A Model Hospital-based **HPV Vaccine Clinic**

An interview with clinic director Mark Einstein, MD

In 2007 Montefiore Medical Center in New York launched the first of its kind hospital-based HPV Vaccine Clinic and became the first hospital system to be able to provide HPV vaccination to all girls and women within the recommended age ranges. The clinic, located at the Montefiore Medical Tower in the Bronx, is open Tuesday mornings from 9 a.m. to 12 noon, and Wednesday afternoons from 1 p.m. to 5 p.m. The clinic offers HPV and vaccination education, counseling, and vaccination for all women ages 19 to 26, in order to help reduce the spread of the sexually transmitted HPV infection and ultimately the possible onset of cervical cancer. The vaccine is also available for girls under 19 years of age at The Children's Hospital at Montefiore and across most Montefiore pediatric and adolescent clinics.

Oncology Issues spoke with Mark Einstein, MD, associate professor of Obstetrics & Gynecology and Women's Health, and director, Clinical Research, of Montefiore's Division of Gynecologic Oncology, about this model vaccine clinic.

Q. Why was the Montefiore HPV Vaccine Clinic established?

A. The Bronx is a microcosm of the patients that need to be reached with information about the HPV vaccines and cervical cancer prevention. Many of the lowest income areas, by zip codes, in the U.S. are in the Bronx, which has an ethnically and racially diverse population (30 percent Caucasian and 42 percent African-American). The Bronx has a high incidence of cervical cancer compared with most of the U.S. Many Bronx residents have low literacy and only about 47 percent of the population speak English as their first language (51 percent consider themselves Latino; 29 percent were born outside of the U.S.).

In general, this patient population has a poor understanding of HPV and preventative healthcare, in addition to barriers to care. Many access the healthcare system only if they have an acute problem. Coupled with this are cultural barriers to care and often fatalistic attitudes about cancer, with the disease and its process being poorly understood. Cost is also a barrier to care. Among 19 to 26 year olds in this country, at least one-third—and even more here in the Bronx—are under- or uninsured. In general, this patient population only accesses the healthcare system when they have a problem. In terms of the HPV vaccine, most OB/GYNs in the Bronx do not store or administer the HPV vaccine. OB/GYNs have just begun to integrate vaccination into their clinics and, in general, OB/GYNs are not primary vaccinators.

As a service to physicians and the community, in 2007 Montefiore Medical Center established a centrally-located, stand-alone HPV Vaccine Clinic.

Q. How does the vaccine clinic interface with OB/GYN physicians and provide community service?

A. By establishing this program, we have been able to provide a service to local community physicians who do not stock and vaccinate patients.

In terms of serving the community, the HPV clinic provides an opportunity to educate patients about HPV and cervical cancer screening. And the clinic has the potential to allow access to the medical system for preventative medicine, not just urgent care.

Montefiore Medical Center is both an academic medical center and a large community-based hospital. Montefiore clinics go deep into the heart of the Bronx community. For our own extensive network of OB/GYNs and affiliated OB/GYNs, it has been much easier for them to allow patients to come to our HPV Vaccine Clinic rather than to gear up infrastructure to provide the vaccines in their offices. So the interface was easy for Montefiore-affiliated physicians. Private OB/GYNs in the community were also pleased that their patients could access the vaccine through our clinic—to have the Montefiore HPV Vaccine Clinic be a central point for vaccination.

Preventive vaccines are not about making money; it is the right thing to do for our patients. The patients are here only for the vaccine. They are not here for any problem-related issues. For their problem-oriented visits, they go back to their OB/GYNs. Patients are aware that this is a specific vaccine-oriented visit.

Q. How is the clinic staffed? What are the key programmatic elements that community hospitals should be aware of?

A. While there is always a back-up physician available at the clinic, this clinic is nurse-run, and our nurses take a lot of pride in running this clinic. In terms of general logistics, the program requires a local immunization coordinator. It requires the appropriate supplies. In addition to the vaccine, supplies needed include syringes, needles, alcohol swabs, an anaphylaxis kit, and thermometers. The clinic also requires some standing orders and readily available protocols.

On the billing/reimbursement side, your program will need standard billing forms. Keep in mind separate billing for urine beta hCG. The ICD-9 code for HPV vaccine is v04.89. But, before billing for this code and the appropriate administration code, first check with your billing coordinators. The CPT codes for administration are 90476-90749.

Vaccine administration at the Montefiore HPV Vaccine Clinic.

Montefiore HPV Vaccine Clinic staff includes (l-r): Mary Sanvardeker, clinic coordinator and research assistant; Tracey Hardy, LPN; Mark Einstein, MD, director; and Randy Teeter, research assistant.

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Because many patients here are under- or uninsured we also have drug patient assistance program forms from the drug manufacturer that can be filled out by the patient and faxed to the manufacturer for verification.

Depending on the practice and payer policy, reimbursement may be maximized by having the vaccine visit separate from a regular visit or a problem-oriented visit. Your program may want to consider precertifying all patients who are eligible for vaccination. Be aware that for patients ages 18 and 26, if the third dose of the vaccine falls after the 19th birthday [after Vaccines for Children (VFC) Program coverage] or the 27th birthday, some insurers may be reluctant to pay. Know your payers' policies regarding vaccination. The clinic should also have the following forms readily available:

- Manufacturer Patient Assistance Forms
- Vaccine Adverse Event Reporting Forms
- Protocols for managing anaphylaxis.

In addition, the program will need to consider protocols for patient flow. These include:

- Registration
- Vaccines schedules
- Patient Education
  - Risks and benefits
  - Patient screening questionnaire
- Vaccine preparation guidelines
- Vaccine administration
- Appropriate protocols for observing and managing adverse reactions
- Relevant Vaccine Information Statements (VIS)
- A protocol for follow-up visits for 2nd and 3rd doses.

Q. Your program has educational materials available in both English and Spanish?

A. Yes. Actually, I wear another hat. I am also involved in education and advocacy work for the Gynecologic Cancer Foundation (GCF) as the Chair of its Cervical Cancer Education and Awareness Campaign. The Gynecologic Cancer Foundation has educational brochures available in English and Spanish. These are available for downloading at *www.cervicalcancercampaign.org*. We actually use the GCF educational slides for our patients before they get their first vaccination.

Q. How has the community responded to the clinic?

A. The response has been very positive. We opened one half-day clinic initially and had to rapidly expand to two half days. We will probably open an evening clinic. We have evening hours here for regular patients, and 19 to 26 year olds are young people who are going to school or working, so evening hours work well for them. We will likely expand to a West Bronx clinic as well very soon.

Q. How are you measuring the clinic's success?

A. We are closely monitoring visits, compliance with completing the three-dose regimen, and we are asking patients to fill out an HPV assessment form. We are starting to track patient demographics. We established this clinic to reach out to those patients that are ultimately most at risk for getting cervical cancer. Initially our hopes were that we were going to attract more patients that were under- or uninsured and get vaccine through the manufacturer patient assistance program, if eligible. Right now we are reaching more of the "worried well." We have about 10 percent of patients who are under- or uninsured, and I'd like that number to reach 30 percent at least. We are doing community outreach—talks to community groups and women's groups—to make sure they get their daughters, or themselves if they are in the vaccine-eligible patient population, to come in and get vaccinated.

Q. Do you think your HPV Vaccine Clinic model could be replicated in other community-based hospitals?

A. Very easily. I think ultimately the billing issues are unique. Those are the things that need to be looked into by the program's billing department. What we've learned in our community is to make sure that the visit is a vaccine-only visit, and that it is separated from a problem-oriented visit because some payers, especially certain managed Medicaid payers, will be reluctant to pay for the vaccine if it's attached to a problem-oriented visit.