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Welcome to *SnapShots*, the American Immunization Registry Association's newsletter about the progress, best practices, and accomplishments of immunization information systems across the country. We invite you to share news about your registry. Email us at info@immregistries.org or call us at 202-552-0208 with information about a successful programmatic or technical innovation, major accomplishment, or milestone that your registry has reached. *SnapShots* is sent to subscribers three times a year and posted on AIRA's web site: www.immregistries.org.

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SnapShots

PRESIDENT'S REPORT

Dear Colleagues,

As we move into the second half of 2016, I am excited to share this issue of Snapshots with you to celebrate the hard work and wonderful success immunization information systems (IIS) and our community partners have been achieving this year. Colorado undertook a quality improvement project to reduce their backlog of healthcare providers interested in interoperability with the Colorado Immunization Information System (CIIS). Their project has led to the successful implementation of a new onboarding process for interested providers. The Washington State Department of Health has found success piloting a new consumer access portal. As of mid-July, over 1,100 consumers have fully registered and activated consumer accounts. And STC has been working with three IIS to improve their interoperability programs and provider onboarding, developing close partnerships between STC, the IIS, EHR vendors and providers as well. All of these projects are great examples of innovation and positive outcomes in our community.

Work on the Assessment, Feedback, Incentives, and eXchange (AFIX)-IIS Integration also continues across the IIS community and across the different IIS platforms. Centers for Disease Control and Prevention (CDC) has put together a detailed update on all of the progress being made as part of this effort by all IIS awardees and their vendors.

The Public Health Informatics Institute (PHII) launched a new podcast earlier this year called Inform Me, Informatics. They recently featured Sudha Setty from the Minnesota Immunization Information Connection (MIIC). This podcast continues to be an exciting new avenue for the IIS community to showcase some of the great work being done. PHII staff and consultants also traveled to Guam in June to provide IIS Leadership Training to thirteen participants from the Pacific Islands. The training, tailored to be more applicable to this unique group, included content on provider recruitment, data quality, and interjurisdictional data exchange.

This issue of *Snapshots* also highlights the great work AIRA is doing with joint development. The Joint Development and Implementation Advisory Workgroup (JDI) has been doing research on potential centralized solutions to the challenge of address cleansing. The workgroup used a variety of methods to gather feedback from the community around what is and has been done as well as things to consider moving forward. Using the information gathered from the community, the workgroup identified two models for address cleansing and geocoding. After an evaluation of the different models a preferred solution was selected and the group has outlined their next steps.

I encourage everyone to read the complete details on all of the different articles I have highlighted here. There is so much great work being done across our community and I want to thank those of you who have taken the time to share your challenges and success stories.

Best Regards,

Mary Woinarowicz, MA
(Manager, North Dakota Immunization Information System)
AIRA President

AIRA Reception and 2016 Post-NIC Workshop

All are invited to an AIRA reception that will be held at the 2016 National Immunization Conference (NIC) in Atlanta, GA on Wednesday, September 14th from 5:30 – 7:30 p.m. Registration is also open for the AIRA 2016 Post-NIC Workshop to be held Friday, September 16th after the NIC. And be sure to visit us at the AIRA Exhibit in the Non-Profit Booth area at the concurrent 2016 Immunization Expo, where you can ask questions about everything AIRA!

There is no cost to attend the AIRA reception, and the Post-NIC Workshop will be free for AIRA members and $75 for non-members. To register for the workshop and reception, please click here. The deadline to register online for the workshop is Friday, September 9th, 2016. After that date, the registration fee will increase to $100 for non-members. A preliminary agenda is available on AIRA's website. If you have any questions, please contact Carmela Gupta at cgupta@immregistries.org. We look forward to seeing you in Atlanta! ■

AIRA Post-NIC Workshop

Friday, September 16, 2016 | 8:00 a.m. - 2:00 p.m. ET
Meeting Location: Hilton Atlanta | 255 Courtland Street NE, Atlanta, GA 30303

Preliminary Agenda

Time	Track 1	Track 2
8:00 – 9:00 a.m.	Welcome & Agenda Overview AIRA: State-of-the-State	
9:00 – 9:10 a.m.	Transition Break	
9:10 – 10:20 a.m.	Developing and Improving Policies for Your IIS/Immunization Program: • Developing internal policies • Developing memorandums of understanding and data use agreements for interjurisdictional data exchange	Learn How to Plan and Develop Coverage Assessments Using your IIS • Review practical considerations and key decision points • Share your current coverage assessment activities, discuss how you measure coverage, and how you can use coverage reports to increase immunization rates *Note: Participants are asked to bring ideas of coverages assessments they want to conduct and current examples to share*
10:20 – 10:30 a.m.	Transition Break	
10:30 – 11:15 a.m.	Functional Standards 2018	
11:15 – 11:30 a.m.	Grab Lunch, Get Set ...	
11:30 a.m. – 12:30 p.m.	Roundtable Discussion and Feedback on Function Standards 2018	
12:30 – 12:40 p.m.	Transition Break	
12:40 – 1:45 p.m.	How to Report What You Do to Your Leadership: • Develop strategies and reports for presenting your IIS to Program Managers, Branch & Bureau Leadership, CIOs, Health Commissioners, & State Leadership	Getting Meaningful Use Stage 3 Ready • What does this mean for my program? What are the implementation/enhancement implications? • How to use the Aggregate Analysis Reporting Tool (AART) to help prepare
1:45 – 2:00 p.m.	Wrap-Up & Adjourn	

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How Colorado Used Quality Improvement to Increase Efficiency

As of September 2015, the Colorado Department of Public Health and Environment (CDPHE) had a backlog of more than 630 healthcare providers interested in electronic data exchange with the Colorado Immunization Information System (CIIS). With three staff members working on interface implementations, it took an average of 7.5 months to complete each interface project in 2015. With new providers joining the waiting list every week, CDPHE hit a breaking point – something had to change to enable providers to connect to the IIS more efficiently.

In response, CDPHE undertook a Quality Improvement (QI) project intended to improve the cycle time for interface implementation with the long-term goal of eliminating the provider backlog and improving data completeness and timeliness within the IIS. The timing of the QI project was crucial as CDPHE had received supplemental state funds to hire additional interoperability staff and was also in the process of rolling out a self-serve, automated Health Level 7 (HL7) testing tool. During the project, the QI team identified the reasons for action, conducted process mapping of the initial state as well as the desired target state, gathered baseline and post-implementation metrics, performed root cause analyses, identified and tested potential solutions, and conducted 30, 60, 90 and 120-day post-implementation meetings to measure progress. A total of 13 individuals participated in one or more of the QI meetings and work activities of the project, and the QI project accounted for approximately 100-120 total staff hours.

The QI project team identified five objectives as part of the target state for the new CIIS onboarding process:

1. 100% of new interfaces use the self-serve HL7 testing tool to decrease waiting time during the testing phase.
2. The new onboarding workflow is documented and understood by all interoperability staff members.
3. Decrease the waiting times, steps and hand-offs of the entire onboarding process.
4. Decrease the rework and waiting time in the data validation phase of the onboarding process.
5. Increase the percentage of providers moved from the backlog to active onboarding.

CDPHE successfully met all five of these objectives:

1. All new interface projects are required to complete self-serve testing through the tool.
2. Documentation of new workflow is complete, including a formal standard operating procedure.
3. The number of waiting times decreased by 23%; the number of steps decreased by 10%; and the number of hand-offs decreased by 15% (for entire onboarding process).
4. The number of waiting times in the data validation phase decreased by 20%. (Work continues on decreasing the number of reworks).
5. The percentage of providers moved from the backlog to active onboarding increased.

As a result of the QI project, CDPHE incorporated several changes to its onboarding process to: (1) ensure healthcare providers are adequately trained on entering data into their Electronic Health Record system (EHR); (2) identify show-stopper data quality issues earlier in the interface projects; and (3) identify champions within the clinics to acknowledge project expectations and gain ongoing project commitment.

As of June 2016 – and ten months after rolling out the self-serve HL7 testing tool – 399 sites have passed minimum testing requirements with little to no burden placed on CDPHE interoperability staff to do so. In effect, 62.6% of providers in the backlog have moved to active onboarding. Eight interface projects have followed the new IIS onboarding process from start to finish since the QI changes were put into place. CDPHE completed these eight interface projects in an average of 4.5 months. This represents a 38.7% reduction in the time required to implement an interface to the IIS.

Realizing these measurable results of the new IIS onboarding process did not happen overnight. CDPHE interoperability staff members remained consistent with the new process even though it was tempting to fall back on the "known" or more comfortable way of performing business. Rapid experimentation of proposed solutions, coupled with the collection and analysis of metrics, allowed CDPHE to document it was on the right track and identify parts of the new process that may not be working as expected. As a result of this initiative, CDPHE has caught the QI "bug" and continues to seek ways to improve the efficiency of its programs. ■

– Submitted by Heather Roth, Colorado Immunization Information System

Consumer Access in Action in Washington State

The Washington State Department of Health is piloting MyIR, a consumer access portal to the Washington State Immunization Information System (IIS). It allows consumers to get immediate access to their or their family's immunization records and print the official immunization certificate needed for school and child care.

The pilot started out using a provider-assisted registration approach where providers authenticate patients so they can complete registration. Despite positive feedback about MyIR from our provider community, we were unable to find providers to commit to the pilot so we figured out how to leverage current processes and tools within the state to include MyIR and create a win-win situation. Doing so has positively impacted our work.

Here's How:

- We receive about 50 request forms a week from consumers who need access to their own or their child's immunization records. We changed the form to include signing up for MyIR. In the first month we had over 200 requests to sign up. To date, we have received over 3,000 requests.
- We created a webpage that lists how consumers can access their records, including through MyIR. Since creating the page, the page has been viewed over 20,000 times.
- Part of WA's IIS includes an immunization and well-child visit reminder system called the Child Profile Health Promotion System. We use it to send health and safety information to all families within the state for kids aged birth to six years old. We are now mailing a flyer promoting MyIR. So far, we have mailed over 60,000 flyers in English and over 4,000 Spanish flyers.

Everything we have put in place has helped give consumers control over their immunization information. Through MyIR they now have access to their immunization record and vaccine forecast any time they need it and the data is updated in real time.

It has also created connections between consumers and their provider. If immunizations are missing, not shown on their record, or if immunizations are due, consumers contact their provider to update the record or get in and get immunized.

As of mid-July, over 1,100 consumers have fully registered and activated MyIR accounts. What's most positively impacting our work is the number of independent record pulls. As of mid-July consumers have accessed their records in MyIR over 18,000 times. Without MyIR, those consumers would have contacted their provider to get this information or, most likely, contacted our office. Simply put, MyIR puts the control in the hands of consumers and empowers them to take action. ■

– Submitted by Lonnie Peterson, Washington State Department of Health

Exploring an Address Cleansing Service for IIS:
A Joint Development and Implementation Activity

An important piece of information for all IIS is the patient address. It is critical for conducting reminder/recalls and for creating coverage assessments by regions. Aside from the question of whether the address is current, address accuracy is hampered by missing zip codes, missing street addresses and even zip codes not matching with the state. Many IIS projects recognize these problems with data quality but struggle to prioritize address corrections.

The newly formed AIRA Joint Development and Implementation Advisory Workgroup (JDI) is doing some research into this problem to determine if there is a solution that could be made available to all IIS as an optional service. The review process takes into account that the solution has to be cost efficient, reliable, and easy for all IIS to use regardless of the IIS platform.

The scope of this review included identifying address cleansing/geocoding solutions that have already been implemented/investigated by the IIS community, identifying challenges or barriers that should be considered in the selection of a centralized solution, recommending an address cleansing/geocoding solution and service provider(s) that should be pursued by AIRA, and identifying both programmatic and technical considerations for implementation of the recommended solution(s). Information for this project was gathered using a variety of methods including a polling of the AIRA membership, interviews with selected IIS projects and market research.

From the interviews and polling results, two distinct models emerged for how address cleansing is currently being performed in the IIS community – address standardization and address updates:

1. Address Standardization/Verification – This approach takes the address in the IIS, corrects missing or incomplete information, and checks the address against USPS to ensure its validity. It also puts the format into a national standard for addresses, to make it easier when exchanging information with other partners. This method does not utilize any patient identifying information.

2. Address Updates – This approach identifies patients that have temporarily or permanently relocated to a new address. This method is patient driven and leverages unique patient information to identify an address change.

From the interviews and polling results, there were also two primary mechanisms for achieving geocoded addresses (geocoding involves assigning mapping coordinates such as latitude and longitude to addresses):

1. Geocoding in conjunction with address standardization.
2. Geocoding using standalone software for batch geocoding of data at rest.

The Advisory Workgroup assessed the pros and cons of the two address cleansing and two geocoding models, as well as the barriers and concerns reported from the membership outreach poll. Based on the available information, a service for address standardization with simultaneous geocoding was determined to be the most viable option for achieving a shared service offering facilitated through AIRA. Address standardization/verification with geocoding was selected as the preferred solution for several reasons:

- Address standardization is an important precursor to any efforts pursued toward address updates as a future phase.

- Services provide standardized address formats, validation that the address exists within the USPS database, and geocoding for additional support during IIS coverage assessment activities.

- The address standardization model supports unlimited use and enterprise licensing/pricing that would lend itself well to a community-wide shared service offering.

- Address standardization services provide the flexibility for both real-time, web service calls for inbound address data and batch processing for data at rest (Note: batch processing will be primary focus initially due to minimal IIS development requirements and the potential to show immediate success and data quality improvement).

- The solution does not require transmission of patient identifying information that was a noted barrier/concern for some IIS jurisdictions.

- IIS system development requirements and effect on IIS processing/performance should be minimal.

- Quantifiable evaluation on pre and post assessments on the impact of the address standardization service will be readily available.

The next step involves selecting the best service provider that meets the IIS community needs. Once a service provider has been chosen, we will be looking for IIS projects that would be interested in piloting. This is where broader IIS involvement comes in! Only with your input can this project be a success. Keep in mind that a key component for the solution is that it would be easy for an IIS to use with minimal impact to an existing platform.

A document further describing the process used to collect information for this project, findings from the membership outreach and IIS interview efforts, service selection considerations, and next step recommendations is available on the AIRA website. More information will be forthcoming as a service is selected and implementation guidelines are available. For more information on the project or to volunteer as a pilot project, contact Maureen Neary at 202.552.5761 or mneary@immregistries.org. ■

– Submitted by Danielle Reader-Jolley, Michael Flynn, and Mary Beth Kurilo

Highlights from STC's Interoperability and Quality Improvement Service Centers

Consultants from STC have been working with the states of Montana, Washington, and Wyoming to improve their interoperability programs and onboard providers to connect to their registries through HL7 interfaces. These partnerships were made possible through interoperability cooperative agreement funds awarded from CDC to these states to improve processes and increase connectivity.

Interoperability program improvement in Montana has been going full force over the past nine months. The first step in the process was to conduct a quality improvement project that utilized the Plan-Do-Study-Act (PDSA) model of improvement. The Montana team chose to focus their scope on the beginning part of the onboarding process. This encompassed a provider's registration for Meaningful Use at the public health level, their completion of a ranking survey, and Montana's ability to use that information to rank providers appropriately in the onboarding queue. Several different quality improvement tools were utilized to identify and prioritize the root causes for various issues.

While working to improve the Meaningful Use registration, which has proven to be a point of frustration and confusion for both the state and the providers, the immunization program has launched an initiative to work in conjunction with other public health registries to develop a clean-cut way to display the provider's current Active Engagement status. This collaboration aims to reduce the number of calls that the program receives from providers inquiring about their status, saving time for both the immunization staff and the providers.

A team of consultants have also been working closely with the immunization departments of Washington and Wyoming to streamline the provider onboarding process. The team has divided the onboarding process into four major phases: Kickoff, Connection, Testing & Data Quality Improvement, and Go Live. Throughout each phase, our consultants work closely with the providers to orient them with the onboarding process, facilitate the connection to the testing interface, provide individualized data quality assessments, and troubleshoot various problems such as workflow issues, message transmission, and inventory reconciliation. Several end user guides have been created including Inventory Management, Lot Usage and Recall, and Correct Lot Decrementing. Over the past 18 months in Washington and eight months in Wyoming, STC consultants have successfully commenced onboarding efforts for over 80% of the providers invited to onboard in both states.

The close partnerships that have been developed between STC, the states, EHR vendors and the providers provide benefit to all those involved. Once providers have 'gone live', they are equipped with the tools needed to be successful in maintaining their interface, reducing some of the burden on the state. ■

– Submitted by Ousswa Kudia and Amanda Diehl, Scientific Technologies Corporation

Over the past 18 months in Washington and eight months in Wyoming, STC consultants have successfully commenced onboarding efforts for over 80% of the providers invited to onboard in both states.

Training for Pacific Island IIS Teams Held in Guam

Thirteen participants (eleven IIS Program Staff and two CDC Public Health Advisors) spent three full days attending the Fundamentals of IIS Leadership Training hosted by the Public Health Informatics Institute (PHII) at the Guam Hilton, Tumon Bay on June 27-29, 2016. Program participants included representatives from Guam, Palau, Federated States of Micronesia (FSM), Commonwealth of the Northern Mariana Islands (CNMI), Republic of the Marshall Islands (RMI), and American Samoa. Two Public Health Advisors (PHA) attended the training as well; Peter Judicpa has served for many years as a PHA in Guam and brings years of experience to his role. Kelsey Pistotnik has only been placed in Guam since February 2016, but having served as an IIS Manager during her time as a PHA in Arizona, she brings IIS-specific experience to her current role as PHA.

The curriculum was closely based on the IIS New Managers Training Curriculum sponsored by CDC, AIRA and PHII and presented annually in Decatur, Georgia; however, the curriculum was modified to be more specifically applicable for Pacific Island participants. In particular, the Pacific Islands training emphasized provider recruitment and stakeholder engagement, data quality tools and activities (particularly focused on user interface entry), and focused on an expanded discussion of the value of interjurisdictional exchange across Pacific Island programs.

Given the presence of a single platform and vendor (WebIZ, supported by Envision Technology Partners, Inc.) across all six Pacific Islands, much of the discussion focused on collaboration and collective prioritization among all participants. However, there are several areas where the environments differ substantially across the six Pacific Islands programs:

- Only Guam, American Samoa, and CNMI are participants in the Vaccines for Children (VFC) program.
    — Similarly, only these three US Territories have Medicaid programs.
- Only Guam and CNMI have any presence of Health Information Exchanges (HIEs).
- FSM functions as a National entity with four states reporting up to the National body.

The participants were extremely engaged throughout the training, both in large group discussions and in small group work. Given the many years of collective experience in the room, the course content took longer to cover than typical fundamentals trainings because the participants had more relevant experiences to share and questions to ask regarding the content itself.

Participants expressed significant interest in a "part two" or even a standing annual training for the Pacific Island staff. There are many issues they would like to have more information on including data quality, data use, interoperability and interjurisdictional exchange specifically. It is clear that there is momentum and passion across the six Pacific Island jurisdictions to continue to improve their program performance and the performance of their systems. ∎

– Submitted by Mary Beth Kurilo, PHII

Kentucky Honors Envision with the Kentucky Colonel Award

During the quarterly Envision Technology Partners, Inc. meeting held at the AIRA 2016 National Meeting, Claire Murchie was awarded the Kentucky Colonel Award. Claire accepted the award on behalf of the entire Envision team for their work to establish the IIS in Kentucky and to incorporate historical data from Kentucky's Health Information Exchange (HIE) so providers across the state can research immunization records and increase vaccination coverage rates.

The commission of Kentucky Colonel recognizes significant accomplishments and service and is the highest title of honor bestowed by the Governor of Kentucky.

This award dates back to the early 19th century, and famous recipients include Winston Churchill, John Glenn, Muhammad Ali, Colonel Harland Sanders, and Elvis Presley. Congratulations Claire Murchie and the entire Envision team on this prestigious award! ■

– Submitted by Jody Schweitzer, Kentucky

New Podcast Available from PHII on Using IIS Data

Inform Me, Informatics is a podcast from the Public Health Informatics Institute. A recent episode features Sudha Setty from the Minnesota Immunization Information Connection, and is based on the presentation she gave at the AIRA 2016 National Meeting called, "Using IIS and Vital Statistics Data to Measure Racial/Ethnic Immunization Coverage Disparities in Minnesota." Listen here: http://phii.org/blog/podcast-working-toward-health-equity-using-information-systems.

In this episode, Sudha discusses the ways her department used IIS data to explore questions related to health equity. The analysis not only provided a clearer picture of differences in immunization rates among populations in the state, it also impacted the health department's outreach initiatives. The conversation explores many ideas, from how media coverage can influence health-related behaviors, to how anecdotal information can lead to a hypothesis that can then be tested. Sudha also discusses the importance of good relationships across organizational silos within a health department, and how good data also can strengthen public health's community ties.

You can subscribe to *Inform Me, Informatics* on iTunes or Soundcloud. The podcast is also on Google Play and Player.fm. ■

– Submitted by Piper Hale and Jessica Hill, PHII

The AFIX-IIS Integration Project

■ Prevention and Public Health Fund (PPHF) Awardee Projects

CDC led the second quarter of PPHF calls with individual awardees. Awardee project staff and CDC staff (Program Operations Branch (POB) Project Officers, and IIS and AFIX project leads) discussed work plan implementation progress, possible changes to the timeline, and other issues including awardee concerns, budget questions, and staffing changes. CDC's project team followed up on each call by sending meeting minutes and a list of action steps.

■ STC Building SMaRT AFIX Consortium

STC debuted a robust SMaRT AFIX prototype and UI mock-up in the spring, allowing for routine Consortium calls and continued dialogue about requirements. With development now underway, product demos are following a biweekly schedule. Awardees will have access to a client playground by the end of July 2016. CDC has also approved STC's schema for CDC's AFIX Online Tool. A CDSi compatible forecaster is expected to be available this summer, with updated Patient Active/Inactive Status arriving in IWeb in the August 2016 release.

■ Envision Awardees

Five Envision awardee customers received PPHF 2015 funding for implementing the AFIX assessment functions into their IIS. Those funds are being used to build the AFIX functionality for all 15 awardees using the Envision product suite. Envision split the project over two releases, with the first release covering the AFIX report and the second release covering the online interface. The project is on schedule and the Patient Active/Inactive Status, updated forecasting algorithms, and report specifications have been completed. The development phase has begun and the project team continues to host biweekly meetings with a group of awardees to gather feedback. The first release to the 15 awardees is scheduled to occur between December 2016 and February 2017.

■ HPE Awardees Update

HPE is developing the AFIX Product. Its purpose will be to work with an IIS to meet Phase 1 requirements. Currently the strategy is to develop a single standalone product, deployed locally, with minimal requirements necessary to run the tool. Recognizing that many states have differing hardware environments, network security rules, and privacy policies, HPE determined it would be prudent to minimize the exposure of data collected from an IIS during the assessment process. Long term, HPE may offer a web-service for those states that have policies in place to support this. Using Agile Methods, HPE has created the initial product backlog and launched the initial sprints. Collaborating with stakeholders using Agile Methods has been a refreshing change of pace for the HPE Agile Team, as it helps everyone build a stronger product.

Product development is well underway with six states collaborating to provide input at each step. The AFIX Product is expected to launch in the first half of 2017.

■ Awardee Developed IIS Update

A number of awardees are developing their own AFIX-IIS solution. The approaches taken by New York City and Michigan are highlighted below.

New York City
New York City (NYC) has used its IIS, the Citywide Immunization Registry (CIR), to conduct AFIX visits since 2006. In collaboration with its vendor, HLN, NYC developed its own homegrown system, Web UTD, which runs AFIX assessments and produces reports based on CIR data. NYC's CIR-based assessments include vaccination coverage rates for children aged 19-35 months and 13-17 years, as well as rates of missed opportunities to vaccinate.

With AFIX-IIS PPHF 2015 funds, NYC performed a gap analysis between current AFIX activities and the AFIX-IIS Integration Operational and Technical Guidance for Implementing IIS-Based Coverage Assessment – Phase 1. Most of the requirements were already implemented; however, four areas for development were identified: 1) assessing childhood coverage for the 24-35 month-old cohort, 2) assessing childhood

compliance at 24 months of age, 3) examining cohorts at follow-up based on the date of follow-up, and 4) adding vaccination coverage of past and current flu seasons. NYC also plans to improve the CIR and Web UTD applications for both staff and providers by automating generation of user-friendly reports.

Michigan

Since 2007, Michigan has used their IIS, the Michigan Care Improvement Registry (MCIR), to perform assessments for AFIX visits. The population-based reports can be generated for any age group up to 19 years, and can examine coverage of all ACIP-recommended vaccines, including seasonal influenza. The reports are accessible to state and county immunization program staff.

AFIX-IIS PPHF 2015 funding provided Michigan the ability to perform a gap analysis of MCIR using the AFIX-IIS Integration Operational and Technical Guidance for Implementing IIS-Based Coverage Assessment – Phase 1. The analysis confirmed that most of the required functionality is already present, so Michigan decided to focus on enhancing AFIX reports to improve availability of reports at physician offices, expand the definition of missed opportunities to include parent refusal and other non-administered reasons, and incorporate a provider-level report card dashboard in the MCIR.

Michigan split the project into two sections. The first section covers the release and availability of the AFIX reports to MCIR users at physician offices. The second section modifies the pediatric assessment report to measure coverage of children at 24 months rather than the date the report is generated. Other AFIX report enhancements include full compliance with the Phase 1 requirements and functionality to track the number of AFIX reports generated by physician offices.

In April 2016, the AFIX reports were made available at the provider level (MCIR users at physician offices). Three web-based trainings were held in April and May 2016 and were attended by 46 physician staff and 12 staff from local health department immunization offices. The Michigan project is on schedule for timely completion. Instructions on how to generate AFIX reports are available on the MCIR website: www.MCIR.org . ■

– Submitted by Bobbie Strickland and Hanan Awwad, CDC/NCIRD/ISD

For Those Unfamiliar with the AFIX-IIS Integration Project:

Background

In 2013, CDC announced that support for the Comprehensive Clinic Assessment Software Application (CoCASA) would be discontinued and encouraged awardees to use their IIS to support AFIX assessments. The development and implementation of uniform standards for generating AFIX assessment outputs from IIS is critical to a successful transition. In the absence of standardized outputs, AFIX assessment outcomes will differ across immunization programs, thereby compromising the integrity of results reported from jurisdiction to jurisdiction, and limiting CDC's ability to evaluate the effectiveness of the AFIX program.

Guidance documents for incorporating AFIX assessment functionality in IIS were developed in two phases. The first phase resulted in the development and release of the document "AFIX-IIS Integration: Operational and Technical Guidance for Implementing IIS-Based Coverage Assessment – Phase I." The second phase resulted in additional operational and technical guidance for AFIX assessment and feedback reporting components. To support AFIX assessments, the IIS needs to implement standardized AFIX assessment outputs, a user interface that allows authorized users to generate the outputs, and a standardized export capability to support uploads of results to the CDC AFIX Online Tool.

Funding for implementing AFIX assessment functions in the IIS occurs through two primary streams. In 2015, 25 awardees received "PPHF 2015 - Immunization - Utilization of Immunization Information Systems (IIS) for Assessment, Feedback, Incentives, and eXchange (AFIX) Assessments" funds for a two-year period. In parallel, Scientific Technology Corporation (STC) was awarded a competitive contract to build an AFIX assessment module for up to 19 awardees. (By Bobbie Strickland and Hanan Awwad, CDC/NCIRD/ISD)

Additional Information

All AFIX-IIS integration project resources can be found on the ISD Awardee SharePoint Portal. All questions relating to AFIX-IIS Integration or the SharePoint portal should be directed to AFIXIIS@cdc.gov.

We are interested in hearing about your progress in implementing AFIX into IIS. If you would like to be featured in a future SnapShots update, please email a short description (1-3 paragraphs) to AFIXIIS@cdc.gov. ■