AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Immunization Information Systems for a New Era

SnapShots

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

Welcome to *SnapShots,* AIRA'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 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.

SnapShots is sent to subscribers quarterly and posted on the AIRA web site: www.immregistries.org.

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

SnapShots is produced by the AIRA Education Committee and edited by **Katie Reed, NY.**

TABLE OF CONTENTS

PRESIDENT'S REPORT

My mentor in the recruiting industry—my career prior to IIS—often said that to be successful, you have to surround yourself with successful people.

This is what AIRA has done by hiring Rebecca Coyle as Executive Director and Alison Chi as Program Coordinator; you can read more about Alison in Rebecca's article below. We have an Executive Committee and dedicated Board with both newer and well-established IIS managers, clinicians and vendors that ensure a broad perspective on relevant issues.

Speaking of successful people, this will be my final communication to AIRA members in the role of President. The torch now gets passed to another fine IIS manager, Lora Santilli from New York State, to help fulfill the AIRA mission to "… promote the electronic use, tracking and sharing of complete immunization records for people of all ages."

And is it just me, or do the issues and opportunities just keep expanding? More and more IIS are integrating vaccine ordering, inventory management and even bar-coding into their systems. Several states have added parental access to the IIS. Adolescent and adult assessment reports using IIS are all the rage. I've even heard some rumors of an IIS "app" for smart phones, at least in the research stages. Just when we think we have HIE, SOAP, HL7 and data quality standards taken care of, the next latest and greatest technology hits us as well.

This means we'll have to rely more and more upon our members—YOU—to continue to volunteer on workgroups, committees, and attend meetings and webinars so that we can all benefit from the great wealth of knowledge and expertise that is out there. What makes AIRA a success is not the work of one…but the collaboration of many. ■

— Submitted by Emily Emerson (IIS Manager, MN), AIRA President

Parental Access to Immunization Histories in an IIS

The landscape in which immunization data is collected and Immunization Information Systems (IIS) operate is changing as a result of several national health information technology initiatives, including Electronic Health Record (EHR)-Immunization Information Systems (IIS) interoperability and Meaningful Use. These initiatives have provided an opportunity for IIS to translate over a decade of lessons learned, best practices, and critical functionality into a foundation for increased access to immunization history information.

A recent All Grantee conference call that focused on parental access to immunization histories in IIS featured Dr. Anne Schuchat, Director, National Center for Immunization and Respiratory Diseases (NCIRD) and Dr. Farzard Mostashari, National Coordinator for Health Information Technology, Office of the National Coordinator (ONC) for Health Information Technology. Approximately 90 Grantees participated in the call in which NCIRD and ONC discussed initiatives such as Consumer e-Health and how IIS can bring added value to achieving the goals set forth in this area.

In 2010, the Immunization Information Systems Support Branch (IISSB) conducted a survey among Grantees on the degree to which parents can access their own children's immunization records in the IIS. Several barriers to implementing parental access to the IIS were identified, the most frequent being confidentiality and security. Difficulty in determining an acceptable and unique identifier and lack of sufficient funding to implement the functionality were also cited among several other barriers.

Although barriers to providing parental access to immunization histories in IIS exist, tangible benefits have been realized by Grantees that have implemented this functionality, such as an increase in consumer data use. Success stories from early adopters, expected cost benefits to providers, and increased access to immunization information easily demonstrate the utility of IIS in this area. Allowing parental access to immunization histories in IIS also provides an opportunity for the IIS community to be a contributor and leading implementer in the Consumer e-Health initiative. ■

— Source: Ulrica Andujar, CDC

Nebraska Parent Access Functionality

In 2011, Nebraska passed a bill (LB 591) that provides a patient, and/or a patient's parent or legal guardian if the patient is a minor or under guardianship, access to their immunization information in the Nebraska State Immunization Information System (NESIIS). A web interface to NESIIS public access was activated which allows a person to look up his or her own immunization record or the records of a family member. In order to search for a record via public access the searcher needs to know 4 things about the person for whom they are looking up immunizations. Those four things are: first name, last name, date of birth, and Social Security Number (SSN). The searcher has to know those four things and those four things have to be populated within the immunization record in order for the search to be successful. The main hindrance we have found is the difficulty populating the SSN field within the system. Clients are not always willing to share their SSN with providers using the system and/or the SSN isn't always available through Data exchange.

Nebraska takes every precaution they can to protect the clients within NESIIS. Therefore, when a record is accessed through the public access domain, the searcher will only see the name of the individual, what immunizations they received, what day they received them on, and what immunizations are recommended next. All physically identifying information (such as address, clinic name, physicians name, etc.) is kept confidential and is not listed on the public access page.

The public access portal to NESIIS has been very successful. It is our hope that this access will benefit both the patient and provider by decreasing the amount of time and money spent locating and providing copies of immunization records. ■

— Source: Michelle Hood, NESIIS

AIRA MIROW team members met in Atlanta in September 2011.

MIROW Inventory Management Meeting

During a warm week of thunderstorms in late September, twelve experts involved with the Immunization Information System (IIS) community were sequestered in downtown Atlanta to hash out the next Best Practices Guide for the AIRA MIROW (Modeling Immunization Registry Operations Workgroup) Committee. The topic of this Guide is Inventory Management, a subject area receiving increasing emphasis among IIS as they strive to more broadly meet the needs of participating provider organizations.

The meeting took place September 20–23, and engaged a diverse group of representatives from the IIS, grantee immunization programs, CDC, and vendor communities. MIROW Co-Chairs **Warren Williams** and **Elaine Lowery,** as well as a business analyst/consultant **David Lyalin,** provided leadership and guidance, while a stellar group of staff from the consulting firm of Advanced Strategies deftly facilitated the group through the complex subject matter.

As with all MIROW topics, the starting point for the group involved defining the domain model (i.e., the agreed upon vocabulary, the universe of

concepts/terms and relationships encompassed within the topic) as well as the Guide's overall scope. Specific orders-related messaging to CDC's VTrckS system (the vaccine management and distribution application currently being piloted by Washington and Michigan) was outside of the group's scope; nevertheless, VTrckS requirements and timelines were a driving force as the group defined principles and business rules associated with the development of best practices and requirements for IIS inventory management functionality.

Based on the results of the VTrckS pilot comparing benefits of IIS exchange of vaccine orders, shipments and provider data vs. direct entry of these data into VTrckS, it is clear that the development of IIS inventory modules will add value to the providers and the Immunization Programs, as well as to CDC for accountability and tracking purposes. Developed standards and best practices will support uniform consistency among IIS, which is particularly important as we each create data exchange interfaces with the same applications, including both VTrckS and Electronic Health Record (EHR) vendors across the nation.

The guide is expected to be published early in 2012 and will be the 7th MIROW Best Practices Guide produced by AIRA. For access to full documents or mini-guides from previous topics, visit the AIRA website at www.immregistries.org/pubs. For information on getting involved with MIROW or other AIRA committees or workgroups, contact Alison Chi at achi@immregistries.org or 202-527-7000 x3. ∎

— *Source: Mary Beth Kurilo, Oregon ALERT IIS*

The National Vaccine Plan: Health Information Technology and Immunizations Meeting

The National Vaccine Plan: Health Information Technology and Immunizations Meeting was held in Ann Arbor, Michigan on September 22, 2011. The National Vaccine Plan is a 10-year strategic national plan comprised of 5 goals and 10 priorities. This meeting focused on Priority H, which is to increase and improve the use of interoperable health information technology and electronic health records.

Participants at the meeting represented HHS, IAC, University of Michigan, ASTHO, ONC, CMS, CDC and IIS Grantees. The objective of the meeting was to identify strategies to facilitate interoperability between Immunization Information Systems (IIS) and Electronic Health Records (EHR) by:
- sharing lessons learned from current IIS/EHR interoperability initiatives;
- identifying key technical, policy, and funding issues that must be addressed; and
- developing mechanisms for IIS/EHR grantees to share resources and expertise.

In a presentation given by James Kirkwood from the Association of State and Territorial Health Officials (ASTHO), results from a recent ASTHO survey of states were shared. This survey found that 41% of respondents reported that their IIS can accept test files for meaningful use. And although only 28% of the states indicated that providers were sending test files for either immunizations and/or lab reporting, James stated that this figure is likely to be higher now than at the time the survey was conducted. James quoted this study in the context of concerns he had heard from hospitals and vendors that Public Health was not ready to test for meaningful use. The primary challenges states identified in the survey were budget cuts and workforce reductions, the lack of transport layer specifications in Meaningful Use (MU) Stage 1 requirements, and workforce challenges related to informatics expertise.

Jim Daniels from the Office of the National Coordinator (ONC) presented on the Regional Extension Centers (REC) and their role in assisting primary care providers to meet MU. ONC's goal is to have 100,000 primary care providers (PCP's) able to meet MU by 2012. The RECs are focused on PCPs, including individual/small group practices with <10 PCPs, public and critical access hospitals, community health centers and rural health centers. The RECs cover a full range of services from EHR adoption to MU achievement (e.g., vendor selection, contract language). RECs are focused right now on privacy and security, and have enrolled over 100,000 providers. Immunization programs are collaborating with RECs across the country, and in a couple of states RECs are doing initial outreach with providers and vendors for the IIS.

Rob Savage and Eric Larson gave a presentation titled "Overcoming Hurdles on the Way to Interoperability." They explained the basic concepts of Electronic Data Exchange (EDI), which is the foundation of all interoperability work. They also talked about the role of the CDC in helping to meet the challenges of EDI both through interoperability grants and by collaborating with IIS to establish Semantic Interoperability (the Message, e.g. HL7), Technical Interoperability (the Messenger/transport layer, e.g. SOAP), and Client Deduplication.

Laura Rappleye and Paul Groll from the Michigan Department of Community Health presented on The

> **Communication is essential with providers and others about capacity, plans and requirements. It is important to recognize there is a need for sufficient outreach or there will not be success.**

Health Information Exchange model in Michigan. Immunization reporting through the HIE is a priority for Michigan and they talked about how the data sharing process will work.

IIS panelists presented on their Interoperability projects. The panelists were Heather Shull, CO; Lisa Rasmussen, AZ; Kristen Forney, NYC; Emily Emerson, MN; Robert Grenwelge, WY; Kim Salisbury-Keith, RI; and Jyl Bosone, UT. They talked about successes, challenges, barriers and lessons learned during meaningful use testing, including:

- **Partners:**
  - Partnering with RECs (also part of HIEs) has been helpful. RECs are valuable partners and helpful with communication. The REC can also push providers to follow your steps for successful implementation.
  - Interagency collaboration is important, but challenging. Trying to match goals and objectives and find middle ground with State HIE, Immunization program, and Medicaid has taken a lot of extra time.
  - Working with central IT and having to re-educate them on immunizations and meaningful use testing and that it is important and different from lab reporting can be challenging.
  - Federal transport solutions/requirements need to be better aligned with IIS needs.
- **Working with EHR vendors and providers:**
  - Some provider offices only want to meet MU Stage 1 by sending test messages (which do not need to be successful) and are not looking to develop an IIS interface.
  - Develop "how-to" templates for EMR systems for meaningful use testing.
  - For those that do want to develop interfaces, set implementation timelines for providers & EHR vendors. Tell them where they are on the waiting list and give them action items.
  - Interface development has taken 6 months at some provider sites.
  - Ask EHR vendor for demonstration of their user interface.
  - Inquire about procedures for dealing with connection failures and provider data entry errors.
  - Keep providers informed by sending progress reports every 2–3 weeks as to where the IIS is at with each vendor; use the providers to contact their vendors.
  - Providers that have same EHR have different needs and systems.
- **After Implementation**
  - Monitor when practices stop sending data; ask if they have recently had an upgrade of their EHR.
  - Providers can still send "bad data" in HL7; we will be doing data quality forever.

Finally, CMS presented on some of the challenges related to competing visions. Many IIS are ahead of the curve since they are already technically able to conduct bidirectional exchange with EHRs; however, the bar is set pretty low with MU since it only requires unidirectional exchange. Communication is essential with providers and others about capacity, plans and requirements. It is important to recognize there is a need for sufficient outreach or there will not be success. For example, it helps to disseminate information about waiting lists to providers. And it is key to remember one should avoid jargon and acronyms in dialogue. Develop your message, share your message, and make others share your message. There are funding opportunities available through Medicaid to facilitate MU with Medicaid providers. Medicaid and Public Health must collaborate to be most successful. ◼

— Source: Therese Hoyle, consultant to MCDH and PHII

VTrckS News

Many of you responded to the recent deployment survey from CDC, contributing to the 100% response rate. Survey results were used to draft a preliminary roll out schedule for VTrckS. Grantees should expect to receive follow-up communications as the schedule is finalized. Thank you to everyone for your help in planning for VTrckS roll out!

One deployment survey finding is that approximately two thirds of grantees plan to interface an external information system (ExIS) with VTrckS. Grantees who chose this option have several methods for tapping into the ExIS community to discuss ExIS issues and share best practices. One method is to attend the monthly call. The call is held on the fourth Tuesday of the month, from 3:00pm to 4:00pm Eastern Time.

A second method is to join the VTrckS ExIS discussion on *Epi-X Forum.* If you need more information about the monthly calls or the VTrckS ExIS discussion, send your request to VTrckSExIS@cdc.gov. ◼

— Source: Janet Fath, CDC

HL7 September 2011 Workgroup Summary

The IIS community has been involved with Health Level Seven International (HL7) for over 15 years. In fact, included in the original CDC guidance for development of IIS was the ability to exchange information using HL7 messages. It was in the late 1990s that IIS projects came together with CDC to develop the first implementation guide. AIRA recognized the need to be part of the organization and formally joined becoming a voting member.

The HL7 organization is made up of over 60 workgroups, such as the Public Health Emergency Response (PHER) workgroup which AIRA participates in. Other workgroups include Clinical Support, Structured Documents and Electronic Health Records to name a few. Projects are proposed and worked on by a single workgroup or joint project of several workgroups. HL7 members are welcomed to participate in as many workgroups as they want. The PHER workgroup has calls every other week.

Several times a year HL7 holds workgroup meetings which allow workgroups to come together and spend a concentrated amount of time to work on projects the workgroup is engaged in. In addition, the in-person meeting provides the opportunity to engage other workgroups on joint projects. It also allows for organizational wide issues to be addressed such as the election of official positions.

As the AIRA representative to the PHER workgroup, I see my role to be the eyes, ears, and voice of IIS and public health. I still consider myself 'new' to the workgroups and to the broader aspects that are covered at the HL7 meetings. I found several topics that could be of interest to AIRA but will admit that I may not understand all aspects. I present my summary to the AIRA members with the understanding that some members will know more about a particular matter and I ask that they provide any additional information or perspective to the items I mention.

(Editor's note: If you have additional information you would like to share please send it to info@immregistries.org and we will do our best to help facilitate the continued communication.)

Summary

The role of Continuity of Care Documents (CCD) and Clinical Document Architecture (CDA) continues to be a topic in the discussion of electronic health records exchange. As recently as the Public Health Informatics conference in August, there were discussions about how the IIS community needs to accept CCDs for reporting purposes. The problem is the general community is not familiar with CCD or CDA and often these terms are misused or misunderstood. Specific to the request of IIS accepting CCDs, this would be an inappropriate use of the CCD. In fact, a representative from ONC agreed that it should not be used for reporting to IIS at this time.

However, we should be aware that this is the direction that messaging is moving and only through participation with HL7 and other organizations can we ensure that our needs are met. As the technical lead for the New York State Immunization Information System (NYSIIS), this conversation is coming up more and more and it would help if the IIS community could come to some agreement on how and when this new format should come into play. The AIRA Standards and Interoperability Steering Committee is beginning to include these discussions in their meetings.

Another topic that may be of interest to AIRA members includes an eMeasures project that is defining health care measurements. It was during the PHER/Structured Documents joint meeting that there was a discussion around defining public health measures to be included in a Health Quality Measures Format (HQMF). The development of HQMF is a joint project with HL7, National Quality Forum (NQF) and AHIMA. The purpose is to create a standard for representing a health quality measure as an electronic format. (For more information: http://www.hl7standards.com/blog/2009/09/17/what-is-hqmf-health-quality-measures-format/)

I urge any interested members to please join in the discussion to learn more about CCD /CDA and other similar topics to help define what the needs are in the IIS community and how these new initiatives can assist us. ▪

— Source: Michael Flynn, NYSIIS

Two-Dimensional (2D) Vaccine Barcodes Project

In September 2011, CDC initiated a pilot project to test the implementation of 2D barcodes on vaccine products. A key motivation for this project is to improve provider efficiencies to record key fields such as vaccine, lot number, and expiration date and improve reporting of that data to Immunization Information Systems (IIS). A major portion of the project will be a pilot implementation with participating manufacturers, using industry barcoding standards. Participating manufacturers will place a 2D vaccine barcode, containing the vaccine type, the lot number, and the expiration date, onto vaccine products. The barcodes will be scanned by the providers and the three data items will be input into the providers' electronic or other records system where the data will then be transmitted to the participating IIS using the standard HL7 message. The project plans to conduct in depth evaluation studies to document the impact of 2D barcoding on manufactures, immunizers, and IIS. Another component of the project is providing technical assistance material for stakeholders. In addition to the provision of technical assistance for the pilot participants, technical assistance tools and guidance will be developed for use by the broader immunization community. In collaboration with immunization partner organizations, educational forums will be conducted to discuss implementation issues, establish standards, increase awareness, and share project findings. A centralized web-based portal of barcoding resources (e.g. train-the-trainer materials for health departments and technical staff) will also be developed. Please stay tuned for updates in future editions of AIRA's *Snapshots* as the project rolls out. ∎

— *Source: Ken Gerlach, CDC*

Enhancing EHR-IIS Interoperability All Grantee Meeting

As Electronic Health Records (EHR) and Immunization Information Systems (IIS) interoperability activities for newly funded Prevention and Public Health Fund (PPHF) Program Area 1 grantees get underway, the American Recovery and Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) Act awardees are continuing into the second year of their interoperability projects. At this pivotal time for both sets of awardees, CDC is convening a meeting November 2-3, 2011 in Atlanta, GA, where attendees will come together and discuss their projects and hear about progress made to date. PPHF grantees will be attending for the full two days while ARRA HITECH grantees will be attending one and a half days.

The primary purpose of the All Grantee meeting is to provide an opportunity for ARRA HITECH grantees to share their successes and challenges with each other and discuss any barriers to project implementation. This will also be valuable information for PPHF awardees that have recently begun their projects. The agenda for the two-day meeting is full and will include both facilitated and panel discussions on topics such as sustainability and financial management, as well as presentations on Health Information Exchange (HIE) involvement and outcome evaluation. By the conclusion of the meeting, grantees will have had many opportunities to share lessons learned and best practices regarding EHR-IIS interoperability, and will hopefully be able to use some of this knowledge in their own projects moving forward. ∎

— *Source: Ulrica Andujar, CDC*

Public Health Informatics 2011 Conference

Engaging, Empowering, Evolving… Together — the theme of the Public Health Informatics 2011 Conference was truly an event that achieved its goals. This year's conference was held in Atlanta, Georgia, August 21–24, 2011. The goal of the conference was to facilitate shared learning and planning for building informatics capacity in order to advance public health.

Building on this theme were keynote speakers, Dr. Kenneth Thorpe, the Robert W. Woodruff Professor and Chair of the Department of Health Policy and Management in the Rollins School of Public Health of Emory University, Atlanta, GA; and Todd Park, Chief Technology Officer, U.S. Department of Health and Human Services (HHS). Mr. Park is responsible for helping HHS leadership harness the power of data, technology and innovation to improve the health and welfare of the nation.

Throughout this year's conference key buzz words resonated such as Affordable Care Act, Bold Actions, Clinical Document Architecture (CDA), Green, S&I Framework, Cloud Computing and of course Meaningful Use. To learn more about this year's conference please visit the free Public Health Informatics Virtual Conference at http://www.cdc.gov/phiconference/VirtualConference.html to view all of the presentations. Several of the presentations were related to the progress the IIS community has achieved and supported the conference goals. ■

— Source: Frank Caniglia. PA-DOH

AIRA Updates

New AIRA Staff Member

After eight years of scheduling commercials for a New York radio station, **Alison Chi** came to her senses and got her Masters in Public Health from Hunter College. Alison began doing provider outreach for the Citywide Immunization Registry (CIR) at the New York City (NYC) Department of Health and Mental Hygiene in 1997. In 2004 Alison left the CIR to become a senior administrator for a data collection system used by community-based organizations receiving over $100,000,000 in funding from Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) to provide services to people living with HIV/AIDS.

Alison couldn't stay away from the IIS world forever though, and for the past year she has returned to her roots and been working on EHR-IIS interoperability for the NYC CIR. Alison joins the AIRA staff on November 7. Please feel free to contact Alison at AChi@immregistries.org.

Welcome Alison!

New AIRA Board Members

AIRA recently held our annual elections in October and we are pleased to announce the results.

President . . . . **Lora Santilli**
President Elect . . . . **Mary Beth Kurilo**
Director (voting) . . . . **Bobby J. Sanchez**
Director (voting) . . . . **Deborah Warren**
Director (non-voting) . . . . **Eric Larson**
Director (non-voting) . . . . **Nathan Bunker**

New AIRA Members-in-Training

We are thrilled to announce the newest additions to our AIRA membership. **Rebecca Coyle** our Executive Director is the proud mother of two new babies. Aubrey and Elyse were born October 28, 2011. Congratulations go out to the new proud parents. ■

NOT A MEMBER? JOIN AIRA 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**