

This sample application is derived from an application funded in 2014.

I. APPLICANT INFORMATION

Name of FMRP: **XXXX Family Medicine Residency Program** Website URL: XXXX

Name of project lead (if different from Program Director): **ABC** Program Director's name: DEF

I certify that the Program Director has approved submission of this application.

Street Address including city, state, and zip code: XXXX Email: XXXX

Setting of FMRP (please mark all that apply) Rural Urban/Inner City Suburban

Number of residents in your program: 36 with 4 involved specifically in this proposed project

Type of Senior Immunization Project you will be implementing (mark all that apply):

Quality Improvement Community-Based

Has your residency previously conducted quality improvement or community outreach projects to improve immunization rates? No Yes If yes, what aspects did the project address?

II. CLINICAL POPULATION DATA

Please describe the methodology used to obtain the data/information below: For the demographic and insurance information regarding our patient population, we were able to enlist the assistance of our Quality Improvement team. Via the database registry called XX, they were able to generate reports with this data.

Total number of patients served by your residency in the past year: 11,400

Number of seniors, age 65 and older, served by your residency in the past year: 1,541 with average age of 73

% Male 39% % Female 61%

% by Racial/Ethnic group (please define your groups): 7,968 of our patients identify as white, and 1,917 are unreported

198 of the 65+ yo patients speak a language other than English, the top including:

a). 75 speak Chinese/Vietnamese/Japanese; b). 27 speak Spanish; and c). 24 speak Russian

% Medicaid insurance 5% % Medicare insurance 82%

% Private insurance (includes commercial, BCBS, HMOs, PPOs) 9% % Uninsured 4%

1% unknown

If patients are vaccinated in settings other than your residency, how does your residency get notified? STATE has a public health registry called XX IIS (XX Immunization Information System) that can be accessed via

the XX database registry and cross-checked for vaccinations administered in other settings not at our clinic.

III. **COMMUNITY POPULATION DATA** (This section required only if project is community-based)

Summary of methodology used to obtain the data/information below:

Describe the geographic area that defines your community population:

Total number of seniors age 65 or older in your community:

Demographic data on seniors in community:

IV. **DESCRIPTION OF PROPOSED PROJECT** (Information requested in **Section IV** may be submitted as an attachment or in a separate file)

Reminder: Senior Immunization Grant Awards are intended to recognize FMRPs whose residents implement and report on a quality improvement &/or community-based project that is designed to increase influenza and pneumococcal vaccination rates in patients who are age 65 and older, especially in underserved communities, during the 2014-2015 influenza season.

TITLE Immunizations for Seniors and Elderly

IMPACT ON RESIDENTS

Describe number of residents that will participate and how the project will benefit the residents?

Four residents. The residents will learn the skills of relational meetings, how to map institutional connections between patients, and how to develop interventions in partnership with community and medical institutions such as skilled nursing facilities, adult foster homes, community health clinics and hospitals. Additionally, the residents will learn the underpinnings of their FQHC clinic workflow process which involves team coordinators, nurse case managers and other ancillary staff regarding a standardized approach to health maintenance ie: immunizations.

TARGET GROUP

Define target group for this grant award and the number of patients age 65 and older that will be impacted. 1,541 patients of XXXX Clinic.

Describe factors that define your target group as a medically underserved population.

XXXX Clinic is a federally qualified health center (FQHC) that cares for a population that is inherently medically and socially underserved. Our patients are medically complex springing from issues of low income, underinsured/uninsured status, along with low health literacy which leads to unfamiliarity with navigating the healthcare system, often in the setting of poor physical mobility and tenuous transportation capabilities.

Summarize recruitment and/or outreach strategies for your target group?

We will identify local community and medical institutions with which our patients are associated, focusing our attention on those institutions such as adult foster homes and group homes that are often overlooked as a places for medical intervention. We will target these institutions to develop tailored interventions which will include home visits and outreach to those patients with multiple barriers to seeking health care.

BARRIERS AND CHALLENGES

Describe challenges and barriers in your target group that deter them from receiving influenza and pneumococcal vaccinations.

Many of our patients have poor mobility, and are low income, however, most concerning is the low rate of health literacy in our population. These barriers make it difficult for our patients to come to clinic for preventive visits and to understand the pros and cons regarding immunizations in understanding the effects on their long term health and wellness. Many patients are living in quasi-institutional environments and have difficulty accessing medical services for non-urgent needs.

GOALS, OBJECTIVES, ACTIVITIES, AND OUTCOMES

Describe the proposed project, which will be put in place to achieve improved influenza and pneumococcal immunization rates in seniors age 65 and older during the 2014-2015 flu season. Your description should include S.M.A.R.T. goals and objectives; activities that support your objectives; as well as outcomes and how they will be measured.

The goal objective of the Healthy People 2020 project is to achieve a pneumococcal and seasonal influenza vaccination rate of 90% in adults aged 65 years and older. We will achieve this target within our clinic population. The four XXXX residents will work to increase the percentage of adult patients aged 65 years and older who are vaccinated against both seasonal influenza and pneumococcal to achieve a 90% vaccination rate by the end of the 2014/2015 influenza season in alignment with the goals of Healthy People 2020.

GOAL #1: Enhancing Patient Outreach and Interventions

- Provider reminders
 - o Increase the number of techniques by which reminders are delivered to providers regarding which of their patients are due/late for their vaccinations. These reminders will include notes prepared in advance and posted in client charts, alerts in the electronic medical records, and simple reminders.
- Patient reminders and recalls
 - o Increase the number of client reminder and recall interventions to remind our patients 65 years and older that their vaccinations are due (reminders) or late (recall)
 - o The reminders and recalls will differ in the content and method of delivery ie: letter, postcard, telephone call and will involve a specific notification for the specific patient accompanied by a message regarding the importance of immunization for the targeted vaccine.
 - o Will enlist the assistance of our care management team to perform this outreach.
- Home Visits
 - o Increase the number of home visits as a primary intervention for our patients 65 years and older who have been unresponsive to previous intervention efforts, such as patient reminders and recall systems.
- Incentive Rewards

- o Institute incentive rewards to motivate our patients 65 years and older to obtain the influenza and pneumococcal vaccines such as the provision of transportation to and from clinic and the administration of vaccinations at no or reduced cost.

GOAL #2: Analysis of Vaccination Rates and Standardizing Provider Feedback

- Registry Compilation

- o Further develop the Clinic's immunization information system by compiling registry reports every 3 months regarding ongoing vaccination rates for adult patients 65 years and older seen in the Clinic.

- Registry Limitations

- o Identify both the limitations and the abilities of the clinic data collection systems in place to determine those overdue for vaccines (i.e. those over 65 yo who have never received pneumovax and have not had recent care at our facility).

- Provider assessment and feedback

- o Assess monthly both the number of missed opportunities to vaccinate our adult patients 65 years and older and the number of them who declined the vaccinations.

- o This process will facilitate an assessment and feedback opportunity to retrospectively evaluate the performance of our clinic providers in delivering the vaccines to their patients and give them feedback on their performance.

- o Utilizing our existing monthly scorecards that track vaccination rates of both influenza and Pneumovax in our targeted population will augment this task.

GOAL #3: Workflow assessment: The residents will perform workflow mapping of the XXXX Clinic to identify deficiencies in the processes of tracking and administering vaccinations, ultimately to simplify and streamline these processes.

- Morning Huddles:

- o Emphasize morning and afternoon huddles between all XXXX providers (residents, preceptors, medical assistants, physician assistants, nurse practitioners, nurses and team coordinators)

- o Review patient charts and reinforce that patients over 65 years old is being screened at every visit type, and that each staff member has the skill set and knowledge to do so.

- Successful Models for Optimal Preventative Care

- o Research clinical models of vaccination provision within our own internal institution (2 additional clinics).

- o Research external family medicine institutions to identify successful interventions related to sustainable vaccination rates, and how they can be applied to our clinic model.

- Clinic Environmental Design

- o Identify the physical space where vaccines are located in the clinic, in relation to patient-friendly vaccine information handouts and the patient rooms to optimize efficiency by ensuring close proximity of resources.

GOAL #4: Community Mapping: The residents will utilize a community mapping activity. Our aim is to understand more about our patient population and the community institutions in which they are imbedded with the hope of developing deeper relationships with our patients and community organizations. We believe that this approach will allow us to design effective interventions to improve the immunization rates of seniors in our clinic and potentially provide foundations for other health interventions of interest to the clinic and community.

- Creating community alliances

- o We will partner with the ZZZ for residents to learn the skills of relational interviewing, a technique developed in the field of community organizing to develop relationships and identify barriers, motivations and aspirations of community members.

- o We feel that this skill would help us achieve our aims of better understanding the community we serve and thus allow us to tailor services to be more effective and appropriate.

- Relational Interview, Community Mapping

- o A random sample of 600 members of the target population will be selected. Each resident will be assigned 50 of this subgroup and will aim to hold relational meetings with at least 25 of the assigned 50 people.

- o Residents will collect qualitative and quantitative information by using community mapping activities developed for rural populations in very low-income countries. Topics include:

- patients' goals and desires
- interactions with the healthcare system
- barriers to receiving care and immunizations
- information on significant community institutions and events that are a relevant component of patients' lives.

- o Based on the interview, we will formulate a list of institutions and events that play a significant role in the life of our patients, as well as a list of barriers to care, concepts of health, and patient strength.

- o Institutions and event planners will be approached for relational meetings with a goal of developing a partnership to design an intervention around immunizations specific to that community event or institution
- o We will seek out experts in geriatric care at the clinic and in the larger CITY area to identify potential areas of intervention, barriers and successful approaches to improve health.
- o Potential interventions include:
 - site visits to group homes
 - setting up an immunization clinic at a church after service
 - developing presentations for community members in partnership with institutional leaders to educate and dispel rumors regarding immunizations
- o A database of community institutions will be maintained and membership in said institutions will be added into the patients' EHR and updated at future appointments.

GOAL #5: Enhancing Health Literacy: Inherently tied into our investigation into community institutions and assessing barriers of care, is recognizing the health literacy disparities of our patients

- Clinic educational materials
 - o In conjunction with our Health Literacy committee, ensure that our education materials are patient friendly, are readable on a 5th grade level, and are available in non-English languages appropriate to our community
- Written resources
 - o Compiling a packet of patient-friendly packets regarding immunizations that can be readily distributed to patients by providers

IMPLEMENTATION PLAN EXPRESSED AS A TIME LINE WITH MAJOR MILESTONES

[NOTE: Please be sure to include the following five milestones in your timeline: 1) Detailed Project Outline to AAFP Foundation by August 1, 2014; 2) Interim Report to AAFP Foundation by December 15, 2014; 3) Mid-Evaluation Conference Call January 2015; 4) Final Evaluation Report to AAFP Foundation by May 1, 2015; and 5) Presentation of Results at National Conference July 31- August 1, 2015]

July 2014:

- Training in Relational interviewing for residents
- Presentation to Clinic director, remaining residents, mid-level providers, MAs/LPNs regarding initiative of immunization project, and promoting proper chart review within clinic pods
- Enlisting assistance from XXXX Care Management for future registry management

- Create an algorithmic outline for initiating reminders, recalls, and subsequent assessments (i.e. home visits)

- Baseline assessment of clinic immunization workflow

August 2014:

- Residents meet with geriatric experts in the clinic and larger community
- Randomized list of patients provided to residents
- Residents conduct relational interviews through September 2014
- Detailed project outline to AAFP Foundation

September 2014:

- Residents complete interviews and begin building database of community institutions and identifying leaders at these institutions
- Initiate provider-oriented and patient-oriented interventions

October 2014:

- Residents meet with institutional leaders and develop interventions with that institution
- Create dynamic list of institutions and/or community events of importance to targeted population

Nov-Dec 2015:

- Residents continue carrying out interventions
- Interim report to AAFP Foundation in December

January 2015

- Mid evaluation conference call Jan 2015
- Residents collect data on immunization rates amongst target population and evaluate efficacy of interventions

Feb-April 2015

- Residents reflect on successes and barriers with program and develop ways to institutionalize successes and re-evaluate approaches to barriers
- Modify interventions pending successes and barriers

July 2015

- Presentation of results at National Conference

V. INFLUENZA AND PNEUMOCOCCAL VACCINE RATES for AGE 65+

VACCINES for 65+	2011-2012 Flu Season (Oct 2011-Mar 2012) %	2012-2013 Flu Season (Oct 2012-Mar 2013) %	2013-2014 Partial (Oct 2013-Dec 2013) %
Influenza (65+ y.o)	28.57	31.18	32.58
Pneumococcal (65+ y.o)	49.00	47.20	43.87

Summary of methodology used to obtain the data above: XXXX is privileged to have a EPIC /XX registry data team that has the capability of formulating incredibly detailed registry and data reports. We made a formal request to this data team to extract these very precise numbers.

PROJECTIONS FOR THE 2014-2015 FLU SEASON

Summary of methodology used to obtain the numbers and percentages in the data below: Similarly as above for the seasonal vaccination rates, we made a formal request to our EPIC/XX Registry data team to help extract and provide a registry report based on our targeted patient population.

Estimate the number and percent of seniors in your target group that will receive an influenza vaccine during the 2014-2015 flu season due to your project: 1380 seniors; 90%

Report or estimate the number and percent of seniors in your target group that are *currently immunized* to pneumococcus: 68.6%

Estimate the number and percent of seniors that will receive pneumococcal vaccines during the 2014-2015 flu season due to your project: 700 seniors; 90%

VI. SUSTAINABILITY

Once your proposed project is complete, how does your FMRP intend to ensure that immunization best practices will be carried into the future, and that gains made in improving senior immunization rates will be maintained or extended to other populations served by your program?

Sustainability of our efforts and results will be achieved by:

- Continuing to meet monthly at clinic meetings with our staff and providers to reinforce behavior changes of workflow
- Write up and integrate a detailed clinic policy pertaining to new standardizations for immunizations at XXXX Clinic
- Continue to maintain the new relationships established with our community establishments and institutions via yearly outreach events, as well as monthly outreach afternoons that all XXXX residents can participate in
- Provide reusable education materials that will live in the clinic offices
- Continue to provide informational sessions at our community organizations and institutions to enhance education and reconcile any rumors or questions regarding immunizations

VII. PROJECT BUDGET

The Senior Immunization Grant Award totals \$11,200, which includes a \$10,000 grant provided to the FMRP whose innovative project is selected; and a \$1,200 for a travel scholarship to allow one or more resident(s) to present their results at AAFP's 2015 National Conference. Funding from the grant award may only be used for costs directly related to immunization projects and may include the cost of medical supplies, equipment rental or purchase, software purchase or lease, patient education materials, communication expenses, patient incentives/reimbursement, mileage/transportation, and costs associated with presenting results at AAFP's 2015 National Conference. Only high-level budget reconciliation will be required for the Final Report.

Expense Category	Amount
STAFF & ADMIN	\$ 2,200
SUPPLIES (may include vaccine cost)	\$ 5,500
EQUIPMENT	\$ 2,000
OTHER	\$ 1,500
TOTAL	\$ 11,200

BUDGET NARRATIVE - For expense categories above please provide a line item description of costs and how it was estimated:

1. Staff and administrative time: Reimbursement for State Registry data collection team time spent reconciling data of approximately \$1000; Travel scholarship for resident presentation at National Conference
2. Supplies: Would cover vaccination cost, syringes, needles, and alcohol swabs. Out of ~1000 patients, assuming 5% of the total population is attributed to undocumented and uninsured patients. And we estimate 2% is over the age of 65.
 - a. Each pneumococcal vaccination for adults based on CDC pricing would be \$85 or \$1700
 - b. Each influenza vaccination for adults based on CDC pricing would be \$10 or \$200
 - c. The remaining sum would be used to buy needles, syringes, and storage containers for the outreach work we plan
3. Equipment:
 - a. Outreach materials to patients including written and visual aids that could be developed and reused each year. Will use different methods including visual and written text to outreach based on patients' literacy level
 - b. Purchase of a portable projector that is compatible with MAC and WINDOWS based computers to allow for ease of travel in presenting information to patients and community organizations during the project and afterwards
4. Other:
 - a. Training on relational meeting: \$300. Receive community organizing training to better outreach to target population
 - b. Poster cost: \$500 to cover poster cost for AAFP Conference
 - c. Travel costs: Reimbursement for gas in city: \$300