



KANSAS ACADEMY OF  
FAMILY PHYSICIANS  
CARING FOR KANSANS

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*Participation Application for Kansas Family Medicine  
Pneumococcal Immunization Office Champions Program to  
improve pneumococcal immunization rates for Medicare patients*

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Our practice would like to participate in the Kansas Family Medicine Pneumococcal Immunization Office Champion (KFMPIOC) program, a QI Initiative with KAFP and its collaborative partner, KFMC. We understand the following expectations for this cooperative project and agree to participate. We understand this commitment requires support of staff in the following areas:

- Agree to remain active in the program and to sustain improvement efforts through March 2020.
- Agree to give KAFP permission to release your practice's name as a participant in this collaborative.
- Support development of strategies for overall quality within my practice, by working to:
  - Utilize a data-driven and pro-active approach to quality improvement
  - Identify opportunities for improvement
  - Address system gaps through planned interventions to improve the overall quality of care
- Submit requested data or reports to support collaborative efforts and participate in monthly calls with KFMC.
- Participate in educational sessions, collaborative sessions and conference calls or webinars.
- Share results, best practices and lessons learned.

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

TIN: \_\_\_\_\_ EHR Vendor: \_\_\_\_\_ Version: \_\_\_\_\_

Does your EHR system have Health Information Exchange (HIE) functionality? ☐ Yes ☐ No

Is your EHR system Certified Electronic Health Record Technology (CEHRT)? ☐ Yes ☐ No

Is your practice a Federally Qualified Health Center? ☐ Yes ☐ No

Is your practice a Rural Health Center? ☐ Yes ☐ No

**Yes! We want to work with KAFP on this QI Initiative:**

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*Project Contact (Signature)*

*Date*

*Project Contact (Printed)*

Complete and return this form to Carolyn Gaughan at KAFP **by December 12, 2018**. Fax: 316-721-9044 Email: [kafp@kafponline.org](mailto:kafp@kafponline.org) Mail: ATTN: Carolyn Gaughan, 7570 W 21<sup>st</sup> St N, 1026 C, #104, Wichita, KS 67205.