

13 September 2013

Howard K. Koh, MD, MPH
Assistant Secretary for Health
Department of Health and Human Services
200 Independent Avenue, SW, Room 701-H
Washington, D.C. 20201

RE: National Vaccine Advisory Committee (NVAC) meeting on 11 September, 2013 regarding the NCQA proposal to incorporate a HEDIS measure for the Human Papillomavirus (HPV) Vaccine for adolescent girls.

Dear Dr. Koh,

As you know, the Healthcare Effectiveness Data and Information Set (HEDIS) is a tool to measure performance on important dimensions of health care and service. HEDIS measures are clearly defined and collected by more than 90 percent of health insurance plans making it possible to directly compare performance between plans. For these reasons, HEDIS measures serve as powerful incentives for payers and providers and can impact our progress toward Healthy People 2020 goals.

During the NVAC public meeting held on September 11th, 2013, a presentation from the CDC described the current low HPV vaccination coverage rates. During the discussion, the role of provider recommendations in improving coverage was discussed and incentivizing providers was thought to be important to reducing the serious morbidity and mortality caused by HPV. It was also mentioned that the National Center for Quality Assurance (NCQA) will be voting (on September 18, 2013) on the following HEDIS measure.

The percentage of female adolescents 13 years of age who had three doses of the HPV vaccine by their 13th birthday.

As part of our discussions of Healthy People 2020 goals generally and the disappointing data about HPV vaccine coverage specifically, the NVAC deliberated and voted in favor of the inclusion of this HPV vaccination HEDIS measure. The NVAC concluded that this HEDIS measure would encourage providers to promote HPV immunization for their patients to both initiate and complete the three-dose series. This in turn would result in increased HPV vaccination coverage, which will ultimately lead to fewer HPV associated cancers.

In addition, current HEDIS measures already adopted by NCQA include two other Advisory Committee on Immunization Practices (ACIP)-recommended adolescent vaccinations, MCV4 and Tdap. Therefore, not only did NVAC think that the inclusion of this HPV measure would help to align these HEDIS measures with ACIP recommendations, but should NCQA decide against this additional HEDIS measure, it would send the message that somehow HPV vaccination is different from other vaccines routinely recommended for adolescents.

Finally, NVAC encourages NCQA to consider supporting the full set of current ACIP recommendations for the HPV vaccine, which includes adolescent boys as well as girls. That said, NVAC is aware that at this late date this modification may not be feasible. In that case, NVAC recommends NCQA consider the inclusion of adolescent boys in its next HEDIS cycle.

Therefore, the NVAC asks that you communicate its assessment and recommendations below to the NCQA in advance of its scheduled decision on September 18, 2013.

[Note: These recommendations were unanimously approved, with 16 NVAC members in attendance on September 11th voting in favor of this position. Only one NVAC member was not in attendance to vote.]

NVAC Recommendations:

- 1. The NVAC strongly recommends inclusion of the following HEDIS measure: *The percentage of female adolescents 13 years of age who had three doses of the HPV vaccine by their 13th birthday.***
- 2. The NVAC further recommends that NCQA consider including adolescent boys into the HEDIS measure during their upcoming deliberations. However, if that is not currently feasible, NCQA should include a HEDIS measure for adolescent boys at the next available opportunity which would align HEDIS measures with ACIP's recommendations.**

Please feel free to contact me with any questions or concerns you may have regarding these and other NVAC activities.

Sincerely,

\Walter Orenstein\

Walter Orenstein, MD
Chair, National Vaccine Advisory Committee

Annex:

In February of this year, 2013, NVAC formed a working group to understand the root cause(s) for low HPV vaccination coverage and to identify existing best practices with the goal of providing recommendations on how to increase use of this vaccine in young adolescents. While the working group has not completed this report and recommendations, the full NVAC realized this time-sensitive opportunity to act and support a measure to increase coverage.

There are an estimated 25,900 cases per year, on average, of Human Papillomavirus (HPV) - associated cancer in the United States. Exposure to HPV is common through sexual contact and most infections resolve over time. However, persistent infection with oncogenic HPV types is associated with a variety of cancers. Virtually all cervical cancers are due to HPV along with 90% of anal cancers, 60% of oropharyngeal, 69% of vaginal, 51% of vulva and 40% of penile cancers. Further, 76% of cervical, 87% of anal, 60% of oropharyngeal, 55% of vaginal, 44% of vulva and 29% of penile cancers are caused by oncogenic HPV types 16 and/or 18.

Currently there are two HPV vaccines available, which both target and have been clinically proven to prevent infection by these two HPV types, 16 and 18. To prevent cancer associated with HPV infections, the Advisory Committee on Immunization Practices (ACIP) currently recommends HPV immunization for all children aged 11 or 12, an age before sexual debut, with three doses of vaccine.

Despite the ability of this vaccine to protect against HPV-associated cancers, coverage rates for completion of the HPV vaccine series remain well below HP2020 goals.

Low vaccination coverage levels have been attributed to many factors including cost, missed opportunities, strength of provider recommendation, and parental knowledge and attitudes. However, there is increasing evidence weak provider recommendation for HPV vaccination is a major issue contributing to low coverage rates.

As stated above, immunization quality measures, like HEDIS, serve as important tools to motivate healthcare providers to enhance their efforts to increase immunization rates through offering recommended vaccines to their patients and reducing the number of missed opportunities to vaccinate patients. This HEDIS measure therefore has to potential to address one of the identified barriers resulting in low coverage.