SnapShots

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

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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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COMMENTS, PROBLEMS, OR QUESTIONS, PLEASE CONTACT US AT:
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PRESIDENT'S REPORT

Dear Colleagues,

This issue highlights the innovative use and exchange of Immunization Information System (IIS) data by Minnesota, Oregon and Washington State. These are exactly the kinds of efforts AIRA is promoting nationwide through the adoption of functional standards and standards-based data sharing. Toward that end, I am proud to call attention to our new Implementation Guide (IG), just published November 5, 2014. A link to the new IG, entitled HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5. can be found on the Resources/Interoperability Resources page of the AIRA website, and the IG is published on the Centers for Disease Control and Prevention (CDC) website.

The Implementation Guide for Immunization Messaging is a collaborative CDC/AIRA effort and is the product of hard work and dedication by AIRA's Standards and Interoperability Steering Committee (SISC). Special recognition goes to the SISC committee's co-chairs, Mary Beth Kurilo and Rob Savage, for their outstanding leadership and to Alison Chi for her excellent staff support.

The new IG 1.5 demonstrates AIRA's commitment to promoting standards and reducing variability among all immunization information systems (IIS). Now we need all IIS to work toward complying with IG 2.5.1, Release 1.5, ideally by the end of 2015. Doing so is critical to enabling efficient data exchange with the full range of provider electronic health records (EHR) systems, on which we rely for our data, as well as other state and regional IIS and public health partners. For many IIS, this will require small changes. For others, the lift will be heavy. Fortunately, help is now available from AIRA. With the new "Standards" Cooperative Agreement with the Centers for Disease Control and Prevention, AIRA is building its capacity to offer you the technical assistance you need. Contact Mary Beth Kurilo, AIRA Policy & Planning Director, at mbkurilo@immregistries.org to start the conversation about how AIRA can help your IIS meet the new standards.

In closing, I extend best wishes to all for a happy 2015.

Amy Metroka, MSW, MPH, (Director, NYC Citywide Immunization Registry), *AIRA President*

What does
success look like
for immunization
information
systems in 2020
and beyond?

How Do We Measure Success for IIS?

On November 5-6, a group of subject matter experts from across the IIS community came together with key stakeholders and partners to discuss measures of success for IIS. Representatives from local and state immunization and IIS programs, AIRA and the Association of Immunization Managers (AIM), and the CDC and other federal agencies met at the Public Health Informatics Institute (PHII) in Decatur, Georgia to convene a Blue Ribbon Panel to explore questions such as:

How do we ensure that immunization information is available when and where needed? What does success look like for immunization information systems in 2020 and beyond? What are the goals? When will we reach them? What are the critical paths to success? How will we measure success along the way?

This Blue Ribbon Panel meeting was convened by the CDC National Center for Immunization and Respiratory Diseases (NCIRD), and was part of a strategic planning process sponsored by NCIRD, to ensure support for and sustainability of a nationwide system of robust IIS. Over the course of two days, the Blue Ribbon Panel members developed a series of overarching desired outcomes and success metrics for the strategic plan, much of it focused on achieving ever-higher levels of IIS performance and utility to meet ever-widening uses of immunization information for a growing number of stakeholders.

These desired outcomes and success metrics are meant to both communicate the intended impact of the strategic plan, and to enable measurement of progress along the way. The Blue Ribbon Panel developed six overarching desired outcomes in response to their charge:

• Greater IIS support for relevant immunization program functions at the awardee level.

• Greater reliance on IIS data to meet federal immunization information needs (e.g., coverage assessments, Vaccines for Children (VFC) accountability).

• Increased nationwide harmonization of policies for data capture and use/sharing/exchange.

• More direct consumer access to their consolidated immunization history.

• Reduced performance disparities across IIS programs ("raise the floor" or "no IIS left behind").

• More consistent and higher performing IIS through a nationwide validation program.

While next steps will be up to NCIRD leadership, they may include activities such as developing both communications and operational plans to support implementation of the strategic plan. It will also likely involve fuller development of the Blue Ribbon Panel's proposed outcomes and metrics, including a careful analysis of possible dependencies across the strategic plan initiatives, appropriate sequencing and milestones, and other operational issues. AIRA will continue to engage in next steps of this process, and all materials will be shared with the full member community. We look forward to seeing what emerges from this important planning effort. ■

– Submitted by Mary Beth Kurilo, AIRA, PHII

MDH Efforts on Increasing HPV Vaccination Rates: Using IIS Data to Improve Population Health

In 2013, the Minnesota Department of Health (MDH) Immunization Program was one of eleven sites chosen to take a share of the $8 million CDC set aside for organizations to improve adolescent HPV immunization rates. These awards were funded by the Prevention and Public Health Fund, created by the Affordable Care Act.

MDH is working to increase HPV vaccination through five project areas: stakeholder engagement, public communications, provider education, reminder/recall, and Assessment, Feedback, Incentives, and eXchange (AFIX). Utilizing the Minnesota Immunization Information Connection (MIIC), Minnesota's Immunization Information System (IIS), played an important part in reminder/recall and AFIX projects. MIIC is well prepared to support these HPV vaccine promotion efforts due to its ability to produce Child and Adolescent Immunization Assessment Reports, which are reviewed with clinic staff at AFIX visits. MIIC also has a history of being used successfully for clinic- and region-based reminder/recall for toddler and preschooler populations. We also updated our Clinical Decision Support for Immunizations (CDSi)

to indicate a client's HPV vaccine needs. Excluding schools and child care centers, 2,800 organizations are active users of our IIS and it contains records for 605,947 adolescents (11-18 years).

Minnesota used MIIC to conduct a centralized reminder/recall outreach to all adolescents ages 11 and 12 years statewide, as well as adolescents age 13 through 17 in select areas of the state. To help ensure reminder/recall attempts reached the intended population, we submitted address records of all cohort members to an address lookup service and entered all new information into MIIC.

The first part of our reminder/recall outreach was a statewide mailing of almost 122,000 postcards sent to households of all 11- to 12-year-olds in the state, with a return rate of just 8 percent. The postcard reminded parents that preteens should receive three vaccines at this age: HPV, Tdap, and meningococcal. Using the Client Follow-Up feature in MIIC, two MIIC regional coordinators conducted reminder/recall in their regions. Client Follow-Up allows users to identify clients who are recommended and/or overdue for selected vaccinations and to conduct follow-up with those individuals. They sent two additional rounds of personalized reminder/recall notices to 11- and 12-year-olds in their regions still due for HPV vaccine. They also sent three rounds of personalized reminder/recall notices to 13 through 17 year olds in their region who were due for HPV vaccine.

For the second part of our outreach efforts, we planned to do a series of autodialer calls, but after purchase of the service and two rounds of testing, discovered that such robocalls are illegal in the state of Minnesota. Instead, a second round of postcards will be mailed to households of 11-year-olds statewide who have not yet initiated the HPV vaccine series.

The MDH immunization program conducts combined Minnesota Vaccines for Children (MnVFC) and AFIX visits. These site visits are an opportunity for MDH and local public health staff to introduce clinic staff to MIIC and its functionality. We are now in the process of introducing a webinar-based format for AFIX follow-up visits. This activity makes use of two recent MIIC developments: our new Adolescent Immunization Assessment report and Client Follow-up. During these Web conferences, MDH staff will review the quality improvement (QI) plan from the initial visit and a current Adolescent Immunization Assessment Report. These follow-up webinar visits will allow for screen sharing and training on how to use IIS-based assessment reports and Client Follow-Up to improve the clinic's adolescent vaccination rates. We will take note of clinics' comments about barriers and opportunities relevant to improving vaccination rates and use these comments to guide future promotion of HPV vaccine. To evaluate the effectiveness of this new webinar format, we will use MIIC data to look for increases in clinics' adolescent vaccination rates (including one and three HPV doses) over a six-month period, as well as assess the implementation of their QI plans.

Using MIIC data to improve adolescent vaccination rates in Minnesota has been a critical part of our activities. We were able to conduct centralized reminder/recall at both the state and regional level with early signs of success as shown by low return rates. However, even with low return rates, large mailings also mean handling large volumes of return mail. In the future, developing a good workflow to handle return mail is a key process to establish. Adding adolescent vaccines to the Client Follow-Up feature in MIIC expanded the ability to conduct reminder/recall to the adolescent population. Through our Adolescent Immunization Assessment Report, we are now able to offer adolescent-focused AFIX visits. In addition to using MIIC data in our reminder/recall and AFIX project areas, MDH has also been tracking monthly immunization rates at a county level for our mailing cohorts. Our IIS data and functionalities have proven essential to our HPV vaccine promotion efforts. ■

– Submitted by Sydney Kuramoto and Lara Hilliard, MN Department of Health

ASTHO IIS Interstate Data Exchange Meeting

The Association of State and Territorial Health Officials (ASTHO) frequently engages a small group of committee members, consisting of state health officials, state epidemiologists, and state immunization experts, to provide national perspective on immunization issues, inform policy, and direct initiatives at the program level. After hearing about a recent influx in temporary workforce arriving into North Dakota, and their subsequent difficulties in obtaining immunization records from other states for this population, the committee proposed IIS interstate data exchange as a top priority initiative to consider. The committee felt a meeting among key stakeholders from the top five states where it has been the most difficult to obtain records for this population could be beneficial in developing a best practice approach to address this

concern. While issues surrounding IIS interstate data exchange have been considered for a number of years, the committee felt the scenario in North Dakota could provide an opportunity to both facilitate practical change and raise key questions for wider applicability.

In August 2014, ASTHO brought together a group of stakeholders, including the immunization manager, registry manager, state health official/senior deputy, legal counsel and information technology staff from North Dakota, Idaho, Colorado, Michigan, and Minnesota to discuss solutions and identify a plan forward to address technical and legal IIS interstate data exchange barriers. During the meeting, participants were asked to define the ideal IIS interstate exchange system, to determine legal and technical barriers, and identify state-specific solutions for moving forward with IIS interstate exchange. Participants identified several next steps, which included developing a template memorandum of understanding, establishing a governance structure to set forth policy standards for interstate data exchange, and identifying additional states that would like to move forward with IIS interstate data exchange.

As a result of this meeting, ASTHO is collaborating with the Network for Public Health Law to develop a template IIS interstate data sharing memorandum of understanding (MOU). The Network expects to develop a draft MOU within the next few months and present it to interested states considering IIS interstate data sharing during an upcoming webinar. In addition, ASTHO, in coordination with HHS/ONC (Office of the National Coordinator) and the American Immunization Registry Association (AIRA), is planning to develop two communities of practice (CoP) to address both the technical and policy aspects of IIS interstate data sharing. The concept for these forums would be to continue the work that was started in Minnesota. If you would like to learn more about this initiative or are interested in participating in the CoP forums, please contact Kim Martin, Director of Immunization Policy, at kmartin@astho.org. ■

– Submitted by Kim Martin, ASTHO

Oregon and Washington Pilot Hub Model for Interstate Exchange

In late 2013, IIS staff from Oregon and Washington joined with the Office of the National Coordinator for Health IT (ONC) to pilot test a new model for interstate exchange of IIS data. The Hub model, as it has come to be known, leverages a central data hub to route query and update messages between and among IIS that have policies supportive of interstate data exchange.

Oregon and Washington have had an existing data exchange agreement in place since 2006. However, from both a policy and operational perspective, the interstate exchange was due for substantial modernization. Funding from the Hub project allowed both states to accomplish three tasks:

- Update their IIS data exchange module to comply with Release 1.5 of the HL7 2.5.1 Implementation Guide

- Develop functionality to query another IIS

- Modify their web service engine to connect with the Hub

One of the additional innovative components of the project was that ONC, at the behest and with the support of both Oregon and Washington, contracted directly with HP and STC, the respective vendors of the two participating states. This direct funding allowed the states to draft requirements and review design documents, while allowing them to avoid the cumbersome state contracting process.

At the point of this publication, both states have established connectivity with the Hub, and are currently testing messaging and querying functions. Following completion of testing, the updated interstate connection will go live, and Oregon and Washington will share their lessons learned from the project. ONC is currently recruiting additional states for the next phase of the project. For more information, contact Jim Daniel at James.Daniel@hhs.gov. ■

– Submitted by Mary Beth Kurilo, AIRA, Jim Daniel, ONC

New Community of Practice (CoP) – Leveraging FFP for Medicaid HIT Activities

The Office of the National Coordinator for Health Information Technology (ONC), in collaboration with Centers for Disease Control & Prevention (CDC) has established a new Community of Practice (CoP) focused on leveraging Federal financial participation (FFP), including the 90 percent FFP State administrative match (a.k.a. 90/10) for Medicaid Health Information Technology (HIT) activities. Under the American Recovery and Reinvestment Act of 2009, states can apply for 100% FFP under the Centers for Medicare & Medicaid Services (CMS) Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for adopting, upgrading, implementing and/or meaningfully using EHRs. Under what is commonly referred to as the Medicaid 90/10 match, states can also apply for a 90% FFP for administrative expenses related to funding health information exchange (HIE) activities, Meaningful Use, and the Medicaid EHR Incentive Program. Specifically, this funding can be requested by states for two categories of administrative activities – 1) on-boarding activities or 2) design, development, and implementation of infrastructure.

The participants in the CoP will include representatives from public health agencies (e.g., MU Coordinators, HIT Coordinators) and national public health associations including representatives for AIRA. The CoP's objectives provide a collaborative forum for public health agencies to:

- Identify common barriers and challenges to obtaining FFP for public health related HIT activities

- Share successful models and approaches used to obtain FFP

- Establish best practices to identify and coordinate intra-agency initiatives and projects that may qualify for funding

- Develop guidance for HIT Implementation Advance Planning Documents (IAPD)

- Identify key aspects for successful communications and planning with State Medicaid agencies ∎

– Submitted by Paul Shaeffer, NYC CIR

AIRA Welcomes New Staff

With the new cooperative agreement awarded to AIRA by the Centers for Disease Control and Prevention (CDC) and all of the increased activities there is increased need for additional support. AIRA welcomes four new staff members to provide leadership in policy, technical capacity and programmatic initiatives. **Mary Beth Kurilo**, IIS Director for Oregon Alert for eight years, has joined AIRA to serve in the newly created position of Policy & Planning Director. **Nathan Bunker**, of Dandelion Software & Research, Inc., will be joining AIRA to serve as Sr. Technical Project Manager, another new position. **Nicole Lambrecht**, who comes to us from Envision Technology Partners, Inc, has joined as Sr. Project Manager. And last but certainly not least, AIRA welcomes as Program Manager, **Carmela Gupta**, who comes to us from the Idaho Immunization Program. Carmela, Mary Beth, Niki, and Nathan, we welcome you warmly to AIRA and look forward to you sharing your expertise with the entire IIS community! ∎

AIRA Election Results

We are pleased to share the results of the AIRA election.

President Elect

- **Mary Woinarowicz, Sentinel Site Coordinator**
  North Dakota Department of Health Immunization Program

Treasurer

- **Beth English, Deputy Program Manager for Operations**
  Massachusetts Immunization Program

Board Members, Voting

- **Jenne McKibben, Oregon ALERT Acting Director**
  Oregon Immunization Program

- **Megan Meldrum, Primary Data Exchange Liaison**
  New York State Immunization Information System

- **Rob Wester, IIS Manager**
  San Diego County Health and Human Services Agency

Non-Voting

- **Eric Larson, Senior Information Architect**
  Northrop Grumman Corporation

Appointed to Fill Vacancies

Secretary

- **Elaine Lowery, Senior Public Health Consultant**
  Public Health Informatics Institute (PHII)

Voting Director

- **Therese Hoyle, Public Health Consultant**
  Public Health Informatics Institute (PHII), Michigan, and Harvard

- **Michelle Hood, Administrator, Office of Health Statistics**
  Nebraska Department of Health and Human Services