



# Best and Promising Practices





# *It's About 9!* **IIS Forecasting and Policy**

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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 😊





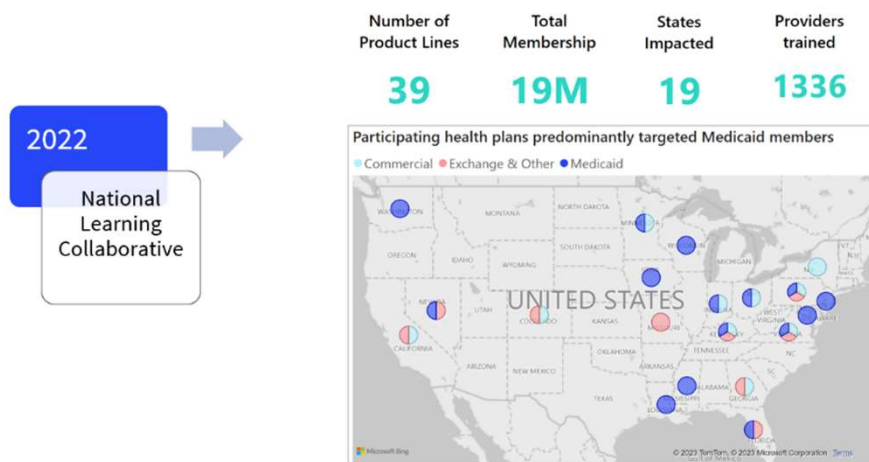
# Payors and Health Plans

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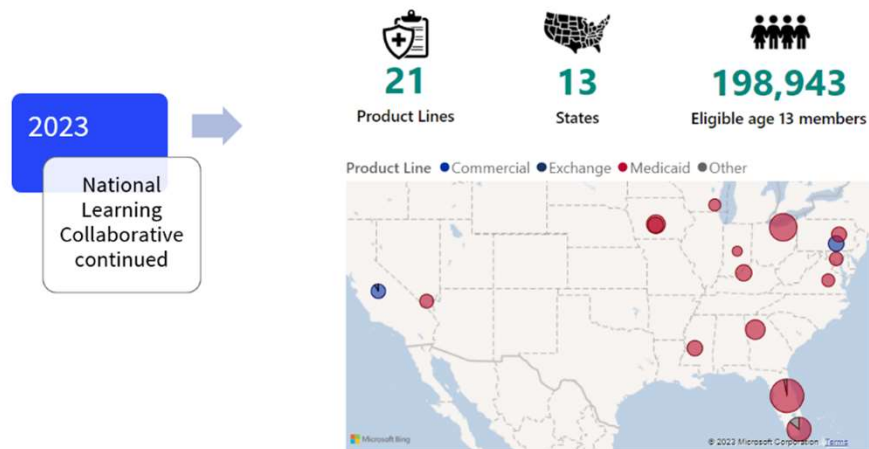
Katie Crawford  
American Cancer Society



## 2022 National Learning Collaborative—Reach



## Timeline of ACS engagement with health plans



## 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.

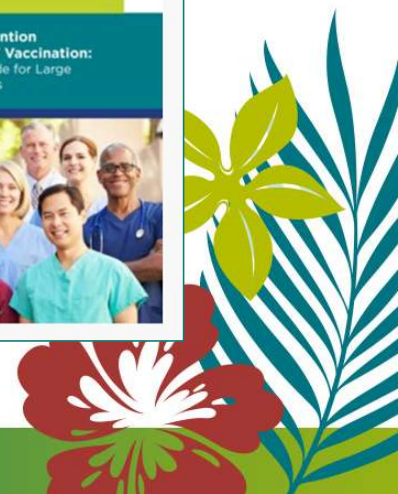


# Building the Momentum: Health Plan HPV In-Person Summit

- 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

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Pamela Hull, PhD

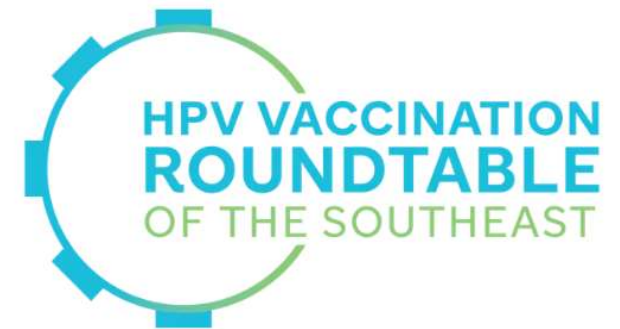
University of Kentucky Markey Cancer Center





# 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.



<https://www.stjude.org/research/comprehensive-cancer-center/hpv-cancer-prevention-program/hpv-roundtable-southeast.html>





# 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

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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

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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.**



A decorative graphic in the top right corner featuring a large red hibiscus flower with white petals, a smaller green hibiscus flower, and a black musical note on a white background.

# Patients are Doin' it for Themselves: HPV Self-Collection

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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







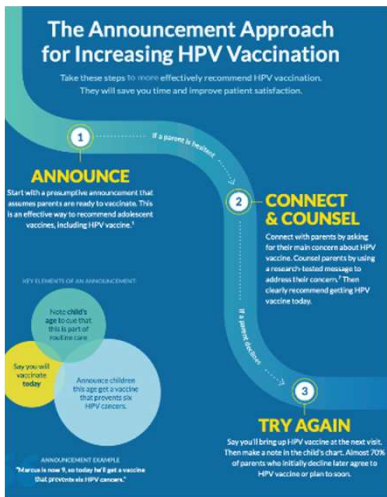
# Provider and Systems Perspective

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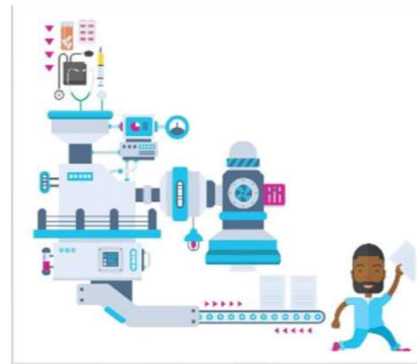
Kristin Oliver, MD &  
Sarah Lolley, MPH

# Let's Take What Works ...

## Strong Recommendation



## Standing Orders



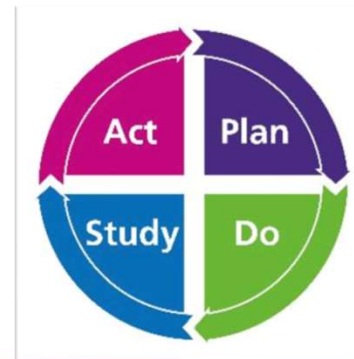
## Reminder/Recall



## Provider Prompts



## Quality Improvement

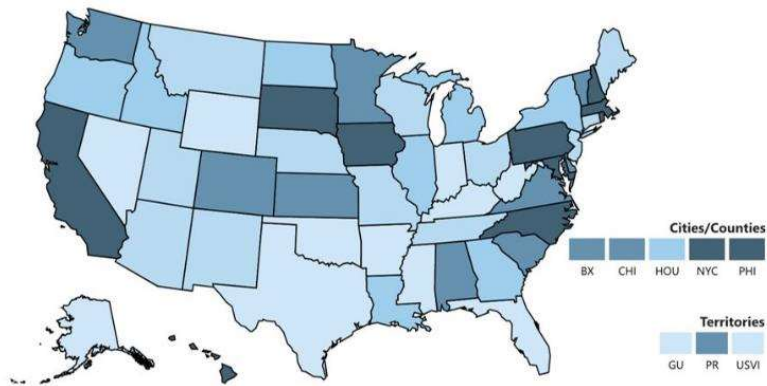


# ... and make it work everywhere, every time, starting at age 9

**2023 Human Vaccines & Immunotherapeutics Collection**  
**HPV VACCINATION STARTING AT AGE 9**

A collection of original research on the impact of initiating HPV vaccination at ages 9-10

**Start reading now!**



**HPV Vaccination – Start at Age 9**

Full Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Medical # \_\_\_\_\_

Indicate the child starting at age 9 (or parent/teen that doesn't get HPV vaccine) (HPV vaccine). Fill this out with you or your kids one vaccine at a time. Record the date on the back side every time.

**Record of HPV Vaccinations**

Dose 1 Date \_\_\_\_\_ Clinic \_\_\_\_\_  
 Dose 2 Date \_\_\_\_\_ Clinic \_\_\_\_\_  
 Dose 3 Date \_\_\_\_\_ Clinic \_\_\_\_\_  
(Date 3 not needed if under age 15)

For more information, visit [cancer.gov/health/9hpv-vaccine.html](http://cancer.gov/health/9hpv-vaccine.html)

**RECOMMENDED FOR CHILDREN, TEENS, AND YOUNG ADULTS 9-18 YEARS OF AGE**

	Age 9	Age 10	Age 11	Age 12	Age 13	Age 14	Age 15	Age 16	Age 17	Age 18
Tdap (Tetanus, Diphtheria, Pertussis Vaccine)			✓							
HPV (Human Papillomavirus Vaccine)	✓	2 doses recommended 3 doses if given after age 15								
MenACWY (Meningococcal ACWY Vaccine)			✓					✓		



Age 9 Journal Supplement →







# ACS NRTCC Clinician Education

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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

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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

- Oncology Nursing Society (ONS), Association of Oncology Social Work (AOSW), & National Association of Social Workers (NASW). (March 2010). Joint Position on the Role of Oncology Nursing and Oncology Social Work in Patient Navigation

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

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Robert A. Bednarczyk, PhD

Hubert Department of Global Health

Rollins School of Public Health, Emory University

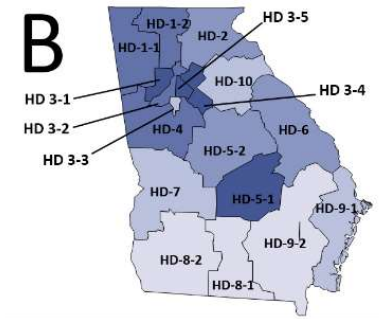
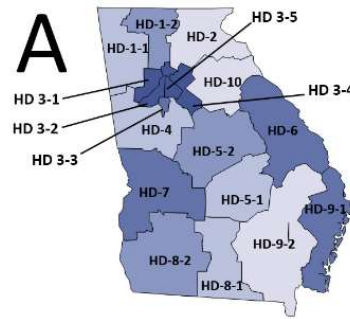
# The data we use ...

- 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

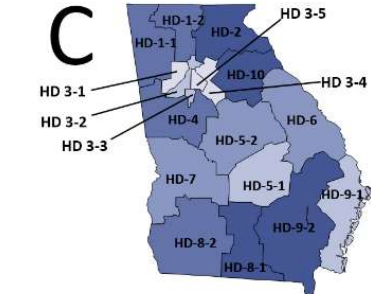
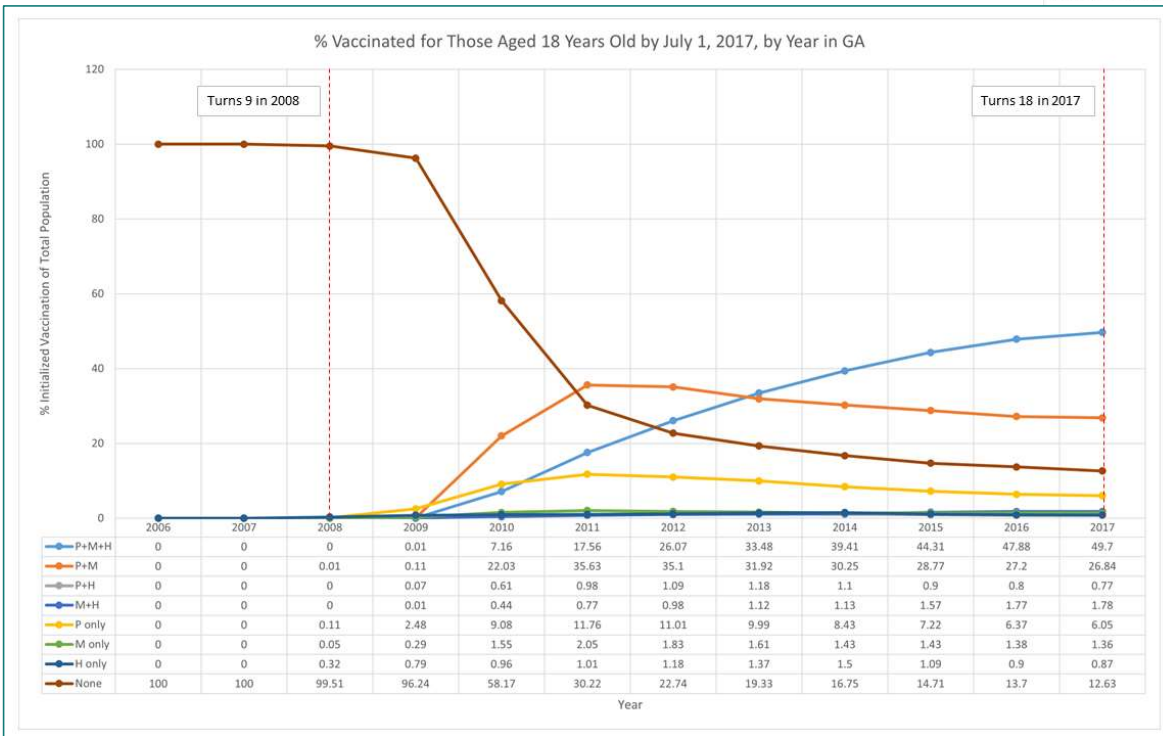


# ... and how we use it

- Novel GA IIS data analysis



% Vaccine Coverage



% of No Record of Adolescent Vaccine Receipt

