Best and Promising Practices
It’s About 9!
IIS Forecasting and Policy

Michelle Fiscus, MD FAAP
AIM: Association of Immunization Managers
Why is it “About 9,” you ask?

Compared to vaccinating at 11/12, age 9 gives us:

• More time to complete the series
• More robust immune response
• Less connection to sexual activity
• Fewer shots at the 11/12 visit

The downside?
• Okay, there is no downside.

Let’s Chat at MY Table!

P.S. I have chocolate 😊
Payors and Health Plans

Katie Crawford
American Cancer Society
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.

Advocate for strong working relationships

- Plans should focus on how to create **deeper implementation opportunities with providers/provider networks**.
- QI staff should **build cross-departmental teams**, including provider-network and data staff, as a foundational part of their HPV vaccination project work.
- Plans should **leverage their ACS team member** for resources, project management support, and collaborative opportunities.
Building the Momentum: Health Plan HPV In-Person Summit

- ACS convened 20 health plans from across the country on August 29-30th for a 2-day summit to catalyze action for quality improvement on adolescent HPV vaccination.

- Fifty-five 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.

Coming Soon: HPV Health Plan Action Guide
Coalescing Coalitions in the Southeast

State Roundtable & Coalitions Best Practices

Pamela Hull, PhD
University of Kentucky Markey Cancer Center
Focus

• Improving HPV vaccination coverage in the southeastern United States

• Cross sector collaborations between immunization and cancer prevention state level organizations

• Develop tools, resources, and innovative approaches to address vaccination coverage in states where it has historically been the lowest

• Representation in the Southeastern states include:
  • Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia plus Puerto Rico.

Key Takeaways

The collaboration between state level organizations expands our ability to:

1) Assess current conditions surrounding HPV vaccination and HPV cancer prevention
2) Identify and replicate HPV vaccination success stories across the Southeast
3) Overcome challenges facing HPV vaccination
4) Identify and/or create opportunities to improve HPV vaccination coverage in each state and the overall region.
Community Engagement
Developing & Implementing Solutions in Partnership

Jennifer Loukissas, MPP & Nancy Peña, OPN-CG
I'd like to buy the world a Coke and keep it company.
Stigma is More Than an Insult – It is Injury

Theresa Kouadio, CNM, MSN, FACNM
Co-Chair Stigma Work Group
Fear, shame, and guilt felt by people with cervical cancer are not side issues.

They are the issue.

These feelings affect support and care decisions that impact patient survival.
Patients are Doin’ it for Themselves: HPV Self-Collection

Kathy MacLaughlin, MD
Co-Chair
ACS NRTCC HPV Self-Collection Work Group
Addressing Screening Barriers
Empowering Patients

- Time (clinic hours, work schedule)
- Transportation
- Mental health challenges
- Physical disabilities

- History sexual abuse/trauma
- Negative past exam experience
- Embarrassment
- Obesity
Getting There ...  

- FDA approval  
- USPSTF endorsement  
- Healthcare systems  
  - FDA-approved lab platform  
  - Order and result codes  
- Clinician and patient education  
- Care continuum considerations  
- Safety net to manage HPV+  
- Implementation with health equity lens
Provider and Systems Perspective

Kristin Oliver, MD & Sarah Lolley, MPH
Let’s Take What Works ...

**Strong Recommendation**

**Standing Orders**

**Reminder/Recall**

**Quality Improvement**

**Provider Prompts**
... and make it work everywhere, every time, starting at age 9
ACS NRTCC Clinician Education

Co-Chairs
Margot Savoy MD, MPH
Lisa Soltani MD, MPH
“Got a cervix, Screen your cervix”
...Screen at EVERY opportunity

Clinician Education

• Eyes on the under-screened: reduce disparities with point-of-care screening
• Train in trauma-informed pelvic care
• Be aware of updated guidelines: primary HPV vs cytology
“Stay ready so you don’t have to get ready”...Screen at EVERY opportunity

Provider/Staff Education

• Train/script staff for “screen TODAY”
• Exam room set up to enable equity in screening
• Utilize playbooks – e.g., *Toolkit to Build Provider Capacity* from the Federal Cervical Cancer Collaboration
Patient Navigation

Donna L. Williams, MS, MPH, DrPH
Professor and Assoc. Dean, LSU Health New Orleans School of Public Health
Director, Louisiana Cancer Prevention and Control
Definition and Evidence

Individualized assistance offered to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from pre-diagnosis through all phases of the cancer experience


The Community Preventive Services Task Force recommends navigation services for cervical screening for disadvantaged racial and ethnic minorities and low-income.

- Increases cervical screening by a median of 22.5 percentage points or 64.5%.
- Increases diagnostic resolution, clinical trial enrollment and resolution, and quality of life while decreasing time to initiation of treatment.
- Services would include client reminders, reduced structural barriers or improved assistance getting around them, reduced out-of-pocket costs, or a combination.

A number of RCTs have demonstrated the cost effectiveness.
Best Practices for HPV Vaccination Data

Robert A. Bednarczyk, PhD
Hubert Department of Global Health
Rollins School of Public Health, Emory University
The data we use ...

• NIS-Teen
  • Pros
    • Nationally representative
    • Comprehensive look at adolescent vaccines and socio-demographics
  • Cons
    • Reporting/data collection lags
    • No longitudinal follow-up of individuals

• State immunization registries
  • Pros
    • Data across the population
    • Granular sub-state level data
  • Cons
    • Inconsistent reporting and data availability
    • Complex analysis
... and how we use it

- Novel GA IIS data analysis

% Vaccinated for Those Aged 18 Years Old by July 1, 2017, by Year in GA

<table>
<thead>
<tr>
<th>Year</th>
<th>Turn 9 in 2008</th>
<th>Turn 18 in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2007</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2008</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2009</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2010</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2011</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2012</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2013</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2014</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2015</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2016</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2017</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

% of No Record of Adolescent Vaccine Receipt

- 0.00 - 5.69
- 6.84 - 12.40
- 13.97 - 17.18
- 18.40 - 26.16
- 26.88 - 37.54