



UVM HEALTH NETWORK – CENTRAL VERMONT MEDICAL CENTER

Cancer Program 2016 Community Outreach Summary

Presented to Cancer Committee on April 25, 2017

STANDARD 4.1 – PREVENTION PROGRAM – HPV VACCINATIONS

This was the second year of a cancer prevention program focused on increasing human papillomavirus (HPV) vaccination rates in our medical practices.

Project: Our prevention program was to participate in the evidence-based National Immunization Partnership with the APA (NIPA) Quality Improvement Learning Collaborative on Improving HPV Immunization Coverage.

Project Aim: To use evidence-based interventions to increase the HPV immunization rate in the pediatric practice.

Why the Project Is Important: According to the Centers for Disease Control and Prevention (CDC), every year in the U.S., 31,000 women and men are diagnosed with cancer caused by HPV infection. Most of these cancers could be prevented by HPV vaccination. HPV vaccination prevents more than just cervical cancer. Vaccination can prevent uncomfortable testing and treatment for cervical pre-cancers. Each year in the U.S., more than 300,000 women endure invasive testing and treatment for cervical lesions that can develop into cancers. Testing and treatment for these pre-cancers can have lasting effects. However, cervical cancer only accounts for 1 in 3 cancers caused by HPV infection. While there is screening for cervical cancer, there is no routine screening for the other 20,000 cancers caused by HPV infections each year in the U.S. Often these cancers—such as cancers of the oropharynx and cancers of the anus/rectum—aren't detected until later stages when they are difficult to treat.

According to the Vermont Department of Health, in the year 2015, 41% of Washington County boys and girls ages 13-17 had completed at least 3 doses of HPV vaccine. http://healthvermont.gov/sites/default/files/ID_IZ_RATES_annual_report_2015.pdf

This means that nearly 60% of Vermont's children are going without this cancer prevention opportunity.

Intervention Design: Central Vermont Medical Center's Pediatric Primary Care - Barre office participated in the second cohort of the NIPA Quality Improvement Learning Collaborative on Improving HPV Immunization Coverage. The National Immunization Partnership with the APA (NIPA) is a collaboration between the National Improvement Partnership Network (NIPN) and Academic Pediatric Association (APA) and is funded by the CDC. It is a cross-state, comprehensive initiative to improve HPV immunization rates in adolescents. The learning collaborative combines direct physician education, public awareness strategies, expansion of residency curricula, and strengthening of partnerships to increase immunization coverage and expand the potential of HPV vaccine to prevent HPV-related cancers.

Dr. Emily Urquhart and Dr. William Gaidys, along with Clinical Champion Kristin Gilbert, RN completed this second cohort of the NIPA project.

Actions Taken and Lessons Learned (*written by participant Kristin Gilbert*):

We first performed a review of our current method of offering the HPV vaccine, identifying where we were missing opportunities and how we could increase our rates overall. We reviewed the communication skills we were using to present the vaccine to parents, and we discussed how we could increase our completion rates.

We realized our biggest hurdle was our presentation of the vaccine and our communication with families. Our approach was the first thing we changed. Instead of “offering” the HPV vaccine at the 11-year well-exam, we instead “informed” the parent that the child would be getting “TDaP, Menactra and Gardasil today.” Parents seemed to be surprisingly more receptive to that approach; we speculate that it is because that approach communicates a strong provider recommendation behind it. When parents refused it, we identified their reasons for refusal and directly addressed those concerns.

One of our Community Health Team members generated a letter to send to all parents of our 11-year-olds, reminding them of the need to schedule an appointment for a well exam and/or to initiate the HPV series.

In addition, we completed our own audit using the state immunization registry. We reviewed vaccine records of all patients in need of either initiating or completing the HPV series. If a patient was found to be in need of the series, a note was posted in the electronic medical record. This note could be seen by anyone who accessed the chart. Nurses and providers learned to look at this area of the chart for pertinent information about this child. If a note indicated the child needed an HPV vaccine, the nurse and/or provider would recommend that the vaccine be given at that visit if it was indicated and appropriate. We adopted this system for current use.

We also instituted standing orders. This allows the freedom and ability to give an HPV vaccine without a specific doctor’s order. With the standing order, if a patient comes in for a nurse visit, we can give the HPV vaccine without searching for a provider to give an order.

Results (*written by Kristin Gilbert*):

The overall results are very positive. Our rates increased and we noted positive reception from the families. Parents were open and willing to discuss the vaccine and their fears. Some parents were still adamant they were not going to give the vaccine, but we were able to reassure many parents that this vaccine is safe and important to provide protection against cancers caused by HPV.

At the beginning of this project, 66.7% of our 13- to 17-year-old patients had had at least one dose of HPV vaccine. The state level, which we already exceeded, was 55.2%. For two doses received, our rate was 57.7% compared to the state’s 44.9%. For completion of the series (3 doses) we were at 45.1% with a state level of 34.2%. At the end of this project, our rates had increased to 69.5% for one dose, 60.8% for two doses, and a series completion rate of 45.9%.

We believe the communication strategies used in the project were effective in increasing our rates. There were fewer parents who immediately rejected the vaccine and more who ultimately accepted it. We learned that parents want to know why this is important, why now, and if it’s safe. By adopting the specific communication techniques we learned in our training, we are able to provide parents with all the necessary information in a way that assures them they are making informed, safe decisions regarding the

administration of this vaccine for their children.

Recommendations and Next Steps: We will continue to use what we learned about minimizing missed opportunities and educating families on the importance of the HPV vaccine. We will also continue to have a standing order for HPV vaccine. One of the most significant outcomes of participation in this project was the development of confidence in discussing this with families.

Team Members: Emily Urquhart, M.D., William Gaidys, M.D., and Kristin Gilbert, RN, with support from Katie St. Pierre for the Cancer Committee

Attachments: NIPN Cohort 2 Final Report and NIPN Certificate of Recognition for Barre Pediatrics

STANDARD 4.2 – COLORECTAL CANCER SCREENING PROJECT

This was the first year of participation in the nationwide 80% by 2018 colorectal screening program. During most of the year we undertook activities leading to the outcome of joining the 80% by 2018 national project.

Evidence base: 80% by 2018 is a campaign of the National Colorectal Roundtable, of which the American Cancer Society and CDC are founding members. The campaign promotes evidence-based screening guidelines. It also provides many evidence-based interventions, including messaging tested for effectiveness.

In addition, the CDC's Community Guide recommends multicomponent interventions, which include some that we plan to implement: <https://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-colorectal-cancer>

The Community Preventive Services Task Force recommends *multicomponent interventions* to increase screening for colorectal cancer with colonoscopy or fecal occult blood test. Evidence across studies for breast, cervical, and colorectal cancer screening suggests interventions are most effective when they combine approaches to increase community demand and access. The greatest effects come from interventions that combine these approaches to interventions to increase provider delivery of services. Multicomponent interventions to promote colorectal cancer screening combine two or more approaches reviewed by the Community Preventive Services Task Force and may include the following.

- Two or more intervention approaches from the following strategies:
 - ◆ Interventions to increase community demand: client reminders, client incentives, small media, mass media, group education, and one-on-one education
 - ◆ Interventions to increase community access; reducing structural barriers and reducing client out-of-pocket costs
 - ◆ Interventions to increase provider delivery of screening services: provider assessment and feedback; provider incentives, and provider reminders
- Two or more intervention approaches to reduce different structural barriers.

Project Aim: It was the Cancer Committee's intention from the beginning of 2016 to participate in 80% by 2018 for the purpose of increasing the colorectal cancer screening rates in our service area, beginning with our own employees.

Activities and Results:

- Meetings with American Cancer Society (ACS) representatives to learn about 80% by 2018 and discuss possible employer and community projects
- Cancer screening training for Washington County Mental Health Services (WCMHS) case managers Aug. 27, 2016
- Individuals with serious mental illness is the group identified through our patient navigation process as having cancer care disparities
- Theresa Lever from CVMC and Justin Pentenrieder from American Cancer Society presented to a large group, with an emphasis on colorectal cancer screening
- Data collection
- Employee rate, obtained from Blue Cross Blue Shield of Vermont - 36%
- Patient rate, obtained from Community Health Team - 47%
- Colonoscopy no show/cancellation rate, obtained from Endoscopy - 15%
- Adoption of 80% by 2018 pledge by CVMC Senior Management on Dec. 9, 2016
- Meetings to plan interventions
- Multi-disciplinary meetings attended by the Chief Operating Officer, Patient Navigator, Endoscopy Manager, Wellness Program Coordinator

Effectiveness: We believe that our 2016 activities were necessary and effective in gaining high-level support for participation in 80% by 2018. The institutional support at the senior management level is important to us because it gives us greater access to the human and financial resources needed to make significant progress on the 80% by 2018 goal.

Plans: We plan to continue our participation in 80% x 2018 at least through 2018. Specific activities for 2017 include:

- Press release about adoption of pledge
- Evidence-based messaging to employees throughout the year
- Partnering with insurer to do patient reminders
- Forward movement on creating a position for an endoscopy navigator
- FluFIT program in the fall

OTHER COMMUNITY INVOLVEMENT IN 2016

Community Education

April: *Expanding Cancer Care: Exploring Choices in Complementary Integrative Medicine*
(co-sponsored with Vermont Cancer Survivor Network)

August: Presentation on cancer screening for Washington County Mental Health

Cancer Program-Hosted Events

Monthly: Community Cancer Support Group

Monthly: Alive! With Song cancer chorus

Monthly (except for July and August): Healing Art and Writing with Patricia Fontaine

March, April, May, July: Cancer Support group in Mad River Valley

September: Kindred Connections' Annual Statewide Celebration

September: Prostate Cancer Support Meeting

December: Volunteer Appreciation Luncheon

Participation in Community Events

March: Cancer Action Day at the Vermont State House

April: Lung Force Expo

May: Stowe Weekend of Hope

June: Washington County Mental Health Wellness Fair

June: VCSN Cancer Survivor Day celebration

June: Relay for Life

July: Do Good Fest

July: Komen Race for the Cure

September: HP Hood Health and Wellness Fair

October: Women's Health and Breast Cancer Conference

November: Vermont State Employee Health Fair

