

Statewide Efforts Have Measurably Increased HPV Vaccine Rates

Submitted by the Michigan Department of Health and Human Services (MDHHS) Division of Immunization

While adolescent vaccination coverage continues to improve in Michigan and across the nation, considerable opportunity remains to prevent human papillomavirus (HPV)–associated cancers. Cancers caused by HPV include those of the cervix, vulva, vagina, penis, and anus. HPV infection can also cause oropharyngeal cancer – this cancer affects the back of the throat, including the base of the tongue and the tonsils. The HPV vaccine is an effective tool against cancer. To place this in perspective – research indicates that HPV vaccine can prevent nearly 28,500 new cancer cases each year¹.

Furthermore, a study in Sweden demonstrated the importance of vaccinating earlier². Vaccine effectiveness prevented genital warts in:

- 93 percent of girls vaccinated between the ages of 10 through 13 years.
- 48 percent of women vaccinated between the ages of 20 through 22 years.
- 21 percent of women vaccinated between the ages of 23 through 26 years.

In response to strong research findings, the Advisory Committee on Immunization Practices (ACIP) recommends that adolescents aged 11 through 12 years receive two doses of HPV vaccine at least six months apart to get the best protection against genital warts and cancers caused by HPV infections³:

- The first dose is routinely recommended at age 11 through 12 years, but the vaccine may be administered as early as age 9 years.
- The second dose of the vaccine should be administered 6 to 12 months after the first dose.
- Vaccination with the two-dose series can be started at age 9 and through age 14.
- Adolescents aged 9 through 14 years who have already received two doses of HPV vaccine less than 5 months apart, will require a third dose.

Note: If the HPV vaccine series is initiated at ages 15 through 26 years, then three doses of HPV vaccine are needed to best protect against cancer-causing HPV infections. Three doses are also recommended for persons with weakened immune systems aged 9 through 26 years.

Since the introduction of HPV vaccine in 2006 for females and in 2011 for males, coverage has increased gradually for females and more rapidly for males. However, HPV vaccine coverage has not reached the levels of other vaccines routinely recommended for adolescents like tetanus, diphtheria and acellular pertussis vaccine (Tdap) or meningococcal conjugate vaccine (MenACWY). Most parents nationally, 60.4 percent, *are* getting the first dose of HPV vaccine for their child⁴. According to the Michigan Care Improvement Registry (MCIR), 57.6 percent of adolescents aged 13 to 17 years have received at least one dose of HPV vaccine. Completion of the vaccine series persists at a lower rate: only 46.1 percent of females and 39.2 percent of males have all their recommended HPV vaccinations⁵.

Increasing protection against HPV-associated cancers is a top priority for the State of Michigan and the United States. Efforts across the state are producing promising results. Since 2006 when HPV was licensed, the percent of doses administered to 11 and 12 year olds in Michigan has increased from 17.1 percent to 48.2 percent in 2017⁶. Getting the first dose at a young age is critical for maximizing HPV vaccine effectiveness, where there is a greater immune response and less exposure to infection.

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UPCOMING EVENTS



Click on the dates below to register for MiCMRC Complex Care Management Courses:

[Oct. 30-Nov. 2, 2017, Lansing](#)

[Nov. 13-16, 2017, Lansing](#)

[Dec. 4-7, 2017, Lansing](#)

MiCMRC CARE
MANAGEMENT

EDUCATIONAL WEBINAR

Date and Time: Wednesday October 11th 2-3 pm

Title: Breast Cancer Screening

Presenter: Abby Moler, American Cancer Society

Register [HERE](#)^{th 3}

The Michigan Care Management Resource Center supports ambulatory practices statewide to implement and build upon Patient-Centered Medical Home (PCMH) and PCMH Neighborhood (PCMH-N) capabilities related to care management, population management, self-management support, and care coordination. MiCMRC provides foundational and longitudinal curriculum, tools and resources to assist practices with developing a sustainable, evidence-based clinical model for care management activities. Support for the Michigan Care Management Resource Center is provided by Blue Cross® Blue Shield® of Michigan as part of the BlueCross Value Partnerships program. Michigan Care Management Resource Center is not affiliated with or related to Blue Cross Blue Shield of Michigan nor Blue Cross Blue Shield Association.

MiCMRC 2017 CARE MANAGEMENT EDUCATIONAL WEBINAR

Date and Time: Wednesday October 11th 2-3 pm

Title: Breast Cancer Screening

Presenter: Abby Moler, American Cancer Society

Register [HERE](#)

This continuing nursing education activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

"Michigan Care Management Resource Center is an approved provider with the Michigan Social Work Continuing Education Collaborative". Approved Provider Number: MICEC



In case you missed it

Nursing and Social Work continuing education opportunity.

For more information visit

www.micmrc.org/continuing-ed

MiCMRC Questions?

For questions please [Contact Us](#)

Share Your Success Stories

Submitting your success story is as easy as clicking on the following link:

[Share Your Success Story](#)

For help submitting your success story contact us at <http://micmrc.org/contact-us>

MiCMRC Approved Self-Management Support Courses and Resources Update

To access the list of the MiCMRC approved Self-Management Support courses, [Click Here](#). The list of MiCMRC approved Self-Management Support Courses provides a detailed summary of each course, with associated objectives, location, cost and more.

Additionally, MiCMRC has collected resources for Self-Management Support including: websites of interest, publications, tools, videos, and even patient materials. MiCMRC's "Self-Management Support Tools and Resources" document offers an at a glance list and summary of these resources, along with descriptions and website links for quick access. For "Self-Management Support Tools and Resources" [Click Here](#).

Both of these documents can also be accessed on the MiCMRC website home page <http://micmrc.org/>

MiCMRC Complex Care Management Course Registration

The MiCMRC Complex Care Management (CCM) course is designed to prepare the healthcare professional for the role of Complex Care Manager. To learn more about CCM course content and CE information view the course [flyer](#). For details and registration visit: <http://micmrc.org/training/micmrc-complex-care-management-course>

Upcoming CCM course dates and course registration:

October 30- November 2 | Lansing, MI | [REGISTER HERE](#) | Registration deadline: October 26th, 2017

November 13-16 | Lansing, MI | [REGISTER HERE](#) | Registration deadline: November 9th, 2017

December 4- 7 | Lansing, MI | [REGISTER HERE](#) | Registration deadline: November 30th, 2017

NOTES: If you have 15 or more Care Managers in your area and would like the MiCMRC team to provide a regional training at your location please submit your request to: micmrc-ccm-course@med.umich.edu

For questions please contact : micmrc-ccm-course@med.umich.edu

The Michigan Nursing continuing education requirements for license renewal was updated March 2017.

For details:

- Continuing Education Requirements For Michigan Nurse 03/17 http://www.michigan.gov/documents/lara/Continuing_Education_Information_for_Nurses_554819_7.pdf or [click here](#)
- Michigan Board of Nursing General Rules http://w3.lara.state.mi.us/orr/Files/AdminCode/1712_2017-037LR_AdminCode.pdf or [click here](#)

Reminder!!- MiCMRC 2017 Care Manager Survey

The Michigan Care Management Resource Center (MiCMRC) invites Care Managers to participate in a voluntary survey. The 2017 survey was distributed to Care Managers on Tuesday September 12th. Your participation will help MiCMRC better understand the experiences and needs of Care Managers across Michigan and will be used to design resources that meet the needs of practicing Care Managers. We are asking participants to complete the survey by Friday October 13th.

If you have any questions, please contact the MiCMRC Team at micmrc-requests@med.umich.edu. Your participation is greatly appreciated!

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The Michigan Department of Health and Human Services (MDHHS) uses an evidence-based strategy to impact HPV vaccine uptake: overdue notifications. Overdue notifications are used to inform parents, via letter, email, or text, that vaccinations are late⁷. Since the end of 2014, MDHHS has been conducting statewide, mail-based notifications using the MCIR. Most recently, in July 2017, letters were mailed to the parents of all adolescents aged 12 through 14 years who were overdue for their final dose of HPV vaccine. An evaluation of prior overdue notifications with this age group has shown that about 6 percent more adolescents will complete the HPV series within 60 days of notification compared to those who were not notified.

In addition to the statewide overdue notifications, MDHHS is partnering with a number of provider offices to strengthen adolescent AFIX activities. AFIX is a quality improvement (QI) process that is proven to increase immunization coverage levels⁸. A few of the QI strategies that are recommended include:

1. Routinely measure a clinic's adolescent immunization coverage and share the results with staff.
2. Schedule the next vaccination visit before the patient(s) leave the office.
3. Consistently recommend and simultaneously administer Tdap, MenACWY, influenza, and HPV vaccines at age 11 through 12 years (recommend the same way and the same day).

Every three months, providers participating in the adolescent AFIX project are given a report card that highlights their coverage levels for initiation and for completion of HPV, Tdap and meningococcal vaccines for patients aged 11 through 17 years.

All health care providers have the power to prevent HPV-associated cancers! Your recommendation is a critical factor in whether your patients get the vaccines they need. Every year that adolescents are not vaccinated represents another year they risk being exposed to cancer-causing infections. If your team needs a refresher on HPV recommendations or adolescent immunizations, MDHHS offers free immunization modules. For more about these programs or to request an in-service, visit www.michigan.gov/immunize, click on Health Care Professionals/Providers, and look under Provider Education Resources for Immunization Education Opportunities for Health Care Personnel.

References:

1. Viens LJ, Henley SJ, Watson M, et al. (2016). Human papillomavirus-associated cancers — United States, 2008–2012. *MMWR Morb Mortal Wkly Rep* 65(26), 661–666.
2. Leval et al. (2013). Quadrivalent human papillomavirus vaccine effectiveness: A Swedish national cohort study. *J Natl Cancer Inst* 105(7), 469–474.
3. Meites E, Kempe A, Markowitz LE. (2016). Use of a 2-dose schedule for human papillomavirus vaccination — Updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep* 65(49), 1405–1408.
4. Walker TY, Elam-Evans LD, Singleton JA, et al. (2017). National, regional, state, and selected local area vaccination coverage among adolescents aged 13–17 years — United States, 2016. *MMWR Morb Mortal Wkly Rep* 66(33), 874–882.
5. MDHHS. (2017). HPV vaccination rates in Michigan, MCIR data as of August 2017, children aged 13-17 years. Unpublished data.
6. MDHHS. (2017). Percent HPV Initiation Age by Calendar Year, Michigan Care Improvement Registry Data, 2006-2017. Unpublished data.
7. Community Preventive Services Task Force. (2017). Vaccination Programs: Client Reminder and Recall Systems. Retrieved August 28, 2017, from <https://www.thecommunityguide.org/>
8. Centers for Disease Control and Prevention (CDC). (2017). AFIX (Assessment, Feedback, Incentives, and eXchange). Retrieved August 28, 2017, from <https://www.cdc.gov/vaccines/programs/AFIX>

BCBSM Revised Provider Delivered Care Management Training Requirements

BCBSM has revised the BCBSM Provider Delivered Care Management training requirements for Care Managers (CM) and Qualified Health Professionals (QHP). To learn more about the revised BCBSM training requirements, please contact the staff person responsible for coordinating care management services at your practice's Physician Organization (your practice manager should be able to give you contact information for the Physician Organization). Also, at a glance training information is available here: <http://micmrc.org/training/supported-programs/pdcm>

NEW - Blue Cross Blue Shield of Michigan Online Provider Delivered Care Management Billing Training course

The Blue Cross Blue Shield of Michigan (BCBSM) Provider Delivered Care Management (PDCM), Blue Distinction Total Care (BDTC) and High Intensity Care Model (HICM) Billing Online Course is now offered via web-based training. The PDCM/BDTC/HICM Billing Course is available for viewing at your convenience.

To access the Blue Cross PDCM/BDTC/HICM Billing Online Course [click here](#).

To access the Blue Cross PDCM/BDTC Payment Policy and Billing Guidelines [click here](#)

NEW - Blue Cross PDCM/BDTC/HICM Webinar Offered Monthly

On a monthly basis, Blue Cross will conduct a question and answer session via WebEx relating to questions you may have after you've completed the online PDCM/BDTC/HICM Billing Online course regarding these programs. They are scheduled for the first Thursday of each month from 12:00 noon – 1:00 p.m. for the remainder of 2017. Dates and WebEx information:

- October 5, 2017
- November 2, 2017
- December 7, 2017

To join this meeting (Now from mobile devices!)

1. Go to <https://bcbsm.webex.com/bcbsm/j.php?MTID=m9e19c18ee71d2a4203d6087055092b77>
 2. If requested, enter your name and email address.
 3. If a password is required, enter the meeting password: pgip
 4. Click "Join".
 5. Follow the instructions that appear on your screen.
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Teleconference information

1. Please call one of the following numbers:

Toll-Free: 1-800-4625837

Local: 1-313-2254000

2. Follow the instructions that you hear on the phone.

Your Cisco Unified MeetingPlace meeting ID: 734 134 932

Blue Cross Adds Site of Care Requirements for Certain Infusions

In June, Blue Cross® Blue Shield® of Michigan members who are receiving select specialty drugs in a hospital outpatient facility started receiving phone calls from Option Care™, a Blue Cross home infusion provider. The purpose of the calls is to educate members about the lower cost, equally safe location choices available for receiving their infusions, such as in their own homes. Option Care also asked members to voluntarily change where their infusions are administered.

In 2018, commercial PPO Blue Cross Blue Shield of Michigan members will be required to receive certain medical specialty drug infusions in a professional office setting, a professional infusion center or at home. All of the drugs included in this program already require prior authorization for payment. An additional approval will be required for members to receive infusions in a hospital outpatient facility.

Specialty drugs that must be infused in professional settings (non-hospital outpatient facilities) or the member's home include*:

Procedure code	Brand Name	Chemical Name
J3262	Actemra®	injection, tocilizumab
J2504	Adagen®	injection, pegademase bovine
J1931	Aldurazyme®	laronidase injection
J0256	Aralast™ NP	alpha 1 proteinase inhibitor injection
J0490	Benlysta®	injection, belimumab
J0597	Berinert®	injection, C-1 esterase inhibitor
J1556	Bivigam™	injection, immune globulin (bivigam)
J1566	Carimune® NF	immune globulin, iV, lyophilized
J1786	Cerezyme®	injection, imiglucerase
J0717	Cimzia®	injection, certolizumab pegol
J2786	Cinqair®	reslizumab
J0598	Cinryze®	c1 esterase inhibitor inj
J1599	Cuvitru™	immune globulin
J1743	Elaprase®	idursulfase
J3060	Elelyso™	injection, taliglucerase alfa
J3380	Entyvio™	injection, vedolizumab
J0180	Fabrazyme®	agalsidase beta injection
J1744	Firazyr®	injection, icatibant
J1572	Flebogamma® DIF	immune globulin, (Flebogamma), iV
J1566	Gammagard® S/D	immune globulin, iV, lyophilized
J1569	Gammagard® Liquid	immune globulin, (gammagard liquid)
J1561	Gammaked™	immune globulin, (gamunex-c/gammaked)
J1557	Gammaplex®	immune globulin, (gammaplex)
J1561	Gamunex® (IV and SC)	immune globulin, (gamunex-c/gammaked)

J0257	Glassia	injection, alpha 1 proteinase inhibitor
J1559	Hizentra [®] (SC only)	immune globulin (hizentra)
J1575	HyQvia [™]	injection, immune globulin/hyaluronidase
J1599	Ig, IV injection, NOS	immune globulin, iV, non-lyophilized, NOS
J0638	Ilaris [®]	injection, canakinumab
**90283	Immune globulin IV only	human ig, iv
**90399	Immune globulin IV/SC	unlisted immune globulin
**90284	Immune globulin SC only	immune globulin (SCig), human
Q5102	Inflectra [®]	injection, infliximab-dyyb, biosimilar
J1290	Kalbitor [®]	injection, ecallantide
J2840	Kanuma	sebelipase alfa
J2507	Krystexxa [®]	injection, pegloticase
J0221	Lumizyme [®]	injection, alglucosidase alfa
J0220	Myozyme [®] (off-market)	aglucosidase alfa injection
J1458	Naglazyme [®]	galsulfase injection
J2182	Nucala [®]	mepolizumab
J1568	Octagam [®]	immune globulin, (Octagam), iV
J0129	Orencia [®]	abatacept injection
J1459	Privigen [®]	inj iViG privigen
J0256	Prolastin [®] -C	alpha 1 proteinase inhibitor injection
J0897	Prolia [®]	injection, denosumab
J1745	Remicade [®]	injection, infliximab, excludes biosimilar
Q5102	Renflexis [™]	injection, infliximab-abda, biosimilar
J0596	Ruconest [®]	injection, c1 esterase inhibitor
J1602	Simponi [®] Aria [™]	injection, golimumab
J1300	Soliris [®]	eculizumab
J3357	Stelara [®]	injection, ustekinumab
J1322	Vimizim [™]	elosulfase alfa, injection
J3385	Vpriv [®]	injection, velaglucerase alfa
J0897	Xgeva [®]	injection, denosumab
J2357	Xolair [®]	omalizumab
J0256	Zemaira [®]	alpha 1 proteinase inhibitor injection

*Drugs included in the program are subject to change.

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