



AMERICAN  
IMMUNIZATION  
REGISTRY  
ASSOCIATION

Immunization Information Systems for a New Era

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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](mailto: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](http://www.immregistries.org).

**TO SUBSCRIBE** to *SnapShots*, send an email to [info@immregistries.org](mailto:info@immregistries.org).

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# SnapShots

IMMUNIZATION REGISTRY NEWS *from* AMERICAN IMMUNIZATION REGISTRY ASSOCIATION (AIRA)

## PRESIDENT'S REPORT

Dear Colleagues,

2016 is off to a great and busy start for AIRA and the IIS community. I am excited to share this issue of *SnapShots* with you to highlight all the great things that have been going on so far this year. Modeling of Immunization Registry Operations Workgroup (MIROW) has been hard at work finishing their latest guide, "Decrementing Inventory via Electronic Data Exchange" and has received great feedback from the community.

Additionally, the Public Health Informatics Institute (PHII) has launched a new podcast about IIS and our very own Mary Beth Kurilo was recently a guest. This podcast is an exciting new venture for the IIS community and will help showcase some of the great work being done by IIS and our partners and stakeholders.

The AIRA Board of Directors has also been hard at work this spring developing a new strategic plan. AIRA's current strategic plan is set to end this fall, and as we review the plan and look at all that AIRA has accomplished in the last three years, it is encouraging to see that the goals and objectives for the organization have all been met or exceeded. AIRA staff and community volunteers have worked very hard to support the vision and mission that were defined in 2013 and the current Board is committed to doing the same as we look ahead to 2017 and beyond. The Board met in Austin, TX this February to work on setting clear goals, objectives and strategies for the new strategic plan. The key themes that came out of the strategic planning session are in keeping with the priorities of the IIS community and the theme of this year's national meeting:

*Cultivating Community  
Establishing Standards  
Supporting Implementation*

That brings me to the most exciting event of the spring ... the AIRA National Meeting! It's finally here and we have two and a half days full of great presentations and content as well as some fun new activities. The breakouts submitted as create-your-own session proposals as well as the morning roundtable session should be fun and interactive. The newly added ignite presentations will be exciting and will present IIS related information in a great new way. I hope everyone enjoys the meeting, gets an opportunity to network with colleagues and partners and that you leave with a lot of great information and new ideas for your own IIS program.

Finally, as we move in to this new spring season, we are also saying good-bye to a valued leader in our community. Gary Urquhart is retiring! Gary has long been a champion of IIS and has been a strong advocate for their importance and use during his tenure at CDC. I want to take this opportunity to thank Gary for all of his hard work and dedication and wish him well in his retirement!

Happy Spring Everyone!

**Mary Woinarowicz, MA**

*Manager, North Dakota Immunization Information System; AIRA President*

**AIRA is thrilled to congratulate Virgin Islands on the launch of their Virgin Islands Immunization Registry System.**

# New & Exciting Can't Miss Opportunities at the 2016 AIRA National Meeting

## Agenda-at-a-Glance

### → Tuesday, April 5

- 7:00<sup>AM</sup> – 8:00<sup>AM</sup> | **Registration**  
Registration Desk / 4th Fl.
- A** 8:00<sup>AM</sup> – 9:30<sup>AM</sup> | **Coffee, Tea & Light Fare**  
Grand Ballroom Foyer / 4th Fl.
- 8:00<sup>AM</sup> – 9:30<sup>AM</sup> | **WELCOME & OPENING PLENARY**  
Grand Ballroom 3 / 4th Fl.
- 9:30<sup>AM</sup> – 10:00<sup>AM</sup> | **Networking Break**
- 10:00<sup>AM</sup> – 11:00<sup>AM</sup> | **BREAKOUT SESSION 1 (Concurrent)**
- B** **A** / Capturing and Implementing Business Rules and Decisions  
**B** / IIS Workforce Development  
**C** / AFIX-IIS Integration Project  
**D** / Testing Immunization Forecasting Software  
**E** / Partnership & Innovation
- 11:00<sup>AM</sup> – 11:15<sup>AM</sup> | **Transition Break**
- 11:15<sup>AM</sup> – 12:30<sup>PM</sup> | **BREAKOUT SESSION 2 (Concurrent)**
- A** / Interoperability: A Shared Responsibility  
**B** / IIS Fundamentals  
**C** / Coverage Assessment  
**D** / Partnering with Vendors
- 12:30<sup>PM</sup> – 1:30<sup>PM</sup> | **Lunch: Grand Ballroom 2 / 4th Fl.**
- 1:30<sup>PM</sup> – 3:00<sup>PM</sup> | **BREAKOUT SESSION 3 (Concurrent)**
- A** / MIROW Interactive Workshop: Introduction to New Topic  
**B** / Current Uses and Future Plans for the Functional Standards  
**C** / Improving Coverage Rates Using IIS: Collaborating to Overcome Barriers  
**D** / Using NIST Tools to Advance Interoperability for Immunization Messaging Implementations  
**E** / Migration
- 3:00<sup>PM</sup> – 3:15<sup>PM</sup> | **Transition Break**
- 3:15<sup>PM</sup> – 5:00<sup>PM</sup> | **PLENARY: Cultivating Community, Establishing Standards, Supporting Implementation**  
Grand Ballroom 3 / 4th Fl.
- C** 5:30<sup>PM</sup> – 7:30<sup>PM</sup> | **RECEPTION:**  
Grand Ballroom 2 / 4th Fl.

### → Breakout Session Rooms:

- A:** Grand Ballroom 1 / 4th Fl.  
**B:** Grand Crescent / 4th Fl.  
**C:** Fifth Avenue Room / 4th Fl.  
**D:** Vashon / 3rd Fl.  
**E:** Whidbey / 3rd Fl.

### → Wednesday, April 6

- 7:00<sup>AM</sup> – 8:00<sup>AM</sup> | **Coffee, Tea & Light Fare**  
Grand Ballroom Foyer / 4th Fl.
- D** 8:00<sup>AM</sup> – 9:00<sup>AM</sup> | **New Member Meet & Greet**  
Grand Crescent / 4th Fl.
- 8:00<sup>AM</sup> – 9:00<sup>AM</sup> | **ROUNDTABLE: Interoperability Testing & Assessment**  
Grand Ballroom 2 / 4th Fl.
- 9:00<sup>AM</sup> – 9:15<sup>AM</sup> | **Transition Break**
- 9:15<sup>AM</sup> – 10:30<sup>AM</sup> | **BREAKOUT SESSION 4 (Concurrent)**
- A** / Interoperability & Data Quality  
**B** / IIS Fundamentals  
**C** / IIS Data Informing Schedule Compliance & Coverage  
**D** / Successful Partnerships
- 10:30<sup>AM</sup> – 11:00<sup>AM</sup> | **Networking Break**
- 11:00<sup>AM</sup> – 12:00<sup>PM</sup> | **BREAKOUT SESSION 5 (Concurrent)**
- A** / Decrementing Inventory Via Electronic Data Exchange: MIROW  
**B** / Implementing Innovative Technology Within Your IIS  
**C** / IIS-EHR Partnership  
**D** / Consumer Access to Immunization Records  
**E** / New Frontiers for IIS
- 12:00<sup>PM</sup> – 1:00<sup>PM</sup> | **Lunch: Grand Ballroom 2 / 4th Fl.**
- E** 1:00<sup>PM</sup> – 2:15<sup>PM</sup> | **Ask the Expert: Meaningful Use Stage 3: Grand Ballroom 3 / 4th Fl.**
- 1:00<sup>PM</sup> – 2:15<sup>PM</sup> | **BREAKOUT SESSION 6 (Concurrent)**
- A** / Interoperability: Onboarding & Data Quality  
**B** / Integration and Use of CDC Resources  
**C** / Data Use by Providers & Health Departments  
**D** / Development & Sustainability
- 2:15<sup>PM</sup> – 2:30<sup>PM</sup> | **Transition Break**
- 2:30<sup>PM</sup> – 3:45<sup>PM</sup> | **BREAKOUT SESSION 7 (Concurrent)**
- A** / Data Quality Protocols & Practices  
**B** / Interoperability: Evaluating for Success  
**C** / Programmatic Data Use  
**D** / Partnerships & Stakeholders
- 3:45<sup>PM</sup> – 4:15<sup>PM</sup> | **Networking Break**
- 4:15<sup>PM</sup> – 5:15<sup>PM</sup> | **PLENARY: New & Existing Acquisition Mechanisms**  
Grand Ballroom 3 / 4th Fl.

### → Thursday, April 7

- 7:00<sup>AM</sup> – 8:00<sup>AM</sup> | **Coffee, Tea & Light Fare**  
Grand Ballroom Foyer / 4th Fl.
- F** 8:00<sup>AM</sup> – 8:45<sup>AM</sup> | **A Community Conversation About Interjurisdictional Exchange**  
Grand Crescent / 4th Fl.
- 8:45<sup>AM</sup> – 9:00<sup>AM</sup> | **PLENARY: Ignite Presentations**  
Grand Ballroom 3 / 4th Fl.
- 9:00<sup>AM</sup> – 10:15<sup>AM</sup> | **Transition Break**
- 9:00<sup>AM</sup> – 10:15<sup>AM</sup> | **BREAKOUT SESSION 8 (Concurrent)**
- A** / Data Quality Tools  
**B** / School & Childcare  
**C** / Inventory Management  
**D** / Partners and Stakeholders
- 10:15<sup>AM</sup> – 10:45<sup>AM</sup> | **Networking Break**
- 10:45<sup>AM</sup> – 12:00<sup>PM</sup> | **CLOSING PLENARY**  
Grand Ballroom 3 / 4th Fl.
- 12:00<sup>PM</sup> | **Adjourn**

## 2016 Sponsors

### PLATINUM

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**AIRA** AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
Immunization Information Systems for a New Era

- A** Psst, you can beat the registration lines this year – register **before** the meeting! We will offer registration on Monday, April 4th from 4pm – 6pm on the 4th Floor of the North Tower in [The Westin Seattle](#).
- B** Presentations for Breakout Sessions 1, 3 and 5 were primarily submitted as create-your-owns, for which presenters were responsible for coordinating all content for their session. These sessions focus on a single topic and include panel discussions, city hall style interaction, group activities, and are designed to encourage collaboration and promote audience participation.
- C** Don't miss this Plenary! Hear the latest and greatest about what's to come from CDC and learn about exciting interoperability testing, assessment and joint development updates. Awards will also be presented!
- D** Your voice is needed! Be sure to come talk about next steps for interoperability testing and assessment at the morning Roundtable discussion.
- E** Grab some lunch and ask the expert all of your Meaningful Use questions.
- F** New & Exciting! Ignite presentations – a series of speedy 5-minute talks – fast and fun presentations we are sure you will enjoy!
- G** It's always hard to say goodbye, but after the meeting all the slide presentations featured at the meeting will be posted on the AIRA website, [www.immregistries.org](http://www.immregistries.org).

■  
Dr. Lushniak served as Acting Surgeon General from July 17, 2013 to December 18, 2014 and was responsible for the release of the 50th Anniversary Surgeon General's Report on Smoking and Health and the first ever Surgeon General's Call to Action to Prevent Skin Cancer.

## Meet the Keynote Speakers



**Boris D. Lushniak, MD, MPH**

**Professor and Chair of the Department of Preventive Medicine and Biostatistics and Professor of Dermatology, F. Edward Hébert School of Medicine at the Uniformed Services University of the Health Sciences**

Rear Admiral retired (RADM Ret) Boris D. Lushniak, MD, MPH, is currently Professor and Chair of the Department of Preventive Medicine and Biostatistics and Professor of Dermatology, F. Edward Hébert School of Medicine at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Maryland. The mission of “America’s Medical School” is to educate, train and prepare uniformed services health professionals to support the Military Health System, the National Security and National Defense Strategies of the United States and the readiness of our Armed Forces. He assumed this position in November 2015 and leads a faculty team that is responsible for medical student education, graduate programs from Masters to Doctorate level, two medical residency programs (Preventive and Occupational Medicine), and the Divisions of Global Health, Occupational and Environmental Health Sciences, Social and Behavioral Sciences, Epidemiology and Biostatistics, Health Services Administration, Tropical Public Health, and the Infectious Disease Clinical Research Program.

Dr. Lushniak was the US Deputy Surgeon General from November 2010 to September 2015, assisting the Surgeon General to articulate the best available scientific information to the public to improve personal health and the health of the Nation. He also oversaw the operations of the U.S. Public Health Service (USPHS) Commissioned Corps, comprised of approximately 6,700 uniformed health officers who serve in locations around the world to promote, protect, and advance the health and safety of our Nation.

Dr. Lushniak served as Acting Surgeon General from July 2013 to December 2014 and was responsible for the release of the 50th Anniversary Surgeon General's Report on Smoking and Health and the first ever Surgeon General's Call to Action to Prevent Skin Cancer. From January to March 2015 he served as commander of the USPHS Monrovia Medical Unit in Liberia, the only US government hospital providing care to ebola patients.

Dr. Lushniak began his USPHS career in 1988 in the Epidemic Intelligence Service (EIS) and initially served with the CDC's National Institute for Occupational Safety and Health (NIOSH) in Cincinnati, Ohio where he conducted epidemiological investigations of workplace hazards. In 1993 he completed a dermatology residency at the University of Cincinnati and established an occupational skin disease program at NIOSH. He also served on assignments in Bangladesh, St. Croix, Russia, and Kosovo, was part of the CDC/NIOSH team at Ground Zero and part of the CDC anthrax team in Washington, DC. In 2004 he transitioned from CDC to the FDA in the Office of Counterterrorism and was appointed FDA Assistant Commissioner in 2005. He was deployed to Hurricane Katrina and also served as the FDA Deputy Incident Commander for the 2009 pandemic response. He was promoted to Rear Admiral, Lower Half in 2006 and attained the rank of Rear Admiral, Upper Half in 2010.

Dr. Lushniak was born in Chicago to post-World War II immigrants from Ukraine. He was admitted to the six-year Honors Program in Medical Education at Northwestern University and completed his BS degree in 1981 and MD in 1983. In 1984 he completed the MPH degree at Harvard University. He completed a residency in family medicine in 1987 at St Joseph Hospital in Chicago and maintains board certifications in dermatology and preventive medicine (occupational).

A firm believer in leadership by example, Dr. Lushniak also promotes the core messages of the National Prevention Strategy via his active lifestyle. He is an avid long-distance bicyclist, runner and hiker. In 2013, he scaled the summit of the most heavily-glaciated peak in the United States, Washington's 14-thousand foot Mount Rainier and in 2015 bicycled across the state of Iowa. He resides in Rockville, Maryland with his wife Dr. Patricia Cusumano and two daughters Larissa and Stephanie. ■

*[Continued on the next page >](#)*

■ Dr. Schuchat was director of CDC's National Center for Immunization and Respiratory Diseases from 2006-2015.

## Meet the Keynote Speakers (continued)



### Dr. Anne Schuchat, MD

**Principal Deputy Director,  
CDC/Agency for Toxic Substances and Disease Registry  
Read Admiral, US Public Health Service**

**A**nne Schuchat, M.D. has been Principal Deputy Director for CDC and ATSDR since September 2015.

Dr. Schuchat began her public health career in 1988 when she came to CDC as an Epidemic Intelligence Service Officer. She was director of CDC's National Center for Immunization and Respiratory Diseases from 2006-2015. Other CDC leadership posts include: acting director of the National Center for Infectious Diseases (NCID) and the Center for

Global Health; chief of the Respiratory Diseases Branch and Chief Health Officer for CDC's 2009 H1N1 pandemic influenza response. Schuchat was the initial medical director of ABCs – the Active Bacterial Core surveillance of the Emerging Infections Program Network and spearheaded prevention of newborn infection from group B streptococcal disease in the 1990s. She also served as CDC's interim deputy director for Science and Program in early 2009. She was promoted to Rear Admiral in the United States Public Health Service in 2006 and earned a second star in 2010. Schuchat was elected to the Institute of Medicine of the National Academy of Sciences in 2008.

Globally, Dr. Schuchat has worked in West Africa on meningitis, pneumonia, and Ebola vaccine trials, in South Africa on surveillance and prevention projects, and in China on Beijing's SARS emergency response. She has authored or co-authored more than 230 scientific articles, book chapters, and reviews. Her contributions have been recognized by receipt of the USPHS Meritorious Service Medal, the American Public Health Association's Maternal and Child Health Young Investigator Award, the USPHS Physician Research Officer of the Year, and an Honorary Doctorate in Science from Swarthmore College. Dr. Schuchat graduated with highest honors from Swarthmore College and with honors from Dartmouth Medical School and completed her residency and Chief residency in Internal Medicine at NYU's Manhattan VA Hospital. ■

## Update from AIM Annual Conference

**D**uring the Executive Committee and Corporate Alliance meeting at February's 2016 Leadership in Action Conference in Scottsdale Arizona, Claire Hannan, Executive Director of the Association of Immunization Managers (AIM), shared with the group the results of the AIM Annual Survey. Of particular note was the Immunization Program's identified 2016 priorities:

- AFIX/IIS Integration
- IIS Functional Standards – IIS Certification
- Requirements for AFIX visits
- EHR-IIS Interoperability
- New 15 month funding period to address “rounds”
- New VFC Requirements: Digital Data Logger, Onsite PEAR
- New CDC 5-year Cooperative Agreement - IPOM
- Legislative changes: school requirements, exemptions
- Pressure to increase rates

This list clearly shows that many of these top priorities align very closely with IIS' top areas of work. Aligning with and working closely with our Program Managers can only help us all meet these mutual and important priorities. ■

– Submitted by Katie Reed, SnapShots Editor



■ Long-term goal:  
eliminating  
healthcare  
provider backlog  
and improving  
data completeness  
and timeliness.

■ Updates Compiled  
by CDC

## AIM Bullseye Award Goes to One of Our Own

The Colorado Immunization Branch was one of three recipients of the 2016 AIM Bull's Eye Award for their initiative *No Pain, No Gain: Using Quality Improvement Processes to Improve Onboarding Efficiency*. The goal of this initiative was to identify ways to improve the cycle time for IIS interface implementation.

In 2015, the Colorado Department of Public Health and Environment (CDPHE) completed a Quality Improvement (QI) project intended to improve the cycle time for IIS interface implementation with the long-term goal of eliminating the healthcare provider backlog and improving data completeness and timeliness within the IIS.

As of 120 days post-implementation, 76 individual users and 48 organizations registered within the CIIS Resource Center for self-serve testing. Process mapping of the initial state as well as the desired target state for registered organization and users was completed, documentation for new workflows was completed and development of standard operating procedure was underway. The number of wait times decreased from 13 to 10 (23%); the number of steps decreased from 52 to 47 (10%); and the number of hand-offs decreased from 13 to 11 (15%). The number of wait times in the data validation phase of the onboarding process decreased from 5 to 4 (20%). As of 120 days post-implementation, 22 sites had passed the initial testing phase, and 14 clinics had moved from the backlog to active onboarding (approximately 3% of backlog). Approximately 7.5% of providers in the backlog have moved to self-serve testing through the CIIS Resource Center. ■

– Submitted by Beth Rowe-West, Association of Immunization Managers

## The AFIX-IIS Integration Project

### ■ PPHF Awardee Projects

CDC led the first PPHF quarterly calls with individual awardees. Awardee project staff and CDC staff (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. (by Bobbie Strickland and Hanan Awwad, CDC/NCIRD/ISD)

### ■ STC Building SMaRT AFIX Consortium

STC completed the initial round of requirements gathering with awardees. The robust dialogue between developers and awardees emphasized the need for efficiency in data analysis and AFIX reporting and the awardee's desire for meaningful data, particularly to support increased focus on adolescent assessments. Surveillance, Monitoring and Right-Time Trends (SMaRT) AFIX aims to balance the intent to standardize the AFIX reporting process with the unique needs of each awardee and program.

Additional work is underway to address Patient Active/Inactive Status and to update forecasting algorithms to be compatible with the most recent [CDSi guidance](#). STC will engage consortium of awardees on a bimonthly basis beginning in mid-March. These conversations will continue to influence the SMaRT AFIX prototype, which STC plans to release in April. (by STC)

### ■ 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 15 awardees using the Envision product suite. Envision has 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 first release to the 15 awardees is scheduled to occur between December 2016 and Feb 2017. (by Envision)

[\*Continued on the next page >\*](#)

## ■ HPE Awardees Update

Hewlett Packard Enterprise (HPE) kicked off their “agile sprints” in March 2016 by holding planning meetings with awardees. This process will help create an environment that encourages collaboration and innovation throughout the development process. HPE hopes to build an AFIX-IIS product that will meet the Operational and Technical Guidelines outlined in the [Phase I AFIX-IIS Integration document](#). HPE will work with their awardees to meet the objective of uniform standards for generating AFIX assessments across all jurisdictions. HPE’s product is scheduled to be released in the summer of 2017. *(by HPE)*

## ■ Awardee Developed IIS Update

A number of awardees will develop their own AFIX-IIS solution. Massachusetts and Rhode Island approaches are highlighted below.

### Massachusetts

Massachusetts worked with their IIS vendor, SSG, during regular meetings throughout the fall to design the functionality to meet requirements of the Phase I AFIX-IIS Integration Guide for the Massachusetts Immunization Information System (MIIS). Changes to coverage reports are currently being developed. Development is scheduled to be complete in June/July 2016, and testing will take place in July/August 2016.

### Rhode Island

Rhode Island has used KIDSNET to perform assessments for AFIX visits since 2006. Over time, these assessments have evolved to be population based and to include adolescents. With AFIX-IIS PPHF 2015 funds, Rhode Island performed a gap analysis based on review of the AFIX-IIS Integration – Phase I Document. Since most of the required functionality is already present, Rhode Island is focusing new development in several areas: moving from a specified number of valid doses to up-to-date (UTD) assessment, missed opportunity reporting, and influenza assessment. In addition, usability improvements will be made to their IIS tool to benefit both staff and providers.

## ■ 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 [All Awardee SharePoint Portal](#). All questions relating to AFIX-IIS Integration or the SharePoint portal should be directed to [AFIXIIS@cdc.gov](mailto:AFIXIIS@cdc.gov).

We are interested in hearing about awardees’ plans for future SnapShots updates. If you would like to share, send your plans to [AFIXIIS@cdc.gov](mailto:AFIXIIS@cdc.gov). ■

– Submitted by Bobbie Strickland, CDC/NCIRD/ISD/IISSB

■  
In his role as IIS  
Support Branch  
Chief Gary  
Urquhart led  
the community  
through an  
immense time  
of change, as IIS  
grew in breadth  
and depth of  
complexity.

## Gary Urquhart, Longtime IIS Support Branch Chief and Immunization Advocate, Retires from CDC

At the end of March, 2016, the IIS community will say good bye to a steadfast and unwavering leader and supporter of IIS. Gary Urquhart joined the Centers for Disease Control and Prevention (CDC) in 1998, and served as the Branch Chief of the IIS Support Branch within CDC, National Center for Immunization and Respiratory Diseases (NCIRD) for the last 13 years. Gary became the official Branch Chief in 2008, and was acting branch chief for five years before that. His work experience includes international experience with the World Health Organization on smallpox eradication and immunization activities in developing countries. He has also worked as a consultant for the Johns Hopkins University and United States Agency for International Development doing in-country evaluations of Child Survival programs in Haiti, Uganda, Kenya, Sudan, Yemen, the Solomon Islands and Bangladesh.

In his role as IIS Support Branch Chief Gary led the community through an immense time of change, as IIS grew in breadth and depth of complexity. He helped the IIS community adapt to and adopt new areas of functionality, such as vaccine ordering and inventory management with the advent of VTrckS and connectivity of ExIS. He also guided the community in weathering novel public health events such as tracking H1N1 vaccine in 2009. Through it all, Gary's calm demeanor and stable support helped the IIS network grow and evolve into the complex nation-wide system it is today.

One secret to Gary's success was that he began the IIS portion of his career leading a regional IIS (or, as it was called then, an immunization registry) in Syracuse, New York. Prior to joining the CDC, Gary served as the Deputy Commissioner of Health for the Onondaga County Health Department in Syracuse for ten years where, among other things, he conceptualized and facilitated the development of the Central New York Regional IIS for fourteen counties. This local, applied experience helped to ground him in the challenges of balancing national needs with jurisdictional realities. As a result, Gary has always been quick to bring state and jurisdictional staff into the national conversations, and most importantly, into the decision-making process. He engaged IIS managers, immunization program managers, key community partners, and the AIRA membership fully and frequently, making space for community members to share their successes and challenges.

Through all the changes the community has experienced, Gary never missed an opportunity to advocate purposefully for IIS advancement. Warren Williams, following in Gary's footsteps in his current role of Acting IIS Branch Chief, is quick to point out that "IIS would not be where they are today without Gary Urquhart's consistent leadership." Many of us across the IIS community could not agree more. Gary's role as IIS Support Branch Chief will be especially remembered for his open, attentive efforts to engage all of us in the evolving conversation as IIS have developed. His steady leadership and advocacy will be greatly missed. ■

– Submitted by Mary Beth Kurilo, AIRA Policy and Planning Director

## Update on Meaningful Use Stage 3

On October 16, 2015, CMS published a final rule for Meaningful Use (MU) Stage 3 and modifications to MU Stage 2 for 2015-2017. In 2015, 2016 and 2017, provider sites will need to attest to Modified Stage 2 requirements. In 2017, provider sites may choose to attest to Stage 3 requirements and in 2018, all provider sites must attest to Stage 3 requirements, regardless of previous participation. There have been rumors about significant changes or even an end to Meaningful Use, but in the absence of clear, substantiated information, the IIS community should continue to prepare for stage 3 MU.

For Modified Stage 2, the term "ongoing submission" has been replaced by "active engagement." Provider sites can only attest by being in active engagement with the Immunization Information System (IIS) to comply. Active engagement requires more effort on the part of the provider site to ensure compliance, as the provider must be in production or actively work towards connecting their EHR system to the IIS; once connected the EHR must continue to submit immunization data on an ongoing basis throughout their EHR Reporting Period. For Modified Stage 2, provider sites must meet at least two Public Health Reporting Measures; IIS reporting is one of the options they may select. For this period, the requirement for bi-directional data exchange with IIS is NOT included.

*[Continued on the next page >](#)*

For MU Stage 3, to be in active engagement with an IIS provider sites must be in production or actively working towards submitting immunization data and receiving immunization forecasts and histories from the IIS. Provider sites must select two measures from among five Public Health Reporting Measures, one of which is IIS reporting. In other words, participants will no longer be required to submit data to an IIS if they select other Public Health measures. However, if they do select the immunization measure, this measure requires bidirectional data exchange, i.e. the EHR must be able to submit immunization data to an IIS and also be able to receive and display a consolidated immunization history and forecast. ■

– Submitted by Paul Schaeffer, New York Citywide Immunization Registry

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## PHII Launches New Podcast about IIS

AIRA's own Mary Beth Kurilo recently appeared on the podcast "Inform Me, Informatics" to discuss what makes IIS an essential component of a functional public health system and to chat about her time at the Oregon state IIS. "Inform Me, Informatics" is a project of the Public Health Informatics Institute. You can check out the podcast on [PHII's blog](#), [listen on SoundCloud](#) or [subscribe on iTunes](#). ■

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## MIROW Celebrates 10th Anniversary

The Modeling of Immunization Registry Operations Workgroup (MIROW), formed in 2005 by the AIRA in partnership with CDC/NCIRD, celebrated its 10th year anniversary this last year. MIROW was founded to develop consensus-based best practice recommendations for improving various aspects of IIS operations. This workgroup brings together subject matter experts (SMEs) and practitioners from the IIS community to identify and prioritize functional areas of IIS in need of best practice guidance. Each best practice guidance document takes a little over a year to develop. To date, the workgroup has developed seven best practice guides (one of which was completely updated in 2015), seven companion mini-guides (available in English, Spanish, and French), two micro-guides, several IIS community presentations, and a published journal article in the Journal of Public Health Management and Practice. To access these resources please visit the MIROW webpages on the [AIRA website](#) or the [CDC website](#).

The most recent full guide and mini-guide titled "Decrementing Inventory via Electronic Data Exchange" will be available in May 2016. The process of decrementing inventory via electronic data exchange (DI-v-EDE) is an automated method to decrement the number of vaccine doses in a provider organization's inventory in the IIS when the organization reports a vaccination event through electronic data exchange from an EHR to the IIS. DI-v-EDE assists immunization programs in maintaining more accurate information about provider vaccine inventories and provider organizations in meeting awardee immunization program operational requirements (e.g., vaccine accountability).

The guidelines address the following aspects of DI-v-EDE:

- Fundamentals including key concepts and principles that provide high-level direction
- Detailed description of the process
- Business rules, including the data that must be available from the EHR and in the IIS and how to use the data to decrement inventory
- Explanation of pre-approval and ongoing maintenance processes
- Typical and challenging operational scenarios applying the guidelines to real situations
- Discussion of key implementation considerations: key data elements, data quality, Health Level Seven (HL7) immunization messaging, EHR considerations, outreach and education, staff time, and resources
- Description of reports to assist provider organizations and immunization programs

AIRA would like to send a special thank you for all the Steering Committee members, SMEs, partners, and reviewers that have contributed to past MIROW resources. We look forward to many more years of developing best practice guidance documents that will serve the IIS community.

If you have any questions regarding the MIROW committee or resources please contact Nichole Lambrecht, AIRA Senior Project Manager, at [nlambrecht@immregistries.org](mailto:nlambrecht@immregistries.org). ■

– Submitted by Nichole Lambrecht AIRA Sr. Project Manager