National Vaccine Advisory Committee

HPV Implementation Working Group

Overview

Work Group Co-Chairs
Dr. Nate Smith
Dr. Geeta Swamy

May 3, 2018
Virtual Public NVAC Meeting

Work Group Members

NVAC Voting Members
Nathaniel Smith, Co-Chair
Geeta Swamy, Co-Chair
Mary Anne Jackson
Robert Hopkins

NVAC Liaison Members
Achal Bhatt, CDC
Jeffrey McCollum, IHS
Mary Beth Hance, CMS
Kristen Ehresmann, AIM

NVPO
Angela Shen
Lauren Chambers

Charge

The ASH has charged the NVAC to establish a working group that will produce a brief report by June 2018 on recommendations to “strengthen the effectiveness of national, state and local efforts to improve HPV vaccination coverage rates.”

Additional Considerations

a) Many national organizations are currently supporting HPV efforts. Are there additional national organizations that might contribute to increasing HPV vaccination coverage?

b) At the state level, many states have formed coalitions to support HPV vaccination efforts. Is there general guidance for states that do not yet have coalitions?

Additional Considerations

c) Integrated healthcare delivery networks can successfully integrate comprehensive quality improvement approaches to increase vaccination coverage rates. How can state immunization programs and coalitions engage with health systems to work together on improving HPV vaccination coverage?

d) Please specify recommendations on how to meet the needs of providers in rural areas?

HPV Working Group Timeline

- Call #1: March 1
- Call #2: March 14
- Call #3: April 20
- NVAC Public Meeting: May 3, 2018
- Call #4: May 21
- Public Comment Period: End of May
- June 5 Public Meeting: Vote on the Report

Many national organizations are currently supporting HPV efforts. Are there additional national organizations that might contribute to increasing HPV vaccination coverage?

1. The ASH should promote practitioner resources that are evidence based and collaborative relationships with other healthcare partners and encourage additional engagement with payers, employers, and quality improvement organizations to increase communication to beneficiaries about coverage and the importance of getting fully vaccinated. Furthermore, the ASH should encourage employers and payers to link value-based payment to provider benchmarks for the HPV HEDIS® quality measure.

Many national organizations are currently supporting HPV efforts. Are there additional national organizations that might contribute to increasing HPV vaccination coverage?

2. The Health Resources and Services Administration (HRSA) should include an HPV adolescent measure in the Uniform Data System, a reporting requirement for HRSA grantees including community health centers, migrant health centers, health centers for homeless grantees, and public housing primary care grantees. The data are used to improve health center performance and operation and to identify trends over time.

At the state level, many states have formed coalitions to support HPV vaccination efforts. Is there general guidance for states that do not yet have coalitions?

3. The ASH should engage with and encourage State Health Officials to use existing, publicly available resources for coalition building and partner coordination, including the HPV Roundtable "*State Coalitions and Roundtable Guide,*" to support coordination of HPV vaccination efforts at the state and local levels.

At the state level, many states have formed coalitions to support HPV vaccination efforts. Is there general guidance for states that do not yet have coalitions?

4. The ASH should encourage collaboration and active engagement between immunization and cancer advocacy groups. Coalitions should capitalize on the existing strengths and programs of each partner; the strength of the coalition will depend on relational networks and active engagement. Where and when appropriate, immunization may take the lead, and in other cases the cancer community may be the logical lead. Information and data exchange should be a central activity in addition to enhanced coordination of efforts in order to ensure coherent messaging and optimization of resources.

Integrated healthcare delivery networks can successfully integrate comprehensive quality improvement approaches to increase vaccination coverage rates. How can state immunization programs and coalitions engage with health systems to work together on improving HPV vaccination coverage?

5. The ASH should encourage State Health Officials, as a key immunization leader in states, to engage with health systems executives within their jurisdictions to prioritize HPV vaccination as an effective means for cancer prevention. Accountability mechanisms and inclusion into health systems' strategic and operational plans can support sustained attention on vaccination efforts for all ACIP-recommended vaccinations, including HPV.

Please specify recommendations on how to meet the needs of providers in rural areas?

6. The ASH should request further research be conducted to better understand the needs of rural providers in supporting administration of or referral to vaccination services when vaccine availability is limited. These needs may include access to vaccines, support for communication to patients and the community (e.g., notification concerning specified clinic days for immunizations), development of consultation and referral networks (e.g., access to cancer experts and referrals to vaccination sites), effectively communicating provider recommendations, and enhanced vaccine and immunization education for the provider.

Please specify recommendations on how to meet the needs of providers in rural areas?

7. The ASH should encourage the increased use of technology-based, telemedicine systems such as tele-consulting and tele-monitoring partnerships to reach rural and underserved communities, to strengthen provider education on HPV vaccination and cancer prevention.

Discussion