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 highrisk 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

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



Focus Areas

LEARNING & EDUCATION

Sessions at the ATS Conference

Immunization webinars

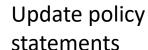


Disseminate lessons learned to broader ATS community and beyond

Fellowship education

ATS RESOURCES

Update & create patient, member & healthcare provider resources to include and/or emphasize immunization



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Practice support

ATS + CARE TEAM CULTURE

Focus Groups with ATS members

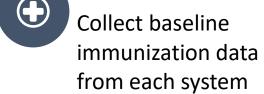
ATS leadership advocacy for immunization & role of providers

ATS Immunization Champions

Build immunization awareness within the ATS community

HEALTH SYSTEM PARTNERS

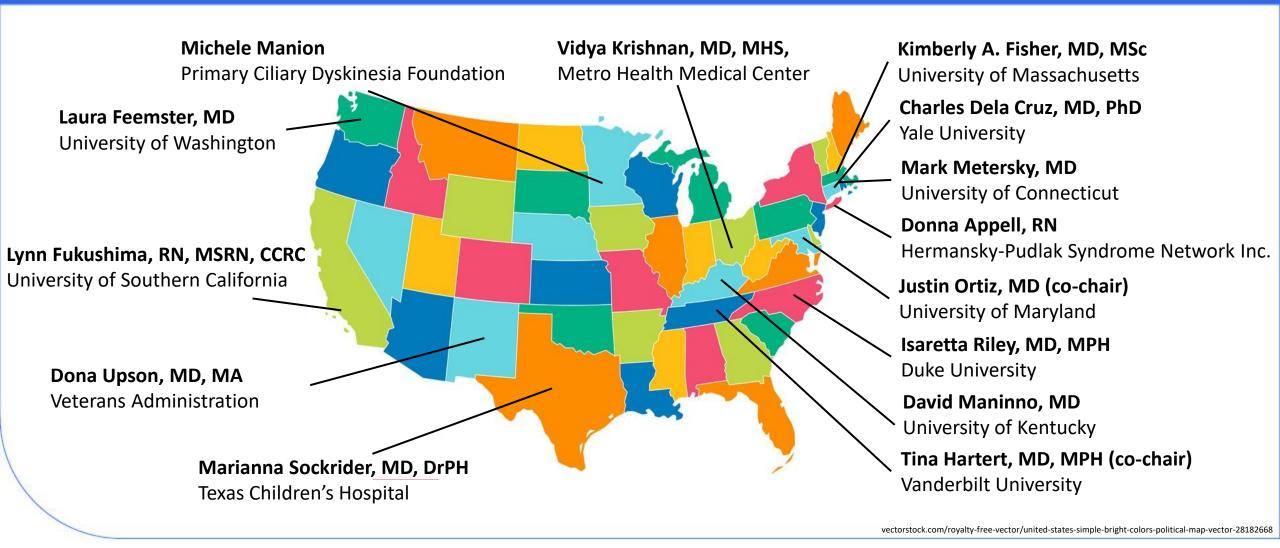
Partner with 8 health systems for the duration of the project



Review health system data monthly, reporting to CMSS quarterly.



Advisory Panel





Advisory Panel: Subcommittees

Subcommittee	Description
Health System Selection	Establish process, selection criteria, evaluate applications & select health systems
Evidence-based interventions	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.
Implementation	Create a change package that includes best practices and scalable interventions to help ensure impact after the end of the grant.
Vaccine data capture	Provide expertise (working with individual health systems) regarding data availability and capture within health systems (EHR, vaccine records within EHR).
ATS member engagement	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.
Patient perspective	Assess knowledge, attitudes, behavior of patients and families regarding immunization.
ATS vaccine resources and guidelines	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.
Advocacy and knowledge dissemination	Share learnings from the initiative and create a unified voice and key messages through ATS platforms.
Research/publication	Identify opportunities for potential manuscripts and publications and coordinate with Advisory Panel and ATS health system partners.



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

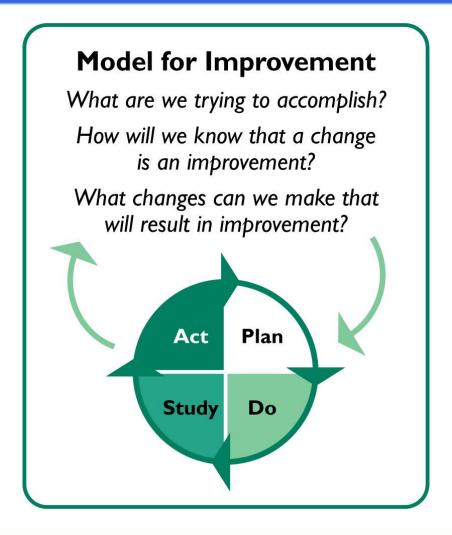
- Grady Health (Atlanta, GA)
- Meharry Medical College (Nashville, TN)
- St. Luke's Health System (Boise, ID)
- University of Colorado (Aurora, CO)
- Wayne Health (Detroit, MI)



Using a Quality Improvement Approach

Goals of QI approach:

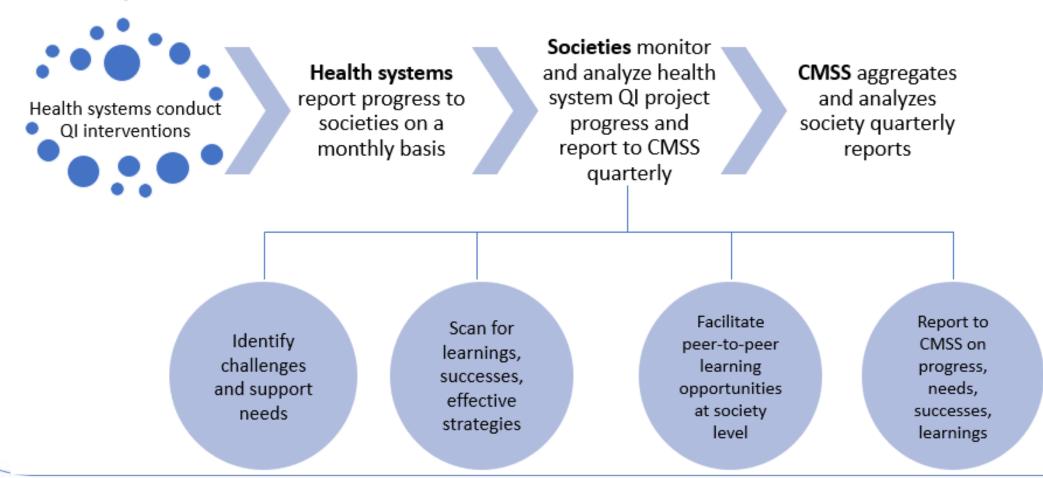
- 1. Understand systemic immunization practices within health systems
- 2. Implement effective practices to improve vaccination rates within pulmonary subspecialty practice
- 3. Measure changes over time
- 4. Share learnings with stakeholders (includes health system and broader ATS community)





QI Intervention Monitoring and Reporting Flow:

Society Partner Roles







Data Framework

CMSS Health System Society **Clinical Data Clinical Data Clinical Data** Patient-level, with some De-identified. De-identified. degree of integration aggregated counts (e.g., aggregated counts with Immunization across the health numerator, Information System (IIS) systems for each society denominator, Entire population from Stratified by exclusions/exceptions, the clinic where QI demographics) for each race/ethnicity and other intervention(s) occur health system demographics **Patient Data Patient Data Patient Data** De-identified, Patient-level collected De-identified, aggregated counts aggregated counts (e.g., through a survey (to be across the health developed) response rate, item systems for each society Sample of patients from responses, Stratified by the clinic where QI demographics) for each race/ethnicity and other intervention(s) occur health system





demographics