org/Resource/2024%20Evidence%20Based%20Interventions%20Guide.pdf>
23. ACS HPVRT Vaccination Action Guides: <https://hpvrtable.org/cancer-prevention-through-hpv-vaccination-action-guides/>
24. ACS HPVRT Provider Education Series Videos: <https://hpvrtable.org/provider-education-series-videos/>
25. Continuing Education: <https://www.cdc.gov/hpv/hcp/continuing-ed.html>
26. ACS HPV Vaccination and Cancer Prevention: <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-vaccine.html>
27. ACS HPVRT Resource Center: <https://hpvrtable.org/resource-center/?search=training>
28. AAFP HPV Vaccine: <https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/disease-pop-immunization/human-papillomavirus-vaccine-hpv.html>
29. AAP HPV Vaccine: <https://www.aap.org/en/patient-care/immunizations/human-papillomavirus-vaccines/>
30. ACS HPVRT Announcement Approach Fact Sheet: <https://hpvrtable.org/wp-content/uploads/2023/10/Updated-AAT-flyer.pdf>
31. ACS Evidence-Based Interventions Guide: <https://www.mysocietysource.org/Resource/2024%20Evidence%20Based%20Interventions%20Guide.pdf>
32. AIM Immunization Champion Award: <https://www.immunizationmanagers.org/about-aim/awards/champion-awards/>
33. ACS Evidence-Based Interventions Guide: <https://www.mysocietysource.org/Resource/2024%20Evidence%20Based%20Interventions%20Guide.pdf>
34. Ibid.
35. Health Plans and HPV Vaccination: <https://hpvrtable.org/health-plans-and-hpv-vaccination/>
36. ACS HPVRT Resource Center: <https://hpvrtable.org/resource-center/>
37. Age 9 Video Abstracts: <https://www.youtube.com/playlist?list=PLpB8X9MugZY2VfHLSPT8UTXFC3c1S-llg>
38. Age 9 Toolkit: <https://hpvrtable.org/start-hpv-vaccination-at-age-9/>
39. HPV and HPV Fact Sheets: <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-vaccine.html>





Additional Resources

Free CME Provider Education Series



HPV PROVIDER VIDEO SERIES



The American Cancer Society in partnership with The National HPV Vaccination Roundtable and the Indiana Immunization Coalition are launching a 6-part provider education virtual series, summer 2023.

The on-demand sessions will range in topics and equip providers with the latest information, HPV vaccination guidelines, science, and implementation strategies to increase vaccination rates. CME, CNE and Pharmacy continuing education will be offered for each webinar.

Register Today



Modules

Vaccine Hesitancy and Making a Strong HPV Vaccination Recommendation

HPV 101: What you Need to know

HPV Vaccination Guidelines & Why Age 9?

HPV Disparities and Special Populations

Effective Evidenced Based Interventions for Implementation

Live Panel Discussion

**August 17, 2023
1:00-2:00PM ET**

Speakers

**Lacey Eden
Seth and Kellie Kelly**
Survivor speaker

**Dr. Mike Sim
Dr. Rebecca Perkins**

**Dr. Debbie Saslow
Dr. Sean O'Leary**

**Dr. Milkie Vu
Dr. Benjamin Teeter
Dr. Shannon Christy**

**Andrea Stubbs
Dr. Marcie-Fisher-Borne**



HPV Vaccination Best Practices: Provider Interventions

Description

Session 3 will focus on ACIP guidelines and interventions targeted for providers to increase HPV vaccination.

Details



August 28, 2024
2:00 PM EST
[Registration Link](#)

This program 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 financial assistance award funded by CDC/HHS. 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.

Keynote Speakers



Ruth Stefanos, MD, MPH
Division of Viral Diseases
National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention

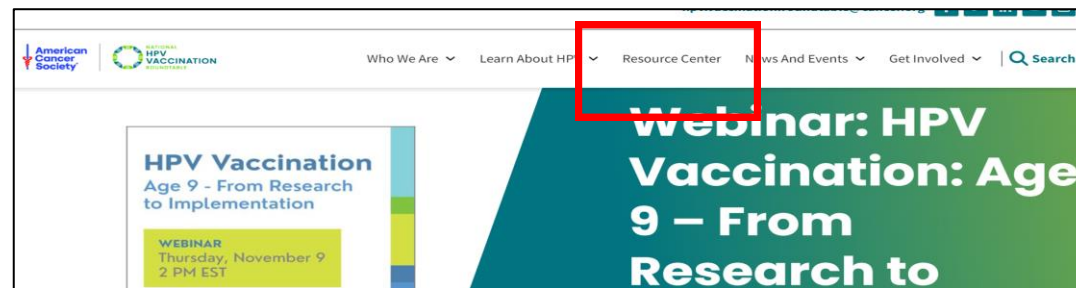


Kim Lauren Ng, DO, FAAP
Assistant Professor of Pediatrics
Division of Primary Care Pediatrics
Renaissance School of Medicine at Stony Brook University

***CME, nursing, and pharmacy continuing education credit offered**

Questions? [Melissa Santiago
melissa.santiago@cancer.org](mailto:melissa.santiago@cancer.org)

ACS HPVRT Resources



Why Age 9? FACT SHEET

Every year in the United States, it is estimated that nearly 36,500 individuals are diagnosed with cancer caused by an HPV infection. Human papillomavirus (HPV) cannot be treated, but there is a vaccine (it) can prevent transmission and protect against six cancers if initiated prior to exposure. HPV vaccination critical prevention tool, safeguarding children and adolescents against more than 90% of HPV cancers given at recommended ages. Because cancer prevention decreases as the age of vaccination increases, it is important to start early!

Why Age 9?
Starting the HPV vaccination series at age 9 is recommended by the American Cancer Society, the American Academy of Pediatrics, and the National HPV Vaccination Roundtable. Previous guidance from the Centers for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP) recommended routine HPV vaccination at age 11 or 12 years but notes that the HPV vaccine can be given starting at age 9.

Recommended Vaccination Schedule Guideline

On Time Age 9-12 2 Doses 6-12 months apart	Late AGES 13-14 2 Doses 6-12 months apart	Critical AGES 15-26 3 Doses 1st dose at visit one 2nd dose 1-2 months later 3rd dose 6 months after 2nd
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Know the Facts!

There are many benefits to initiating the HPV vaccine series at age 9. This includes:

- Offers more time for completion of the series by the age of 13
- Decreases questions about sexual activity by parents and guardians
- Increases vaccinations and therefore the number of cancers prevented
- Results in a strong immune response to the HPV vaccine
- Decreases requests for only vaccines that are "required" for school
- Has been shown by several systems to increase vaccination rates
- Increases the likelihood of vaccinating prior to first HPV exposure
- Decreases the number of administered shots per visit
- Has been shown to be highly accepted by parents and providers

START AT 9 TOOLKIT

For more information, tools and resources, visit HPV Vaccination Starts at Age 9 - National HPV Vaccination Roundtable

Rural Disparities in HPV Vaccination Coverage

What's Known

Human Papillomavirus (HPV) vaccination is routinely recommended for male and female adolescents and young adults in the United States to prevent HPV-related diseases, including cancer.¹ However, adolescents in rural communities are less likely to be vaccinated against HPV than adolescents in urban areas, which may exacerbate disparities in cancer outcomes experienced by rural residents.² Data from the Centers for Disease Control and Prevention (CDC) confirms that 2019 up-to-date HPV vaccination coverage among adolescents in rural areas was 10 percentage points lower in comparison to urban communities (47% vs. 57% respectively).¹ Additional data suggests rural young adults aged 18-26 years are less likely to initiate the HPV vaccine compared to their urban counterparts.⁴ This low HPV vaccination coverage may be due to numerous barriers faced by rural residents at multiple levels – patient, provider, clinic, and community.² Barriers include, but are not limited to:

- Individual, interpersonal, organizational, and community-level barriers to accessing preventive healthcare services, including HPV vaccination, in rural communities.³
- Rural residents' lack of knowledge of vaccine.^{4,5}
- Cultural views unsupportive of HPV vaccination.^{6,7}
- Limited collaborative communication between providers in rural areas.⁸
- Systems-level challenges with vaccine access, including limited hours of operation, missed opportunities for vaccination, and appointment wait-times.
- Few widely available evidence-based interventions to address these barriers.



The Announcement Approach for Increasing HPV Vaccination

Take these steps to more effectively recommend HPV vaccination. The Announcement Approach will save you time and improve patient satisfaction.

HPV IQ: Immunization Quality Improvement Tools | 14 October 2023

The Announcement Approach for Increasing HPV Vaccination | PDF

Cancer Prevention Through HPV Vaccination: An Action Guide for Small Private Practices

Cancer Prevention Through HPV Vaccination: An Action Guide for Large Health Systems

<https://hpvroundtable.org/resource-center>

2024 ACS HPVRT National Meeting

Celebrate & Innovate 10 Years with ACS HPVRT

2024 Public National Meeting

October 7th - 11th, 2024 | 12:00pm - 1:30pm ET

Join the ACS HPVRT as we host our 2024 National Meeting virtually from Monday, October 7th to Friday, October 11th. We will meet daily 12:00pm ET – 1:30pm ET. Throughout the week we will be celebrating the accomplishments of the ACS HPVRT over the last decade. We are excited to celebrate 10 years of the ACS HPVRT & innovate for a strong future in cancer prevention! All are welcome to join.



2024 ACS HPV Vaccination Roundtable National Meeting

October 7-11, 2024
Daily from 12:00 PM – 1:30 PM EST

Get ready for a full week of learning, reflecting, and inspiration!

Join your peers from the HPV vaccination and cancer control community for the American Cancer Society National HPV Vaccination Roundtable 2024 National Meeting. Register once and get invited to 5 days of virtual meetings!

This year, we are celebrating a decade of innovation and impact. The ACS HPV Vaccination Roundtable has made significant strides in cancer prevention over the past ten years, and we are excited to honor these achievements while looking forward to a future of continued progress.

Register today and be a part of the conversation that will shape the future of HPV vaccination and cancer prevention.

[>>> Register Now! <<<](#)

Follow us!



Your Virtual Schedule

Monday, October 7

HPV Vaccination is Cancer Prevention

- Hear inspiring stories from HPV-related cancer survivors.
- Review the latest data on cancer prevention.
- Stay updated on current vaccination guidelines.

Tuesday, October 8

New and Emerging Science in HPV Vaccination

- Discover groundbreaking research and emerging information.
- Learn about the latest advancements in HPV vaccination science.

Wednesday, October 9

Advancing HPV Vaccination Equity

- Explore initiatives supporting LGBTQ+, rural, and non-traditional providers.
- Understand how equity is being advanced in HPV vaccination.

Thursday, October 10

HPV Vaccination Collaborations & Partnerships

- Celebrate successful collaborations and partnerships.
- Learn how diverse groups have united to drive HPV vaccination success.

Friday, October 11

Global Best Practices in HPV Vaccination

- Gain insights into global HPV vaccination efforts.
- Explore how international best practices can be adapted for the U.S.

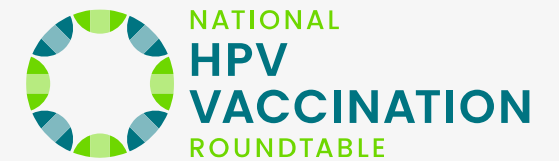


More information about the 2024 National Meeting

<https://hpvroundtable.org/national-meetings/2024-national-meeting/>



Thank you!



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