Specialty Societies Advancing Adult Immunization

CDC-CMSS-ATS Cooperative Agreement

ATS Vaccine Initiative 2023
Specialty Societies Advancing Adult Immunization

- Primary goal: **improve adult vaccination rates in subspecialty settings (COVID19, influenza, pneumococcal)**
- Five-year cooperative agreement to improve vaccination rates in high-risk adults in subspecialty settings
- Each funded society will fund and partner with 7-10 U.S. health systems
- ATS has partnered with and is in the process of onboarding 8 health systems partners

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**Center for Disease Control (CDC)**

**Council of Medical Specialty Societies (CMSS)**

**American Thoracic Society**
- American Society of Clinical Endocrinology
- American College of Cardiology
- American College of Occupational and Environmental Medicine
- American Geriatrics Society
- American Society of Clinical Oncology
- American Society of Nephrology

**7-10 Health Systems**
LEARNING & EDUCATION

- Sessions at the ATS Conference
- Immunization webinars
- Disseminate lessons learned to broader ATS community and beyond
- Fellowship education

ATS RESOURCES

- Update & create patient, member & healthcare provider resources to include and/or emphasize immunization
- Update policy statements
- Practice support

ATS + CARE TEAM CULTURE

- Focus Groups with ATS members
- ATS leadership advocacy for immunization & role of providers
- ATS Immunization Champions
- Build immunization awareness within the ATS community

HEALTH SYSTEM PARTNERS

- Partner with 8 health systems for the duration of the project
- Collect baseline immunization data from each system
- Review health system data monthly, reporting to CMSS quarterly.
<table>
<thead>
<tr>
<th>Subcommittee</th>
<th>Description</th>
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<tbody>
<tr>
<td>Health System Selection</td>
<td>Establish process, selection criteria, evaluate applications &amp; select health systems</td>
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<tr>
<td>Evidence-based interventions</td>
<td>Reviews existing evidence on interventions that result in improved vaccination rates and identifies new evidence, if available, for consideration. Explores effective ways to package these interventions for health systems partners.</td>
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<td>Implementation</td>
<td>Create a change package that includes best practices and scalable interventions to help ensure impact after the end of the grant.</td>
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<td>Vaccine data capture</td>
<td>Provide expertise (working with individual health systems) regarding data availability and capture within health systems (EHR, vaccine records within EHR).</td>
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<td>ATS member engagement</td>
<td>Assess knowledge, attitudes, and practices of respiratory care providers with regards to vaccine delivery, as well as needs/barriers to immunization of patients. Synthesize lessons learned to suggest mechanisms to engage ATS membership.</td>
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<tr>
<td>Patient perspective</td>
<td>Assess knowledge, attitudes, behavior of patients and families regarding immunization.</td>
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<td>ATS vaccine resources and guidelines</td>
<td>Review of ATS society’s vaccine policy statements, clinical guidance, and clinical guidelines to address gaps related to implementation of SAIP that may represent a need for Society changes to promote immunization.</td>
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<td>Advocacy and knowledge dissemination</td>
<td>Share learnings from the initiative and create a unified voice and key messages through ATS platforms.</td>
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<tr>
<td>Research/publication</td>
<td>Identify opportunities for potential manuscripts and publications and coordinate with Advisory Panel and ATS health system partners.</td>
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## Awarded Health Systems

### Vanguard Health Systems
- University of California San Francisco/San Francisco Health Network (San Francisco, CA)
- University of Arizona/Banner Health (Tucson, AZ)
- West Virginia University Hospitals Inc. (Morgantown, WV)

### 2023 Health Systems
- Grady Health (Atlanta, GA)
- Meharry Medical College (Nashville, TN)
- St. Luke’s Health System (Boise, ID)
- University of Colorado (Aurora, CO)
- Wayne Health (Detroit, MI)
Using a Quality Improvement Approach

Goals of QI approach:

1. Understand systemic immunization practices within health systems
2. Implement effective practices to improve vaccination rates within pulmonary subspecialty practice
3. Measure changes over time
4. Share learnings with stakeholders (includes health system and broader ATS community)
QI Intervention Monitoring and Reporting Flow:

**Society Partner Roles**

- **Health systems** report progress to societies on a monthly basis.
- **Societies** monitor and analyze health system QI project progress and report to CMSS quarterly.
- **CMSS** aggregates and analyzes society quarterly reports.

- Identify challenges and support needs
- Scan for learnings, successes, effective strategies
- Facilitate peer-to-peer learning opportunities at society level
- Report to CMSS on progress, needs, successes, learnings
Data Framework

**Health System**
- **Clinical Data**
  - Patient-level, with some degree of integration with Immunization Information System (IIS)
  - Entire population from the clinic where QI intervention(s) occur
- **Patient Data**
  - Patient-level collected through a survey (to be developed)
  - Sample of patients from the clinic where QI intervention(s) occur

**Society**
- **Clinical Data**
  - De-identified, aggregated counts (e.g., numerator, denominator, exclusions/exceptions, demographics) for each health system
- **Patient Data**
  - De-identified, aggregated counts (e.g., response rate, item responses, demographics) for each health system

**CMSS**
- **Clinical Data**
  - De-identified, aggregated counts across the health systems for each society
  - Stratified by race/ethnicity and other demographics
- **Patient Data**
  - De-identified, aggregated counts across the health systems for each society
  - Stratified by race/ethnicity and other demographics
Goal: Develop a Roadmap for Implementation

1. Develop Implementation Plan
2. Continuous Evaluation and Quality Improvement
3. Evaluate Outcomes
4. Provide Ongoing Support to Facilitate Implementation
5. Identify Implementation Strategies most suited for the clinical context
6. Evaluate the Clinical Context for Implementation
7. EVIDENCE-BASED INTERVENTION

Slide provided by Nicole Stout, WVU