

**American Association of Clinical Endocrinology
Specialty Societies Advancing Adult Immunizations
Health System Partner Selection Application**

The purpose of this Project is to ensure that all adults, especially high-risk adults with co-morbidities, receive up-to-date vaccinations for influenza, COVID-19, and all applicable vaccines. The Council for Medical Specialty Societies (CMSS) serves as the lead organization for this project and works with seven collaborating subspecialty members and partnering healthcare systems to incorporate the Standards for Immunization Practice (SAIP: <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html>) into clinical care and to drive adult immunization through education, dissemination, and quality improvement initiatives.

The American Association for Clinical Endocrinology (AACE) has been named one of the collaborating subspecialty societies to participate in this project. AACE is seeking up to three additional Health Systems Partners to participate in a Quality Improvement Project related to Adult Immunizations. It will select Health Systems Partners through this application process.

Please complete this application with as much detail as possible to describe how your Health System is well positioned to plan, implement, and evaluate this project. Robust data collection of patient groups is critical to the project's success.

Section 1. Practice Identifying and Contact Information

1. Practice name (applicant)
2. Health system name
3. Practice TIN
4. Practice service location address (street, city, state, zip)
5. Applicant name
6. Applicant contact information (e-mail, phone)
7. Name and location of the specific clinic where the project will be implemented.

8. Please provide name, title, email, and telephone number of staff who will serve on the SAIP project team. These staff members must be available for regular conference calls and meetings with AACE.

- **Clinician champion** who will be able to provide both leadership to their institution's efforts, including leading/facilitating educational opportunities and communications

Name:

Title:

Email:

Telephone:

- **Project manager** who will work with AACE, ensuring QI processes are implemented, project work is being completed in a timely manner, data are collected and reported appropriately, education and communication materials are distributed as planned, and all timelines and other deliverables are followed.

Name:

Title:

Email:

Telephone:

- **IT staff** to liaise with the institution's project team who will provide resources to their IT department so that any necessary changes to their EHR or communications sent from their EHR can be deployed in a timely manner.

Name:

Title:

Email:

Telephone:

Section 2. Organizational Capacity

1. Do you agree to submit relevant quality data, including vaccination status, provider recommendations to receive vaccines, vaccine administration, and other activities as requested by the CDC or AACE during the Project?
YES NO

2. Do you agree to designate staff resources to fulfill project requirements and related activities?
YES NO

3. It is crucial that leadership of the practices/health systems support team members' participation in the program. This includes commitment of leadership to the improvement project(s) and willingness to dedicate resources and protect participants' time. To demonstrate this commitment, please send a letter of support from a representative of the health system to AACE.

A sample Letter of Support can be found as Attachment 1 at the end of this application.

Section 3. Practice Experience with High-Risk Adult Populations

1. Number of active adult patients with diabetes served in last completed calendar or fiscal year. Please specify time period.

2. Please describe your patient demographics and diversity (if known):
 - Percentage of patient population who identify as non-White (Black/African American, American Indians/Alaska Natives, Asian American, Native Hawaiian, and others) or White Hispanic.
 - Percentage of patient population residing in a rural area (see [HRSA Rural Health Grants Eligibility Analyzer](#) for definition and identification of rural areas).
 - If question above is unknown, percentage of patient population treated in a Health System location located within a rural area.
 - Percentage of patient population residing in an area designated as a Medically Underserved Population (MUP Low Income, MUP Medicaid Eligible, or other; see [HRSA MUA find for designated MUP areas](#)).

- If above question is unknown, percentage of patient population treated in a Health System location located within a MUP area.

Section 4. Experience with Promoting Vaccines

1. Please describe your practice/health system's experience with promoting vaccines within your patient population, including improving vaccine awareness, vaccine activity, and/or addressing vaccine hesitancy.
2. Please describe your practice/health system's experience with promoting routine vaccines among your providers, including clinical quality improvement initiatives implemented and provider response.
3. Describe the current vaccination assessment and delivery process in the healthcare system's diabetes clinic. This overview could include best practices for systemizing vaccine needs assessment and review of vaccine needs with patients and with staff.

Section 5. Immunization Information System/Electronic Health Record

1. Does your practice use an electronic health record (EHR)? YES NO
2. If you answered yes to Q1, what EHR do you use?
 - Allscripts
 - Athenahealth
 - Cerner
 - CPSI
 - EPIC
 - eMDs
 - eClinicalWorks
 - GE Healthcare
 - Greenway Health
 - Medhost
 - Meditech

- Modernizing Medicine, Inc.
- NextGen
- Other: (please describe)

3. If you answered yes to Q1 does the EHR have a vaccine module? YES NO
 If yes, has the health system used it?

If yes, please describe the extent of its use and any immediate plans/ideas for future use.

4. Has your practice/health system established an interface with a state or regional immunization information system (see [Immunization Information Systems \(IIS\) | CDC](#))? YES NO

If yes, please describe.

5. If you have not yet established an interface with a state or regional immunization information system, do you intend to do so within 12 months of the award? YES NO

6. Describe your diabetes clinic EHR’s ability to capture data on immunization-related communications and visits, along with vaccination records.

7. Describe how your diabetes clinic determines baseline coverage of influenza, COVID-19, and routine adult vaccination among adults with chronic medical conditions using the EHR and Immunization Information Systems (IIS).

8. Briefly describe how your diabetes clinic will conduct monthly EHR or IIS vaccine coverage assessments and measure changes.

Section 6: Health System Partner Quality Improvement Capabilities

1. As part of the award associated with this application, all practices/health systems will be required to engage in performance improvement activities related to vaccination awareness, vaccine

activity, and/or addressing vaccine hesitancy within your practice/health system. Please describe your aims and proposed approaches.

2. Describe how your diabetes clinic will assess and address barriers and challenges to vaccine hesitancy and confidence among health care professionals and their patients in the diabetes clinics.
3. 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 (*added May 2022*).
4. Describe how your diabetes clinic will 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.

Section 7. Other

To the best of my knowledge, my health system is not applying with another professional society to participate in the CDC Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations Project.

Submitted by:

_____	_____	_____
Name	Title	Date

ATTACHMENT 1
HEALTH SYSTEM PARTNER SUPPORT LETTER

HEALTH SYSTEM PARTNER LETTERHEAD

Date

Elizabeth Lepkoswki
Chief Learning Officer
American Association of Clinical Endocrinology
245 Riverside Avenue, Suite 200
Jacksonville, FL 32202

Dear Ms. Lepkowski:

On behalf of **HEALTH SYSTEM PARTNER** I am writing to express the organization's commitment to our health system's participation in the American Association for Clinical Endocrinology *Building, Implementing, and Monitoring CMSS-CDC Grant Improving Adult Immunizations (in Diabetes Patients)*. As the **TITLE** I specifically support our team members' participation in the program. This includes commitment of leadership to the improvement project and willingness to dedicate resources and protect participants' time.

The health and wellbeing of our patients is always our top priority. Our involvement in this Quality Improvement Project will ensure we are providing our patients with the best possible resources and care they need.

Feel free to reach out to me directly for any further assistance needed to ensure the success of the project.

Thank you.

Sincerely,

NAME

TITLE