CAMPAIGNS AND OTHER TOOLS FOR IMPROVED HPV VACCINATION RATES

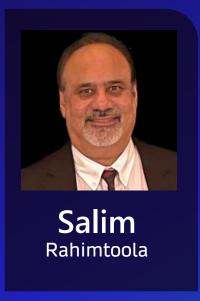
Yen-Chi Le, UTHealth Houston Salim Rahimtoola, UTHealth Houston Sandra Stansberry, UTHealth Houston

















Disclosures

The following speaker(s) have no relevant financial relationships with ineligible companies to disclose:

Yen-Chi Le

Salim Rahimtoola

Sandra Stansberry





UTHealth Houston | UT Physicians

Academic | Greater Houston area | Hyperdrive May 22

2 BEHAVIORAL HEALTH HOSPITALS	100+ CLINICS	2,000+ CLINICIANS
538 BH BEDS	2 Million OUTPATIENT VISITS	1 Million PATIENTS

UTHealth Houston is an academic university that includes McGovern Medical School, a behavioral health campus, and the clinical practice of UT Physicians (UTPhysicians.com). Founded in 1972, the university focuses on education, patient care for the whole family, and research.





Learning Objectives

- 1. Describe how Campaigns can ease implementing and tracking patient care gaps and outreach
- 2. Apply Epic tools (i.e., Healthy Planet's bulk communication, Campaigns, Cogito SQL) to implement a patient reminder and recall system
- 3. Describe how to incorporate a population defined with complex randomization into Campaigns





Agenda



OVERVIEW

PROCESS

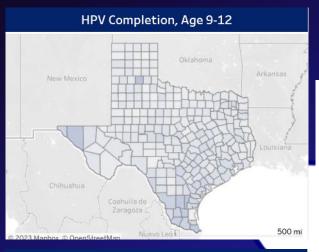
OUTCOMES & LESSONS LEARNED

WHAT'S NEXT

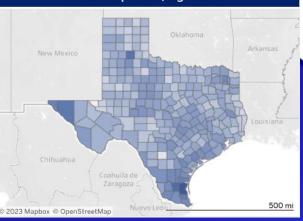




Challenge

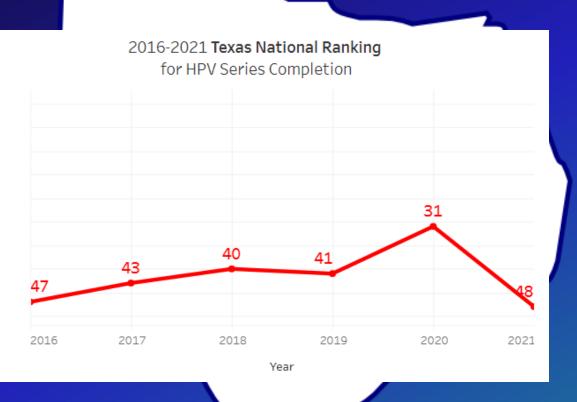






2030 Healthy People Goal:

80% HPV Vaccine Coverage



In 2021, Harris County

8.2% Ages 9-12 40.2% Ages 13-17





Overview

Research project using a pragmatic, stratified randomization to increase HPV vaccination for patients 9-26 years of age via electronic reminders

Aims:

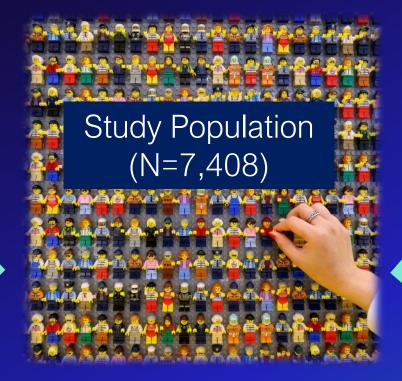
- 1. Use Campaigns to improve HPV vaccination rates among target patients
- 2. Optimize reminder and recall systems for providers and patients
- Compare vaccination and scheduling rates among Campaign and non-Campaign patients



Reference: Hanley, K., Chung, T. H., Nguyen, L. K., Amadi, T., Stansberry, S., Yetman, R. J., Foxhall, L. E., Bello, R., Diallo, T., & Le, Y. L. (2023). Using Electronic Reminders to Improve Human Papillomavirus (HPV) Vaccinations among Primary Care Patients. Vaccines, 11(4), 872. https://doi.org/10.3390/vaccines11040872

#UTHealth Houston
UT*Physicians

Overview Study Design



Usual Care (N=3,703)

Stratified randomization:

- Age
- Vaccine status
- Sex
- Clinic Location

Intervention (N=3,705)

#UTHealth Houston UT*Physicians



Overview Study Design

Usual care (control):

- in-person, provider recommendation
- visual reminders in rooms
- bundling of vaccinations/opt-out
- pre-visit phone call
- standing orders (some clinics)

Intervention group:

- usual care (as described)
- up to 3 personalized electronic reminders with physician recommendation and brief education







SMS

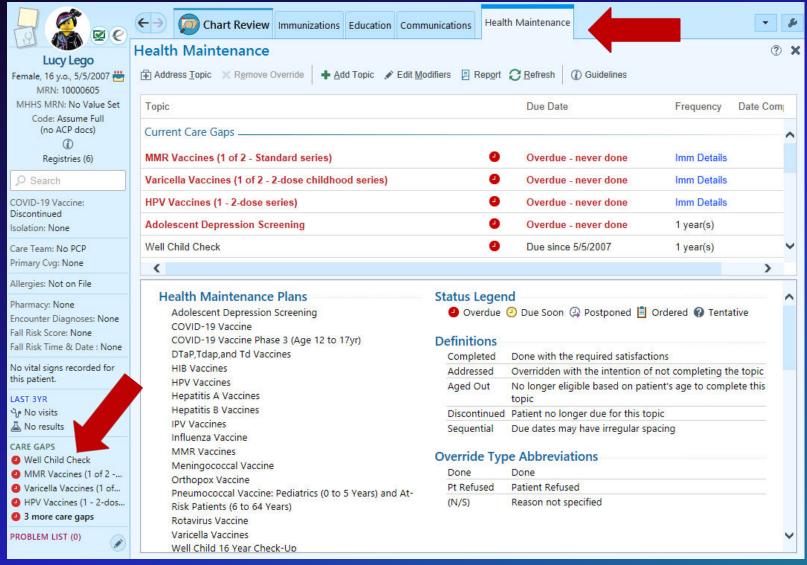
Email

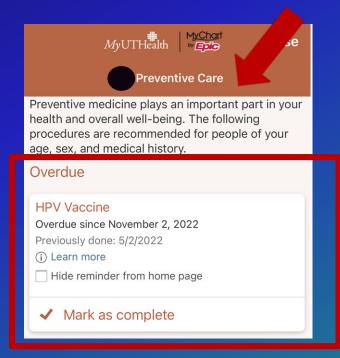
Patient Portal





Usual Care Health Maintenance; MyChart

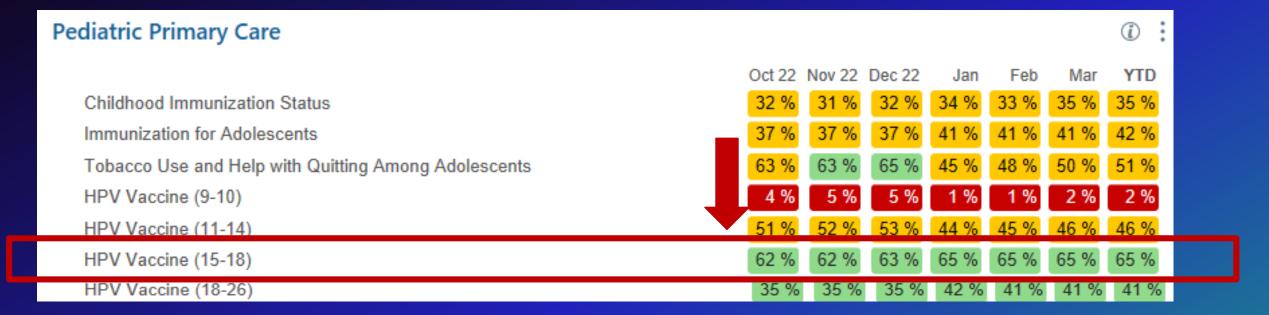








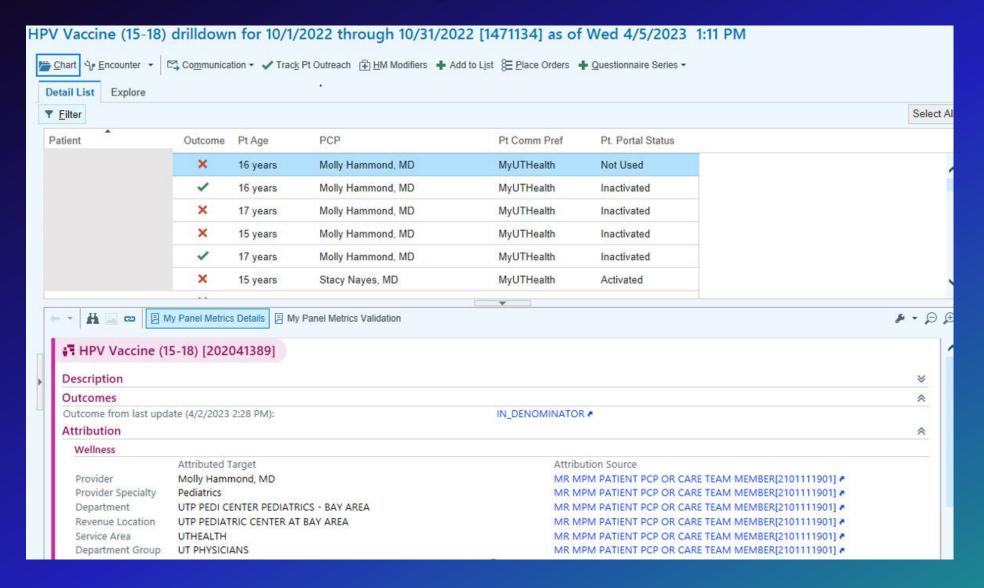
Usual Care My Panel Metrics – Custom Dashboard







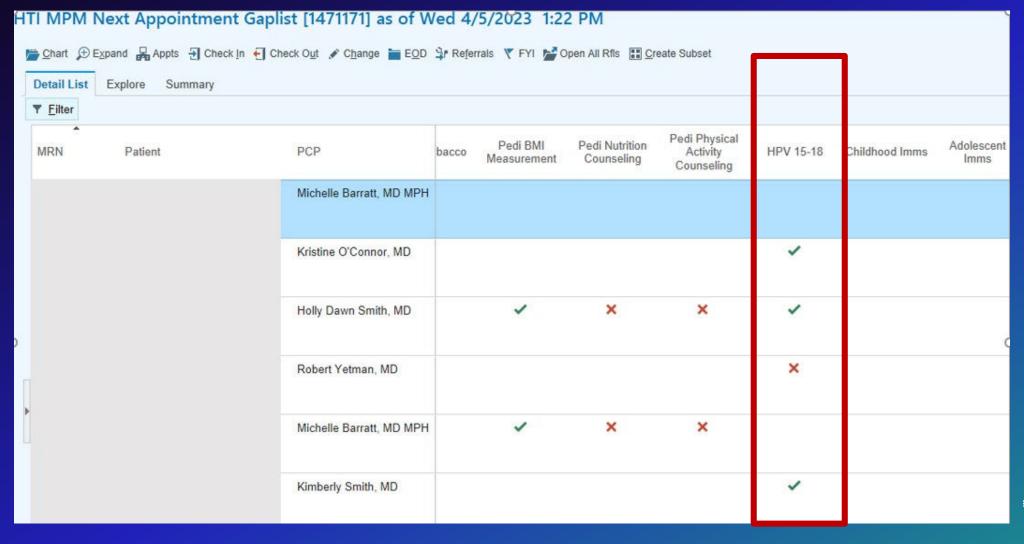
Usual Care Patient List at Department Level







Usual Care Custom RWB: MPM Next Appointment Gap List







Intervention – Campaigns Evidence-based Custom Messaging



	Patients > 18 years old	Patients 18+ years
First	Dr. Yetman recommends Jane complete their HPV vaccination to prevent cancers caused by HPV. To schedule, https://www.utphysicians.com/appt . Reply OK to confirm receipt.	John: Dr. Foxhall recommends you complete your HPV vaccination to prevent cancers caused by HPV. To schedule, https://www.utphysicians.com/appt . Reply OK to confirm receipt.



Agenda



CHALLENGE & OVERVIEW

PROCESS

OUTCOMES & LESSONS LEARNED

WHAT'S NEXT





PROCESS







Process Project Timeline

Phase 1

Start: May 11, 2022 3,061 total

- SMS message (N=1,006)
- Patient Portal Message (N=653)
- Email (N=1,362)

Phase 2

Start: June 11, 2022

2,741 total

- SMS message (N=911)
- Patient Portal Message (N=599)
- Email (N=1,231)

Phase 3

Start: July 11, 2022

2,566 total

- SMS message (N=859)
- Patient Portal Message (N=563)
- Email (N=1,114)





Process – If Campaigns Didn't Exist

BIDs produce extract using study pop criteria

Extracted population randomized w/ stats package

Intervention: Texts, emails, MyChart messages sent at scheduled intervals by study staff SQL reports run at regular intervals determine pts that have taken action to exclude from further outreach

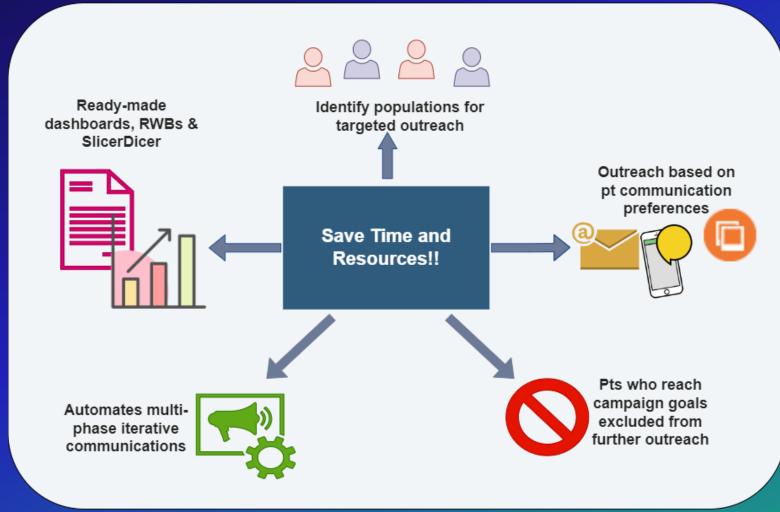
- > Patients who opt out must be tracked and manually excluded
- ➤ Monitoring by leadership/study staff on custom dashboards & RWB reports built by BIDs





Process Why Campaigns?







Process Target Population



Target **Population** = Intervention Arm of study



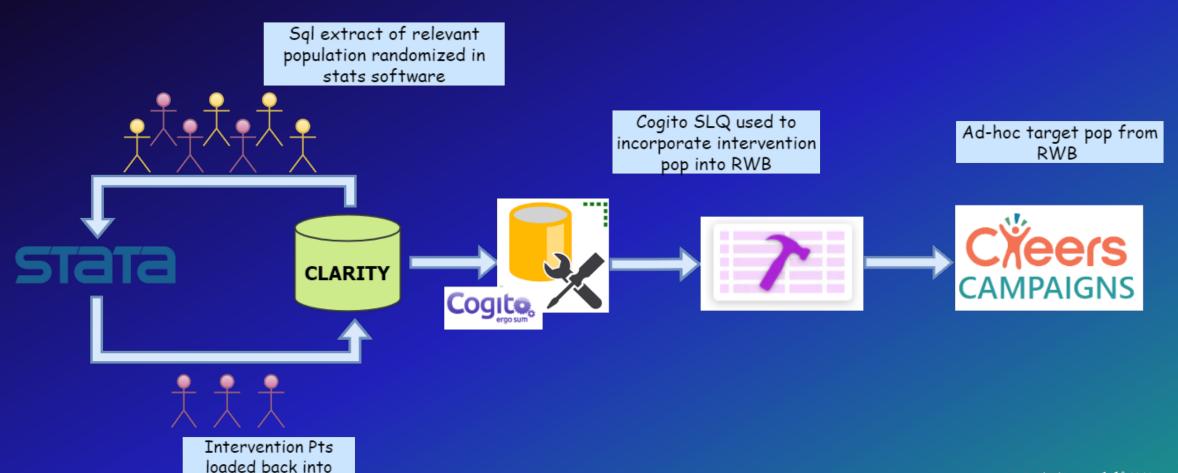
Campaigns can generate the entire population but cannot randomize. All patients meeting criteria would receive outreach



\blacksquare

Process Target Population using Cogito SQL

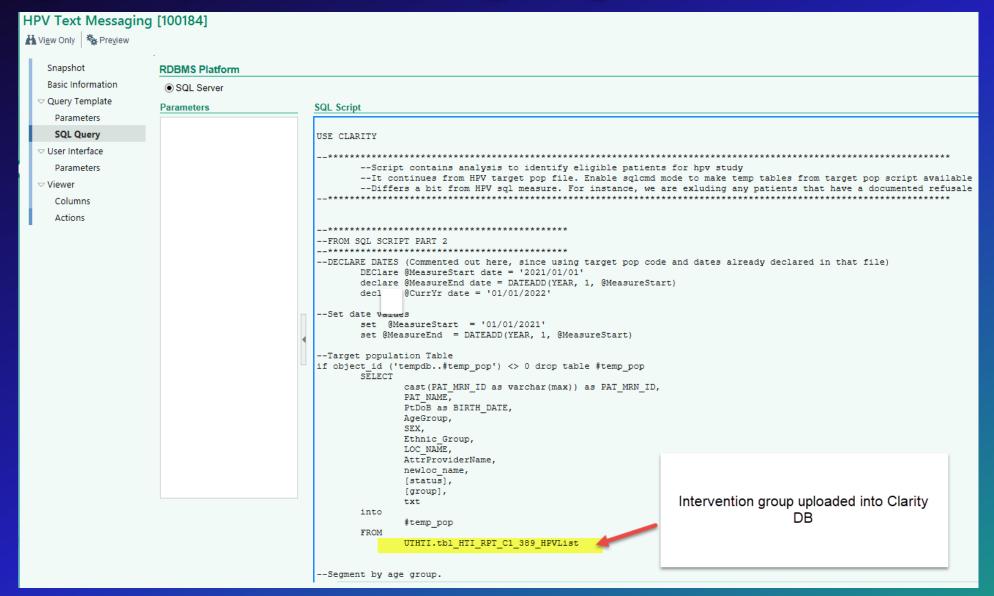
Clarity







Process Target Population using Cogito SQL





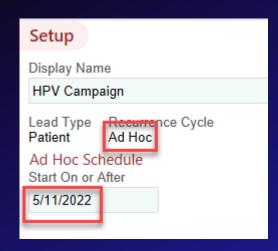
Process Target Population using SQL Workbench report



➤ Select patients > Campaign population > Ad-hoc Population







> Ad Hoc > Start date

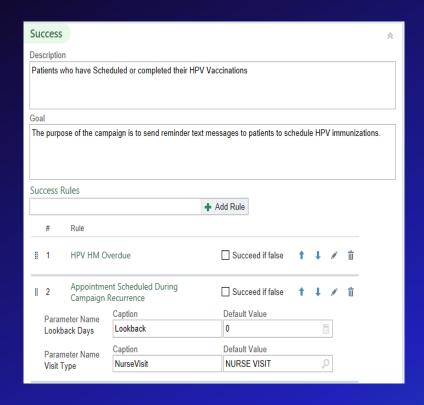


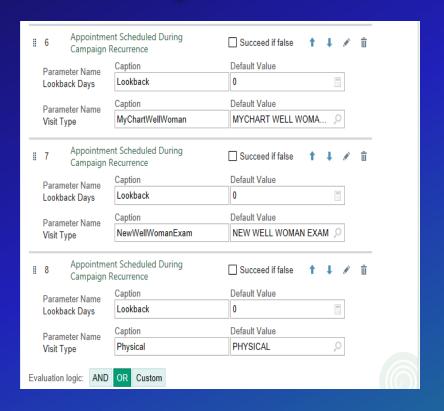


Ad Hoc Populations > Select target population





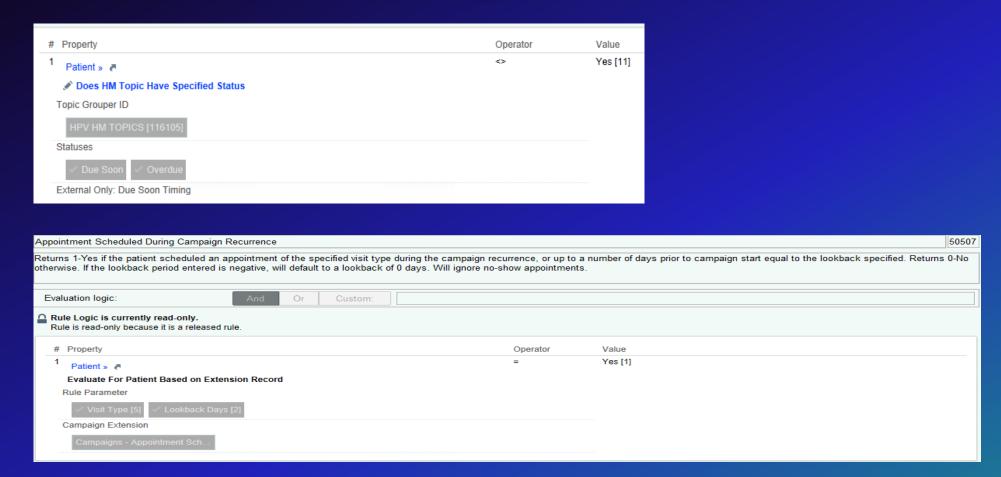




Campaign Success > Success rules







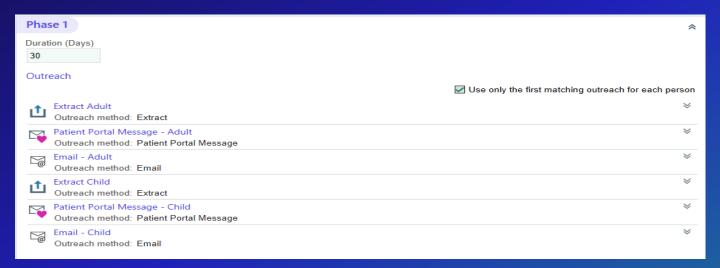
➤ Campaign Success > Success rules







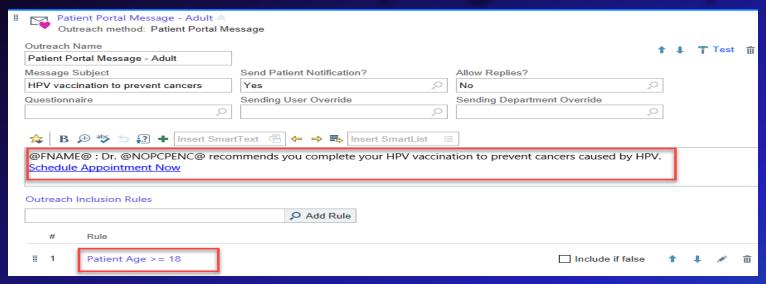
Stop Outreach > Stop Outreach rule



Outreach Phase > Outreach types





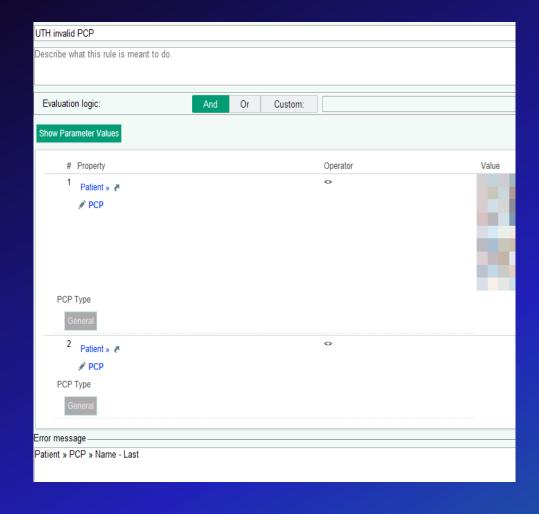


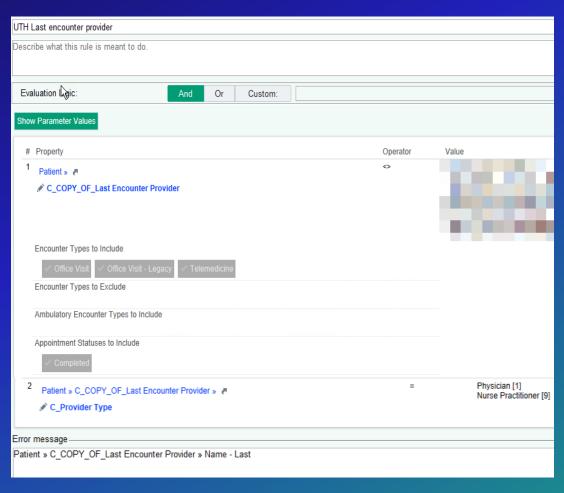
Outreach > Outreach rule



#UTHealth Houston
UT* Physicians



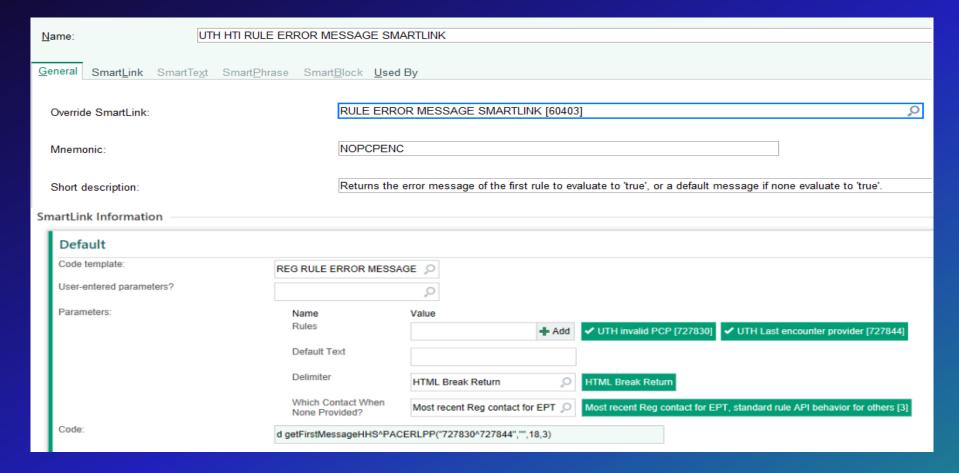




Outreach > Outreach rule







➤ Outreach > Smartlink





Process Campaigns set up



➤ Success Evaluation and Cool Down





Agenda



CHALLENGE & OVERVIEW

PROCESS

OUTCOMES & LESSONS LEARNED

WHAT'S NEXT





OUTCOMES



#UTHealth Houston
UT* Physicians

Outcomes: Target Population at Baseline

Baseline Characteristics	Campaigns (N=3,705)	Usual Care (N=3,703)	P-value
	N (%)	N (%)	
<u>Age</u>			0.689
9-14	1,511 (40.78)	1,535 (41.45)	
15-18	721 (19.46)	693 (18.71)	
19-25	1,473 (39.76)	1,475 (39.83)	
<u>Sex</u>			0.942
Male	1,676 (45.24)	1,672 (45.15)	
Female	2,029 (54.76)	2,031 (54.85)	
Vaccine Status			0.834
Not initiated	2,542 (68.61)	2,549 (68.84)	
Initiated	1,163 (31.39)	1,154 (31.16)	
Race/Ethnicity			0.176
Non-Hispanic White	865 (23.35)	939 (25.36)	
Non-Hispanic Black	955 (25.78)	962 (25.98)	
Hispanic	911 (24.59)	874 (23.60)	
Other/Unknown	974 (26.29)	928 (25.06)	
<u>Insurance</u>			0.134
Medicaid	1,317 (35.55)	1,337 (36.11)	
Private (managed Care)	2,014 (54.36)	2,049 (55.33)	
Uninsured	338 (9.12)	291 (7.86)	
Other	36 (0.97)	26 (0.70)	



Outcomes Campaigns Successes





Image: section of the property of t

Outcomes Scheduling, Visits, and Additional Doses

HPV outcomes	Electronic Reminder (N=3,705)			Usual Care (N=3,703)
	N (%)	Adjusted OR (95% CI**)	P-Value	N (%)
Appointment Scheduling	752 (20.3)	1.12 (1.00, 1.26)	0.056	700 (18.9)
Clinic Visit	423 (11.42)	1.07 (0.94, 1.23)	0.300	419 (11.32)
All additional HPV Vaccination(s)	450 (12.15)	1.17 (1.01, 1.36)	0.036	402 (10.86)

Multiple logistic regression* analysis results of HPV outcomes





Outcomes Vaccination Initiation and Completion

	El	Usual Care (N=2,538)		
	N (%)	Adjusted Odds Ratio (95% CI**)	P-Value	N (%)
HPV vaccine initiation rate	206 (8.15)	1.22 (0.98, 1.51)	0.076	181 (7.13)
	Ele	Usual Care (N=3,703)		
	N (%)	Adjusted Odds Ratio (95% CI**)	P-Value	N (%)
HPV vaccine completion rate	225 (6.07)	1.12 (0.90, 1.38)	0.302	207 (5.59)





#UTHealth Houston
UT* Physicians



Lessons Learned

- ➤ Learning new things takes more time than expected...Cogito SQL
- Is governance needed for contacting patients?
 - → Whose patients: yours, mine or ours?
 - Proxy and adolescent access to MyChart
- ➤ Campaigns automated some things but not all things...
 - → Text messages were done via extract and third party
 - No embedded opt-out for emails
 - → Ability to do complex randomization in CER rules and SlicerDicer.





Lessons Learned

- Active Campaigns
 - Preventive: Annual Well Child Check -up
 - Alternate Treatment: Hypoglossal Nerve Stimulation for Patients with Sleep Apnea
 - → Patient Access: Adolescent to Adult MyChart Access
- Campaigns in Development
 - → Preventive: Annual Wellness Visit for Patients with Medicare
 - ◆ Alternate Treatment: Treatment Options for Patients with Rhinitis
 - → Patient Access: MyChart Activation for <18</p>





Agenda



CHALLENGES & OVERVIEW

PROCESS

OUTCOMES & LESSONS LEARNED

WHAT'S NEXT





WHAT'S NEXT





What's Next – Cheers Roadmap (as of April 2023)

Cheers

Offer Personalized Points of Contact

Designs customer service experiences that make conversations feel familiar and valuable.

Current Maturity: Adequate

eers Available Today



Underway



Future



- Maintain Comprehensive Call Records
- ★ Present 360-Degree Caller Information
- Personalize Calls Through Telephony Integration
- ★ Automatically Assign Follow-up Tasks
- Report on Contact Center Operations
- ★ Operate from a Flexible Call Hub
- Connect Agents to Provider Finder
- Recommend Next Best Actions

- Guide Continuous Improvement from the Agent Home
- Operate an Omnichannel Communication Hub
- Enhance Customer Service with Live Chat
- Create Providers on the Fly
- * Simplified Call Center Scheduling

- Cultivate Relationships with Provider, Donors, and Volunteers
- Chat Bots
- Satisfaction Surveys + Service Recovery
- CRM SlicerDicer Data Model
- Take Next Best Actions Beyond the Contact
 Center
- Dynamic Next Best Action Prioritization

Drive Outreach Campaigns

Automate timely, targeted outreach to keep patients and prospective patients engaged with your organization, deliver relevant information, and enhance the health and wellness of your communities.

Current Maturity: Adequate

What's not planned?

- Automate and Personalize Outreach
- Send Outreach Through Patients' Preferred
- Simulate Campaigns
- Control the Amount and Timing of Your Communication
- Embed Questionnaires in Your Outreach
- Measure and Monitor the Effectiveness of Your Campaigns

- Reach Out Through Epic SMS
- Identify and Attract Prospective Patients
- Monitor Campaigns with Even Greater Precision
- Analyze Patient Acquisition Trends
- Learn from Online Forms

- Reach out through Epic Email
- Welcome Patients with Personalized Microsites
- Better Measure Campaign ROI & Downstream
 Health Outcomes
- Model Outreach Propensity
- Enable Campaigns for Utility Servers
- Outreach Beyond Patients
- ★ Automate Care Companion Campaigns



What's Next - Considerations

- Additional features for outreach now available
 - → Hello World SMS platform (Feb 2023 via Nebula)
 - Opt-out of individual campaigns vs communication concept / method. - (Feb 2023)
- ➤ Epic Cheers
- Developer collaboration on new features
 - Complex randomization options
 - Additional recurrence options



Acknowledgements

Care Teams:

Veronica Martinez, CHW Supervisor

Epic TS:

Austin Sailing

Nicole Jain

Lizzie Koptik

Noah Brennick

Alina Yan

Epic UTHealth:

Brittney Townsend, RN

Carrie De Los Santos

Rajesh Dikonda

Victoria Egbetokun

ImmTrac2

bidirectional exchange

#UTHealth Houston
UT*Physicians

EHR - Epic

Operations

Care Teams

Clinical Staff

HTI Analytics:

Tochi Amadi, MPH

Christina Fok, MD

Robert Yetman, MD

Jordan Godfrey-Stovall Sandra Stansberry, MPH

Providers/Clinical Staff:

Sarah Cavenaugh, MD

Olasunkanmi Adeyinka, MD

Saliula Stalisberry, IVIPT

Kathleen Hanley, PhD

Tong Han Chung, PhD

Linh Nguyen, PhD

Isaac Mancillas

Hannah Reygaerts, MPH

School of Biomedical Informatics: Todd Johnson, PhD

Funding

The UTHealth Academic Excellence Endowment and donors to The University of Texas MD Anderson Cancer Center's Annual Fund



Q&A





CONTACT

Yen-Chi Le
Director, Innovation & Evaluation
Yen-Chi.L.Le@uth.tmc.edu

Salim Rahimtoola
UTHealth Epic Application Manager
Salim.Rahimtoola@uth.tmc.edu

Sandra Stansberry
Assistant Director, Innovation & Analytics
Sandra.Stansberry@uth.tmc.edu







THANKS Y'ALL

