CONTENTS

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**

SnapShots

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

PRESIDENT'S REPORT

Hello, AIRA community, and a happy end-of-summer! We hope that you are enjoying beautiful weather in your part of the country, and that you and your team had a chance to catch your breath before the back-to-school rush reached the IIS world.

As always, this is a busy, active time across our community. Some of the most exciting activities are profiled in this issue of *SnapShots.* In this edition you'll read about the IIS Blue Ribbon Panel meeting held by the National Center for Immunization and Respiratory Diseases (NCIRD), a group pulled together for the purpose of informing CDC leadership on recommended investments and strategies to further the IIS agenda. You'll hear about the results of a Training Survey sent out by a subgroup within the AIRA Education Steering Committee that discusses educational needs and resources across our community. You'll get an update on the Bidirectional Expert Panel that came together at a meeting hosted by the Public Health Informatics Institute (PHII) in February to hash out standards and best practices for data exchange query and response.

Perhaps most exciting to AIRA's Board and Staff, and we hope to all of the members of our community, is the upcoming **AIRA 2013 IIS Meeting** to be held **October 7-9** in Denver, Colorado. This year's meeting planning committee members have outdone themselves, scheduling over 60 amazing presenters and sessions, bringing in nationally-known keynote speakers, and providing a venue for our community to exchange ideas and plan together into the future. Registration is now open and sponsorship opportunities are still available for a limited time! The 2013 IIS National Meeting is one of many exciting ways you can plug into AIRA and its projects; another opportunity is to consider running for an open Board position in AIRA's upcoming elections in the next couple months. **Watch for election information in your inbox soon!**

Finally, I wanted to share some early thoughts on a growing theme and strategic direction within the IIS community. This theme centers on joint and collaborative development of IIS functions across projects and across platforms. AIRA has been observing, documenting and communicating about the ways in which, within all of our jurisdictions, our systems are growing in complexity of function and volume of data management, while IIS funding is remaining level if not shrinking. We have been asked to do more with less for a long period of time, and we may have reached the limit of where we can stretch our experienced program staff, IIS vendors/IT support, and hardware and software systems to continue to meet these increasing demands. Strategies for joint development, including leveraging development across projects and platforms, supporting open source and public domain solutions where available, and funding collective, modular products that support multiple awardees may offer solutions to help our resources go further, while also helping us all to support our partners efficiently and effectively through promoting standards and best practices. Next steps for this process include reaching out to IIS vendors to bring them up to speed on these topics and to gather their input. A report will be shared in the coming months about this exciting direction, including an overview of a July 2013 meeting funded by CDC and supported by PHII and AIRA to explore this topic – stay tuned!

We look forward to seeing many of you in Denver in a few short weeks!

All the best,

Mary Beth Kurilo

— Mary Beth Kurilo, AIRA President
IIS Director, Oregon ALERT IIS

Register and Make Your Travel Plans (Now!) for the AIRA 2013 IIS National Meeting, October 7–9, in Denver, CO

A preliminary agenda for the AIRA 2013 IIS National Meeting has been released and registration is now open! You will find the meeting agenda, hotel information, and everything meeting-related on the AIRA website at www.immregistries.org/events/2013/10/07/aira-2013-iis-national-meeting. **So register today, reserve your hotel room and make your travel plans!** There will be countless opportunities for IIS, immunization programs and partners to come together to share new ideas and innovative strategies.

AIRA 2013 NATIONAL MEETING
IIS & Public Health:
Opportunities, Integration and Sustainability
OCTOBER 7–9 | DENVER, CO
EMBASSY SUITES DENVER

Denver 2013

Click to learn more

It's also not too late to **BECOME A MEETING SPONSOR** – affirm your commitment to the IIS and public health community by sponsoring the meeting today! The sponsorship prospectus can also be found on the meeting website. Click on the meeting banner to learn more! ■

AIRA 2013 IIS NATIONAL MEETING SPONSORS *(as of August 31, 2013)*

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 AMCI   H1N Consulting LLC   Public Health Informatics Institute

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Cooperative Agreement Highlights – What's Ahead in 2013-2014

A IRA will begin the second year of a three year Cooperative Agreement (CA) with the CDC on September 1, 2013. In 2014 AIRA will be developing an infrastructure for ongoing IIS peer-to-peer support, mentoring and specialized assistance for the IIS community, and AIRA's Steering Committees will continue interesting new efforts begun in the first year of the CA.

The Assessment Steering Committee (ASC) will evaluate, develop recommendations and begin planning the implementation of an automated and/or web-based tool to measure basic indicators/metrics of data quality and completeness. The ASC will also oversee a wide-scale survey of IIS to identify the strengths, weaknesses, and barriers to using an IIS for population-based coverage assessments, identify current practices for conducting assessments using IIS data, and develop possible best practices for the identified weaknesses and barriers.

The MIROW Steering Committee will complete an evaluation of the MIROW chapters, while continuing work on the mini-guide for the updated data quality chapter and beginning Chapter 7 operational

guideline development.

The Standards and Interoperability Steering Committee will continue to provide oversight for AIRA responses to Meaningful Use proposed rules, HL7 Implementation Guide updates, and AIRA participation in related organization and stakeholder meetings.

The Education Steering Committee (ESC) will continue publishing *SnapShots*, develop and offer topical educational webinars for our members, and will plan for both the AIRA 2013 National Meeting, October 7–9, and pre-conference workshops preceding the National Immunization Conference which may be held in 2014. The ESC will also conduct a large-scale survey in 2014 to determine the educational needs of the IIS community and will update the AIRA Education Plan based upon the results of the survey. ■

IIS Blue Ribbon Panel Meeting Summary

On May 16-17, 2013, the CDC, National Center for Immunization and Respiratory Diseases (NCIRD) convened a Blue Ribbon Panel to provide input on the future of IIS and information management. The meeting was held at the Task Force for Global Health in Decatur, Georgia, and is part of a larger initiative to create a road map to guide future investments in the IIS community. The consulting firms of Gartner and Intellix led the two day meeting that was also facilitated by the Public Health Informatics Institute (PHII) staff. The panel included twelve experts in immunizations, IIS, health informatics and health information exchange, and additional participants from AIRA, AIM, Every Child by Two, the Veterans Administration, and CDC served as expert resources and observers throughout the two day meeting. AIRA in particular was well-represented by several member organizations, as well as Executive Director Rebecca Coyle, Education Steering Committee Chair Amy Metroka, and Board President Mary Beth Kurilo.

Dr. Chesley Richards, former Director of the Immunization Services Division within NCIRD, gave an introductory presentation on the current status of IIS. He shared his vision of IIS:

> *A world in which real time, consolidated immunization data and services for all ages are available for authorized clinical, administrative, public health and consumers anytime or anywhere.*

Dr. Richards encouraged the panelists to tackle three primary questions:
- What are the best strategies to achieve our optimal future state?
- What investments ought NCIRD to be making?
- What new opportunities should we pay the most attention to?

The group generated a list of sixteen prioritized initiatives for immediate and future investments. They ranged from very practical ("Hire three informatics fellows focused on and working in IIS programs") to highly visionary ("Examine ways to improve and/or sustain national transport and messaging services"). Within these sixteen initiatives, these are the top-five that received the highest prioritization from the group:
- Define candidate IIS services for modularizing; i.e., define an architecture and establish a consortium for jointly developing, sharing software modules.
- Establish a common approach to resources and investments across CDC and the IIS community, including a more harmonized approach to Meaningful Use, greater cross-program collaboration within CDC, and a defined scope of "common approach."
- Secure funding/proper resourcing for continued maintenance and enhancement of IIS.
- Conduct a best practice study for interstate exchange to inform policy recommendations.
- Hire three informatics fellows focused on and working in IIS programs.

The input from the panel will be evaluated by NCIRD and the Intellix/Gartner team, and will inform the development of the broader IIS Roadmap. AIRA representatives will continue to be involved and engaged as the Strategic Initiative evolves. ■

— Mary Beth Kurilo (OR) and Amy Metroka (NYC)

■
The group generated a list of sixteen prioritized initiatives for immediate and future investments.

IIS Training: The State of the States

Earlier this year, AIRA's **Provider Training Working Group** (PTWG) surveyed IIS programs to better understand their training models. The survey focused on web-based training practices and included questions about how training is delivered, evaluation methods, training plans, and trainer preparation. **A total of 58 IIS responded to the survey.** Highlights of the results are presented here.

Exhibit 1. Does your IIS have a strategic plan that specifically addresses training users?

42.9% 57.1% □ Yes ■ No

Training Curricula and Planning

As might be expected, training curricula varied across IIS, ranging from robust to streamlined. Interestingly, only half of IIS require training for their users. Sixty percent (60%) of survey respondents indicated that they held separate training for clinic users and "read-only" users. Nearly 70% of respondents said they have plans to upgrade their training program in the next year or two and more than half have a strategic plan that addresses IIS training. Among these, most (77%) were planning to incorporate new functionality in their IIS.

Training Modalities

The most common training method across IIS was in-person (88%). In terms of virtual training, 61% offer webinar-style trainings and 57% have self-directed online training modules. Typically, a training session lasted about 60 minutes. Hard-copy training "tip sheets" were nearly ubiquitous, being used by 90% of respondents, and most IIS employ two or more modalities to train IIS users.

Training Gaps identified

One striking finding was that few IIS training programs incorporated standard practices for instructional design. For example, only half of respondents' IIS training programs have learning objectives. Forty percent (40%) of respondents indicated that "some" learners can practice hands-on skills during a training and as many said no hands-on practice exists during training. Access to a training database after the training session was offered by 35% of respondents.

Structured evaluation protocols were used infrequently. For example, only 10% of IIS training programs offer a post-training quiz while 37% have the ability to check if a self-directed learner has completed a training. This may be partly due to the fact that only three of the 58 IIS training programs use a learning management system (LMS)—which can track and document learner activity for an online course.

Another gap for many IIS appears to be guidance for the trainers themselves. A little more than half of IIS programs furnish their trainers with a training manual or a script. Between one-third and 39% provide a standard training curriculum, standard PowerPoint presentation, or sample scenarios for data entry.
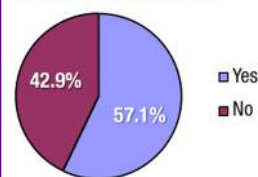
Next Steps

Taken together the survey findings reveal a broad spectrum of training approaches, most using multiple modalities. Gaps identified a few areas that IIS training programs may wish to focus on and expand moving forward. With many IIS looking at upgrading their training programs in the near future, learning from the experiences and best practices of colleagues in other states is a recommended strategy.

The Provider Training Working Group (a subcommittee of the AIRA Education Steering Committee) is currently working on expanding training resources available on the AIRA website. A copy of the Summary of AIRA Online Training Survey report can be found on the AIRA website at the link below. ■

— *Source:* www.immregistries.org/resources/iis/Summary-OnlineTrainingSurvey.pdf

Bidirectional Query Exchange Workgroup

In February of 2013, the Public Health Informatics Institute, working with Nathan Bunker, convened a working group to define and document a standardized use case for bidirectional query immunization information exchange. This two-day face-to-face meeting included 24 experts with backgrounds in IIS, immunization practice, national policy, and EHR systems. One of the primary motivations for the meeting was to examine what standards could be recommended for Stage 3 Meaningful Use regulations. A second angle was to reduce variability across the IIS community in how bidirectional query exchange is implemented. While the decisions of this work group are neither binding nor definitive, they give a good indication of the general viewpoint and position of both the IIS and EHR community concerning immunization data exchange standards.

The group discussed topics ranging from policy to technical considerations, including adoption of stan-

dards, patient identification, transport, and issues in querying for an IIS record. Some of the major decisions and recommendations include:

Constraining Local Implementations

Most of the work group believed that local IIS Implementation Guides should be constrained by the CDC Implementation Guide. This means that local variations would either be brought in line with national standards, or the national standards would be enlarged to allow for common local requirements. In this way there would be a single national standard that the vast majority of IIS could adopt. (Idiosyncratic local laws or policies may result in a few IIS programs having unique requirements.)

CDC Transport Standard

There was very strong support for IIS and EHR systems continuing to work towards supporting the CDC-defined web service transport standard (which includes community-defined common Web Service Definition Language (WSDL)), and to discouraged the IIS community from considering adopting a different common standard.

Query Standard and Message Format

Most of the group recommended continuing with the HL7 QBP/RSP standard that is currently defined and in use with the version 2.5.1 implementation guide. There was discussion about support for the printable document, such as returning a PDF or HTML page. On the whole, the group was not opposed to the idea but did not recommend it as the primary method or as a common standard. There was some interest among the group in adopting a Consolidated CDA, but most of the group preferred to continue using QBP/RSP. While CDA is emerging as an appropriate standard for other public health use cases, such as case reporting, it was considered less suitable for the more dynamic use case of immunization information and decision support exchange.

The complete report on the meeting is available at **www.phii.org.** The meeting was supported by the HRSA Maternal and Child Health Bureau through a cooperative agreement with the Public Health Informatics Institute. ■

— Source: Nathan Bunker, Dandelion Software

ONC Update

With Stage 2 Meaningful Use start dates approaching, many Public Health Agencies (PHAs) are making final preparations.

As Stage 2 Meaningful Use (MU) approaches, with its core requirement for EPs to be capable of electronic immunization data submission, many Public Health Agencies (PHAs) are making final preparations. They should soon be ready to accept electronic immunization data as well as have processes in place for EPs to register their intent, complete the onboarding process and receive acknowledgement of ongoing submission. PHAs will first be required to make a formal *"declaration of capacity"* to CMS declaring their technical capacity as well as administrative ability to enroll and onboard EPs before the Stage 2 MU deadlines. Currently in the works, a centralized repository will be developed that EPs can search to see whether their local PHA is ready to accept Stage 2 data or not. EPs whose local PHA is not yet capable will receive an exemption.

Detailed general guidance documents for planning and implementation purposes are available for PHAs at **www.phconnect.org/group/ph-reporting-task-force**. This web page also contains a PDF with screen shots from an existing MU registration system in Michigan which may also be of help for those needing to either create a provider registration system or to modify an existing system to accommodate Stage 2.

In other ONC news, a new collaborative project is underway to develop a communications toolkit for use by registries that will be rolling out patient access systems, portals or tools in the coming year and beyond. Lessons learned from Indiana's successful experience with MyVaxIndiana, which went live in July 2012, will be highlighted. MyVaxIndiana's patient access capability is part of a larger Blue Button® movement. Blue Button began at the Veteran's Administration but has since been adopted by ONC and various private sector partners. Blue Button is a symbol intended to signify to patients and families that there is an easy, secure way for them to access their own or their dependent's health information electronically in a format that they can use. More information can be found at **www.healthit.gov/bluebutton** and **http://bluebuttonplus.org/**. ■

— Submitted by: Pam Talley, HHS,ONC

Joint Public Health Informatics Task Force (JPHIT)

In 2008, a small number of visionary public health leaders within ASTHO, NACCHO and elsewhere realized that informatics was going to be a key ingredient to the future effectiveness and credibility of public health in an increasingly digital world. They also realized that if state and local health departments were going to control their informatics destiny, they needed a forum within which to come to consensus and from which to speak with one voice. From that recognition grew the **Joint Public Health Informatics Task Force,** which now numbers ten public health associations (www.jphit.org).

AIRA joined JPHIT as an affiliate member in 2011, and became a full member this past spring (other members include APHL, ASTHO, CSTE, ISDS, NAACCR, NACCHO, NAHDO, NAPHSIS and PHDSC). I am proud to serve as AIRA's representative to JPHIT. Participating in the discussions has helped me to see both that the IIS community is in the forefront on many informatics issues and that there are broader, strategic issues we need to monitor and participate in.

JPHIT's vision is to optimize health promotion and protection for all through public health informatics. In support of this vision, JPHIT has prepared a "consensus framework" to guide coordinated and collaborative action across the local-state-federal public health enterprise. The agenda centers on the achievement of four key goals:

- Informatics capacity at all levels of public health supports effective stewardship and use of individual and population health data.

- Public health is effectively engaged in health information exchange to improve population health.

- An overall Public Health Information Technology Architecture (PHITA) is developed and implemented.

- Public health information technology policy is effectively influenced through coordinated advocacy efforts.

Since its creation, JPHIT has created and communicated unified positions on issues such as proposed Meaningful Use requirements, public health representatives on national health IT advisory committees, the organization of informatics within CDC, and other issues. It has recently prepared a guidance document on inter-jurisdictional data exchange. AIRA helped developed this document, and contributed several sample agreements to serve as models. JPHIT has also worked with Dr. Noam Arzt to develop a series of briefs on the *Future Information Capabilities of Public Health.* These briefs, to be published this fall, address topics such as transport, semantic standards, big data, consumer engagement, and information architecture. It also includes an update to Dr. Arzt's 2008 white paper on Re-Visiting Public Health Registries.

AIRA's participation with JPHIT has forged a strong partnership that has allowed us to be more influential with our federal business partners. Our community continues to contribute on many of the public health informatics issues and I look forward to the on-going discussions as we continue our involvement as JPHIT tackles the broader and strategic issues for public health reporting. ∎

— Submitted by: Frank Caniglia, AIRA President-Elect, (PA)

Comments, problems, or questions?

We value your feedback! Contact AIRA at:

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