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Welcome to *SnapShots*, AIRA's newsletter about the progress, best practices, and accomplishments of immunization information systems (IIS). We invite you to share news about your registry. Email aira@immregistries.org or call us at 202-527-7000 with information about a successful programmatic or technical innovation, major accomplishment, or milestone that your registry has reached.

Please share *SnapShots* with others who may benefit from a reliable source of immunization registry news and information.

SnapShots is produced quarterly by the AIRA Education Committee. **TO SUBSCRIBE**, send an email to aira@immregistries.org. Your information will remain confidential and will not be sold or passed on to other parties. *SnapShots* is sent to subscribers and posted on the AIRA website at www.immregistries.org.

Editor: **Katie Reed, NY**

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SnapShots

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

PRESIDENT'S REPORT

Colleagues,

On our website we list the following as one of the benefits of being a member of AIRA: *"To promote, advocate for, develop, and disseminate IIS data exchange standards consistent with national standards and that increase the visibility of IIS as public health best practice models for interoperable and integrated health management systems."* I'm pleased to say that AIRA takes this charge very seriously and we hope that you all have a chance to take advantage of the educational and advocacy materials produced by AIRA.

Over the past few months we have seen the need to not only respond to policy decisions that could impact the future of IIS, but also be nimble and factual in our responses. I would like to thank the community for your passion and quick response to a recent AIRA call to action that requested information from you about the IIS readiness to support query/response capability. The **Health Information Technology Standards Committee (HITSC) Standards Task Force** recently met to discuss the inclusion/exclusion of this capability in the Meaningful Use stage 3, but didn't have good information to support keeping or removing the capability. I'm pleased to say that the responses AIRA and the community provided to the Chairman seem to have stimulated the need for additional deliberation to craft a final recommendation on bidirectional functionality for immunizations in stage 3.

The following tweet is reflective of the influence the community has when advocating for our needs. **"Public health advocates #winning on public comment for #HITSC: fact driven and well-reasoned: adds to our deliberation."**

One of the key sources of information that was helpful as we were crafting our response to the HITSC Standards Task Force was the CDC data regarding the capabilities of your IIS to support the Centers for Medicare and Medicaid (CMS) Meaningful Use initiative. I ask each of the IISs to please complete the **CMS Quarterly Report Survey** for IIS Meaningful Use Status. It is especially vital that CDC receives your responses in a timely manner.

The new HL7 Version 2.5.1, *Implementation Guide for Immunization Messaging*, Release 1.5 can now be found on the CDC Website. This is a joint product of CDC and AIRA. AIRA also offered a two-part webinar session to inform our members about changes found in this new release. The recordings for these sessions can be found on our website at www.immregistries.org. I would be remiss not to thank the **AIRA Standards and Interoperability Steering Committee** for their contributions on the revision of the HL7 IG and the **Education Steering Committee** for their production of the webinars.

AIRA recently partnered with HL7 International to offer a monthly **HL7 Immunization User Group** (*read more about the User Group on page 6*). The User Group was kicked off this month and attendance was very impressive.

Don't forget to contribute your thoughts and suggestions on the future of our organization by completing the **AIRA Education Survey!** The results of this survey will further guide future development of educational needs for our community.

It is up to each of us to bring to life the future of our community by educating ourselves, our colleagues, and our employers on the emerging practices and provide feedback on what works effectively. I encourage you to take action and become active in our community and to lead your peers and bring additional value to your organization.

Please let me or Rebecca or any staff or board member know if you have an issue that you would like us to review. And of course, Dream Big, Believe, and Lead.

— Submitted by **Frank Caniglia, RHIA (Chief, PA-SIIS), AIRA President**

■ A current initiative to share immunization data between the islands is being led by the Pacific Island Health Officers Association (PIHOA).

■ More than forty awardees shared their sound bites. Efficiency, accountability, and provider satisfaction were common themes.

IIS Development in the U.S. Affiliated Pacific Islands

The U.S. Affiliated Pacific Islands (USAPI) are populated by more than 500,000 people who live on hundreds of islands and atolls spanning millions of square miles of ocean and crossing five Pacific time zones. The USAPI include the three U.S. Flag Territories of Guam, the Commonwealth of the Northern Mariana Islands (CNMI), and American Samoa, and the three Freely Associated States (independent nations in a special compact relationship with the U.S.) of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia (Pohnpei, Kosrae, Chuuk, and Yap).

In 2006, the islands entered into a joint agreement with Envision to develop, customize, and install an Immunization Information System (IIS) known as WebIZ at one location on each island jurisdiction. Since then, all the Pacific island jurisdictions have implemented WebIZ. The joint agreement included: a) license fee for all six USAPI, b) training activities, and c) support.

Mimi Larzelere, Project Officer and Amanda Bryant, IIS Consultant to Pacific Islands at the National Center for Immunization and Respiratory Diseases provide leadership and support for the islands. The past few months they have organized a monthly user group for the islands. Each month the immunization staff from the islands discuss an IIS topic that is currently impacting their programs and share insights and experiences with each other on the call. Topics discussed range from federal IIS reports to disaster recovery plans.

A current initiative to share immunization data between the islands is being led by the Pacific Island Health Officers Association (PIHOA). This organization is led by and represents the collective interests of the Ministers, Secretaries, and Directors of Health of the USAPI. PIHOA's mission is to improve the health and well-being of USAPI communities by providing, through consensus, a unified credible voice on health issues of regional significance. PIHOA developed and adopted a data sharing agreement to be signed between the islands and allowing cross-jurisdictional data sharing of immunization data. The first pilot will be Federated States of Micronesia and Guam sharing access via the WebIZ user interface. The long-term goal is to share data real-time via HL7. ■

— Submitted by *Therese Hoyle, Senior Public Health Provider, PHII*

VTrckS IIS: The Sound Bites of Success

Awardees that chose to interface their IIS with VTrckS for vaccine ordering and inventory tracking highlighted some of their successes during the all-awardee call sponsored by CDC on March 25. After a brief introduction to the importance of IIS evaluation by LaTreace Harris from CDC's Immunization Information System Support Branch (IISSB), each awardee was asked during roll call to state a change they had made to their IIS and the impact they noticed because of it. Discussion after roll call centered on a few of the themes that emerged from awardees' sound bites.

LaTreace reminded the group that evaluation is an opportunity to showcase the utility of IIS and to gather lessons learned. Of particular interest to stakeholders are evaluations related to cost or time savings, wastage, usage, efficiency, and accuracy. Awardees that assess these aspects before and after they make changes can often tell a compelling story to help IIS and vaccine program leadership make informed decisions about continued operations and future investments.

Each awardee dialed in for the call ready to share a one sentence sound bite. Each sound bite included an important improvement made to the IIS in support of ordering and inventory tracking and the impact of the improvement. More than forty awardees shared their sound bites. Efficiency, accountability, and provider satisfaction were common themes. Following are summaries and representative sound bites for each theme.

Efficiency

Moving processes online and building in the business rules for those processes resulted in higher quality data, fewer ordering errors, higher accountability, and increased provider awareness/personal responsibility for vaccines, with the added benefit of eliminating the need for paper forms. Importing the VTrckS shipping data file into the IIS saves providers time, reduces the amount of manual data entry, and increases data accuracy. VFC enrollments previously took weeks or months to complete, but take only a few days with the online process. Sample sound bites of efficiency successes included:

- Implementing ExIS has reduced processing time for orders by 60%; we can now account for vaccine at dose level by lot number.
- Since providers now order online, vaccine delivery time has been reduced from up to 6 weeks to 7-10 days.
- Because our providers now order online, we reduced the time to process, approve, and upload orders by half; we more quickly meet the vaccine needs of our providers; there is less burden on provider offices and Immunization staff; and accountability has increased.

Continued on the next page >

- Because we incorporated doses administered and current publicly funded IIS inventory into our ExIS solution, our ExIS will predict orders of a 1 or 3 month supply of vaccine for our providers. This saves our staff and providers time and allows for a much clearer process for approving vaccine orders.
- We had 92% of VFC providers complete enrollment online and this reduced enrollment processing time from several months to just a few days.

Accountability

Focus on accountability improved patient level vaccine accountability; enhanced the ability to identify inventory problems; increased awareness of storage and handling requirements; increased monitoring of storage and handling practices; decreased vaccine loss; and promoted transparency at the provider, local health department and state levels. In addition, collecting and storing more data means there is more information for analytics and for studying program efficiency. Sample sound bites illustrating accountability included:

- Because our “recommended doses” ordering algorithm is now based on doses reported instead of doses shipped, we have improved provider accountability.
- Because we now require VFC providers to order vaccine online through the IIS, we are seeing improvements in compliance with reporting and maintaining active accounts.
- We reduced flu vaccine wastage due to inventory tracking improvements and the ability to transfer vaccine to where it is needed.

Provider Satisfaction

Providers have also noticed the improvements. They are pleased with the reduced turnaround time for processing orders, and appreciate functions such as the ability to check order status online. Higher provider satisfaction may result in more willingness to use the improved ordering and inventory functions in the IIS. Awardees reported:

- Providers are very pleased with quicker turnaround times from vaccine order to delivery; [the process] used to take 2-3 weeks and now is down to 1 week or less.
- Currently, 91% of all VFC providers are actively submitting inventory and orders electronically, exceeding the target of 85%.

Now that all awardees have transitioned to VTrckS, programmatic focus has shifted to improving IIS ordering and inventory tracking functions. As awardees continue to enhance their systems, we at CDC strive to facilitate collaboration and sharing of awardees’ good ideas. That was our motivation for asking awardees to share their success sound bites. Our hope is that awardees heard at least one new idea for an IIS improvement or inspired at least one other awardee with their good idea. ■

— Submitted by Janet Fath and Ulrica Andujar, IISB, CDC

Texas Offers In-depth Online IIS Training

Shirin Metayer, Training Coordinator at for Immtrac in Texas, was a guest presenter for AIRA’s Provider Training Workgroup (PTWG) earlier this year. 2014 has been an exciting year for Texas. In January, Texas’ Immtrac launched a major upgrade to their Vaccine Education Online (VEO) public training site. Their 16-year old site was revamped and is now supported by Moodle and uses the learning management system (LMS) Lectora. Texas is one of very few states to employ a LMS for its online IIS training, co-housed with other clinical immunization trainings offered by the state.

Shirin indicated it was their CDC grant requirements that prompted Texas to upgrade their online training to a LMS, *to provide education and training relating to vaccine preventable diseases to all audience types*. Texas also used their LMS framework to consolidate their training database with their vaccine inventory database for VFC. For the Texas state immunization program, the LMS was a natural fit.

The site contains 26 online training modules—all of which are federal 508 accessibility compliant—with audience-specific courses for health care providers, school personnel, parents, and local health departments. Two are currently available in Spanish. Three modules relate to immunization registry training.

To develop and maintain VEO, Texas has a long-term contractual relationship with vendor MicroAssist. Their State program owns the site and the vendor performs the technical services and upgrades. Working together, Shirin’s training team and MicroAssist upgraded four modules, including the “*Immtrac Lifetime Registry*” module, during the last six months of 2013.

The Lifetime Registry module allows providers to watch a demonstration on how to add and search for records. In addition, learners can manually search and add a record as part of the demonstration, giving them a realistic feel of using ImmTrac.

Continued on the next page >

The online modules build on adult learning theory by making use of interactive learning including quizzes, matching correct answers, etc., to engage the learner. Data are tracked on the back end for IIS staff to assess performance and trends. IIS staff can see how many viewers complete each lesson, if quizzes are being answered correctly and the level of knowledge gain on selected indicators. Regular reports give staff metrics on training module usage and trends

Shirin's group plans to continue upgrading other modules in batches throughout 2014 and beyond, and the next registry-related training upgrade is already in the works. They are looking to add training on Meaningful Use and new requirements and to help train providers on an upcoming IIS release. The new IIS system is now in development and plans for the new system to go "live" are pending.

For more information, contact Shirin.Metayer@dshs.state.tx.us ■

— Submitted by *Tammy Pilisuk, MPH*
Co-Chair, AIRA Provider Training Workgroup

IIS Executive Board Submits Recommendations

The IIS Executive Board, a volunteer board of government entity representatives appointed by the Centers for Disease Control and Prevention (CDC) National Center for Immunization and Respiratory Diseases (NCIRD), met for the third time on February 20, 2014. The primary purpose was to review the results of Board votes on recommended priorities for focus areas and initiatives in the **NCIRD IIS Strategic Plan**.

Mary Beth Kurilo from Oregon and Amy Metroka from New York City, Board members representing IIS, along with Board member Marcella Bobinsky, Immunization Program Manager from New Hampshire, were pleased that the IIS sustainability focus area was ranked first, along with its three initiatives.

Below is NCIRD's summary of the Board recommendations:

Board Ranking	Strategic Initiative Name	FOCUS AREAS:
1	IIS Value, Funding and Cost Optimization	Sustainability
2	Shareable and Transportable Immunization Services	
3	IIS Program Capacity Building Plan	
4	Developing Immunization Clinical Decision Support as a Service	Service Delivery
5	National Immunization-centric EHR Interoperability Standards and IIS Services Validation	Capacity & Infrastructure
6	National Interstate and Intrastate Interoperability Standards	Interoperability / Data Management
7	Develop standardized Provider-accessible Clinical Decision Support Service and Reporting/Analytic Services	
8	National Immunization Information Management Vision and Strategy	Nationwide Leadership
9	Data Quality Services	Sustainability
10	National Immunization Information Management Policy and Metrics, and 'IIS - IIS and EHR - IIS Cross-jurisdictional Data Exchange Policy'	
11	Data Analytics	Capacity & Infrastructure
12	Immunization-centric EHR Certification	Service Delivery
13	National Immunization Program Workflow and Services Standards	Capacity & Infrastructure
14	IIS Service Catalog and Sharing Mechanism	Capacity & Infrastructure

Anjella Johnson-Hooker and Dr. Melinda Wharton informed Board members that NCIRD accepted their recommendations as input for the IIS Strategic Plan initiative prioritization. NCIRD also accepted the Board's recommendations for changes to focus area names, goals, and initiative titles/content.

Next steps for NCIRD are to incorporate suggested edits into the IIS Strategic Plan and develop language as needed for new/combined initiatives, likely involving reconvening Board work groups to refine and revamp initiatives. Further, NCIRD will analyze current projects related to each strategic initiative to identify gaps. The next meeting of the IIS Executive Board will be scheduled for later this spring. ■

— Submitted by *Amy Metroka, MSW, MPH*
Director, NYC Citywide Immunization Registry
AIRA President Elect

■ The primary purpose was to review the results of Board votes on recommended priorities for focus areas and initiatives in the NCIRD IIS Strategic Plan.

■
The Logic Specification provides a single, authoritative, implementation-neutral foundation for development and maintenance of CDS engines.

■
This project [seeks to] motivate providers and consumers to leverage a web-based portal that provides easy, quick, and convenient access to immunization data from state immunization registries.

CDSi Update

The Immunization Information System Support Branch (IISSB) at the Centers for Disease Control and Prevention (CDC) has recently initiated a second phase of its **Clinical Decision Support for Immunizations (CDSi) Project** to incorporate both adult vaccines and special immunization considerations into its Logic Specification for ACIP Recommendations and supporting resources. To enable this effort, an expert panel has been formed. Panel membership includes a mix of professionals from IIS programs and vendors, EHR-focused organizations, the Indian Health Service, the Veterans Administration, the American College of Physicians, and the American Academy of Family Practitioners. An in-person panel session is scheduled to be held in Atlanta on May 20 through 22, 2014. The updated CDSi Logic Specification and supporting resources will be available to the immunization community by summer 2015.

CDSi Phase I Project Background

In 2010, in an effort to harmonize the outcomes of existing immunization clinical decision support (CDS) tools, IISSB funded a project to:

- Increase the accuracy and consistency of immunization evaluation and forecasting
- Improve the ease of developing and maintaining immunization CDS products
- Improve the process of updating CDS logic with new and/or changed ACIP recommendations
- Improve CDS engines to ultimately ensure that patients receive proper immunizations. i.e. “the right immunization at the right time”

The project formed an expert panel and developed the Logic Specification, which captures ACIP recommendations in an unambiguous manner and provides uniform representation of vaccine decision guidelines to be used in automated vaccine evaluation and forecasting systems. The Logic Specification provides a single, authoritative, implementation-neutral foundation for development and maintenance of CDS engines. The scope of the original logic specification is vaccine groups routinely recommended for healthy children from birth to 18 years of age. The document, along with supporting data and a full suite of test cases, was published in November of 2013 and can be found on the CDC website at: <http://www.cdc.gov/vaccines/programs/iis/interop-proj/cds.html>.

To learn more, please contact Jennifer Austin Wain at jua7@cdc.gov. ■

— Submitted by: Jennifer Wain, Northrup Grumman

ONC Update

As the healthcare industry moves into the electronic world, the Office of the National Coordinator of Health IT (ONC) continues its efforts to support this transformation by encouraging consumers to engage in new opportunities to access their own health information. Last October, the ONC launched a new project called “**Consumer Engagement for Immunization Information Systems.**” This project focuses on the development of marketing tools that will motivate providers and consumers to leverage a web-based portal that provides easy, quick, and convenient access to immunization data from state immunization registries. The creative concepts included in the marketing tools are based on in-depth research: several consumer focus groups took place and numerous interviews were conducted with providers, practice managers, school nurses, and states that have already implemented similar systems. Based on information from the research, the consumer materials focus on connecting with mothers, who are most likely to be interested in a secure, private way to access their family members’ immunization records to meet requirements for events such as school enrollment. Toolkits were also created to aid states in recruiting providers to participate in the pilot and to motivate them to encourage their patients to register with the portal. For providers and practices managers, they are able to use the portal as a way to minimize unnecessary office visits for official copies of immunization records. In addition, providers are able to use the forecasting tools to remind patients when their immunizations are due.

The project includes five pilot states (Alaska, Arizona, Louisiana, Washington, and West Virginia) and is expected to launch in mid-April. The pilots will run for several months while the states support each other through biweekly Community of Practice calls and the project team will continue to guide the states and monitor their progress, offering suggestions for how to best work through challenges and evaluate long-term success. ■

— Submitted by: Janet Wu, Audacious Inquiry

■
This group
represents a
great resource
for anyone
tasked with
implementing
HL7's
immunization
standards.

AIRA Partners With HL7 International to Form New HL7 Immunization User Group

On April 2nd, AIRA and HL7 International announced the launch of a new **HL7 Immunization User Group**. The group offers members access to industry experts and peers for help in resolving challenges in implementing HL7 immunization standards.

At monthly meetings, members can ask questions and get help with problems that might otherwise impede progress on immunization-related healthcare interoperability projects. Membership in the HL7 Immunization User Group is free for HL7 voting members and AIRA Members, and \$100 annually for non-members.

"We think this group represents a great resource for anyone tasked with implementing HL7's immunization standards," said Nathan Bunker, Co-Chair of the HL7 Immunization User Group. "Having a national forum for these questions is going to take a huge resource burden off IT managers who are currently the sole source of information on the intricacies of this area, and will also help standardize these projects across the nation."

"The new User Group initiative reflects the critical growth of HL7 in its effort to provide services and resources to benefit our members implementing interoperability standards," said Dr. Charles Jaffe, MD, PhD, CEO of HL7. "We believe that this program will drive highly valued collaboration and lead to more effective and streamlined registry project implementation. We anticipate continued organic growth of User Groups with increasing demand from other stakeholder communities."

The group will meet via web conference on the second Thursday of each month at 2 p.m. Eastern (11 a.m. Pacific). The initial meeting was held on Thursday, April 10 and was a resounding success with 142 total attendees. AIRA members interested in participating in future meetings should create a user ID on HL7.org and then contact Jen Bank, AIRA Program Assistant at jbanks@immregistries.org to join the User Group. ■

— Submitted by Rebecca Coyle, Executive Director, AIRA

AIRA

Survey of
Immunization Reporting
to Immunization
Information Systems by
Major U.S. Pharmacies

A Summary of the
Methods, Successes
and Challenges of
Pharmacy-IIS Interfaces

AIRA White Paper
January 2014

Survey of Immunization Reporting to IIS by Major U.S. Pharmacies – *White Paper Now Available!*

At the end of March AIRA released the highly anticipated results of a survey of IIS and Pharmacies that many of you participated in this past fall. As its title suggests, the purpose of the white paper "*Survey of Immunization Reporting to Immunization Information Systems by Major U.S. Pharmacies*" is to:

- Provide a snapshot of what the IIS and Pharmacy data exchange currently looks like;
- Provide recommendations for improving pharmacy-IIS relationships; and
- Increase the number of pharmacies reporting data to IIS.

Visit the AIRA website today to read this timely and informative white paper:

http://www.immregistries.org/resources/AIRA_Pharmacy_IIS_White_Paper.pdf ■

— Submitted by Rebecca Coyle, Executive Director, AIRA

Comments, problems, or questions?

We value your feedback! Contact us at:

AIRA

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Not an AIRA Member? *JOIN US TODAY!*

American Immunization Registry Association (AIRA) offers membership to any individual or organization, both not-for-profit and for-profit, that shares and supports its mission of preventing and controlling vaccine preventable disease by enhancing the capacity of immunization information systems (IIS).

Learn more at www.immregistries.org/membership