



APPLICATION FOR AAFP Adult Immunization Office Champions Project

We appreciate your interest in applying for the AAFP's Adult Immunization Office Champions Project.
Please fill out the information below.

Family physician name: _____ Member ID: _____

Direct phone number: _____ Direct email: _____

Practice type: Solo Two-physician Family medicine group Multispecialty group

Practice name: _____

Practice address: _____

Practice city, State, Zip: _____

Practice phone number: _____

Number of physicians, if group practice: _____ Number of FTE non-physician staff in practice: _____ Number of NP/PAs in practice: _____

Practice setting: Urban Suburban Rural

Are you part of a family medicine residency program? Yes No

Does your practice use electronic health records? (REQUIRED FOR PARTICIPATION) Yes No

In your practice, how many patients are? _____ Female _____ Male

In your practice, how many patients are? _____ White _____ Black _____ Hispanic/Latino _____ Asian _____ Other

In your practice, what percentage of your patients are 19-60 years of age? _____

In your practice, what percentage of your patients are 61 years and older? _____

Does your practice enter adult immunization information into your state's immunization information system (IIS)? (REQUIRED FOR PARTICIPATION)

Yes No

Does your practice stock or refer elsewhere for the following vaccines? (Check all that apply.)

VACCINE	STOCK	REFER ELSEWHERE
Influenza (Fluzone®, Flucelvax®, Fluvirin®, Fluarix®, Afluria®, Flublok®, and FluLaval® Quadrivalent)		
Zoster (Zostavax®)		
Pneumococcal Polysaccharide 23 Valent (Pneumovax®23)		
Pneumococcal 13-valent (Prenar 13®)		

Why are you interested in this project and how could it help your practice and patients? (*Please limit response to 50 words.*)

APPLICATION FOR AAFP ADULT IMMUNIZATION OFFICE CHAMPIONS PROJECT, CONTINUED

Physician Champion

The physician champion is responsible for ensuring that the practice's physicians and staff support the AAFP Adult Immunization Office Champions Project, and that the office champion is allocated adequate time, resources, and support to fulfill the responsibilities of their role.

Physician champion name/degrees: _____

AAFP ID#: _____

Email address: _____

Office Champion

The office champion is responsible for facilitating the internal project team, recommending strategies, and implementing office system changes to integrate adult immunization activities into the practice's daily office routines.

Office champion name/degrees: _____

Title: _____

Direct phone number: _____

Email address: _____

By signing this document, we commit to the following expectations of participation:

- Our family physician champion and/or office champion will attend an in-person educational training conference in June 2016.
 - Our family physician champion and/or office champion will attend an in-person educational conference on lessons learned from the project in June 2019.
 - Our family physician champion and office champion will complete the Collaborative Institutional Training Initiative (CITI) course and participate in quarterly teleconferences.
 - Our office champion or physician champion will present an overview of the Office Champions Project to our practice's physicians and staff at a staff meeting early in the project period.
 - Our family physician champion and/or project team will complete a pre-intervention chart review (baseline), post-intervention chart review (2nd re-measurement), and sustainability chart review (3rd re-measurement) of 50 random adult patient medical records, based on the provided criteria and as described in the AAFP Office Champions Quality Improvement Model.
 - Our office will identify and implement system changes to better integrate adult immunization activities into the practice's daily office routines, and create a culture that encourages immunizations and continuous improvement.
 - Our office champion will be allocated adequate time, resources, and support to fulfill the responsibilities of the office champion role.
- Our practice will participate in all phases of project evaluation, including chart reviews and surveys.
 - I understand that my practice will receive \$3,000 to cover administrative costs associated with the project, based on the following milestones:
 - \$1,000 – Awarded following the attendance of the educational training conference in June 2016, completion of the Collaborative Institutional Training Initiative (CITI) course, introductory teleconference, project survey, pre-intervention (baseline) chart reviews, and submission of a project plan, occurring approximately October 2016.
 - \$1,000 – Awarded following completion of the post-intervention (2nd re-measurement) chart reviews, and participation of the adult immunization webinars, occurring approximately December 2017.
 - \$1,000 – Awarded following completion of the sustainability chart reviews (3rd re-measurement), and all phases of the project and a post-project survey, occurring approximately December 2018.
 - The family physician champion and/or office champion who attends the in-person educational training conference in June 2016, and the in-person educational conference on lessons learned from the project in June 2019, will be reimbursed for travel expenses.
 - The family physician will have the potential opportunity to present at a local or national meeting. Travel expenses for this in-person meeting will be reimbursed.

Office Champion _____

Date _____

Physician Champion _____

Date _____

If you have any questions, please contact Pamela Carter-Smith, AAFP Adult Immunization Office Champion Project Manager, at pcarter@aafp.org, (800) 274-2237, extension 3162.

This project is supported by a cooperative agreement (1H23IP000982-01) with the Centers for Disease Control and Prevention.

Return this form by email, fax, or mail no later than April 22, 2016, to:
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