

AIRA National Meeting Seattle, WA April 5, 2016

Noam H. Arzt, PhD, FHIMSS *President, HLN Consulting, LLC* Moderator

Premise: Common Challenge

- All IIS are faced with is the need to repeatedly test their immunization decision support solution whenever it is updated to support new vaccines or rule changes from the Advisory Committee on Immunization Practices (ACIP)
- IIS also confront this testing challenge when they attempt to compare their existing immunization decision support software to other solutions.





Three Part Session

- More theoretical: Basic concepts in immunization forecast algorithm testing
- 2. Generation of test data by Oregon ALERT using WIR
- Fully-implemented web-based testing harness using ICE/CAT



Presenter Bios

Nathan Bunker is a senior technical project manager for the American Immunization Registry Association (AIRA) with a focus on immunization software and data exchange. In the past ten years he has consulted or collaborated with many state, local, and federal immunization registry projects; written software applications; presented at national immunization conferences; and participated in CDC technical advisory groups. Nathan is now fully engaged on IIS Interoperability Project and is working to help all IIS align with community-directed standards.



Presenter Bios (continued)

Amanda Timmons has worked in the immunization field for over 20 years. She's held numerous positions in the Oregon Immunization Program, beginning as a VFC Health Educator and moving on to perinatal hepatitis B prevention, school law coordinator and working on the team that replaced their homegrown IIS, ALERT, with a version of the Wisconsin Immunization Registry (WIR). In the IIS world, Amanda maintains the immunization forecaster for the ALERT IIS and served on the subject matter expert panel for the Clinical Decision Support for immunization (CDSi) project.



Presenter Bios (continued)

Mike Suralik has been a Project Manager with HLN Consulting for more than 10 years. Mike has managed needs assessment projects and software development projects for immunization programs around the country as well as for health information exchanges and the CDC. Since 2005, Mike has been managing HLN's ongoing support of the New York City Citywide Immunization Registry. Mike has also been a leader in the collaboration that is creating the Immunization Calculation Engine (ICE), an opensource clinical decision support system for immunizations.





Now On With The Show!

Basic Concepts of Immunization Forecast Software Testing

AIRA National Meeting Seattle WA – April 5, 2016 – Nathan Bunker



Introducing CDSi

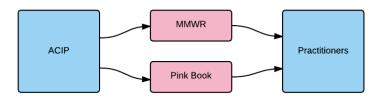
How this CDC project is changing the future of forecasting

Introducing CDSi

- Clinical Decision Support for Immunization (CDSi)
 - Project supported by the Immunization Information Services Support Branch
- Promotes and supports the use of immunization forecasters
- Working for: Clarity, Consistency, and Computability
- Products include:
 - Logical specification
 - Supporting data
 - Test cases and user guide
 - Web based training and user support

Evolution of CDSi

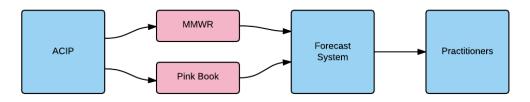
In the beginning....



- ACIP made recommendations for humans to follow
- MMWR and Pink Book explained and published these
- Practitioners read the recommendations and decided how they applied for a specific patient
- Result: Recommendations are optimized for human computation
 - Vaccines recommended on easy to follow calendar events (2, 4, 6 months)

Evolution of CDSi

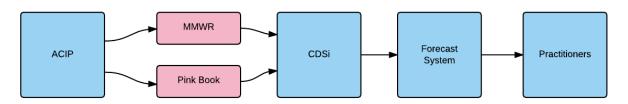
Now we try to automate...



- Solved a growing problem:
 - Over time ACIP recommendations increase in complexity
 - Inconsistent practice and mistakes can impact patient and public health
 - Humans can only remember so many rules
 - Computers can be very consistent and remember many rules
- Problem encountered:
 - Recommendations written for humans not computers

Evolution of CDSi

Now better national support...



- Solved a common problem:
 - Translated human statements into computable artifacts
 - Identified areas that need additional guidance and clarification
 - Created a standard set of test cases

Introducing CDSi

- If you use or support a forecasting system, look at using CDSi:
 - Resources to improve forecast software
 - Test cases as a starting point for testing
 - Test methodology to create additional test cases for local use
- More information can be found here:
 - http://www.cdc.gov/vaccines/programs/iis/cdsi.html
 - Or just google "CDSi"

Original Vision

How Texas Children's Hospital saw the future forecasting

Vision from Texas Children's Hospital (TCH)

Standardization

 Forecaster results are consistent across different systems

Accurate

Based on most recent ACIP/CDC recommendations

Universally and easily accessible

Standard part of continuity of care

TCH Team Acknowledgements

- Dr Julie Boom
- Brady Kerr
- Rachel Cunningham
- Leila Sahni
- Gordon Chamberlin
- Laura King

Vision from Texas Children's Hospital (TCH)

- Nationally centralized system for testing forecast systems
 - Database of test cases with expected results
 - Opinions and notes from immunization experts
 - Actual results from multiple forecast systems
- TCH created the TCH Forecast Tester

Test cases: 7,530

Forecasters integrated: 5

Users registered: 58

Testing Methods

Learn three different ways to test a forecasting system

Three Methods of Testing

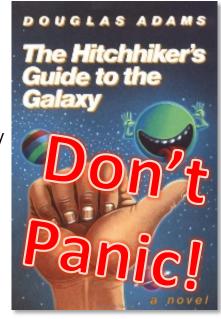
Exact Testing



- Create test cases with expected responses
- Test cases are adapted to each forecaster
- Verify forecaster meets expectations exactly

General Testing

- Select an external test set (e.g. CDSi test cases)
- Be careful: expect false negatives when testing
- A general test set can be adapted for Exact Testing by carefully reviewing all expectations





Comparison Testing

- Used when comparing with one or more forecasters
- Leverages historical knowledge embodied in software
- Useful when looking to transition to a new system

Exact Testing: Comparing Actual vs Expected



Test Case	COPY EDIT
Category	MMR
Label	MMR Test 1
Description	The minimum age for dose 1 is 12 months old. #1 on or after first birthday is valid
Vaccine Group	
Include Status	Included
Result Status	Pass
Number	438
Patient	Jillian Paulina (F)
Birth Date	07/01/2004
Assessment Date	07/12/2011

Vaccination History											
4	#	Vaccination CVX MVX Date Age									
	1	MMR	03		06/27/2005	Almost 12 Months					

Exact Testing: Comparing Actual vs Expected



Actual vs Expected for MMR

Forecast

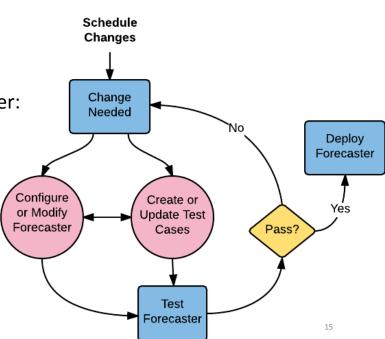
Entity	Status	Dose	Earliest	Recommend	Past Due
Expected by Laura King at TCH	Overdue	2	07/25/2005	07/01/2008	07/01/2011
Actual from TCH Forecaster for Testing	Overdue	2	07/25/2005	07/01/2008	07/01/2011
Actual from TCH Forecast for IHS	Overdue	2	07/25/2005	07/01/2008	07/01/2011

- The immunization expert sets the EXACT response that is required
- Software verifies that the matching response is returned

Exact Testing: Comparing Actual vs Expected

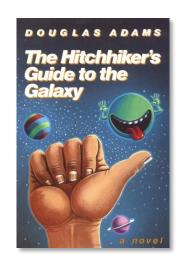


- Schedule changes
 - ACIP decisions
 - Forecaster improvement needed
- Change Needed
 - Prioritize changes needed
- These steps must happen together:
 - Configure or Modify Forecaster
 - Create or Update Test Cases
- Test Forecaster
 - Automated with testing tool
- Deploy Forecaster



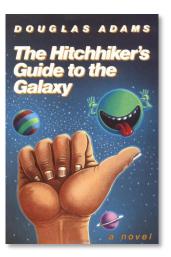
General Testing: CDSi Test Cases

- Test cases taken from other projects can be used for General Testing
- These can be further adapted to be Exact Tests
- CDSi provides:
 - 768 test cases
 - Developed by immunization community experts
- Limitations
 - Subject to revision and improvement
 - Focused on edge cases and areas of community discussion
 - Test set is for general use and are not definitive, complete or final
 - Will need to be completely reviewed, updated and expanded in order to fully test a production system



General Testing: CDSi Test Cases

- In actual practice some forecasters may return good results that do not match CDSi expectations.
- CDSi test cases define all information that could be returned but the forecaster may support less
- Past due dates can be different and still be correct
 - But past due dates are used either to ensure patients stay up-to-date or to determine if patients are up-to-date
 - ACIP provides limited guidance on when vaccines would be past due
 - Past due dates do not directly affect recommendations
 - CDSi sets past due dates in test cases to be helpful
- Corner cases can cause differences to appear
 - Earliest and valid dates may be different depending on how catch-up schedules are calculated
 - Some differences do not have clinical impact but are rather artifacts of how the result is calculated



General Testing: CDSi Test Cases Example

Schedule for IPV (Polio)

- Dose 1: 2 months
- Dose 2: 4 months
- Dose 3: 6-18 months
- Dose 4: **4-6 years**

Catchup Rule

A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.

• Catchup example from two Forecasters:

• DOB: **01/01/2012**

• Dose 1: 03/01/2012

• Dose 2: 05/01/2012

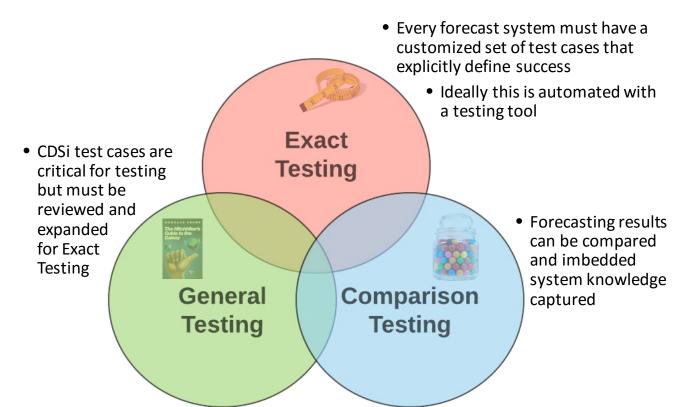
- Forecasters give matching recommendations:
 - Forecaster A: Last dose of IPV due today
 - Forecaster B: Last dose of IPV due today
- But the details include these notes:
 - Forecaster A: IPV can be given on or after 05/29/2012
 - Forecaster B: IPV can be given on or after 01/01/2016
- Both answers are accurate!
- It is not enough to simply match actual dates with expected dates
- Expert guidance is needed to interpret results

Comparing Testing: Group Consensus

- Comparison testing is helpful when
 - Verifying forecaster against other forecasters
 - Evaluating a transition to a new forecaster
- TCH Forecast Tester can compare a forecaster against a set of forecasters and identify results that are:
 - Same as all others
 - Same as at least [n] others
 - Different than all others and others don't agree
 - Different than all others and others have mixed agreement



Summary



Contact Information

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Testing a CDSi Engine

Amanda Timmons

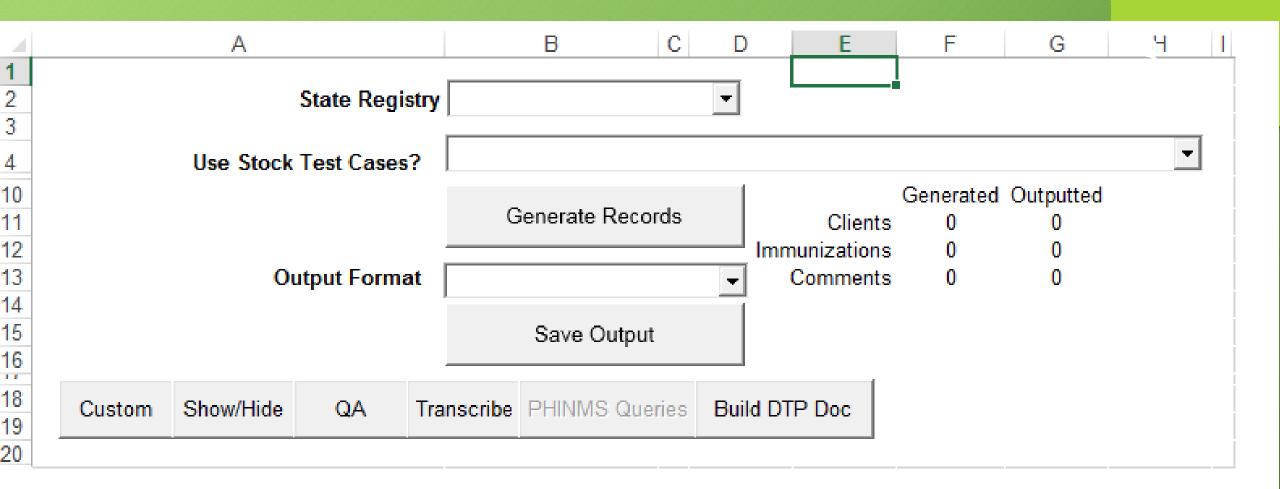
ALERT IIS

Oregon Immunization Program

Dating Test Cases

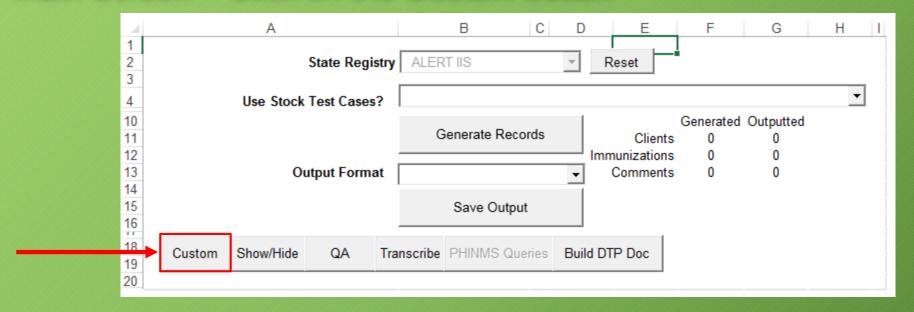
• 2 basic options:

- Aging test cases
 - Changing the date of birth and immunization dates to keep the patient's age constant.
- Changing the evaluation date
 - Changing the system date to adjust the patient's age.



Creating Custom Cases

Main Screen - Click on the Custom button



A	В	С	D	Е	F	G	Н	1	J	K	L	M	N	0
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Client

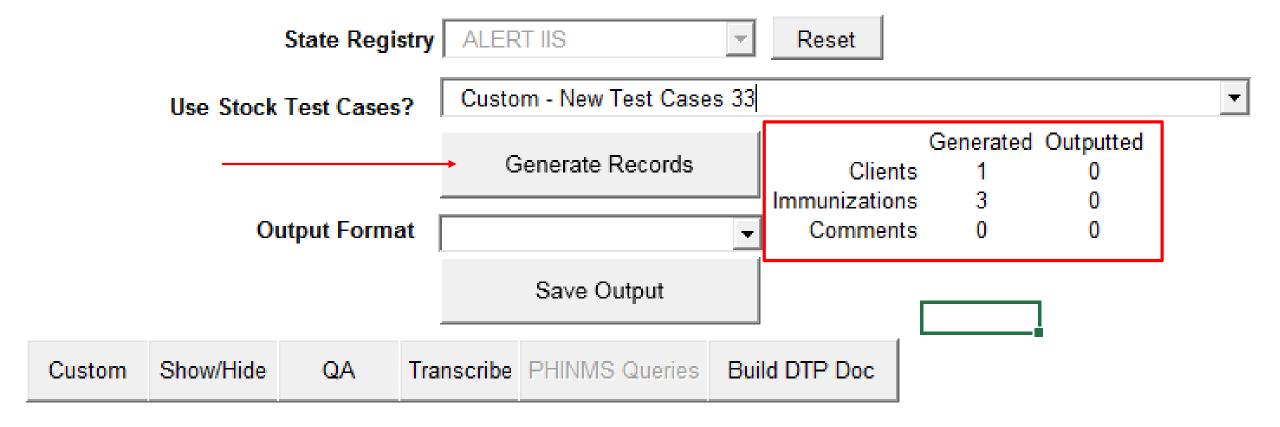
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		Age in	Age in	Age in	Gend	ific	HBsAG	Indian or		or Other Pacific	African-		Other	Securi	Medicaid
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client															

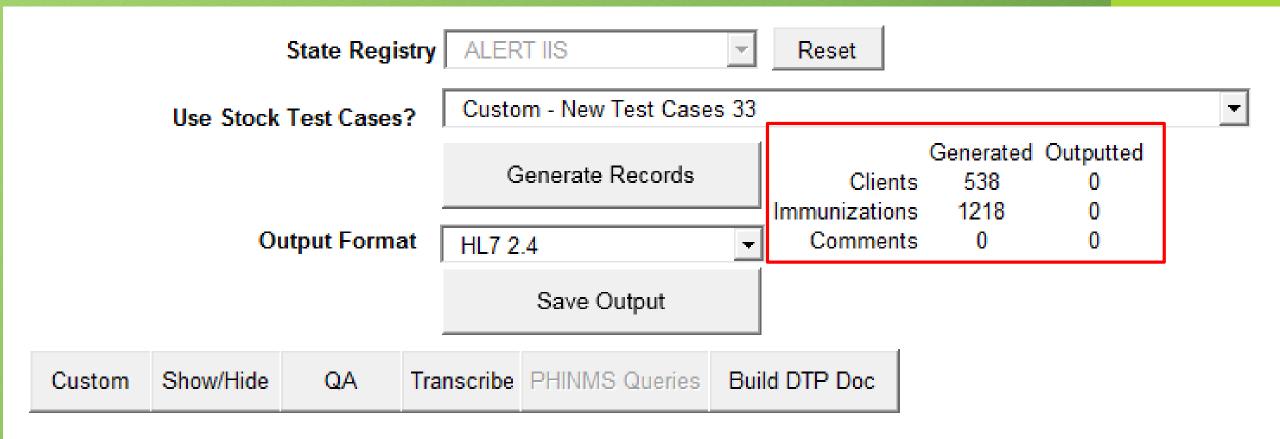
Immunization

New Test Cases 22												
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Test Case:	New Test Cases 33														
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		Age in	Age in	Age in	Gend	ic	HBsAG	Indian or		or Other Pacific	African-		Other	Securi	Medicaid
	Test Case Number	Years	Months	Days	er	DOB	Status	Alaska Native	Asian	Islander	American	White	Race	ty	Number
	Do not enter a	nything	above	this line	9										
CLIENT	HEPB CASE 1			0	F										
CLIENT	HEPB CASE 2			0	F		POSITIVE								
CLIENT	HEPB CASE 3		3		F										
CLIENT	HEPB CASE 4			8	F		POSITIVE								
CLIENT	HEPB CASE 5			11	F										
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CLIENT	HEPB CASE 6R		1		F										
	IMM HEPB CASE 6R			7		90731									
CLIENT	HEPB CASE 7		4		F										
	IMM HEPB CASE 7			0		90731									
CLIENT	HEPB CASE 8R		5		F										
	IMM HEPB CASE 8R			0		90731									





1	Record Identifier	Client Status	Client First Name	Client Middle Name	Client Last Name	Client Name Suffix	Client Birth Date	Client Death Date	Mother's First Name	Mother's Maiden Last Name	Client Sex (Gender)	Client Unique ID	Street Address	P
2	HEPB CASE 1		MARTHA	SANDRA	FREY		03112016		GWEN	SCHENK	F	HEPB CASE 1		
3	HEPB CASE 2		DOREEN	ZOANN	BERNARD		03112016		LORETTA	RACZEK	F	HEPB CASE 2	232 BALD	1IWC
4	HEPB CASE 3		TAMARA	TAMARA	O'BRIAN		12112015		VIRGINIA	LEWIS	F	HEPB (AGE 3		\Box
5	HEPB CASE 4		DOREEN	BETH	BAUMM		03032016		SUSAN	NEESON	F	HEPB (ASE 4	230 PICK	NEY.
6	HEPB CASE 5			JUNE	STEENBOCK		02292016		HANNAH	JORANSON	F	HEPB CASE 5	913 JEFF	ERS
7	HEPB CASE 6R		JAMIE	JAMIE	NAKAZAKOS		02112016		PAMELA	PETROV	F	HEPB CASE 6R	113 KING	i
8	HEPB CASE 7		LINDA	JAMIE	JENSEN		02112016		LARA	SHELBY	F	HEPB CASE 7	456 JOHN	ISO
9	HEPB CASE 8R			JUNE	COLEMAN		10112015		CAROLYN	JAHNKE	F	HEPB CASE 8R	644 ORTO	NC
10	HEPB CASE 9R		DARLENE	CAROLYN	CASH		02022016		CHRISTY	PARKER	F	HEPB CASE 9R	854 KING	i
11	HEPB CASE 10		LIBBY	POLLY	BURG		02112016		MARGARET	MORRIS	F	HEPB CASE 10		
12	HEPB CASE 11		CHRISTY	SARAH	BAILYSS		02112016		PATRICIA	CASPER	F	HEPB CASE 11		
13	HEPB CASE 12R		JAMIE		WASHINGTON		02112016		JENNIFER	ROMAINE		HEPB CASE 12R		
14	HEPB CASE 13R		RITA	PAULINE	DALLMAN		02112016		KATE	QUINN		HEPB CASE 13R		
15	HEPB CASE 14R		JACKIE	AGNES	KELLY		09142015		NOREEN	DENKART	F	IEPB CASE 14R		
16	HEPB CASE 15		MARSHA	GWEN	HARKINS		08112015		AGNES	ALBURN	F	HEPB CASE 15		
17	HEPB CASE 16		CARMEN	MARGE	MOY		09112015		DINNY	BARVIN	F	HEPB CASE 16		
18	HEPB CASE 17		MARY	SHANNON	BLIX		10112015		GWEN	MYERS	F	HEPB CASE 17		
19	HEPB CASE 18		LYNN		KNIPSCHIELD		08112014		CHRISTY	LOUDON	F	HEPB CASE 18		
20	HEPB CASE 19R		VIRGINIA	NATALIE	LIND		09072015		OLGA	DORFMAN	F	IEPB CASE 19R		
21	HEPB CASE 20			WANDA	ANDERLE		09112015		DEB	ALBURN	F	HEPB CASE 20		
22	HEPB CASE 21		BETSY	KATY	OLSON		08112015		HANNAH	FIELDS	F	HEPB CASE 21		
23	HEPB CASE 22R		VIOLET	ANNE	LENBURG		08112015		JILL	RODRIGUEZ		HEPB CASE 22R		
24	HEPB CASE 23R		ZOANN	OLIVIA	FLANAGAN		08112015		JENNIFER	BERNWALL	F	HEPB CASE 23R		
25	HEPB CASE 24			DEBBIE	FUKAYAMA		07112015		MARIANNE	FLEMBEE	F	HEPB CASE 24		
26	HEPB CASE 25R		ODETTA	VIOLET	KOVITZ		09112015		OLIVIA	COPLEY		HEPB CASE 25R		
27	HEPB CASE 26R		CAROLYN	CHARLENE	KELSSON		05112014		CHRISTY	BURNS		HEPB CASE 26F		
	T FAMILY CASE 1			TAMARA	GULDEN		01312016		LIBBY	PATTERSON		FAMILY CASE 1		
	T FAMILY CASE 2			TABITHA	LEAVITT		01302016		CECILIA	FARWELL		FAMILY CASE 2		
	T FAMILY CASE 3		RITA	PAULINE	DIETZ		12112015		JENNIFER	BAYER		FAMILY CASE 3		
	T FAMILY CASE 4			LINDA	MESSIER		01112016		ASHLEY	MORRIS		FAMILY CASE 4		
_	T FAMILY CASE 5			LYDIA	COPLEY		01112016		OLIVIA	GRENADA		FAMILY CASE 5		
	T FAMILY CASE 6			LORETTA	IMHOF		01032016		CINDY	LAPLANT		FAMILY CASE 6		
	FAMILY CASE 7R		MARY	SHANNON	BUCHOLZ		12112015		EILEEN	TREBAN		AMILY CASE 7R		
	FAMILY CASE 8R		STEPHANIE	DEBBIE	WALSH		01022016		CHARLENE	COEN		AMILY CASE 8R		
	T FAMILY CASE 9			PAMELA	SCHNEEMANN		10112015		LATANYA	RICE		FAMILY CASE 9		
	AMILY CASE 10R			MYRTLE	FLYNN		10112015		DIANA	PLOCH		MILY CASE 10F		
	FAMILY CASE 11		SALLY	BARB	LITTLEWOOD		09112015		VIOLET	WASHINGTON		AMILY CASE 11		
	FAMILY CASE 12			LYNN	LISKOV		06112015		HANNAH	CHAKABHARTI		AMILY CASE 12		
40	FAMILY CASE 13		MYRTLE	LOIS	BARNES		08112015		DORA	VAN HOWARD	F	AMILY CASE 13	354 DRA	KE
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HEPB CA			90731		03012016					01					
HEPB CAS			90731		02182016					01					
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HEPB CA			90731		03052016					01					
HEPB CA			90731		02112016					01					
HEPB CA			90731		03062016					01					
HEPB CAS			90731		02202016					01					
HEPB CAS			90731		03112016					01					
HEPB CASI			90731		02122016					01					
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HEPB CA	SE 15		90731		01112016					01					
HEPB CA	SE 16		90731		09112015					01					
HEPB CA	SE 16		90731		02112016					01					
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HEPB CA			90731		02212016					01					
HEPB CA			90731		08112015					01					
HEPB CA			90731		09122015					01					
HEPB CA			90731		01222016					01					
HEPB CASI			90731		11262015					01					
HEPB CASI			90731		12262015					01					
HEPB CASI			90731		03112016					01					
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Advantages

- Readily available tool
- Custom test cases
- Minimal maintenance

Disadvantages

- Not automated creates a file to load into the IIS, doesn't produce results
- Must have detailed knowledge of schedule and spacing
- Time consuming

Contact

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CDS Administration Tool (CAT)

- Purpose
 - Manage the ICE immunization schedule
 - Create, edit, delete, test cases (2,600+)
 - Automated testing
- Graphical user interface
- Usable by non-technical SMEs



Attributes of a Test Case

Inputs

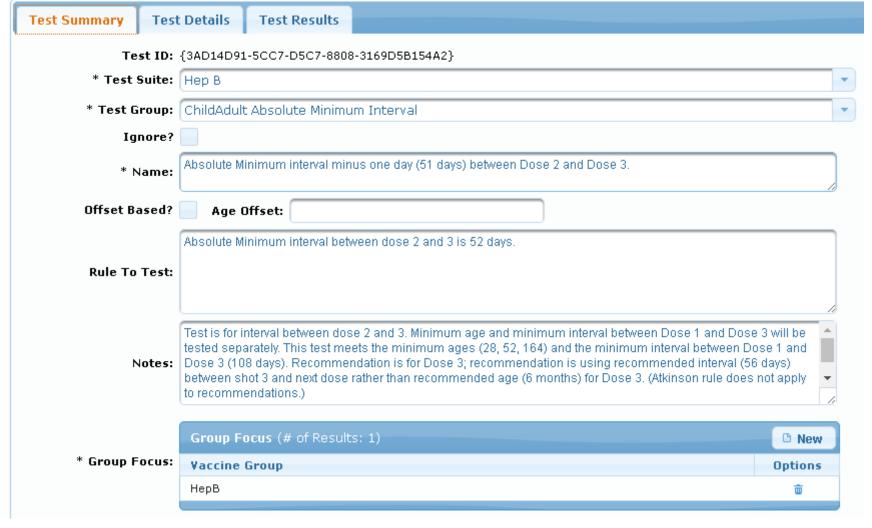
- Date of Birth
- Gender
- Immunization history (vaccine + administration date)
- Proof of Immunity and Documented Disease
- Assessment/Execution Date

Expected Outputs:

- Validity of immunization history + reasons
- Immunization recommendation + reason

Sample Test Case in CAT

Descriptive Summary



Test Case Data

* Date of Birt	h: 04/01/2011	•	Age @ Execu	tion Dat	e: 6 months 20 da	ays (203 days)	
* Execution Dat	e: 10/21/2011	□ Set	Execution Da	te @ Ag	e:		# Set
* Gende	r: Female (F)						
Proof of Immunity,	/Documented Diseas	se (# of Results: 0)					□ New
Antigen	Immunit	y Date	Age @ Imm	Date	Imm	unity Reason	Delete
No records found.							
Administered Imm	unizations (# of Rest	ults: 3)					□ New
ID	Vaccine Code	Administration Dat	Age @ Admin Date		Components	Component Status	Delete
{5769055B-CA59- 9C49-C908- AD0D909CBA80}	Hep B, adolescent or pediatric (08)	04/29/2011	28 days (28 days)		1	Valid Immunization	Ū
{66481C9F-A10E- CCE5-F14A- 79FAEE4A0BE7}	Hep B, adolescent or pediatric (08)	07/23/2011	3 months 22 ((113 days)	2 days 1		Valid Immunization	Ē
{5F123481-ABBB- 0C1B-86AE- 20EFCF3AC984}	OC1B-86AE- hep B, adolescent or pediatric (08)		5 months 11 days (164 days)		1	Invalid Immunization	Ē
Recommendations	(# of Results: 1)						□ New
Recommended Vac	cine Date Due	Age @ Rec	Date	Recomn	nendation	Reason(s)	Delete
НерВ (100)	11/07/2011	7 months 6 ((220 days)	days	Future R	ecommendation	Due in Future	Ü

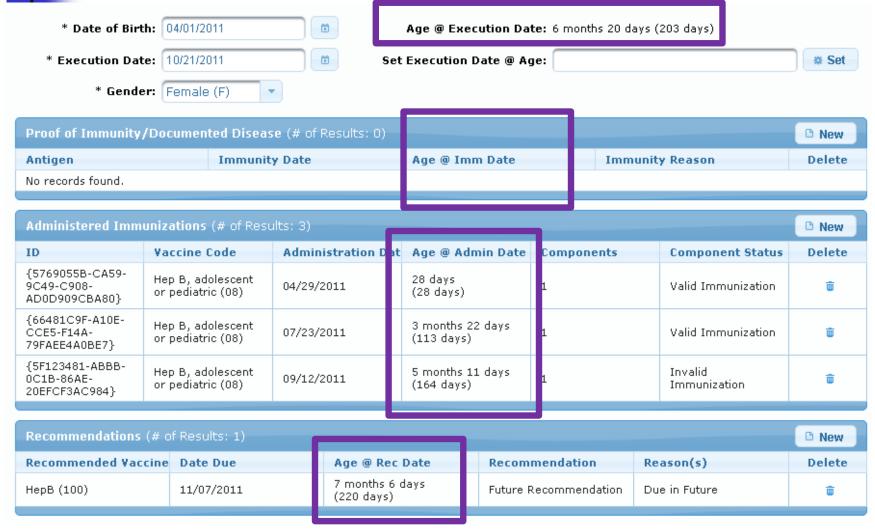
Inputs

* Date of * Execution * Ge	Date:			i Set	Age @ Exec			ths 20 da	ays (203 days)	* Set
Proof of Immur							□ New				
Antigen		Immunit	y Date		Age @ Imn	Date		Imm	unit	y Reason	Delete
No records found											
Administered I	Administered Imr unizations (# of Results: 3)										□ New
ID	Vaccine Code		Administration Dat		Age @ Adm	dmin Date Compo		nents Comp		Component Status	Delete
{5769055B-CA59 9C49-C908- AD0D909CBA80}	He	p B, adolescent pediatric (08)	04/29/2011		28 days (28 days)	1		Valid Immunization		Valid Immunization	-
{66481C9F-A10E- CCE5-F14A- 79FAEE4A0BE7}	He	p B, adolescent pediatric (08)	07/23/2011		3 months 22 (113 days)	: days	days 1		Valid Immunization		Ü
{5F123481-ABBB 0C1B-86AE- 20EFCF3AC984}	or pediatric (1181		09/12/2	2011	5 months 11 days (164 days)		1			Invalid Immunization	ŵ
Recommendation	ns (#	of Results: 1)									□ New
Recommended	/accine	Date Due		Age @ Rec	Date	Recommendation		Reason(s)		Delete	
HepB (100) 11/07/2011 7 months 6 (220 days)					ays Future Recommendation			Due in Future		-	

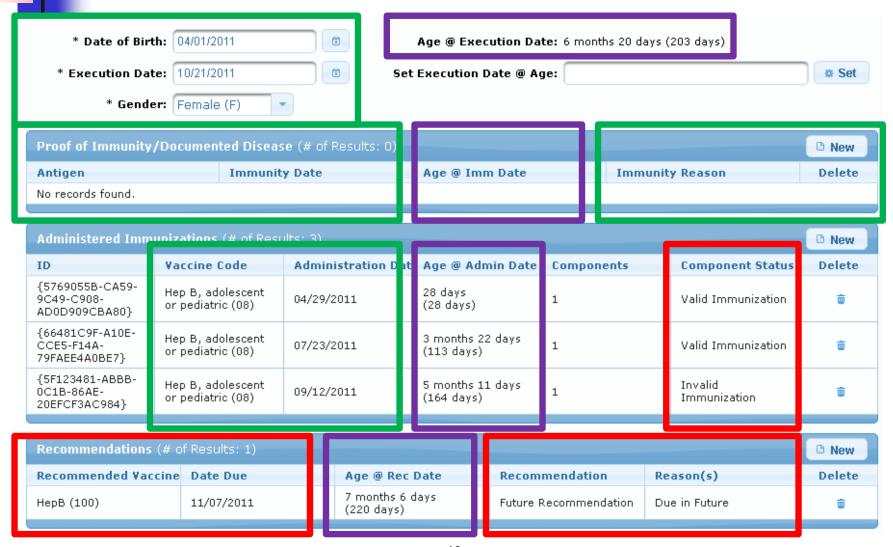
Expected Outputs

* Date of Birt	th: 04/01/2011		ti d	Age @ Exe	cution Da	te: 6 month	s 20 days	(203 days)		
* Execution Dat	te: 10/21/2011		fi Set	Execution	Date @ Aq	ge:			# Set	
* Genda	er: Female (F)									
Proof of Immunity	/Documented Diseas	se (# o	f Results: 0)						□ New	
Antigen	Immunity Date Age @ Imm Date Immunity Reason Delete dis found. tered Immunizations (# of Results: 3) Vaccine Code Administration Dat Age @ Admin Date Components Component Status Delete 68-CA59- 08- 08- 08- 08- 08- 08- 08- 08- 08- 08									
No records found.										
Administered Imm	unizations (# of Resu	ults: 3)							□ New	
ID	Vaccine Code	Admi	nistration Dat	Age @ Adı	nin Date	Compone	nts	Component Status	Delete	
{5769055B-CA59- 9C49-C908- AD0D909CBA80}	Hep B, adolescent		/2011		1			Valid Immunization	ŵ	
{66481C9F-A10E- CCE5-F14A- 79FAEE4A0BE7}	Hep B, adolescent or pediatric (08)	07/23/2011		3 months 2 (113 days)				Valid Immunization	ŵ	
{5F123481-ABBB- 0C1B-86AE- 20EFCF3AC984}	{5F123481-ABBB- 0C1B-86AE- Hep B, adolescent or pediatric (08)		/2011	5 months 11 days (164 days)		1		Invalid Immunization	Ü	
					_					
Recommendations	(# of Results: 1)								□ New	
Recommended Vac	Recommended Vaccine Date Due Age @ Rec Date Recommendation Reason(s) Dele									
HepB (100)	11/07/2011		7 months 6 days (220 days)		Future Recommendation C		ation D	ue in Future	Ü	

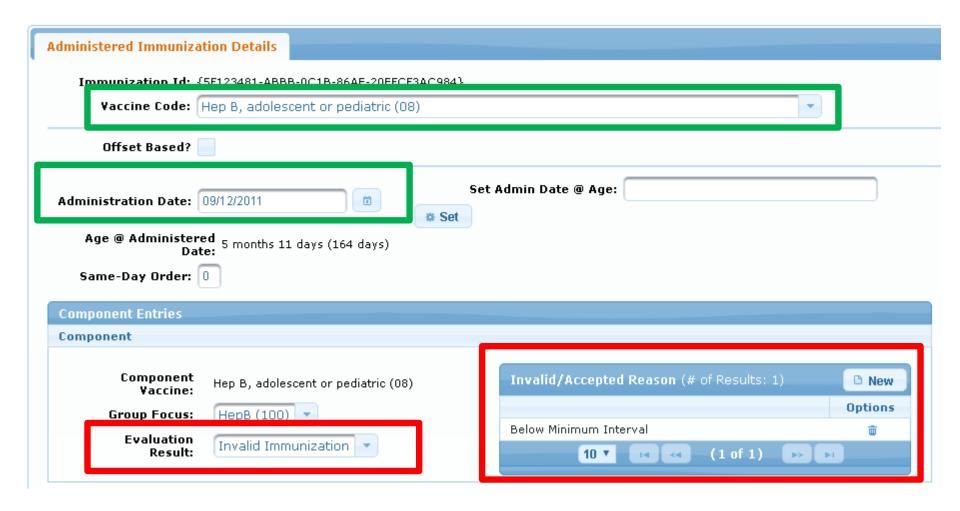
Calculated Values



Test Case Data (again)



Adding/Editing a Dose Administered



•

Heirarchical Grouping of Tests

Hep B (18 groups; 150 tests). ChildAdult Absolute Minimum Age (9 tests) ChildAdult Absolute Minimum Interval (14 tests) Absolute Minimum interval (108 days) between Dose 1 and Dose 3. {136CD488-A332 Absolute Minimum interval (24 days) between Dose 1 and Dose 2. {F0CCD6D5-C3DF-Absolute Minimum interval (52 days) between Dose 2 and Dose 3. {D0EE6072-15A6-8 Absolute Minimum interval minus one day (107 days) between Dose 1 and Dose 3. Absolute Minimum interval minus one day (23 days) between Dose 1 and Dose 2. {| Absolute Minimum interval minus one day (51 days) between Dose 2 and Dose 3. {:

4

Top Level = "Suite" of Tests

- ▼ Hep B (18 groups; 150 tests)
 - ChildAdult Absolute Minimum Age (9 tests)
 - ChildAdult Absolute Minimum Interval (14 tests)
 - Absolute Minimum interval (108 days) between Dose 1 and Dose 3. {136CD488-A332
 - Absolute Minimum interval (24 days) between Dose 1 and Dose 2. {F0CCD6D5-C3DF-
 - Absolute Minimum interval (52 days) between Dose 2 and Dose 3. {D0EE6072-15A6-8
 - Absolute Minimum interval minus one day (107 days) between Dose 1 and Dose 3.
 - Absolute Minimum interval minus one day (23 days) between Dose 1 and Dose 2. {|
 - Absolute Minimum interval minus one day (51 days) between Dose 2 and Dose 3. {

1

Middle Level = "Group" of Tests

▶ ChildAdult Absolute Minimum Age (9 tests)
 ▼ ChildAdult Absolute Minimum Interval (14 tests)
 ■ Absolute Minimum interval (108 days) between Dose 1 and Dose 3. {136CD488-A332
 ■ Absolute Minimum interval (24 days) between Dose 1 and Dose 2. {F0CCD6D5-C3DF-Absolute Minimum interval (52 days) between Dose 2 and Dose 3. {D0EE6072-15A6-8
 ■ Absolute Minimum interval minus one day (107 days) between Dose 1 and Dose 3.

Absolute Minimum interval minus one day (23 days) between Dose 1 and Dose 2. {|

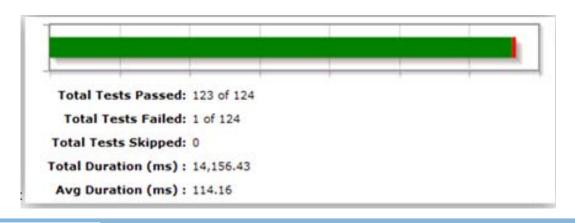
Absolute Minimum interval minus one day (51 days) between Dose 2 and Dose 3. {:

1

Bottom Level = Individual Tests

Hep B (18 groups; 150 tests). ChildAdult Absolute Minimum Age (9 tests) ChildAdult Absolute Minimum Interval (14 tests) Absolute Minimum interval (108 days) between Dose 1 and Dose 3. {136CD488-A332 Absolute Minimum interval (24 days) between Dose 1 and Dose 2. {FOCCD6D5-C3DF Absolute Minimum interval (52 days) between Dose 2 and Dose 3. {D0EE6072-15A6-Absolute Minimum interval minus one day (107 days) between Dose 1 and Dose 3. Absolute Minimum interval minus one day (23 days) between Dose 1 and Dose 2. { Absolute Minimum interval minus one day (51 days) between Dose 2 and Dose 3. {

Results of Automated Test Run



Suite Details

Suite Test Results

Suite Test Results for: HepB Tests

Ехр	and rows	to see detailed information									
	ID 🔺	Name \$	Duration (ms)	Eval. Passed?	Rec. Passed?	Passed? ♦					
0	72	Minimum interval minus one day (23 days) between Dose 1 and Dose 2.	97	✓	✓	✓					
0	73	Minimum interval (24 days) between Dose 1 and Dose 2.	115.39	✓	✓	✓					
0	74	Minimum interval plus one day (25 days) between Dose 1 and Dose 2.	93.18	✓	0	0					
Dif	ferences										
Recommendation Date Due date values do not match: ICE=10/01/2011; EXPECTED=10/10/2011											
0	75	Minimum interval minus one day (51 days) between Dose 2 and Dose 3.	96.92	✓	✓	*					

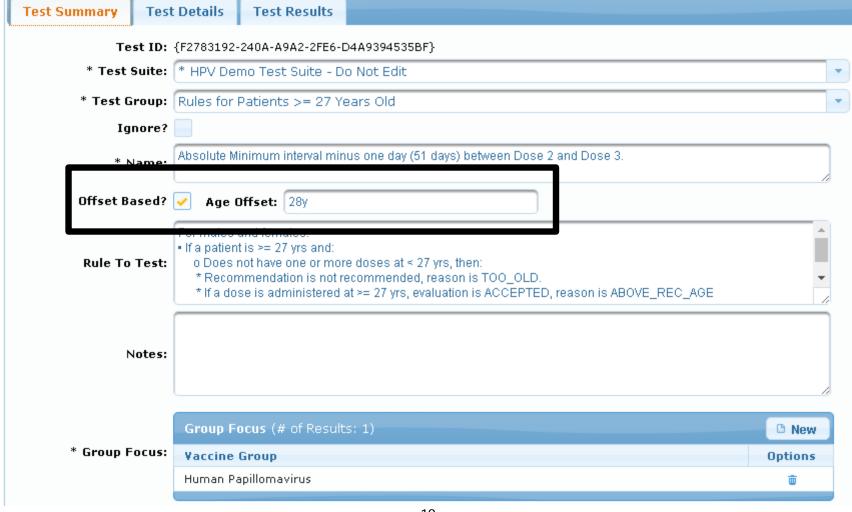
What Comes Next for CAT?



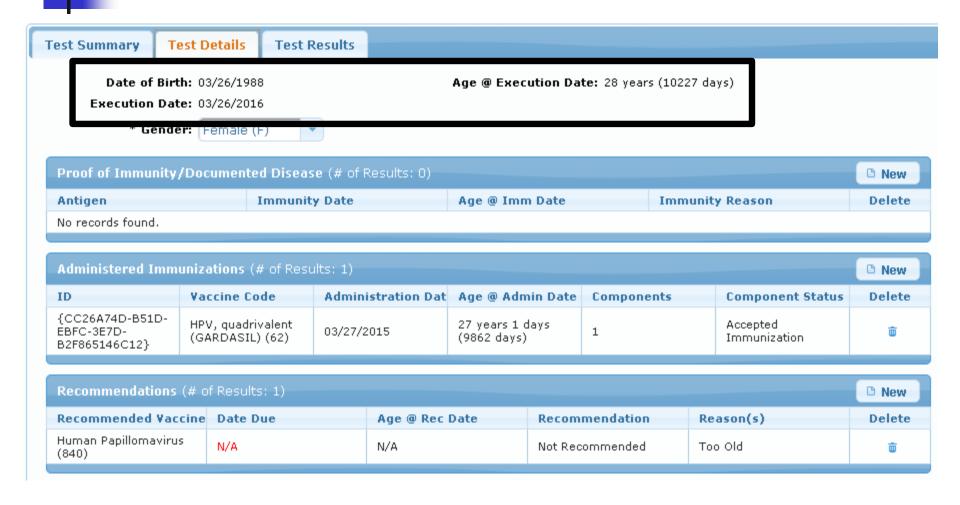
Two Approaches to Preventing Aging of Test Cases

- CAT Currently Supports
 - Fixed Assessment/Execution Date
 - Fixed Date of Birth
 - Fixed Dates of Administration
- Adding Support for 2nd Approach
 - Assessment/Execution Date = Today (Always!)
 - Fixed Age
 - Fixed Age at Administration, and/or
 - Fixed Interval at Administration

Patient has Fixed Age in this Test Case

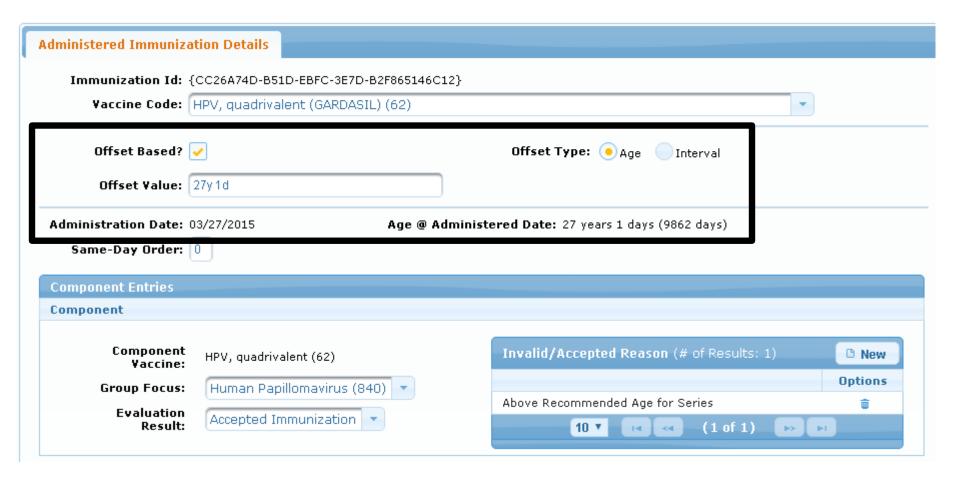


Execution Date = Today (3/26/16) Date of Birth is Calculated





Dose is Given at Fixed Age in this Test Case





Contact Us for More Information

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Email: ice@hln.com