

# From National to Local: Building HPV Vaccination Capacity in Primary Care

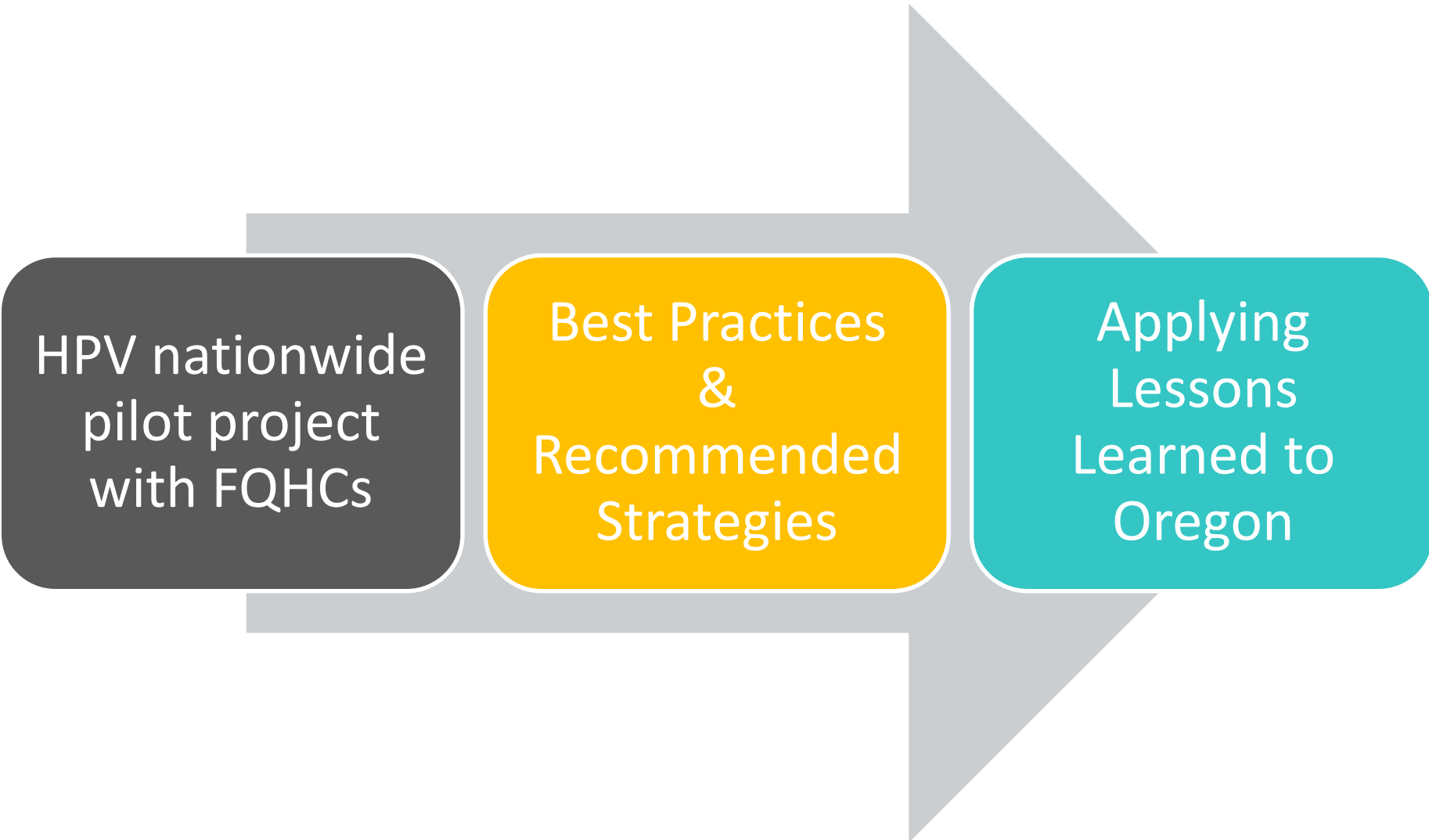
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May 31, 2018

**HPV VACs**

Vaccinate Adolescents against Cancers



HPV nationwide  
pilot project  
with FQHCs

Best Practices  
&  
Recommended  
Strategies

Applying  
Lessons  
Learned to  
Oregon


# Two CDC Grant Awards

## National HPV Roundtable

<https://hpvroundtable.org/>

## HPV Vaccinate Adolescents against Cancer project (VACs)

### The National HPV Vaccination Roundtable



#### Taking Action to Help Save Lives

The purpose of the National HPV Vaccination Roundtable is to increase HPV vaccination coverage. Key activities include increased awareness, provider education, public education, systems changes, and health policy efforts. The American Cancer Society led the development of the Roundtable by convening a national coalition of public, private, and scientific organizations dedicated to increasing HPV vaccination coverage in the United States. Through coordinated baseline, strategic planning, and action, we can reduce HPV-associated cancers and related deaths.

#### HPV Vaccination and Cancer

Nearly all cases of cervical cancer are caused by infection with high-risk types of human papillomavirus (HPV). The link also has been shown to cancers of the vagina, penis, anus, and throat.

HPV vaccination prevents infections by viruses that cause the vast majority of these cancers and genital warts. But the vaccine works only if given well before an infection occurs. That's why experts at the American Cancer Society recommend it at ages 11 to 12. Vaccination of these younger ages also leads to a greater immune response.

Despite the power of HPV vaccination to prevent cervical cancer, only one-third of adolescent girls have completed the 3-dose series. The CDC reports that vaccination coverage increased slightly between 2012 and 2013 but remains too low.

In 2014, the President's Cancer Panel released a report calling "attention to HPV vaccines as serious but correctable threat to progress against cancer."

#### What the Society Will Do

The National HPV Vaccination Roundtable develops and implements pilot projects focused on increasing barriers to HPV vaccination by focusing on five priority areas:


- **Providers** – Strengthen HPV vaccination recommendations and decrease missed opportunities.
- **Providers** – Educate and raise awareness about the importance of vaccinating males and females ages 11-12 to prevent cancer and to increase acceptance of vaccination against HPV infection.
- **Systems** – Address barriers such as the inadequate reimbursement for vaccine administration and the lack of reminder systems.
- **Policies** – Maximize access and opportunities for vaccination (e.g., by considering alternative settings such as pharmacies).
- **Health Disparities** – For underserved populations at highest risk for cervical and other HPV-associated cancers, address barriers including cultural factors, distrust of the medical system, and limited access to health care.

#### To Find Out More

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This publication was supported by grant #13CE000931-01, funded by the Centers for Disease Control and Prevention.

cancer.org | 1.800.227.2345



### HPV VACs

Vaccinate Adolescents against Cancers



#### Taking Action to Save Lives

#### HPV Vaccination and Cancer

Nearly all cases of cervical cancer are caused by infection with high-risk types of human papillomavirus, or HPV, and the virus also has been linked to cancers of the vagina, vulva, anus, penis, and throat.

HPV vaccination prevents infection by viruses that cause the vast majority of these cancers and genital warts, but the vaccine works only if given well before an infection occurs. This is why, in part, the American Cancer Society recommends it at ages 11 to 12. Vaccination at younger ages also leads to a greater immune response.

Despite the power of HPV vaccination to prevent cervical cancer, only one-third of adolescent girls have completed the 3-dose series. The CDC reports that vaccination coverage increased slightly between 2012 and 2013 but remains too low.

The President's Cancer Panel released a report calling "attention to HPV vaccines as serious but correctable threat to progress against cancer."

#### The HPV VACs Project (Vaccinate Adolescents against Cancers)

is aimed at increasing HPV vaccination rates for adolescents across the nation through improved provider awareness and education and improved system-wide processes. With a 6.4 million dollar grant from the Centers for Disease Control and Prevention, ACS will expand current cancer prevention and early detection activities with federally qualified healthcare centers (FQHCs) to increase HPV vaccination through improved provider awareness and education and improved system-wide processes. Additionally, ACS will partner with state health departments and other state-based entities to facilitate systems changes that increase the availability and utilization of the HPV vaccine.

#### What We Will Do?

- Provide direct clinician outreach and training activities through 30 FQHC Partnerships
- Implement 2-year Practice Change Pilot projects with FQHCs to increase HPV vaccination rates
- Develop and implement Electronic Health Record and other tracking tools to measure vaccination processes and rates
- Partner with state health departments and state-based health care plans to provide clinician education and training
- Disseminate CDC and other evidence-based educational materials to clinicians and constituents
- Increase national partnerships that strengthen HPV vaccination rates

#### How Do I Find Out More?

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**Marcie Fisher-Borne**, Project Director and Co-Principal Investigator | [marcie.fisherborne@acs.org](mailto:marcie.fisherborne@acs.org)  
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This project is supported in part by CDC Cooperative Agreement Number 3U49CE000933-01.



HPV  
VACs

# Pilot Background

- Building on cancer prevention partnership with FQHCs
- ACS PC staff training and technical assistance
- 30 partner FQHCs

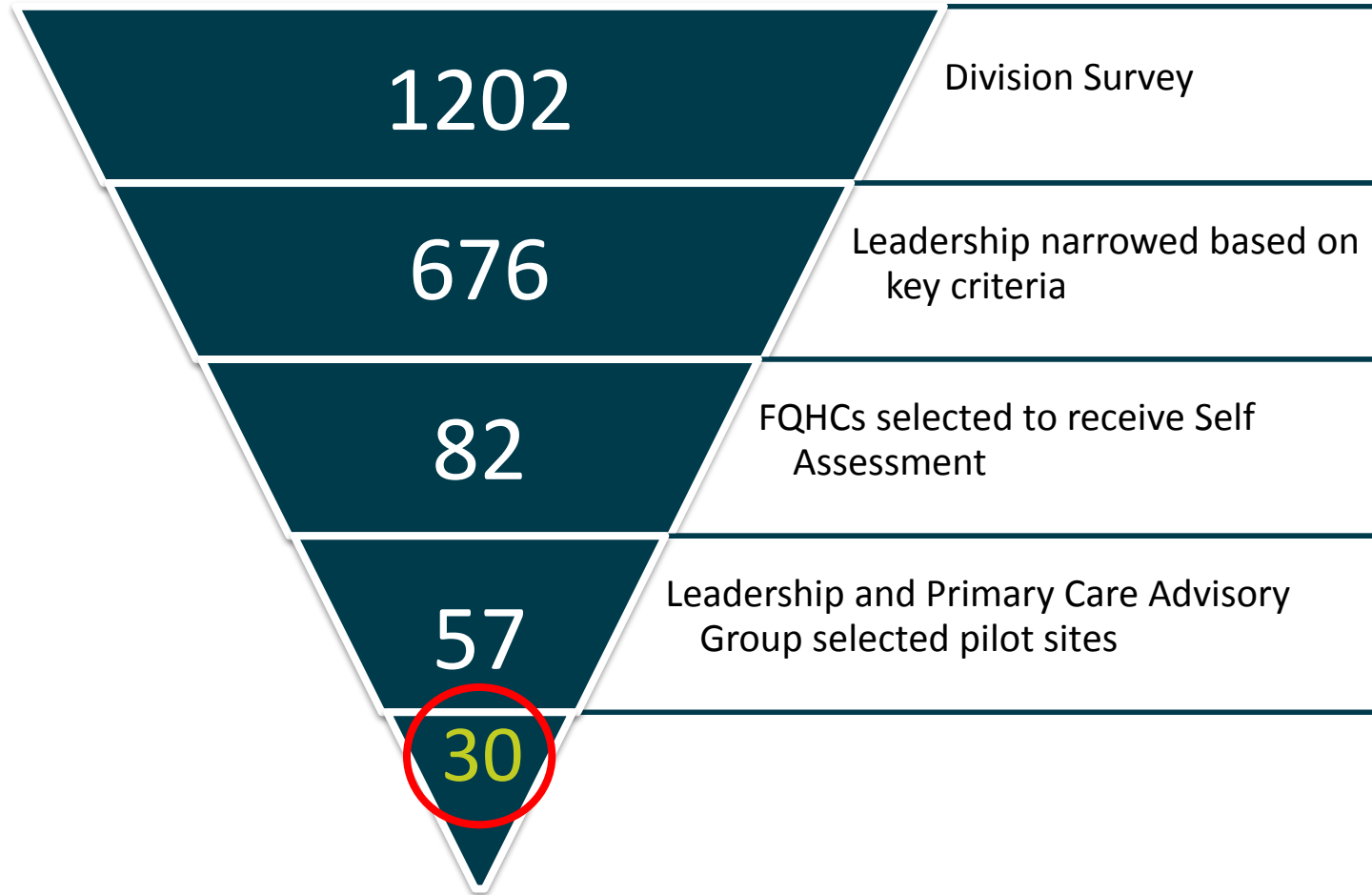


# Pilot Goal



Increase HPV vaccination rates for 11-12-year-olds in partner Federally Qualified Health Centers (FQHCs) through improved provider awareness and improved system processes.

# FQHC Selection



# Training & TA for 30 FQHCs

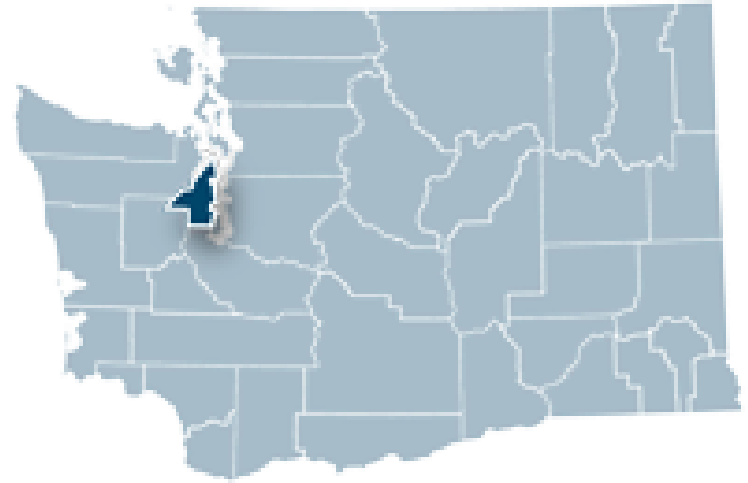
<b>2-year Practice Change</b>	<b>1-year Capacity Building &amp; Provider Training</b>	<b>Education &amp; Technical Assistance</b>
\$90,000 ACS Expertise & Collaborative Action Plan	\$10,000 ACS Expertise & Collaborative Action Plan	ACS Expertise & Collaborative Action Plan

# Intervention Strategies

- **Training providers** to make effective recommendations
- **Modifying EHR systems** to track HPV vaccination and prompt providers
- Implementing **standing orders**
- Implementing **client reminders**
- **Measuring** performance



# Peninsula Community Health Services Bremerton, WA



- 7 medical clinic sites
- 4 dental clinic sites
- 25,877 patients served in 2016
- 66% Medicaid; 16% other 3<sup>rd</sup> party; 10% Medicare; 7% uninsured

# Discovery

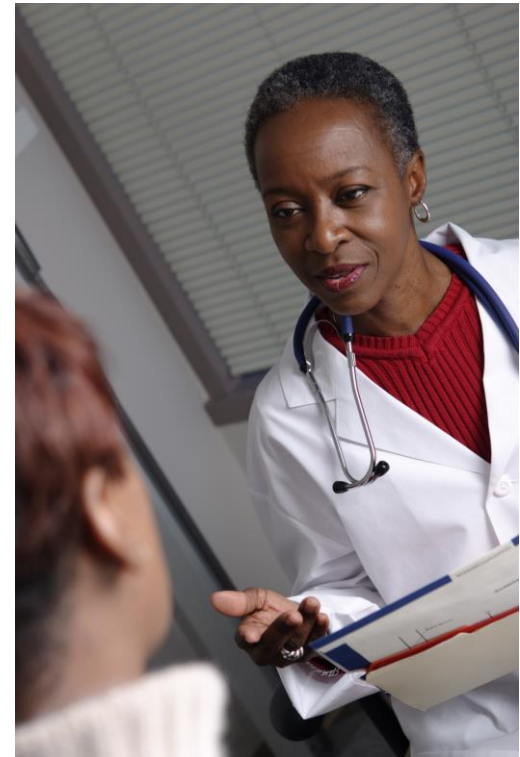


602 active patients ages 11-12  
325 were for a medical visit

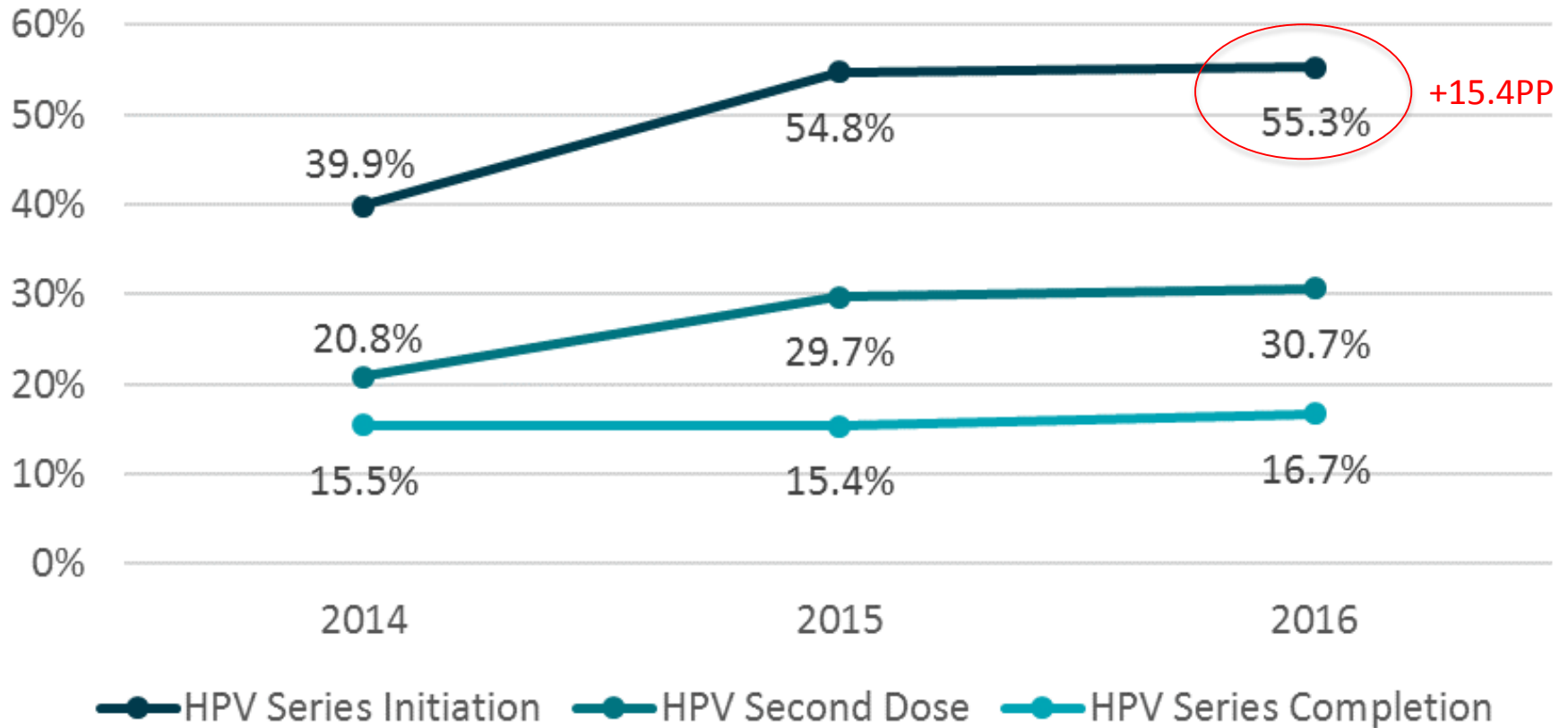


# Collaborative Action Plan

- Collect baseline vaccination rates
- Identify evidence-based interventions
- Project target goal
- Train clinical staff
- Provide technical assistance
- Regular data collection



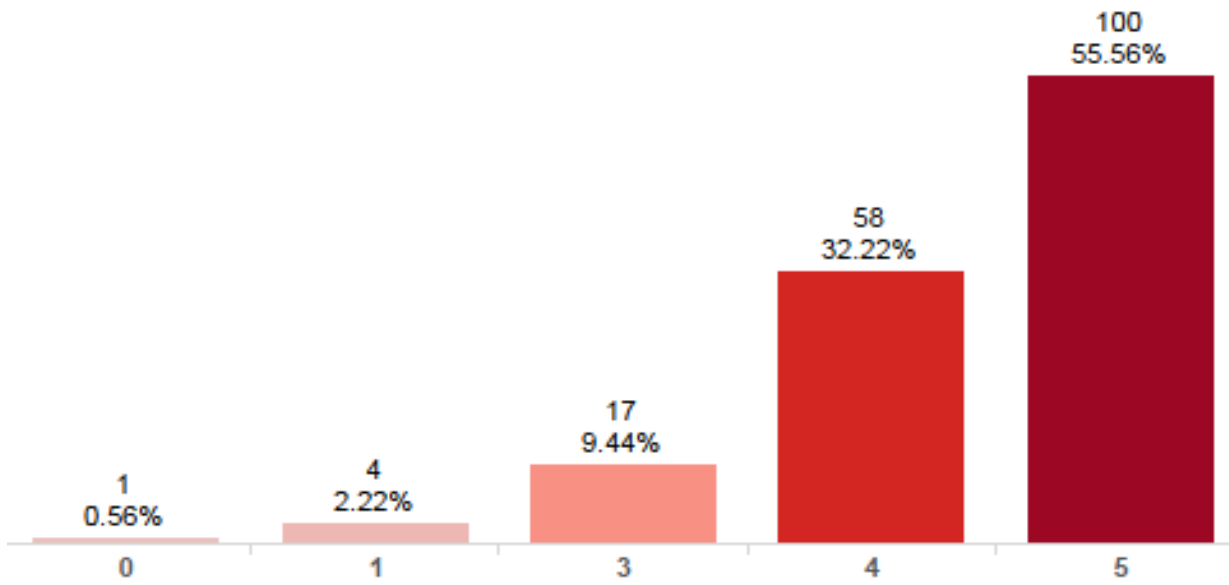
# HPV Vaccination Rates



# Clinician and Staff Training

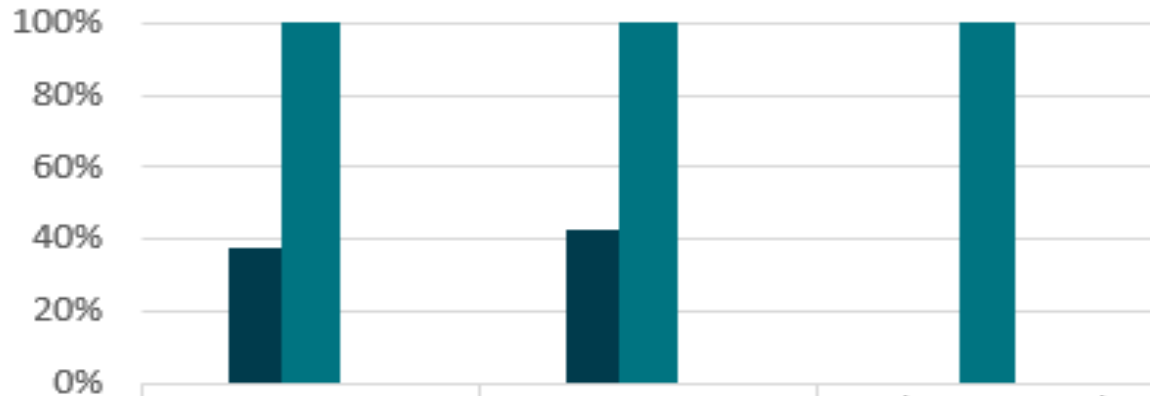
**1,978 FQHC staff trained**  
(76 per FQHC partner)

HPV vaccination **recommendation quality score** among 177 providers surveyed after training



# Intervention Implementation

Implementation of standing orders for HPV vaccination  
(baseline and follow-up FQHC self-assessment)



	90,000	10,000	Education and Technical Assistance Group
Follow-Up	7	7	3
Baseline	3	3	0

■ Baseline ■ Follow-Up

# EHR and Data Capacity

**78%** increased capacity to pull HPV data and calculate HPV vax rates

**83%** increased capacity to use HPV data in quality improvement efforts

# Major process changes

**9** partners added walk-in appointments

**11** partners added shot-only visits

**8** partners extended their hours

**3** partners added HPV vax initiatives at school clinics



# Building on Success Evidence-Based Interventions & Strategies

## HPV vax rates improved

- Series initiation more than series completion
- Most change happened in first year
- Spillover to meningococcal and Tdap

# Recommendations

1. Focus on quality improvement framework
2. Streamline and support data collection
3. Utilize evidence-based interventions such as provider reminders, provider assessment & feedback, standing orders
4. Partnerships & collaboration



Download the full evaluation report:

*[bit.ly/PilotEval](https://bit.ly/PilotEval)*

**HPV VACs**

Vaccinate Adolescents against Cancers

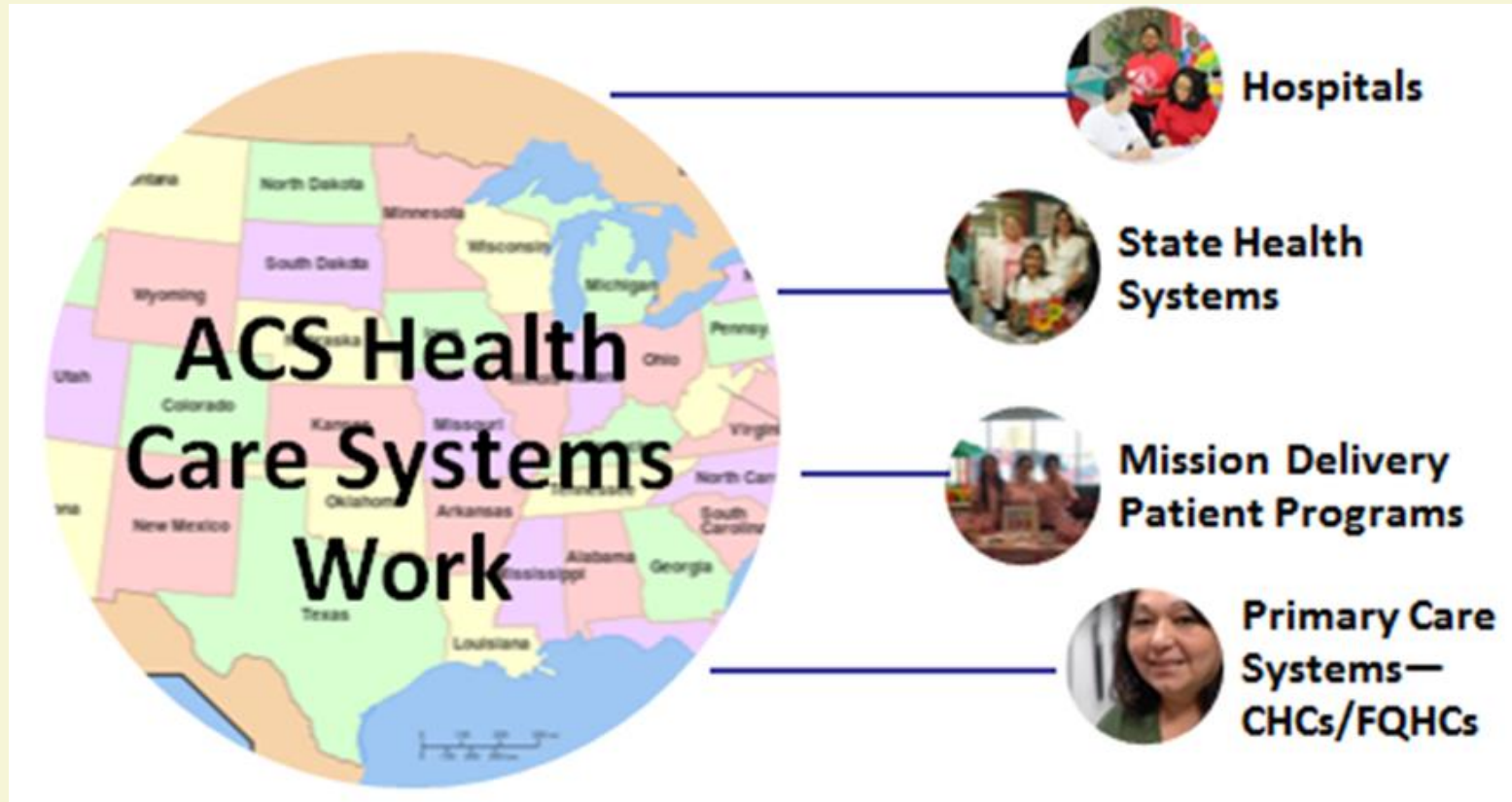
# What are we doing now?

## HPV Vaccination efforts in Oregon

### *Through Partnerships and Collaboration*



# Cancer Control at ACS



# OHSU Knight Cancer Institute Community Partnership Program Grant

**Tier 2 Award: August 1, 2017-December 31, 2018**

***Preventing Cancer by Increasing HPV Vaccination  
Rates in Clatsop County***

Clinical Quality Improvement

HPV Provider Training

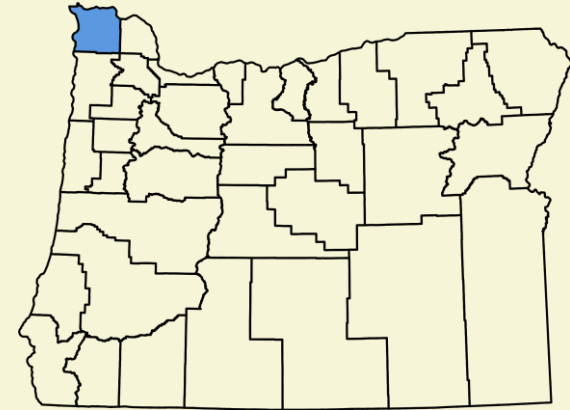
Community Awareness/Education

Statewide HPV Summit!!



# Clatsop County Department of Public Health Collaborative Action Plan

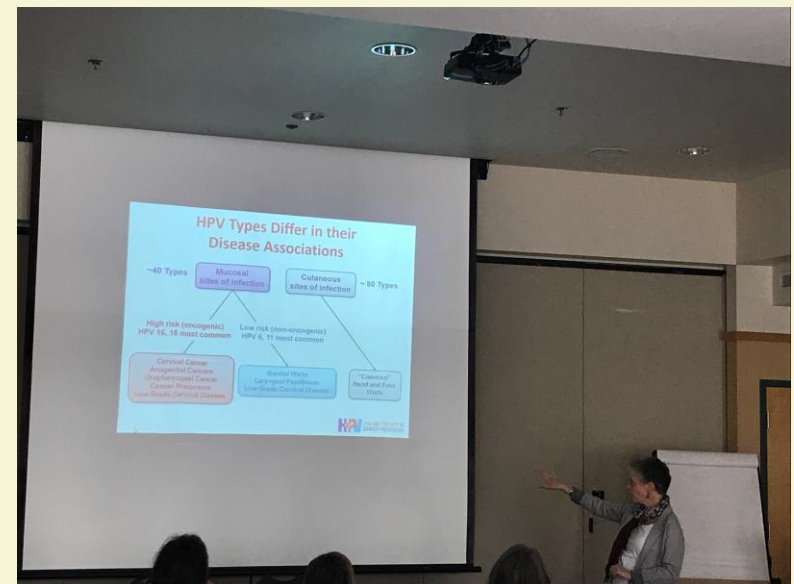
- Assess Clinic Capacity & Identify Baseline and Target Rates
- HPV Provider Training
- Outreach: distribute educational materials to teens, parents and clinical teams
- 5 Presentations to local high school health classes
- Someone You Love Documentary



# Quality Improvement Components

## Practice Change Pilot

- Training Clinicians & Staff
- Improving EHR Function & Utilization
- Setting Baselines
- Assessing Practice Capacity
- Preparing for the Intervention Phase





# ACS Quality Improvement Tools

## HPV Vaccination Systems and Strategies Inventory 2.0

This tool is designed to be completed as a group with the quality improvement team as a key part of an HPV VACS QI project. This version 2.0 of the *Inventory* can be used both as a baseline, completed at the start of an HPV VACS QI project, and as a follow-up, completed one year after kicking off a project and each year the project continues.

Calculating baseline vaccination rates is a crucial component of an HPV VACS QI project, included in Step 2: **Make a Plan** from the American Cancer Society's [Steps for Increasing HPV Vaccination in Practice](#) action guide. Completing the *Inventory* at the start of a project creates a baseline of your system's active strategies and processes related to HPV vaccination, as well as baseline vaccination rates. These data can help your team identify opportunities and optimize your strategy to increase HPV vaccination rates. Baseline data will also allow you to measure your project's activities and outcomes once you complete a follow-up.

Completing a follow-up *Inventory* is also a crucial part of an HPV VACS QI project, as it allows your team to measure your success. Systems that submit follow-up data will receive a report demonstrating system-specific impact, as well as de-identified comparison data from other systems across the country.

For baseline *Inventories* completed in 2018 (reporting 2017 vac rates), please save completed forms as *YearBaselineSystemName* in [this folder](#).

### Demographic Information

1. System Name:  2. State:

3. DUNS Number:  4. Date Inventory Completed:

5. Name of ACS staff person completing this report:

6. Is this a baseline or follow-up?  Baseline  One-year follow-up  Additional follow-up

7. System contact name:

8. System contact title:  Chief Executive Officer / Executive Director  
 Chief Operations Officer / Clinic Operations Director  
 Chief Medical Officer / Medical Director  
 Chief Nursing Officer / Director of Nursing  
 Quality Director / Manager  
 Other (specify):

9. Total number of clinic sites in system:

10. Number of clinic sites participating in the HPV VACS QI project:

11. Do you have any of the following clinics? (check all that apply):  Urban clinics  
 Suburban clinics  
 Rural clinics  
 School-based clinics  
 Mobile clinics  
 Other (specify):

12. Did your system initiate any efforts to increase HPV vaccination other than the HPV VACS QI project over the past 12 months?  Yes  No

# ACS Quality Improvement Tools

## QI Readiness Assessment – Interview Guide

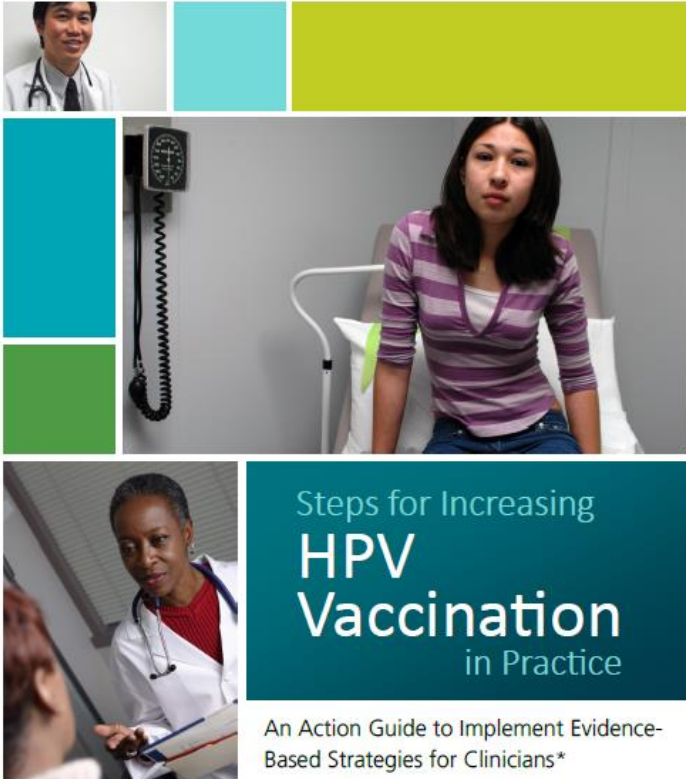
This tool has been modified from the Practice Improvement Capacity Rating Scale document ([http://www.rwif.org/content/dam/farm/reports/issue\\_briefs/2014/rwif410315](http://www.rwif.org/content/dam/farm/reports/issue_briefs/2014/rwif410315)) created by the Robert Wood Johnson Foundation as part of their Aligning Forces for Quality (AF4Q) effort. These modifications include: editable fields, new structure facilitate note taking, automated calculation of score, and modifications to language to reflect changing national QI efforts. The scoring infrastructure has not been modified.

- **Who should use this tool?** This tool has been modified for ACS Primary Care Systems staff to interview their FQHC/CHC partner, not to give the partner to complete. This is an internal American Cancer Society tool not to be shared with others.
- **When should I use this tool?** This tool is designed to help you identify if a partner is ready to initiate or expand a quality improvement project. This tool can be used before or after deciding on the cancer control area of focus (CRC, HPV vaccination, Breast, Cervical, Lung) for a QI project or to assess readiness to expand an existing QI initiative. For a HPV VACs QI Project, this interview should occur prior to complete the HPV Vaccination Systems and Strategies Inventory.
- **Does the interview need to be in-person or can it be over the phone?** Ideally the interview would be in-person to facilitate relationship building. Conducting the interview over the phone is the next best thing.
- **If I already know the answer, do I need to ask the question?** No, if you have existing knowledge, use it! Complete the section with your existing knowledge. You can also use this knowledge to reframe questions.
- **How should I use this tool?**
  - Refer to the original tool for complete step-by-step instructions for scheduling, completing and follow-up after the interview.
  - Begin with the first question and use the subsequent questions as needed.
  - If the interviewee responds with an answer that puts them in the first category (indicated by the + symbol), be sure to capture more information as this is an area where improvement is critical prior to engaging in QI.
  - You can either capture responses in the tool or use the question summary page and later summarize responses into the tool.
  - Wait until after the interview to score each question.
- **How can this tool support my work?** This tool was designed by the RWJ Foundation as “a resource for practice coaches to identify readiness of ambulatory practices to conduct quality improvement (QI) activities and how best to structure consultative support.” This tool is not intended to indicate who you should or should not partner with, but rather how you can best support your partner.

### Demographic Information

FQHC System Name:	<input type="text"/>	State:	<input type="text"/>	DUNS Number:	<input type="text"/>
ACS Interviewer Name:	<input type="text"/>	Interview Date:	<input type="text"/>		
FQHC Interviewee Name:	<input type="text"/>	Interviewee Title:	<input type="text"/>		


# ACS Quality Improvement Tools



Steps for Increasing  
**HPV**  
Vaccination  
in Practice

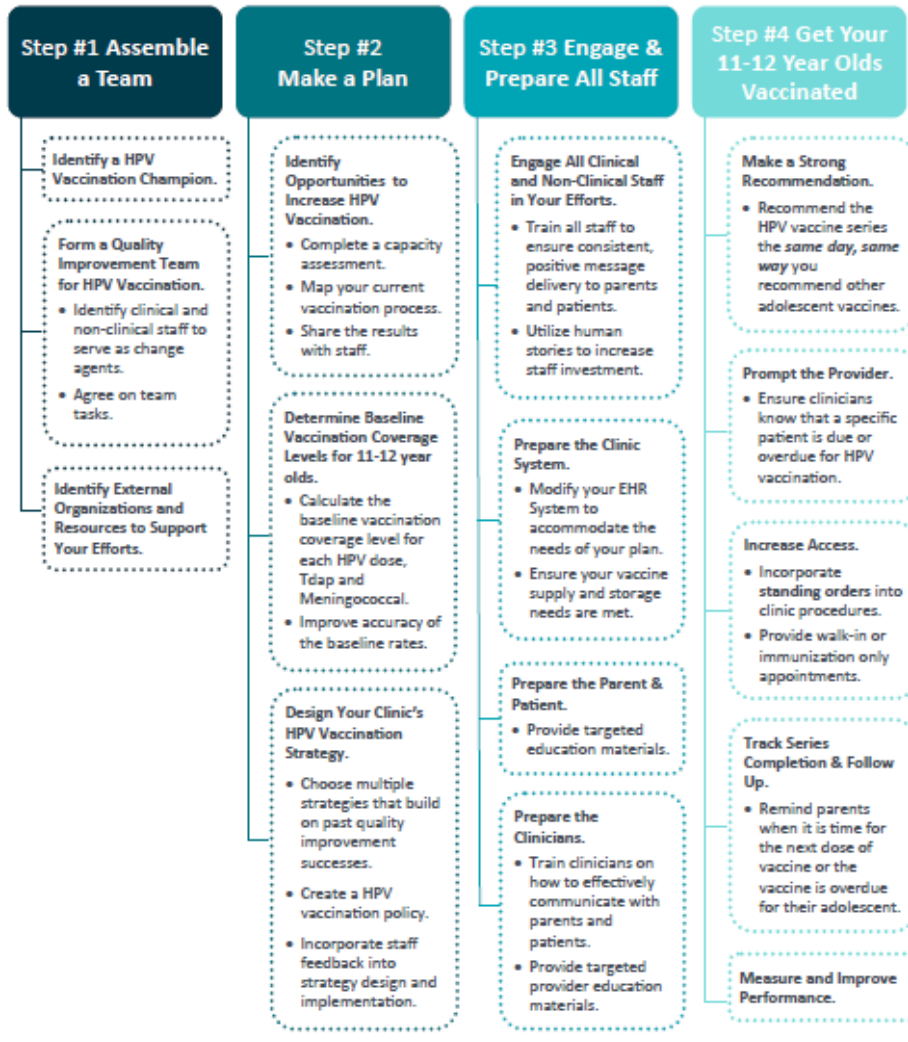
An Action Guide to Implement Evidence-Based Strategies for Clinicians\*

\*Includes pediatricians, family physicians, general internists, obstetrician-gynecologists, nurse practitioners, physician assistants, nurses, medical assistants and their office managers.



# ACS Quality Improvement Tools

## Increasing HPV Vaccination: An Overview





# HPV Provider Training

## You Are the Key to Cancer Prevention

*600 Providers Trained & Counting...*

- **Independent Physicians Association, Astoria, OR**
- **Columbia Pacific Coordinated Care Organization**
- La Grande Provider Network
- Deschutes County Health Department  
Immunization Coalition
- 100 Pharmacists
- FQHCs: La Pine CHC Central OR; Siskiyou CHC  
Southern OR
- Bay Area Hospital, Coos Bay
- Screenwise/Oregon Breast & Cervical Cancer  
Program
- Salem Clinic



# Community Awareness & Education



- CME CNE CE
- Call to Action
- Expert Panel Q&A Session



# Help us Help You

Primary Care Managers are trained quality improvement practice facilitators, knowledgeable public health professionals and innovative and flexible.

## We can:

- *Facilitate a quality improvement process*
- *Increase health system capacity for screening navigation*
- *Provide materials*
- *Coordinate trainings*
- *Share best practices*



# Help us Help You

## We can also:

- *Implement evidence based interventions*
- *Support data and EHR clean up*
- *Partner on funding opportunities*
- *Increase medical neighborhoods in communities to support quality screening/vaccinations and appropriate follow up.*





# Thank you!

# Questions?

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