Welcome!

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- Q&A session at the end
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  - Type in your question
  - We will address questions in the order they are received
Speakers

Hazel Afroilan
Quality Performance Improvement and Grants Manager
ASCO Care Delivery Department
2021-2026
CMSS/CDC Adult Immunization Project Overview

Hazel Afroilan
Quality Performance Improvement and Grants Manager

April 21, 2022
IP21-2111 CDC Cooperative Agreement

CDC-RFA-IP21-2111: Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations through Partnerships with Medical Subspecialty Professional Societies and the Long-Term Care Professional Society

Two separate awards to Council of Medical Specialty Societies (CMSS) and The Society for Post-Acute and Long-Term Care Medicine (AMDA)

- CMSS $22M/1st year; $55.5M/5 years
- AMDA ($10.5/5 years)

September 30, 2021 – September 29, 2026
CDC is partnering with entities at national, state, local, and community levels to improve vaccine access, confidence, and uptake among disproportionately impacted adult populations.
Goal: CDC Cooperative Agreement

This 5-year cooperative agreement will increase COVID-19, influenza and routine adult vaccination coverage in subspecialty staff and patients with chronic medical conditions, staff and patients in occupational health clinics.
ASCO Vaccination Priorities: Year 1-5

ASCO will initially prioritize influenza and COVID-19 vaccines and expand as detailed below:

- Years 1-2: Influenza and COVID-19
- Year 3: Pneumococcal
- Year 4: Zoster
- Year 5: Post-transplant immunization
Subspecialty Society Partners

American Association 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
American Thoracic Society
Subspecialty Society Responsibilities

• CMSS-funded subspecialty societies should fund staff at the national level and in regional chapters to update vaccination policies and encourage use of adult vaccinations as quality measures.

• CMSS subspecialty societies should also contract with 7–10 healthcare systems each, respectively, to implement adult immunization quality improvement interventions.
ASCO Workplan – Part 1

• Engage with 7 practices/systems on a quality improvement initiative
  ▪ Funding to health systems to hire project coordinator and other needs
    o $250,000 year one, $750,000 expected five-year total
    o Sample Year 1 Budget:
      • Project Coordinator: $105,000
      • Physician Champion stipend: $20,000
      • One or more IT activities: $125,000
      • TOTAL Year 1: $250,000
Funding Details

• $250,000 Year 1 funding per health system is included in funds already allocated by the CDC for the current fiscal year
• $250,000 is the total amount, inclusive of direct and indirect
• The remaining $500,000 is contingent upon future appropriations
• Sample budget is illustrative, not prescriptive in actual salaries
• ASCO will reimburse health systems on a reasonable cost basis following CDC budgeting rules
ASCO Workplan – Part 2

- Engage ASCO members to identify opportunities for further outreach, clinical guidance, and education on standards of adult immunization practice

- ASCO will assess knowledge and engagement among its member clinicians related to vaccines for COVID-19, influenza, and other adult immunizations, to include:
  - Personal practice activities of vaccine assessment, recommendations, and administration or referral
  - Awareness of current clinical guidance and any perceived gaps in available guidance
  - Awareness and member perception of usefulness of available educational materials
ASCO Workplan – Part 3

- Performance Measurement:
  - The project participants (CDC, CMSS, ASCO, and other societies) are interested in 13 measure concepts—final measures will be determined in Summer 2022. ASCO will work with Health Systems to identify available data and methods for reporting. For a complete list of performance measures, please refer to: ASCO-CMSS-CDC-Health-System-Information-Sheet.pdf
  - Performance measure results will be hosted and maintained by ASCO initially within REDCap Data Management System.
Health System

- Clinical Data
  - Patient-level, with some degree of integration with 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
ASCO Workplan – Part 4

- Facilitate Thematic Quality Training Program to assess current state workflows and drive improvements: 6-month course, plus ongoing support
- Development of provider training course from ASCO Education
- Development of patient education fact sheets from Cancer.Net
- Clinical Guidance
  - Following procedures defined in the ASCO Guidelines Methodology Manual, ASCO will develop a clinical practice guideline, or endorse or modify an existing guideline, on the role of vaccination in adult cancer patients.
ASCO Workplan – Part 5

• Share learnings with oncology community:
  ▪ Policy statements
  ▪ Guidelines
  ▪ Measures
  ▪ Posters/presentations at society meetings / symposia
  ▪ ASCO Education course
  ▪ Cancer.Net patient fact sheets
  ▪ Other vaccine champions within selected health systems
ASCO Workplan Timeline

2021
- Measurement Plan & Baseline
- Recruit

2022
- Ongoing Measurement and Refinement of Measures
- Quality Training Program, Stage 1
- Education Support of Participating Practices

2023
- External/Public Rollout of Final Measures
- Quality Training Program, Stage 2 & Follow-up
- Make Resources Publicly Available on asco.org & Cancer.Net

2024
- Guidelines

2025

2026

ASCO Groups Involved

Also
Education Council
Cancer.NET

ASCO Vaccine Advisory Committee
Vaccine Project
Health Systems Representative
Recruitment

• 7 health systems
  ▪ Hospitals, private practices, health systems
  ▪ At least 10,000 active hematology and oncology patients, annually, or meets one or more high priority criteria
  ▪ Agrees to employ a full-time Project Coordinator
  ▪ Has identified a Physician Champion
  ▪ Collects immunization status for influenza and COVID-19 within EHR or agrees to do so within 6 months
  ▪ Agrees to participate in performance measurement and quality training activities, and comply with all agency requirements and terms
  ▪ Has a letter of support from a senior officer of the health system
Recruitment (continued)

G. High priority criteria (desire at least one health system with each):
   1. Includes a Safety Net Hospital for inclusion in project activities
   2. Health system has 25% or more of their hematology and oncology patients residing or treated in a rural area
   3. Health system has 25% or more of their hematology and oncology patients residing or treated in a Medically Underserved Population (MUP) area
   4. Health system has 50% of their hematology and oncology patients identified as non-White or White Hispanic
   5. Includes an allogeneic and autologous bone marrow and peripheral blood stem cell transplant program identified for inclusion in project activities
Evaluation Criteria

A. Minimum criteria met

B. Health system has demonstrated experience with improving vaccine awareness, vaccination activity, and/or addressing vaccine hesitancy within their patient population

C. Health system has demonstrated experience with clinical quality improvement initiatives

D. Health system has established an interface with a state or regional immunization information system OR intends to do so within 12 months

E. Health system administers influenza and COVID-19 within its cancer center(s)

F. Health system has articulated clear aims and proposed approaches to improve vaccine awareness, vaccination activity, and addressing vaccine hesitancy
Health System Selection Process: Detailed Steps and Timeline
Project Status as of April 2022

RECRUITMENT LAUNCHED MARCH 15, 2022 – SEE PROJECT ANNOUNCEMENT HERE. APPLICATIONS DUE TO ASCO APRIL 29, 2022.

ASCO SUBMITTED REVISED WORKPLAN TO CMSS WITH ADDED DELIVERABLES FROM CMSS AND CDC.

ASCO PROJECT MANAGEMENT TEAM HAS ENGAGED PROJECT ACTIVITY LEADS TO GO OVER SCHEDULE OF DELIVERABLES.

NOMINATED MICHAEL KENG, M.D., CHAIR OF PQISG TO BE ASCO REPRESENTATIVE ON CMSS PROJECT ADVISORY COMMITTEE.
Upcoming Next Steps

CONTINUE RECRUITMENT OF HEALTH SYSTEMS UNTIL APRIL 29, 2022, AND DECIDE WHETHER TO EXTEND APPLICATION DEADLINE

SUBMIT HEALTH SYSTEM APPLICATIONS TO CMSS AND COLLECT FEEDBACK, IF ANY

SCHEDULE MEETING WITH PQISG TO REVIEW APPLICATIONS AND FINALIZE SELECTIONS

ENTER INTO AGREEMENTS WITH HEALTH SYSTEMS BY MAY/JUNE

SCHEDULE ORIENTATION WEBINARS FOR HEALTH SYSTEMS BY SEPTEMBER
Questions?

Use the Q&A button in the bar at the bottom of your Zoom window

For more information, or to provide recommendations on health systems, please contact Hazel Afroilan, Quality Performance Improvement and Grants Manager at hazel.afroilan@asco.org.
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• Covers multiple service lines
  ▪ Providers and APPS
  ▪ Medical oncology/hematology
  ▪ Radiation oncology
  ▪ Gynecologic oncology
  ▪ Oncology Care Model
• Must have at least 1 ASCO member at your practice
• Contact us at practicenet@asco.org
Next Call

• Thursday, May 19
  ▪ PracticeNET Spring Meeting Recap

• 3rd Thursday of each month, 4:00pm Eastern Time

https://practice.asco.org/calendar