National Vaccine Advisory Committee

HPV Implementation Working Group

Recommendations for Vote

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

June 25, 2018
Virtual Public NVAC Meeting

Work Group Members

NVAC Voting Members
Nathaniel Smith, Co-Chair
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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

Activities	Date
Call #1	March 1, 2018
Call #2	March 14, 2018
Call #3	April 20, 2018
NVAC Public Meeting	May 3, 2018
Call #4	May 21, 2018
Public Comment Period	End of May 2018
NVAC Public Meeting	June 25, 2018 (Vote on Report)

Receipt of Public Comment

- 7 individuals or organizations submitted comments
- Overall, most comments supported the report and its recommendations
- Some changes were made based on comments, for example:
  - Recommendations 3.1 and 3.3 were expanded to include local health departments and their partners
  - Added Recommendation 3.2.1: Supporting the onboarding process of new users (i.e. getting a provider organization ready to submit and query patient data from an EHR to an IIS) for IIS, including adult providers.
  - Added introductory language to further emphasize the importance of provider education
  - Broadened language about the many partners working to implement HPV vaccination activities
- All comments were acknowledged and taken into consideration, however some were not incorporated directly into this report because they focused on issues outside of the report's scope such as payment and delivery for vaccination services, the vaccine schedule, informed consent, and the public comment process.
- All comments sent to the NVAC members

Focus Area 1: Many national organizations are currently supporting HPV efforts. Are there additional national organizations that might contribute to increasing HPV vaccination coverage?

Recommendations:

1.1 To promote inclusion of new health care partners, the ASH should encourage further development, dissemination, and implementation of evidence-based practitioner resources and support collaborative relationships.

1.2 The ASH should encourage enhanced engagement with payers, employers, and quality improvement organizations to increase communication to beneficiaries about HPV vaccine coverage and the importance of receiving the full HPV vaccination series.

Focus Area 1 - Continued

Recommendations:

1.3 The ASH should encourage employers and payers to link value-based payment to provider benchmarks for HPV vaccination.

1.4 The ASH should encourage the Health Resources and Services Administration (HRSA) to include an HPV vaccination adolescent measure in the Uniform Data System, which serves as a reporting requirement for HRSA grantees in community health centers, migrant health centers, health centers for homeless grantees, and public housing primary care organizations. The data should be used to improve health center performance and operation and to identify trends over time.

Focus Area 2: 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?

Recommendations:

2.1 The ASH should engage with and encourage State Health Officials to use existing, publicly available resources for coalition building and partner coordination, including the National HPV Vaccination Roundtable's "State Coalitions and Roundtable Guide."

2.2 The ASH should encourage continued collaboration and active engagement between immunization and cancer advocacy groups to increase the availability of resources for HPV immunization.

Focus Area 3: Integrated health care 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?

Recommendations:

3.1 The ASH should work with State Health Officials and local health departments as key immunization leaders to engage with regional and local health systems and integrated delivery network (IDN) executives to prioritize HPV vaccination as an effective means for cancer prevention and to develop accountability mechanisms to track and incentivize performance.

Focus Area 3 - Continued

Recommendations:

3.2 The ASH should engage the Office of the National Coordinator for Health Information Technology (ONC), State Health Officials, and partners to support interoperability by encouraging bi-directional electronic data exchange and broad use of immunization data across electronic health records (EHRs), immunization information systems (IISs), and with all federal partners, particularly as it relates to HPV immunization. Activities may include:

3.2.1 Supporting the onboarding process of new users (i.e. getting a provider organization ready to send, submit, and query patient data from an EHR to the IIS), including adult providers.

3.2.2 Developing a memorandum of understanding or data use agreement between the Department of Defense (DoD), Department of Veteran Affairs (VA), and immunization information systems (IISs) to support immunization data exchange.

3.2.3 Supporting the acceleration of current EHR, pharmacy information systems, and IIS standardization efforts, including promoting functionality that supports query and response for clinical decision support.

Focus Area 3 - Continued

Recommendations:

3.3 The ASH should work with State Health Officials, local health departments, and their partners to encourage the use of IISs and EHRs to:

3.3.1 Generate coverage assessments for a provider's population for use in targeting reminder efforts for adolescents that are due and past due for HPV vaccination.

3.3.2 Assess opportunities to vaccinate individuals within a provider's practice to reduce missed opportunities to vaccinate and increase protection for populations (e.g., through the use of clinical decision support and quality improvement processes such as Assessment, Feedback, Incentives, and eXchange (AFIX)).

Focus Area 4: Please specify recommendations on how to meet the needs of providers in rural areas?

Recommendations:

4.1 The ASH should request further research be conducted to better understand the needs of rural providers in supporting the administration of or referral to vaccination services in rural environments and to identify and determine barriers to accessing vaccination services for patients in rural settings.

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

4.3 The ASH should support a stronger HHS-wide social media presence to improve the reach of communication strategies and directly engage parents and adolescents to build trust and recognition about the importance of HPV vaccination and how to best engage patients in rural communities.

Discussion