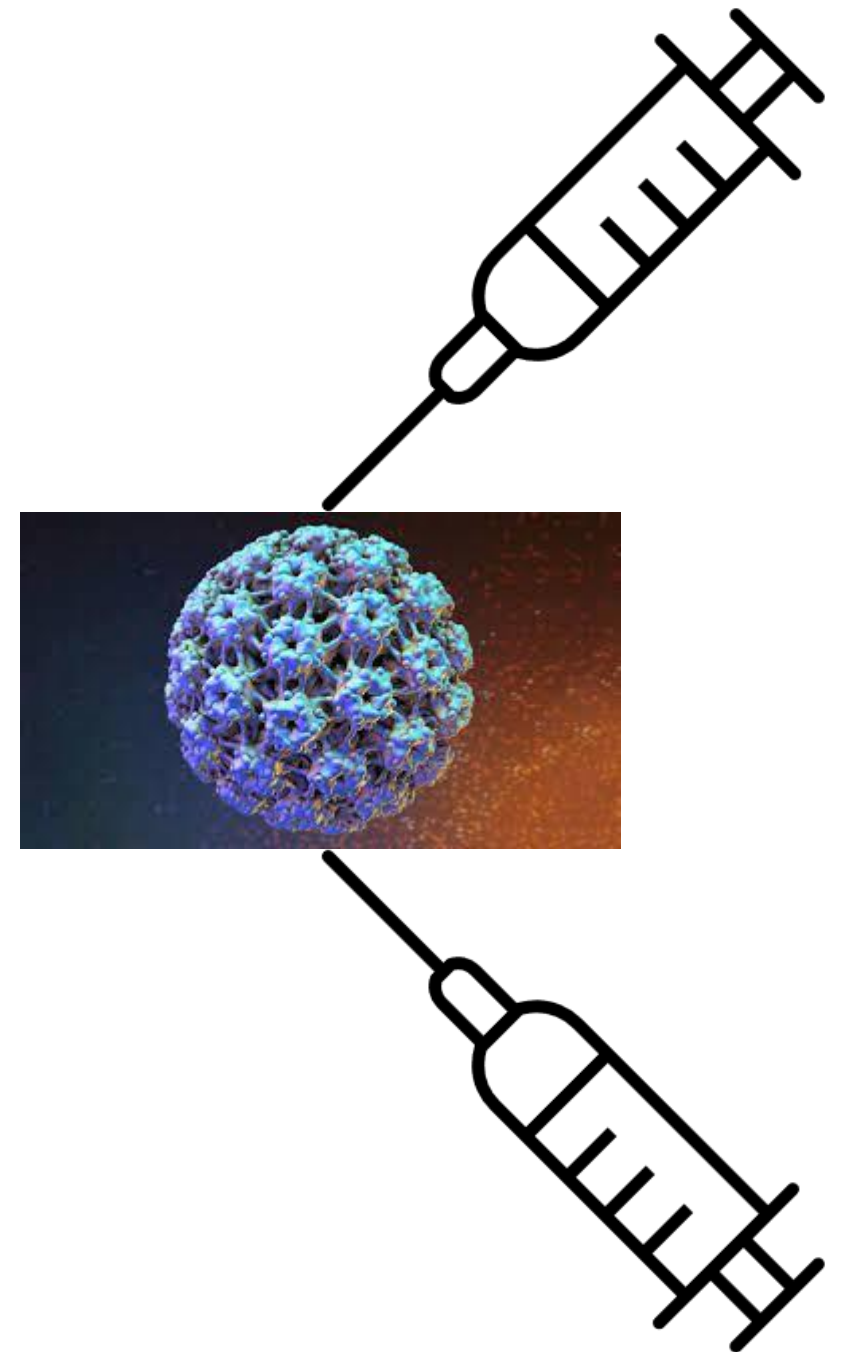


Promoting a Vaccine Against Cancer

How to Increase HPV Vaccination Rates in your Practice

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Pelican Pediatrics

PCC UC 2023





Objectives:

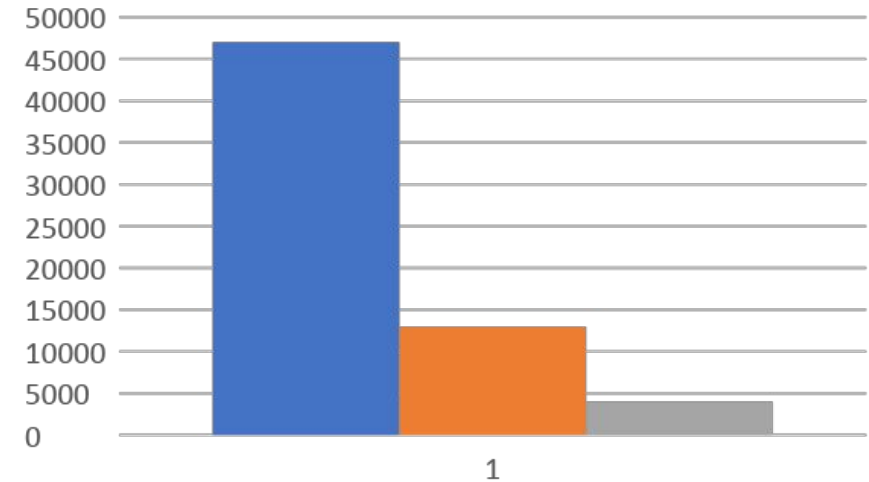
Identify	Identify parental barriers to vaccinating children against HPV
Address	Address the concerns parents have and counteract misinformation
Use	Use Quality Improvement Initiatives to offer ways to make the HPV vaccine easy, accessible, and normal to families and children

If there was a vaccine against cancer – would you give it to your child?

47,200 people are diagnosed with HPV related cancers

13,000 women are diagnosed with cervical cancer

4,000 die of the disease



HPV vaccine is 99% effective!!!!

- **ONLY 54%** of US teens are fully vaccinated at age 13
- >30% behind the other routine adolescent immunizations - TDAP and Meningitis ACYW (89%) and almost 10% behind COVID (61%)
- Is it really only parental refusal or is it also our recommendations?

■ DIAGNOSED with HPV Related Cancer
■ Women Diagnosed with Cervical Cancer
■ Die of HPV Cancer

Main
reasons for
low HPV
vaccination
rates in
children

Vaccine Hesitancy

Vaccine Promotion

HPV VACCINE - WHY ALL THE HESITANCY?

Too New – we
didn't get it as
kids

Fear of
Sideeffects
–Infertility?

SEX!!!

Vaccine is
government
control



$$F = G \frac{m_1 m_2}{d^2}$$

$$i\hbar \frac{\partial}{\partial t} \psi = \hat{H} \psi$$

$$\phi(x) = \frac{1}{\sqrt{2\pi\sigma}} e^{-\frac{(x-\mu)^2}{2\sigma^2}}$$

HOW to Counteract the Hesitancy?

$$\frac{\partial^2 u}{\partial t^2} = c^2 \frac{\partial^2 u}{\partial x^2}$$

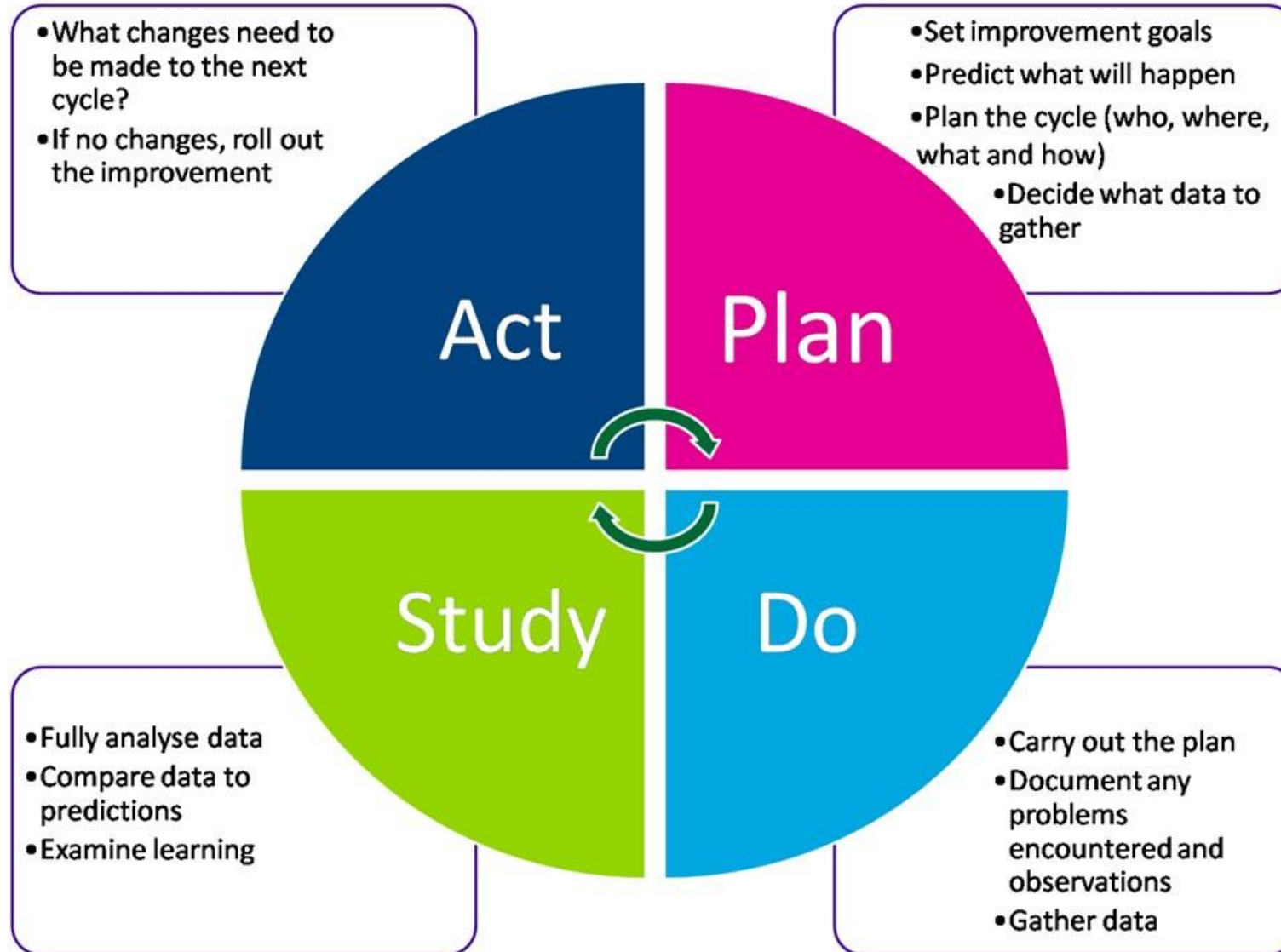
$$\frac{df}{dt} = \lim_{h \rightarrow 0} \frac{f(t+h) - f(t)}{h}$$

TACKLE MISINFORMATION WITH positive messaging

- Clear **repetitive** messaging of confidence and safety – Hit social media
- Anticipate ahead of time and prepare families for when their child is eligible – start talking about it at age 4
- Be there to answer questions, don't dismiss concerns
- Personal stories about HPV related cancers
- Personal stories – are your kids or grandkids vaccinated?

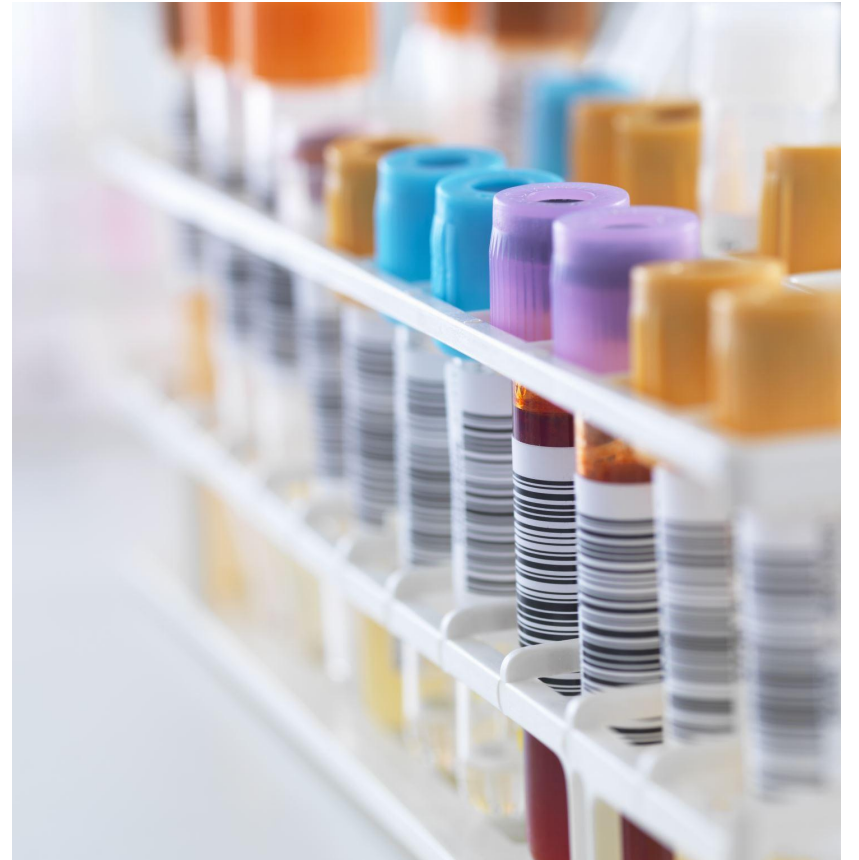


PDSA CYCLE



PLAN - Increase HPV Vaccination rates

- Protect kids against cancer
- Improve HEDIS scores therefore payments from insurance companies
- Protect kids against cancer
- Receive payments for actual vaccines
- Protect kids against cancer
- QI project for MOC type 4 credit
- Protect kids against cancer



1. PLAN – In order to have a plan you need to know where you stand

Pelican Pediatrics LLC
Charleston, SC

Location: All Locations

Measure: Immunization Rates - HPV (Patients 13 Years)

Choose a measure

Dashboard reports updated as of 6/3/2023

Your Score: **100** out of 100

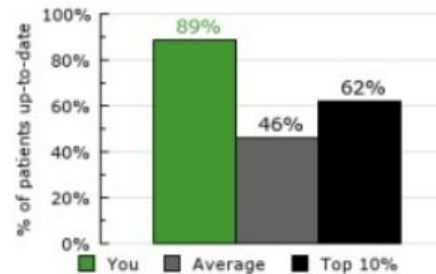
The CDC's Advisory Committee on Immunization Practices (ACIP) recommends a series of two HPV vaccines for both males and females beginning at age 11 or 12. This measure tracks your HPV vaccination rates for all active patients currently 13 years of age, showing the percentage of these patients who have received two HPV vaccines as of the reporting date. See how you measure up to other PCC clients and view a list of 13-year-old patients who have not received the two recommended HPV doses. View the Sex Breakdown report to compare HPV vaccination rates for males and females and to exclude patients with a current insurance of Medicaid.

You have **152** active patients currently 13 years of age.

[16 of these patients are overdue for at least one HPV vaccine.](#)

How You Compare

[View Detailed Breakdown](#)



Your Practice

89%

PCC Client Average

46%

Top Performers

62%

(% of active patients 13 years old having at least two HPV vaccines)

Detailed Breakdown: Primary Care Provider

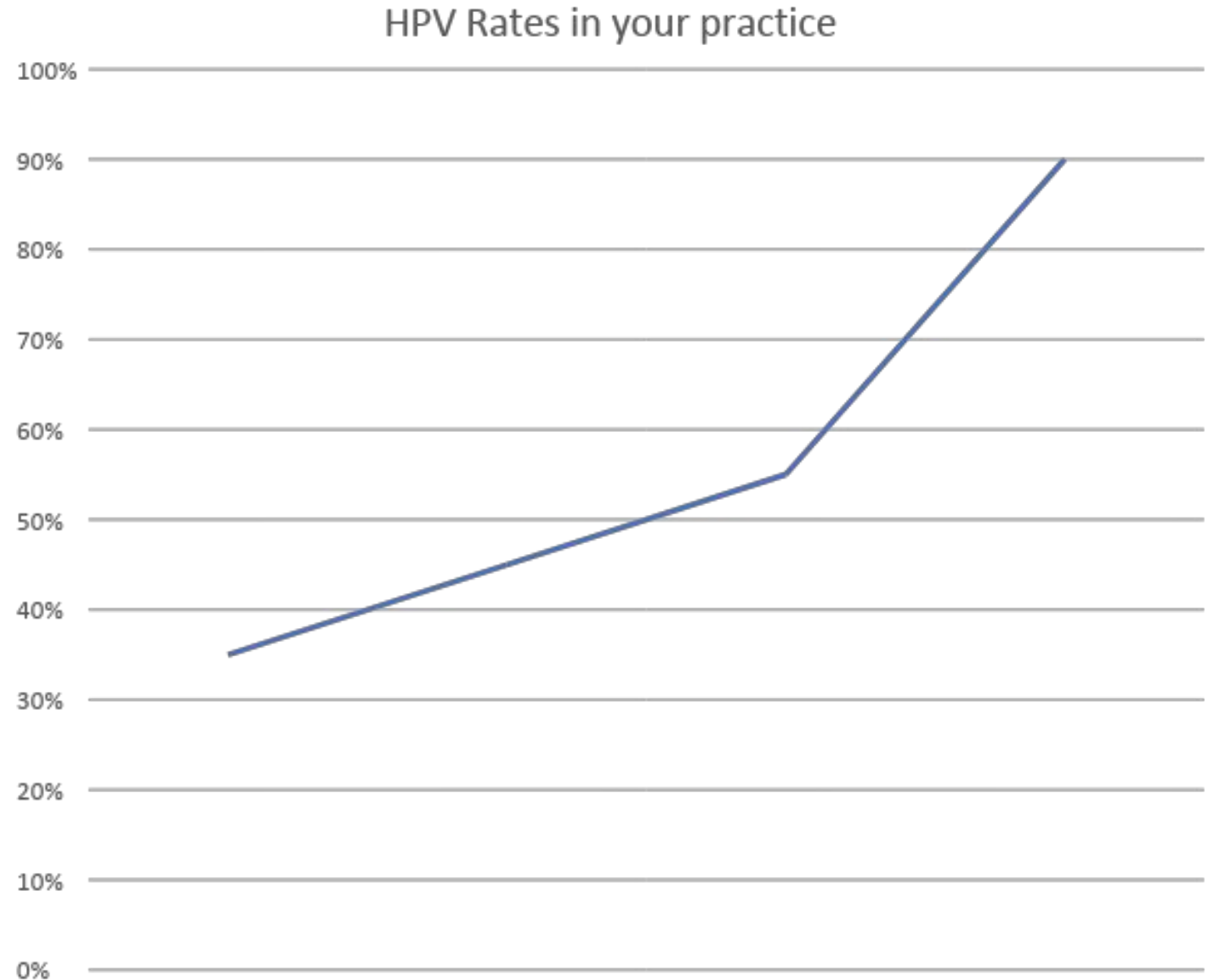
Show Breakdown By:

Primary Care Provider ▼

Primary Care Provider	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Providers	152	16	136	89%
Desiree M Rodriguez Espada MD	30	6	24	80%
Eliza Varadi MD	61	6	55	90%
Lillian Fong MD	20	4	16	80%
Namrita Malhi MD	33	0	33	100%
Simone Chinnis FNP	7	0	7	100%
No PCP Assigned	1	0	1	100%

1. PLAN

- Evaluate where you are – what is your goal?
- Make sure goals are realistic
- In 6 months increase HPV vaccination rate by ____%



2. DO

- How do you plan to achieve your goal?

AAP Voices Blog

Making a Difference One Recommendation at a Time

When the HPV vaccine is normalized and routinely recommended, rates will go up and more patients will be protected from HPV-related cancers. Eliza A. Varadi, MD IBCLC, FAAP, discusses her call to action in this [AAP Voices blog](#).



DO

From 38% to 88%
(in 5 easy steps)





ASSESS barriers to HPV Vaccine in Kids

- Only offered at certain Well Visits
- Only recommended by certain doctors in the group

Step 1 – Language Matters

- Routinely Recommend and Normalize –
- Start discussing HPV vaccine at 4 year well check (and 5, 6, 7, 8)
- Encourage HPV vaccine starting at age 9
- Don't say "your child is due for Tdap and meningitis vaccine, would you like to get the HPV as well?"
- Say "Your child is due for the Tdap, HPV and Meningitis vaccines today"
- All staff members must be on the same page not just the clinicians.

Step 2 - Don't give up on past refusers



- For families that have previously refused – continue to discuss -

"Remember last time we talked about the HPV VACCINE, the vaccine against cancer, have you had a chance to think about it? Do you have questions about it? I would still recommend your child receive the vaccine in fact my children or grandchildren have all been vaccinated"

HPV 9	11/03/20	REFUSED 11/08/21	01/06/22
Tdap	11/03/20		

- Studies show that having a conversation with parents about their concerns as opposed to just moving on does decrease hesitancy

Step 3—making every visit a vaccination visit

Vaccine Family	Dose #	Recommended Date	Minimum Date	Past Due Date	Maximum Date
HPV	1st	09/30/2020 (11y)	09/30/2018	10/27/2022	09/30/2109
COVID-19	1st	12/12/2020 (11y 2m)	12/12/2020	01/08/2021	09/30/2129
Flu	2nd	07/01/2021 (11y 9m)	07/01/2021	07/28/2021	09/30/2129
Meningococcal	2nd	09/30/2025 (16y)	09/30/2025	10/27/2026	09/30/2065
DTaP/DT/Td/Tdap	7th	11/04/2030 (21y 1m)	11/04/2025	12/01/2030	09/30/2129



Ever visit for any child 9 and older— no matter the reason gets reviewed for presence of HPV vaccine, much like for flu and COVID

If due – Nurse or Medical Assistant says “your child is DUE for the HPV vaccine and can get it today – do you have any questions?”

Nurse or MA then orders in chart during triage – if parent refuses then marks as refused

HPV 9	REFUSED 11/04/20 REFUSED 06/08/22
Tdap	11/04/20

Prior to entering the room, physician knows parental opinion prior and can tailor conversation appropriately

If family does not get vaccine – order for scheduling placed for checkout

Step 4 – Schedule follow up for dose 2!



15% of teens got their first vaccine without receiving their second



After the 11 year old visit with required vaccines many teens don't return for another WCC for several years if at all scheduling the 6 month followup for dose 2 will increase vaccination rates



When they're on the schedule, they get reminders if they miss you call and remind them they missed it and reschedule

Step 5 – Active Reach-out

1 – Use practice vitals dashboard to see who is behind and reach out to those patients

2 – Run report of those due and overdue for HPV vaccine and send a text

3 – you can schedule them regularly or hold a vaccination clinic much like you did for flu or COVID

4 – Many of those behind on HPV are also behind on WCC so this is a chance to catch them up on that and all associated screening

*** If your rates are very low – consider doing a vaccination clinic to jump start the process

Pelican Pediatrics LLC Charleston, SC Location: All

Patients Overdue For HPV Vaccine (13 Years)

Why are these 16 patients overdue? Da

- They are 13-year-old **active patients**
- AND
- They are **overdue** for at least one HPV vaccination as of the reporting date listed above
- AND
- They are **not flagged** with any inactive flags

[Save as Spreadsheet File](#) Spreadsheet file is in .csv format and includes patient address.

First Name	Last Name	Sex	Patient PCC #	Date of Birth	Age	Primary Care Provider	Date of Last Well Visit	Date of Last Visit	Overdue for Dose Number:
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2 Routes of vaccinating

SPECIAL

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graph TD; A([SPECIAL]) --> B[Vaccination drives and clinics]; C([ROUTINE]) --> D[Vaccines at routine office visits];
```

Vaccination drives
and clinics

ROUTINE

Vaccines at routine
office visits

Vaccination clinics

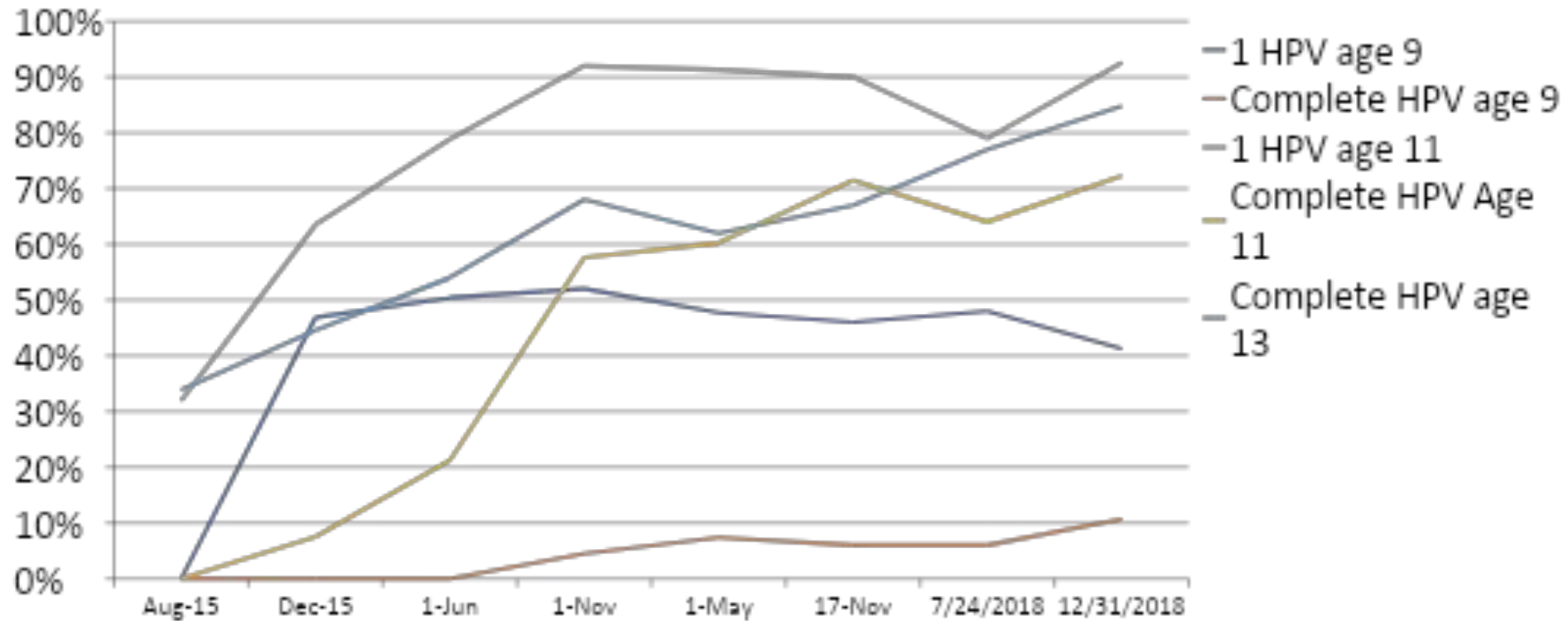




Can These quality improvement efforts really
make a difference???

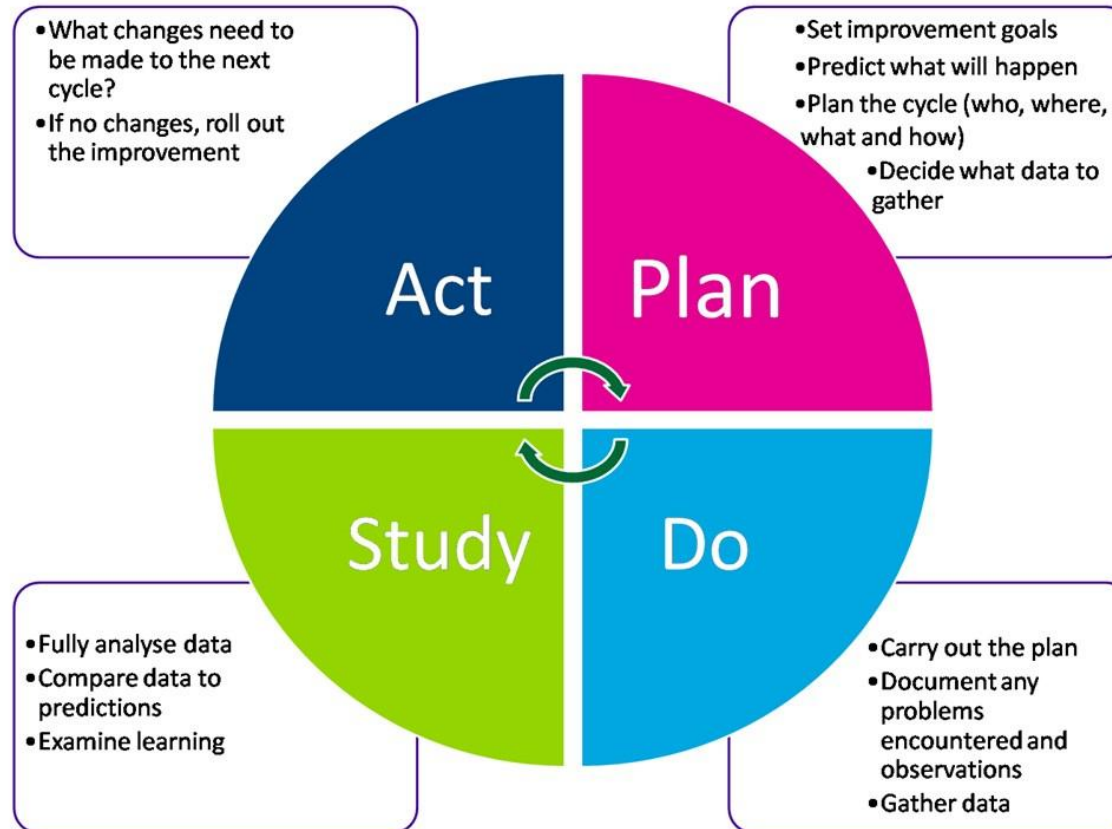
YES!

STUDY – did your efforts make a difference?



Act

Based on the results from you PDSA cycle – what should be your next action or next PDSA cycle?
What can you improve on?





GO GET YOUR VACCINE
AGAINST PENIS AND
BUTT CANCER