



## **CMSS CDC Award: Specialty Societies Advancing Adult Immunization**

*Request for Proposal:*

### **Data Management and Analytics Firm**

#### **ORGANIZATION PROFILE:**

The Council of Medical Specialty Societies (CMSS) is a coalition of 48 specialty societies representing more than 800,000 physicians across the house of medicine. CMSS works to catalyze improvement across specialties through convening, collaborating, and collective action.

#### **ABOUT THIS AWARD:**

In 2021, CMSS was awarded a cooperative agreement by the Centers for Disease Control and Prevention (CDC) entitled “Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations through Partnerships with Medical Subspecialty Professional Societies” (CDC-RFAIP21-2111). CMSS serves as the lead organization for this project and serves as a catalyst to work with subspecialty societies health care systems to incorporate the CDC’s Standards for Adult Immunization Practice into clinical care and drive adult immunization through education, dissemination, and quality improvement initiatives.

CMSS has partnered with seven collaborating subspecialty members who are subrecipients on the award:

- American Association of Clinical Endocrinology (AACE)
- American College of Cardiology (ACC)
- American College of Occupational and Environmental Medicine (ACOEM)
- American Geriatrics Society (AGS)
- American Society of Clinical Oncology (ASCO)
- American Society of Nephrology (ASN)
- American Thoracic Society (ATS)

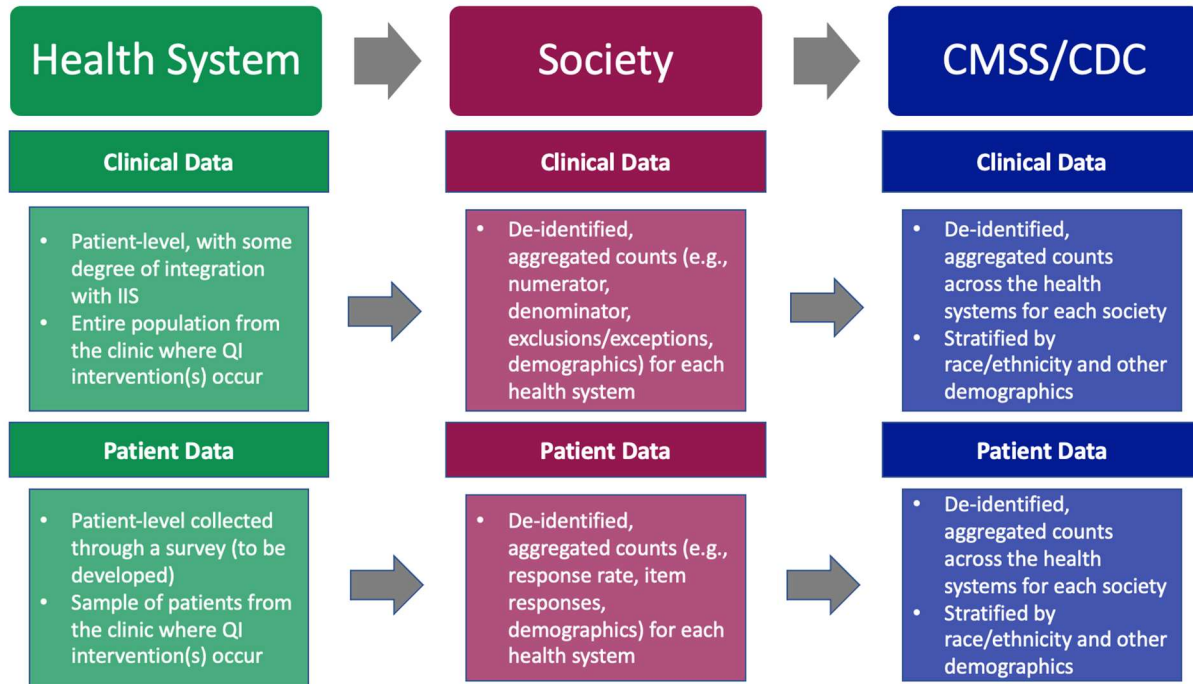
Each of these seven societies will enter into agreements with 7-10 health system or occupational health partners to implement and report on quality improvement initiatives to advance adult immunization. CMSS and societies are in the process of identifying health system partners. By October 31, 2022, we anticipate that we will have at least 25 health systems awarded. We anticipate that the remaining 25-45 health system and occupational health partners will be awarded by September 2023.

Read more about the award [here](#).

## SCOPE OF WORK:

The selected firm will support CMSS and its society partners in the data collection, reporting, analysis, and visualization of data from the 50-70 health systems<sup>1</sup> and occupational health partners as visualized in the draft project data framework in **Exhibit A**.

### Exhibit A. Data Framework



In the October 2022 – September 2023 period, the health systems will focus on collecting immunization data related to influenza and COVID-19. In the following years, the health systems will expand their focus to also include other recommended adult immunizations. Specialty societies were encouraged to select health systems with an established or planned relationship with a CDC’s Immunization Information System (IIS) to facilitate data collection and quality improvement efforts.

This data will be used for ongoing performance improvement and for progress reporting to CDC. The selected firm will assist CMSS with the following activities:

#### Activity 1. Data Collection and Reporting

#### Activity 2. Data Analytics

#### Activity 3. Data Visualization

#### Activity 4. Data Support

<sup>1</sup> Projects will not be implemented health system wide. Implementation will take place in selected specialty settings within health systems. The number of implementation sites per health system will vary and will expand over time.

**Overview:** The project requires data to be collected by each health system on a set of metrics (Exhibit B) that are currently under development. In addition to the immunization data, variables suitable for stratification (e.g., race/ethnicity) would also need to be collected. These data would then be aggregated, de-identified, and transmitted to a central location that can provide the reporting needs for each specialty society and CMSS/CDC. Advisors to this project recommended that we explore stratification of the results using zip codes or the Area Deprivation Index, and we are interested in proposed solutions to enable these stratifications.

**Exhibit B. Draft Metrics**

Topic
<b>Influenza</b>
Percentage of patients aged 18 years and older seen for a visit who received an influenza immunization OR who reported previous receipt of an influenza immunization between August 1 and April 30
<b>COVID-19</b>
We propose to capture the number of COVID-19 vaccinations for each patient and then determine how the data will be reported
<b>General</b>
Number and % of patients reporting access to their own immunization records
<b>For each topic (beginning with Influenza and COVID-19)</b>
Number of patients assessed for vaccine eligibility
Number of eligible patients counseled by clinical team
Number of eligible patients refusing vaccination
Number of patients referred to another site for vaccination (e.g., pharmacy)
Number of immunizations administered at another site captured in patient record
Frequency of provider recommendations

As noted in Exhibit A, we are considering whether any of the potential metrics are feasible to collect by each health system and whether any can or should be collected through patient report (via survey or other method). CMSS would welcome proposals that incorporate potential solutions on how we can facilitate these data collection efforts while also minimizing the burden to the health systems and specialty societies.

The results from these metrics will be used along with the quality improvement interventions each health system implements to develop tools and materials for dissemination across the participating specialty societies and to the CMSS membership. As a result, this will require that each health system and the specialty society have access to dashboards that allow them to track progress on each final metric and CMSS will use the aggregated data to create visualizations and other materials as a result of this work for broader dissemination.

**Activity 1. Data Collection and Reporting**

The selected firm will create the required specifications for the final set of metrics and work with the specialty societies and selected health systems to assess feasibility of data element collection. Data collection by the health systems may include manual entry and/or data import. These data will be reported at the health system, specialty society and CMSS/CDC levels as outlined in Exhibit A as well as

stratifying the results. The data partner will build the required infrastructure to house the data, ensure that each health system and specialty society have access their own data, and provide the aggregated, de-identified summaries for CMSS and CDC. The selected firm should demonstrate their ability to ensure that privacy and security of the data will be maintained and outline the processes that would be used to ensure that the data collected are accurate and valid including:

- How do you provide a standard format for all participants?
- How do you collect, validate, store, aggregate, and display data?
- How do you manage access?

### **Activity 2. Data Analytics**

The selected firm will create and maintain dashboards that can be used by each health system, specialty society, and CMSS. These dashboards should track progress on the individual metrics as well as the stratification as outlined in Exhibit A (e.g. time series charts, benchmarking across all sites). The selected firm should provide detailed information on how they propose these dashboards should be defined and what analytics, such as fixed dashboards vs. customizable views, would be available to each group.

### **Activity 3. Data Visualization**

The selected firm will work with CMSS and the specialty societies on creating reports and visualizations to facilitate reporting to CDC and sharing progress with project partners. Similar to data analytics, we are interested in understanding what types of visualizations would be available and to what degree can a group customize their individual reports, graphics, and other visuals.

### **Activity 4. Data Support**

The selected firm will provide technical assistance to the health systems as data are collected and reported. They will also provide the training or tools needed to enable the health systems, specialty societies, and CMSS to use the dashboard and reports produced.

## **ALIGNMENT WITH NATIONAL DATA STANDARDS**

While we do not anticipate using the capabilities of SMART/HL7 FHIR Bulk Data Access API with every health system during this project, CMSS recognizes that health systems will be able to support these functionalities in the near future. Specifically, as part of the 21<sup>st</sup> Century Cures Act published in 2020, health systems are in the process of adopting features in their existing health information technology infrastructure to support the SMART/HL7 FHIR Bulk Data Access API, which enables access to patient-level data across a patient population. CMSS is requesting information the following components in order to support sourcing data access from a Health System's FHIR server using the SMART/HL7 FHIR Bulk Data Access API:

### **Data Access**

- Provide methods to interact with a Health System's FHIR server at a population level and anchored on a subset of patients.
- Provide the ability to retrieve bulk data and parse patient-level data including USCDI data elements.

### Standards-Based App Authorization

- Register with target FHIR servers for population level access (using the SMART Backend Services Authorization profile described in the Implementation Guide <https://hl7.org/fhir/uv/bulkdata/authorization.html>).
- Authorize with target FHIR servers for population level access including a process to request a token. Provide capability to restrict this access to a specified set of patients (roster).
- Support process to manage refresh tokens according to the duration specified by the server.

### Data Storage

- Support the ability to write the patient-level data retrieved in bulk in the FHIR data model into the Customer's FHIR server, data warehouse, or other based on the preference and target use case.

### Workflow

- Support a process for defining a subset of patients with a Health System and establishing and requesting a group ID token in the Health System's FHIR server.
- Support the ability to manage the Bulk FHIR Client's interaction with the Health System's FHIR server.
- Support the ability to retrieve, parse, and write the data into the system of choice.

We are also interested in understanding the capabilities of potential partners in assisting in patient matching and entity resolution, user interface(s) to manage the Bulk FHIR Client, and data storage options to support the ability to store the retrieved data for later export to a data warehouse or other option.

### **KEY CONTACTS AT CMSS:**

The selected firm will work closely with the following contacts at CMSS to complete all deliverables.

\*Project Director (Sarah Imhoff, MPA) – Directs the overall project operations, including overseeing implementation of all project activities and coordination with the 7 subspecialty societies. Ensures all project activities are implemented according to the workplan objectives. This individual is the responsible authority for ensuring reports and documentation are submitted to CDC.

\*Data/Analytics Lead (Heidi Bossley, MSN, MBA) – Leads the development of project measures and data reporting framework. Works with society data leads to determine requirements and develop the data collection and analysis requirements and cadence.

Project Manager (Danielle Taylor, MHA) – Administers daily project activities, including collection of subrecipient reporting.

PI and CEO (Helen Burstin, MD, MPH, MACP) – Provides executive oversight, clinical expertise, and ensures alignment with CMSS strategic priorities and member needs.

\*Denotes primary contacts.

## PROPOSALS SHOULD INCLUDE:

- A high-level workplan how outlining the Scope of Work will be accomplished. Note: This plan should provide sufficient detail on the steps and processes that will be undertaken to enable adequate evaluation of the proposed methods and include examples of potential dashboards and reports.
- Details on how your entity supports the protocols specified in the FHIR Bulk Data Access Implementation Guide (<https://hl7.org/fhir/uv/bulkdata/index.html>), specifically in representing the client that retrieves bulk data from the server.
- Proposed individual/team members who will support the Scope of Work
- Proposed budget by task for Year 1 (10/1/22 – 9/30/23) and estimated fees for Years 2-4
- Status of your organization as a minority- or woman-owned business or a business in a Labor Surplus Area.
- Descriptions of at least two (2) projects that are similar in scope and focus. Please indicate whether you would be willing to provide client references upon request. Proposals may be in the form of a letter. There is no page limit for the proposals.

## FEDERAL CONTRACTOR REQUIREMENTS:

Your proposal should include confirmation that your company meets all the following requirements:

- Ensure that all covered contractor employees are fully vaccinated for COVID-19, unless the employee is legally entitled to an accommodation
- Have a drug free workplace
- Comply with the Equal Employment Opportunity Act
- Comply with the Buy American Act
- Are not on the government Debarment and Suspension List
- Will not use any funds received on this contract for lobbying
- All laborers are paid at rates the same or higher than federal labor standards

## PROPOSAL EVALUATION PROCESS:

Responses will be evaluated based on:

- Overall Suitability: High-level work plan must meet the scope outlined above, provide sufficient detail to enable evaluation of the methods, and be presented in a clear and organized manner.
- Past Experience/Qualifications: Respondents will be evaluated based on their experience including the key personnel's technical expertise/experience as it relates to this project.
- Value/Cost: Respondents will be evaluated on their ability to meet the proposed scope of work, use of efficient and cost-effective approaches to each of the activities, and estimated costs.

## TIMELINE:

October 3, 2022	RFP Distributed
October 10, 2022	Questions Due from Potential Bidders
October 17, 2022	Answers to Submitted Questions Distributed
October 31, 2022	Proposals Requested

December 2022                      Vendor Selection  
January 3, 2023                    Contract start date (subject to change)

**SEND QUESTIONS AND PROPOSALS TO:**

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And CC:

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