MN staffing model for IIS integrating Vaccines for Children functionality

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Outline

• Introduction to MnVFC and MIIC
• Our Questions
• Our Answer
• Staffing Model
• Benefits and Challenges
• Considerations for Your Program
Minnesota Department of Health (MDH) Vaccine Programs

• Minnesota Vaccines for Children (MnVFC)
  • Minnesota’s version of federal Vaccines for Children (VFC) program
  • $46 million of vaccines to ~820 enrolled sites

• Un- & Underinsured Adult Vaccine (UUAV)
  • Serves un- and underinsured adults (19+)
  • $1.5 million of vaccines to ~180 enrolled sites
The Minnesota Immunization Information Connection (MIIC)

- Minnesota’s statewide immunization information system (IIS)
- Supports management of MDH vaccine programs
MnVFC and MIIC

• Several tools built in MIIC to support MDH vaccine management
  • 95% of vaccine orders completed in MIIC

• Need MIIC enhancements to:
  • Meet federal requirements for VFC program
  • Improve provider experience
  • Continue to support MDH vaccine program tracking and monitoring
Our Questions

• How do we successfully make vaccine management enhancements in MIIC?

• Can we strengthen collaboration between MnVFC and MIIC?
Best Practice

• The Modeling of Immunization Registry Operations Work Group (MIROW) “acknowledges that clarifying Immunization Program staffing roles is important to consider when implementing complex IIS integration projects.”

Source: MIROW Guide on Decrementing Inventory via Electronic Data Exchange
Our Answer

• Immunization Program created Vaccine Management in MIIC (VMM) workgroup

• VMM workgroup:
  • Lives in MnVFC Unit
  • Builds experience creating and using VMM tools in MIIC
  • Works collaboratively with MIIC staff to support VMM projects
  • Members take on various roles
  • Liaison helps bridge MnVFC and MIIC Units
Why this model?

• Programmatic knowledge
  • VFC requirements
  • MnVFC processes
  • MIIC/IT enhancement process
• Connection with MnVFC providers
• Comfort using MIIC
• Focus on continuous improvement
The VMM Workgroup

• Elizabeth Parilla (MnVFC Unit Supervisor)
• Lucy Cosgrove (MnVFC Coordinator)
• Karen Bolander (MnVFC Program Specialist)
• Elizabeth Muenchow (VMM Coordinator)
• Elena Rosenberg-Carlson (MIIC/VMM Communications Specialist)
• Me (Liaison)
Many Responsibilities

- Vaccine allocation
- Vaccine ordering
- Training
- Questions from clinics
- Flu distribution
- Temperature excursions
- MIIC
- Improving data quality
- Flu pre-book
- Communication planning
- Storage and handling
- Questions from the public
- Policies and procedures
- Vaccine returns and transfers
- Vaccine budget
- Outbreak response
- User guidance
Enhancing the Workgroup's Skillset

- Daily MIIC use
- Informatics course from Public Health Informatics Institute
- MIROW guides
- CDC VTrckS (Vaccine Tracking System) and ExIS (External Information System) user groups
- Collaboration with other awardees
Model in Action: Vaccine Returns and Wastage

- Initiation and concept
- Requirements definition
- Design and development
- Testing
- Training and implementation
- Operations and maintenance
Continuous Improvement Emphasis

- Evaluate product/process
- Plan changes to product/process
- Implement changes to product/process
Benefits

- High quality products that meet provider needs
- High quality processes that meet MnVFC and MIIC program needs
- Structure for positive and efficient collaboration between programs
- MnVFC staff use/support/promote MIIC
Challenges

• Competing priorities
• Communication
• IT staffing
• Base knowledge takes time to build

Source: https://www.flickr.com/photos/rachelpasch/3967806798
Considerations for Your Program

• Model has great potential benefits

• Important to consider:
  • Appropriate collaborative structure
  • Resources
  • Staffing stability
  • Staff training/mentoring
  • Patience
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Questions?

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