

State of Kentucky 2017 HPV workgroup notes

Hosted by American Cancer Society and Kentucky Cancer Consortium
University of Louisville; November 15th, 2017

Goals of meeting:

- Meet partners from across the state who are working or interested in working on increasing HPV immunization rates
- Understand where our state stands with HPV immunization and related cancer rates
- Come up with short and long-term goals for our state partners
- Have a method of sharing HPV related work and (if time allows) revisit the previous 2015 strategic plan for the state.

1. Opening of meeting with discussion on the incidence of HPV:

-data was pulled by area development district (ADD)

-noted both high incidence and high cancer rates

-Kentucky is making process in these areas but there is work to be done

-many patients are insured and others aren't; this all impacts screening rates, engagement with the medical system (providers, hospitals/clinics, insurers etc.), patient follow through, changes with the Affordable Care Act ACA have impacted screening rates as well

-along with HPV opportunities, PAP smears are also a challenge area due to scheduling, discomfort etc.

Opportunities:

1. Pull data at the micro-level to further see incidence by region, location/area etc. with actual HPV rates (pull identifiers like risk factors, highest education attainment etc.)
2. How do we engage screening (PAP) in regards to the HPV vaccine? (multifaceted approach)

2. Moved to a discussion around mortality:

-data was pulled by area development district (ADD)

-shared different rates among areas (rural vs. urban etc.) and by race

-ironically, Kentucky is lower in regards to vaccination rates compared to other states with HPV, but for other vaccines it's much higher; the uptick is rising with the HPV vaccine through education, less doses (two doses), vaccine covering more strands, less cost in some cases via the vaccines for children (VFC) program etc.

Opportunities:

1. Need to continue to stress this vaccine is cancer prevention rather than focusing on the "abstinence"; the question is how do we close the gap in vaccination? (We still need to address the abstinence part)
2. Working with area development districts (ADD) to further understand the relation of HPV vaccines with cervical cancer rates (could we also use the immunization registry?)

3. Data via the immunization registry:

-data is available from 2006 on, but private practice providers for example aren't included

-the data is a "flat file" and feeds the registry and the state is working to make this system more "robust"

-there are approximately 600 VFC providers and the state does do site visits for these participants

-the registry was updated recently for middle school entry; HPV is not a required vaccine but can be "written down" by a provider (for example and RN or APRN) as a "recommended" vaccine. Many times, parents or caregivers will just "glance over" the required vaccines sheet which doesn't engage the patient/caregiver or patient.

-the following vaccines are required for middle school: 1 Tdap; 4 IPV or OPV or combinations of the 2 vaccines; 3 Hep B7; 2 MMR; 2 Varicella; 1 MCV or MPSV. (<http://chfs.ky.gov/dph/epi/School+and+Childcare.htm>)

-Further, some parents and caregivers don't receive the vaccine recommendation sheet (some areas don't have an immunization RN, for example)

- discussed the importance of “bundling” the vaccines during clinic visits (“Today we will provide these three vaccines”)
- discussed the workflow of collecting this information with the practice to then the Kentucky Health Information Exchange (KHIE) and to the registry and how this data translates into reports, metrics etc.
- Women’s care is emancipated so in some cases the patient wants the HPV vaccine and the parent/guardian does not want to vaccinate

Opportunities:

1. School RN education; per state immunization staff, RN’s cannot enter information in the registry. Also, opportunity to assist with immunization workflows and information

4. Participant pre-conference survey:

- approximately 45 responses; 35 said their organizations works on HPV (71%); 25 (55%) said they used small media
- the target populations for education includes (but not limited to) providers, students, parents, community, public health and at-risk groups.
- there is changes to the 2018 HEDIS measures; two dose vaccine (<http://www.ncqa.org/newsroom/details/ncqa-updates-quality-measures-for-hedis-2018?ArtMID=11280&ArticleID=85&tabid=2659>)

Opportunities:

1. Identified the needs for resources including free resources (for example, help with printing) but most importantly, relevant materials and how to find those materials
 2. Survivor stories similar to the smoking cessation videos on KET
(Also provided overview of AHEC’s HPV efforts (<https://www.nationalahec.org/hpv/>))
 3. Further community involvement – how do we put this front and center? Discussed challenges with religious stereotypes
 4. Discussed the importance of engaging the dental community such as dental hygienists and dentists to at least provide some education around HPV
- clinical champions are also very important in helping to move the quality needle

5. History of state health efforts:

- In 2012, Governor Beshear worked on a group and in 2015 a state meeting was held with 120 plus organizations; in June of 2016 the ‘HPV Strategic Plan’ was released with the goal of the report being a comprehensive statewide strategic plan created by stakeholders to engage partner and prevent/control HPV.
- since then, work and process is an opportunity

6. Group next steps: (in no particular order)

- the comment was brought up that a lot of work has already been done, so how do we complement and further those efforts? (“Don’t reinvent the wheel”)
1. There is a Kentucky Dental Association (KDA) conference in the spring and there is hope some engagement opportunities could occur
 2. discussed work on “catch up vaccination” and how does the PAP smear play into cancer screening/prevention as well?
 3. Managed Care Organizations (MCO) have interest in developing and continuing HPV efforts
 4. Discussed focus around messaging and making sure partners review the messaging before it’s presented to external groups or populations
 5. Review the existing 2016 plan see if there is opportunity to develop a non-department of public health HPV plan, reconvene, and move forward

List of Opportunities (*no particular order*)

Data:

- pull data at the micro-level to further see incidence by region, location/area etc. with actual HPV rates (pull identifiers like risk factors, highest education attainment etc.)
- working with area development districts to further understand the relation of HPV vaccines with cervical cancer rates (could we also use the immunization registry?)

Marketing/Strategy/Communications:

- discussed focus around messaging and making sure partners review the messaging before its presented to external groups or populations
- discussed work on catch up vaccination and how does the PAP smear play into cancer prevention?
- need to continue to stress this vaccine is cancer prevention; the question is how do we close the gap in vaccination rates?
- identified the needs for resources including free resources (for example help with printing) but most importantly, relevant materials and how to find those materials
- survivor stories similar to the smoking cessation videos on KET
- Provided overview of AHEC's HPV efforts (<https://www.nationalahec.org/hpv/>)
- Further community involvement – how do we put this front and center? Discussed challenges with religious stereotypes

Education (Community, provider, MCO, public health, advocacy group etc.):

- School RN education; per state immunization staff, RN's cannot enter information in the registry. Also, opportunity to assist with immunization workflows and information.
- discussed the importance of engaging the dental community such as dental hygienists and dentists to at least provide some education around HPV
- there is a Kentucky Dental Association (KDA) conference in the spring and there is hope some engagement opportunities could further occur
- clinical champions are also very important in helping to move the quality needle
- Managed Care Organizations (MCO) have interest in developing and continuing HPV efforts

ACS/Kentucky Cancer Consortium proposed next steps:

- Work to connect health departments with school districts. That 5th grade transition to 6th grade is a prime outreach opportunity, are we capitalizing on that?
- Partners to review the KY strategic plan and see how they can plug in
- Katie and Elizabeth to continue the conversation with another meeting virtually to get partners plugged into collaborative work

Meeting hosts contact info:

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