American Association of Clinical Endocrinology
Advancing Adult Immunizations
Health System Partners Application FAQ

1. **Is this a collaborative or competitive grant?**

   This is not a competitive grant; it is a collaborative process. The type of funding the CDC provided to the Council of Medical Specialty Socities (CMSS) falls into the category of a "Cooperative Agreement," which is an "Assistance mechanism used when there is substantial agency involvement beyond normal oversight and monitoring activities."

   CMSS is the CDC's award recipient. AACE, along with the other participating specialty societies, are "sub-award recipients." AACE and AACE's Health System Partners (HSP) are considered, "collaborating partners." As such, AACE will enter into contracts/memorandum of understanding with each HSP.

   Per the CDC's Notice of Funding Opportunity, AACE, and other participating specialty socities, enter into contracts with 7-10 health system partners. In AACE's review of HSP applications, AACE will ensure each HSP has articulated how thye will successfully meeting project deliverables and achieve project goals.

2. **What are the application selection criteria?**

   AACE crafted the application to collect data and information from HSP to align with the criteria AACE submitted to CMSS. AACE will use the criteria when reviewing HSP applications. Please refer to **Attachment A** for these criteria. When a potential HSP submits its application, AACE will follow-up if there are any questions. The purpose of the application is to help ensure HSP success with the project.

   CMSS review will include assessing:
   - Health system capacity to participate and meet requirements of project
   - Overlap in selection of health system partners among the seven participating specialty societies
   - Compliance with exclusion criteria (e.g., VA, ACS Vaccine Project)
   - Appropriate mix of systems across society partners (e.g., by geography, size, patient demographics)

3. **Can the money be used to support salary for site staffing? If yes, what is the expectations.**

   Yes, the award money can support salaries and it is included as a line item on the budget template.

4. **Is there a difference between a project PI and the project champion or project manager?**

   AACE is not using the term "PI" for this project in an effort to ensure clarity that the efforts of each HSP will be quality improvement initiatives and not clinical research. We understand, however, that PI is the term HSPs are most familiar with when working on grants and reserch.

   AACE is using the term "project champion" to denote the clinician who will lead the HSP's efforts on the project. The project champions will have clinical subject matter expertise, leadership skills, and authority within their institutions to lead an initiative. The project manager, on the other hand, will be responsible for the administration of the award. These duties will include making sure timelines for internal QI projects are met, data are collected and reported on time, materials are shared internally as appropriate, and communications to other internal departments are scheduled, etc. The project champion and project manager will work together to ensure that both the content and formats of QI interventions are appropriate, based on the HSP internal team's decisions.

5. **Should there be a cap on salary support for PI (i.e. specified dollar amount)?**

   There is no specified salary cap for either the project champion or project manager . Each HSP may choose to protect a percentage of the project champion's time for the project, particularly in Year 1, if this time protection will help ensure the success of the HSP's QI interventions.

6. **Should there be a cap on equipment, travel, etc.?**

   There is no specified spending cap for any of the budget items.

7. **How should indirect costs be budgeted?**

   Indirect costs are permissible but they are capped at 10%.

   Each HSP should work with their institutions to determine whether they will be required to include indirect costs in their budgets.

   Please note the grant maximum award amounts are $200,000 in Year 1 and $90,000 for succeeding years per HSP, assuming participation for the entire grant lifecycle. The timeline for each health system partner will be dependent on when approved applications occur, and when final agreements with AACE are executed.

   If indirect costs will be included in the overall budget it would be included in the amounts listed above. It is important to tailor your project scope with this in mind.

   The level of effort of get the infrastructure in place and reporting mechanisms set up in Year 1 will take the most effort. Year 2 and thereafter should be less effort, pending your specific site's QI projects. That is why there is a big difference in funding levels between Year 1 and Years 2-5.

8. **Is there a conflict of interest to have institutions affiliated with AACE leadership receive this award? If yes, is there a way to mitigate potential conflict?**

   Internal discussions within AACE are ongoing to discuss having the Financial Committee Chair serve as an external reviewer on the budgets to ensure there are checks and balances in place from a COI perspective to address those concerns. This chairperson is not involved in this project.

9. **If I am a member of the AACE Vaccine Project Steering Committee I am able to be our HSP's clinical champion?**

   Yes, however, as an award recipient, you would not be asked to review the award applications.

   AACE has also identified separate AACE member liaisons that will review applications and budgets submitted by the HSPs to ensure there is no perception of any conflicts of interest.

10. **Could AACE share the RFA or application submitted to CDC with the sites?**

    AACE does not have access to the application CMSS submitted to the CDC since the applicant was CMSS on behalf of the collaborative. AACE and seven other medical societies were requested to submit an intake form with specific details to assist CMSS in submitting the full application.

11. **What guidance can AACE provide now regarding data sharing agreements that our institution will need to have in place?**

    AACE recognizes that it will be necessary to have data sharing agreements in place between AACE and each HSP so that AACE can support HSPs in QI projects. It will also likely be helpful to have data sharing agreements in place between each HSP and all other AACE HSPs. CMSS is currently working speciality societies involved in the project to flesh out its data framework.

12. **What information can you provide about data collection, etc.**

    The CDC is encouraging use of the Immunization information systems (IIS) for data collection. Below are the links to the IIS home site and the code sets instructions page.

    Immunization information systems (IIS) help providers, families, and public health officials by consolidating immunization information into one reliable source. The information can then be used to guide patient care, improve vaccination rates, and ultimately reduce vaccine-preventable disease.

    https://www.cdc.gov/vaccines/programs/iis/index.html

    https://www.cdc.gov/vaccines/programs/iis/code-sets.html

    If your institution does not currently report vaccination information to your state's IIS, you may consider such reporting to be a part of an early QI project you initiate. If you do use IIS but could do it more consistently, or comprehensively, that, too, could be included in a QI project.

    CMSS has indicated that the data it will seek for the project will align with the IIS. Additional data, however, will likely be necessary in order to track the conditions related to the patients associated with the grant (i.e., for AACE, diabetes).

    In October, 2022, CMSS published a call for proposal for a "*Data Management and Analytics Firm."* The set of metrics that will be used is not finalized. However, for AACE HSP applicants, it may be helpful to consider the diabetes clinic/endocrinology department ability to generate reports related to the components of the CDC's SAIP for each of AACE's recommended vaccines.

13. **In regard to Section 6. Q3, what type of information would be appropriate to include?**
    Section 6. Q3.Describe how your diabetes clinic will report on all communication and education forums in which information about the project is shared with health system stakeholders, including patients. This should include scholarly publications, institutional communications, and/or educational sessions at the local, regional, and national levels (addended May 2022).

    Please provide information about how your health system will share information about the project **internally** via your health system's communication and education forums, for both health care professionals and patients. For example, could you share information in communication vehicles such as newsletters, e-newsletters, e-blasts, social media, etc. Could you share information in education forums such as grand rounds, monthly department meetings, patient education conferences?

    Also, in relation to Application Review Criteria 19. Disseminate findings on best practices either through a manuscript, presentation, at national or regional conferences, (such as at AACE National Conferences) and/or

via AACE's communication channel. See attached list of review criteria as previously provided to you in the FAQ.

In addition, in your response, please include your initial thoughts and ideas on how your health system could disseminate what you learn from your QI initiatives, including recommended best practices with ***external audiences***? These ideas and plans could include manuscripts, abstracts for posters or presentation, at national or regional conferences, (such as at AACE National Conferences) and/or via AACE's communication channels.

14. Does my health system have to provide immunization services to partipate in the project?

No, your health system does not have to provide immunization services for you to participate in the program. The goal for the grant, overall, is to improve vaccination rates, which includes improving immunization referrals and documenting vaccination administration.

15. What should we do if our local or state reporting systems differ from others?

We recognize local resources may impact how health system partners report and receive vaccination information (IIS). This should not be a limiting factor for the application. Our goal will be to work with you and your health system to help facilitate the reporting processes.

For Example – patients could leave a diabetes clinic after talking to their clinician and go get a vaccine at local CVS and Walgreens. We would call that a win. There just needs to be a way to capture and track the action that occurred. This will be different for every site based on their state and infrastructure. QI happens at the local level, so each site will have a slightly different QI project.

16. What is the timeline for implememting this project?

This is a multi-year grant that runs until September 2026.

Year 1 will begin once the agreement between AACE and the Health System is in place.
The first six months of each HSP's Year 1 will be spent preparing for QI projects, including the collection of baseline data, establishing data metrics, and developing the QI Project Workplan. The actual projects are to be started in or shortly after Month 6. Ongoing assessments of the projects will proceed into Years 2 – 4.

Attachment A: Criteria for Application Review

AACE will review each application to ensure the Health System Partner Applicant can describe and demonstrate that they can and will:

1. Assemble a project team that includes those identified in the criteria.

2. Provide dedicated staff and participate in regular conference calls and meetings with AACE over the 5-year period of the collaborative through September 2026.

3. Ensure their team can access partner-AACE communication platforms and channels

4. Conduct a comprehensive overview of the vaccination assessment and delivery process in the healthcare system's diabetes clinic. This overview could include best practices for systemizing vaccine needs assessment (e.g., routinely reviewing vaccinations included in the electronic health record (EHR) and jurisdictions Immunization Information System (IIS)), and review of vaccine needs with patients and with staff.

5. Maintain records of how baseline rates were determined for COVID-19 vaccinations, based on the CDC guidance applicable at the time of reporting

6. Determine and report to AACE recent history of:
    a. Institutional efforts to increase vaccination rates
    b. Institutional efforts to collect patients' vaccination status for vaccinations not received at the institution
    c. Their EHR's ability to capture data on immunization-related communications and visits, along with vaccination records.

7. Determine baseline coverage of influenza, COVID-19, and routine adult vaccination among adults with chronic medical conditions of the healthcare systems' diabetes clinics, using health system's electronic health records (EHR) and Immunization Information Systems (IIS). Baseline data, and all reports, should include demographic information related to Social Determinants of Health. NOTE: Using the IIS will help with capturing immunizations delivered outside of the healthcare system to obtain accurate and comprehensive vaccination status of their patients. As part of this, support and facilitate onboarding of adult practice sites to individual jurisdiction IIS or to Immunization gateway (ref: https://www.cdc.gov/vaccines/covid-19/reporting/iz-gateway/).

8. Conduct monthly EHR or IIS vaccine coverage assessments and measure changes.

9. Schedule and maintain internal project team meetings for the duration of the project.

10. Develop and implement effective quality improvement interventions to increase vaccination coverage in the diabetes clinics. QI cycles and processes should target improvements in areas such as, but not limited to:
    a. Routine Immunization Assessment, and/or
    b. Provider Vaccine Recommendations, and/or
    c. Immunization Services, and/or
    d. Patient Care Procedures, and/or
    e. Immunization Documentation, and/or

f. Use of IIS

11. QI interventions should seek to use specific, measurable/observable, and documented strategies to make improvements, including but not limited to:

a. using identified immunization champions in the relevant clinics, and/or
b. utilizing peer educators, and/or
c. developing protocols which streamline immunization delivery in the clinical practice and throughout patient flow, and/or
d. funding enhancements in practices' EHRs to incorporate immunization protocols/templates in standing orders,
e. coordinate onboarding/reporting to IIS in bidirectional manner or directly to immunization gateway, and/or
f. collecting data to develop and/or support quality improvement (QI) measures and report these measures to national partners, and/or
g. implementing reminder/recall systems.

12. When improvements made in a QI cycle involve modifications to their EHR or communications sent via the EHR, the clinic will share with AACE specifics of what was done or provide examples. If screenshots of the EHR cannot be provided, due to EHR company restrictions, detailed information on changes should be provided.

13. Report on QI cycles and processes using AACE-defined templates

14. Conduct monthly reports (from EHR or IIS) on vaccine coverage assessments and measure changes.

15. Identify and plan multiple communication and education opportunities to disseminate information about the institution's efforts

16. Assess and address barriers and challenges to vaccine hesitancy and confidence amount health care professionals and their patients in the diabetes clinics. Emphasis should be on identifying any health disparities or language barriers that may exist in clinics' patient population.

17. Report on all communication and education forums in which information about the project is shared with health system stakeholders, including patients.

18. Develop, implement, and evaluate culturally and linguistically appropriate provider resources that incorporate the principles of the Standards for Adult Immunization Practice (SAIP) in the diabetes clinics (http://www.csc.gov/vaccines/hcp/adults/for-practice/standards/index.html .) Collaborate with AACE on translations of any resources required to better meet the localized needs of the patient population.

19. Disseminate findings on best practices either through a manuscript, presentation, at national or regional conferences, (such as at AACE National Conferences) and/or via AACE's communication channel