QTIP

South Carolina HPV Lessons Learned
Quality Improvement Workshop
Thursday, March 27, 2014

Location: South Carolina Medical Association at 132 Westpark Blvd. Columbia, SC 29210

8:30A – 9:00A Registration

9:00A – 9:45A Welcome
Dr. Debbie Greenhouse, Bryan Amick (DHHS), and Lynn Martin, (DHHS- QTIP)

9:45A – 10:45A HPV Presentation
Dr. Ken Alexander, Merck and Company Inc.
- Human Papilloma Virus
  - The disease, the vaccine and where do we go from here

10:45A – 11:00A Questions and answers
Dr. Ken Alexander, Merck, and Company, Inc.

11:00A – 11:15A Break

11:15A – 12:00P The Care Model, HPV and Moving Forward
Donna Strong, MPH-P

12:00P – 12:45P Lunch (provided)

12:45P – 2:00P Small Groups
- Use components of the Care Model to develop strategies for implementing CI activities focused on improving HPV vaccine within practices
- Baseline data
- Implementing and tracking changes

2:00P – 2:45P Group reporting

2:45P – 3:00P Wrap Up, Evaluation and Next Steps

At the conclusion of the session, it is our goal that: Each practice and immunization stakeholder will have a working plan to improve HPV immunization rates within their practice.

Save the date Thursday, May 8, 2014
QI Workshop Part 2 (location SC Medical Association)
Lead by Donna Strong, MPH and Pam Gilliam, MPA

- Practices will be asked to collect baseline data on HPV measure and another measure and define their goal for each measure
- Team and aggregate data will be presented
- Teams present changes they have tested
- Teams present changes seen as a result of tests
From the Experts

Dr. Ken Alexander

Human Papilloma Virus

• The disease
• The vaccine
• Where do we go from here?

Implementation

The Care Model

• Use components of the Care Model to develop strategies for implementing QI activities focused on improving HPV vaccines within practices
• Collect Baseline data
• Implement and track changes
Improved Outcomes

Informed, Activated Patient

Productive Interactions

Prepared, Proactive Practice Team


# HPV Change Package for Practice Sites

<table>
<thead>
<tr>
<th>Decision Support</th>
<th>Clinical Information System</th>
<th>Delivery System Design</th>
<th>Health Care Organization</th>
<th>Community Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follow ACIP Guidelines on HPV immunization provision.</td>
<td>1. Regularly collect and monitor process and outcome measures within the work flow.</td>
<td>1. Recommend HPV immunization to eligible patients.</td>
<td>1. Practice leadership establishes and monitors goals for increasing HPV immunization rates.</td>
<td>1. When necessary, provide list of other organizations that provide HPV vaccination and associated costs.</td>
</tr>
<tr>
<td>2. Educate patient and family on the HPV vaccine (ACIP recommendations, benefits, and safety profile).</td>
<td>2. Offer HPV immunization at every office visit to eligible patients (i.e. acute visit, sports-related physical exams)</td>
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<td>2. Practice leadership develops protocol for recommending HPV immunization to eligible patients.</td>
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<tr>
<td>3. Develop and provide culturally appropriate educational materials that address parental concerns (risk, susceptibility, severity, benefit, safety, cost)</td>
<td>3. Schedule immunization appointment before leaving office</td>
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<td>3. Develop knowledge of insurance coverage of HPV.</td>
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<tr>
<td></td>
<td>4. Provide appointment reminders (calls, texts) for immunization appointments</td>
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</table>

## Process Measures
- Policies and protocols on HPV immunization and provision
- Documentation in patient records of doctor’s discussion of HPV vaccination
- Show rates for HPV immunization appointments

## Baseline Measures
- # of patients eligible for HPV vaccine

## Outcome Measures
- # of patients who receive first dose of HPV vaccination series
- # of patients who complete the HPV vaccination series
Follow-Up Workshop May 8

• Practices asked to collect baseline data on HPV measure
• Teams asked present changes tested
• Teams asked present changes
Practice Interventions
Little River Medical Center
“Project HPV”

Educate Staff

- CSR’s
- Nursing Providers
  - Address Project at monthly staff meetings
  - Identify site champions

Educate Parents

- Partner with Merck to provide educational materials

Educate Patients

- Make center more HPV friendly
  - Awareness; it’s not just about sex!
You’re not opening the door to sex.

You’re closing the door to cancer.

HPV vaccine is cancer prevention.
Talk to your child’s doctor about vaccinating your 11-12 year old against HPV.
www.cdc.gov/vaccines/teens
It’s just another vaccine...
Give Staff and **Active** and “Scripted” Role

- Initiator
- Supporter
- Reinforcer
- Closer
- Reviewer
Check-in CSR – will give handout of all immunizations recommended at this age.

*SCRIPT* – good morning/evening Bobby/Betty is here for his/her annual well-child check up...

These are the immunizations he/she “may” be receiving today during their visit. If you have questions please speak with the nurse or provider.
Nurse will give VIS immunization handouts as required by state law.

Nurse will be proactive and order HPV doses and defer remaining 2 doses for future access.

**SCRIPT** - Mom/Dad do you have any questions or concerns about the immunizations Betty /Bobby “will be receiving” today?
Provider will support immunizations that child is to receive today. (Dtap, Meningococcal, HPV and Flu (if applicable))

**SCRIPT**—Betty / Bobby “will be” receiving these immunizations today? Are there any questions before they “are given”? 
Check-out CSR will give 3 follow up appointments to mother.

1. Appt. for 2\textsuperscript{nd} HPV – 2 months
2. Appt. for 3\textsuperscript{rd} HPV – 6 months
3. Appt. annual WCC in one year.
4. Activate and hand “teen” HPV “kiosk” to keep up with.

\textit{SCRIPT}- Betty /Bobby you “will be” receiving the 2\textsuperscript{nd} and 3\textsuperscript{rd} part of your HPV shot in 2 and 6 months, here are your apt’s. Put this where “you” can see it. So that you can remind your mother /father when it is time to return.
GARDASIL
[Human Papillomavirus Quadrivalent]
(Types 6, 11, 16, and 18) vaccine, Recombinant

If you miss an appointment, please contact your health care professional to determine when your next appointment should be.

VACC-1056727-0001 12/12
Case Manager will review and follow up on missed return HPV series appointments. Utilizing EMR delinquent deferred list and notify parent of missed appointment and assist with reschedule.
CQI nurse will review data and report back to clinical support staff progress.
CQI nurse will continue to educate staff.
CQI nurse will continue to provide staff with necessary educational resources as needed.
Lessons Learned

- Staff needed ownership
- Having a process made improved workflow
- It’s not just the message, but how it’s delivered
Plan

Educate staff on HPV vaccination importance

Goal: increase HPV vaccination completion rates by 20% for patients who receive the first dose of HPV vaccine 1/1/14 – 6/30/14
What do you think?

Practice Assessment
Observations

- Some staff (mainly the receptionists) unclear on ACIP guidelines for HPV vaccination administration

- All of offices mentioned effectiveness in **scheduling** the 2\(^{nd}\) and 3\(^{rd}\) doses

- **100% compliance when scheduled**

- Confusion about **cost** of the vaccine and which **insurance plans** **covered** the vaccine
Educate through Email

- Sent information on ACIP guidelines and link to the ACIP site to the team leaders

- Pre-scheduling the 2\textsuperscript{nd} and 3\textsuperscript{rd} doses was reinforced – generated a reminder call, reminder email, and reminder text

- Reviewed coverage through ACA, and VFC at health department
HPV Status

Percent of female 12 year olds with HPV in progress / completed series
Next Step

**Face to Face follow-up with team leaders to ensure:**

- Staff meetings to discuss barriers
- Review CDC Q&A
- A better understanding of which insurers cover the HPV vaccine
- A better understanding of how to help patients whose insurance doesn’t cover the HPV vaccine
BJHCHS

90% of patients (baseline established ages 13-18) who were reviewed had completed their HPV vaccine series

*Side note:*  
95% had at least one Menactra  
90% had at least one Tdap vaccine
Lessons learned from BJHCHS

- Aggressive identification of patients who need vaccines
- All Pediatric nurses review the shot records - every patient - every visit,
- Providers are trained to ask the nurses if any vaccines are needed at every visit
- Only febrile or ill are not vaccinated
Children’s Hospital of Palmetto Health
ADHD Visits
+ HPV Vaccines
It’s Working!
Why ADHD

- Show rate for 11yr olds and above for Well Child Checks is 60%
  - Simply put --they are not coming
- However, they do come in for the ADHD med visits
- Could get nursing buy-in
- Integration
“Research has clearly shown that teens with ADD and ADHD are much more likely to engage in sexual activity – and risky sexual activity at that. Research has also shown that:

**Teens with ADD/ADHD:**
* have first sexual intercourse earlier
* are more likely to have teen pregnancies
* are more likely to need an HIV test (i.e. they have had sex without protection”

~Dr. Kenny Handelman
CHOC Adolescent ADHD Immunization Rates
May 2013 - June 2013

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>May-13</th>
<th>Jun-13</th>
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<tbody>
<tr>
<td>TDAP</td>
<td>90%</td>
<td>66%</td>
</tr>
<tr>
<td>MCV</td>
<td>70%</td>
<td>66%</td>
</tr>
<tr>
<td>HPV#1</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>HPV#2</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>HPV#3</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
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CHOC ADHD Vaccination Rates May 2013 vs May 2014

- TDAP
- MCV
- HPV#1
- HPV#2
- HPV#3

Comparison of vaccination rates for TDAP, MCV, HPV#1, HPV#2, and HPV#3 between May 2013 and May 2014.
CHOC ADHD Vaccination Rates  June 2013 vs June 2014

TDAP  MCV  HPV 1  HPV 2  HPV 3

Jun-13  Jun-14
Number of HPV Vaccines Given
May - June 2014

- May-14
- Jun-14
Lessons Learned

- PDSA cycles work well and lead to quality improvement
- Keep the cycles small and simple
- MUST communicate changes with ENTIRE STAFF
Lessons Learned

- Needed to expand the quality project

- Writing in BIG, BOLD LETTERS that patient needs a shot TODAY, more shots given (small changes)
“One of the hardest things about quality improvement is sustaining and continually monitoring and following up. It’s like you never get to the finish line.”

“By bringing the HPV shot to the patient, and not the patient to the HPV vaccine, we may have prevented approximately 120 cases of cancer in two months.”
Nest Steps: EXPAND

To general clinics
To all vaccines
To ensuring well child visits
Palmetto Pediatrics and Adolescent Clinic
In September started asking patients to schedule next dose while they were in the office

Made reminder calls the day before the appointment

**SMALL PDSA CYCLE:**
In September, there were 13 second dose Gardasil appointments on the books
- 100% kept the appointment
- 100% received the second dose
So, where should we focus?

You heard SC’s experience but what are the CDC Suggestions
Top reasons for not getting HPV

Anticipated parental hesitation While about 10% of parents will refuse the HPV vaccine that means 90% will say yes. Focus group data, from the Centers for Disease Control (CDC), show that parents value the HPV vaccine just as much as other adolescent vaccines, but physicians think that parents value it less.

Physicians not providing a strong recommendation This is the second highest reason parents report for not vaccinating their children. Parents may hear things from their pediatricians like, “Today we recommend the Tdap and meningococcal vaccines, and then you could also get the HPV vaccine.” Or, “Your daughter doesn’t seem to be thinking about sex yet, so we can wait.” Evidence suggests that when parents express reluctance initially, providers are hesitant to enter into the dialogue.
Giving the Message

Despite the challenges, there are simple ways to direct the conversation and assure that the goals of parents and providers are met. First, bundle the vaccines and give a strong recommendation for boys and girls.

This is as simple as saying, “Today I recommend that your child receive Tdap, HPV, and meningococcal vaccines.”

Second, start the conversation early and focus on cancer prevention. This is not a “sex vaccine”- this is a tool to prevent cancer. Just like childhood vaccines, vaccination needs to be given well before exposure.

Third, use reminder recall as a tool to achieve series completion. Pediatricians are the leaders in immunization. We are being asked to provide leadership in raising HPV vaccination rates for the good of public health and for the good of cancer prevention for children.