AFIX-IIS Coverage Report Integration

AIRA 2015 National Meeting

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CDC - Motivation for this project

- CoCASA retirement
- Expanding IIS functionality to accommodate AFIX
- Single reference source to ensure consistent reporting of coverage assessment results across jurisdictions

CDC – What's already occurred

- May 19-22, 2014 AFIX-IIS SME meeting
  - 8 awardee projects
  - 3 largest IIS vendors
  - CDC program experts
  - AIRA and independent contractors of AIRA
  - AIM
- Phase 1 document

Benefits of integration

AFIX
- Access to an increased amount of data – ability to assess 100% of the provider records
- Time savings in generating reports directly from the IIS – no manual data entry or export/import step

IIS
- AFIX interactions with providers to increase participation and reporting
- Improved data quality resulting from AFIX assessments

Providers
- Ability to update patient lists and review missing data prior to official AFIX assessment
- Periodic informational assessments
- Improved clinical decision support through increased participation and reporting

Project Overview

- Transitioning AFIX assessment reports from CoCASA to IIS
- Two (2) project development phases
  - Phase 1 – Required (Assessment)
  - Phase 2 – Optional/Recommended (Assessment)
- Operational and Technical Guidance being created for use by awardees
  - Operational: How will the IIS be used to support AFIX efforts?
  - Technical: What technical elements should be employed by IIS to produce the necessary reports?

Project Dynamics

- Project Sponsor: CDC – POB AFIX and IISSB

- Project Contractor: American Immunization Registry Association (AIRA)

- Project Partner: Association of Immunization Managers (AIM)

- Subject Matter Experts: FL, KS, MI, MN, NYC, OR, WA, WI, STC, HP, Envision

General - **Requirements**

- AFIX awardees will be required to leverage their Immunization Information Systems (IIS) to perform provider level assessment activities.

- IIS must be able to perform the minimum/mandatory reporting requirements to support the AFIX workflow.

- The IIS must apply all business rules for identifying the assessment cohort (denominator), applying the assessment criteria (numerator), and performing the calculation logic.

Providers
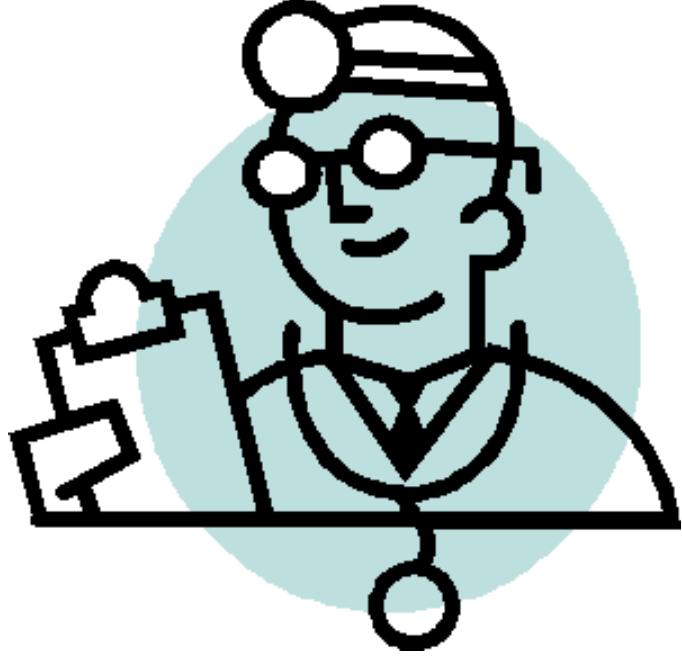
Provider Selection - **Requirements**

- The VFC Pin number will be the primary identifier for linking the provider in the IIS with the provider in the AFIX Online Tool.

- AFIX awardees must prioritize at least ½ of their annually recommended AFIX visits from providers with coverage rates in the bottom quartile.

Provider Selection – Best Practice Recommendations

- AFIX awardees should use a systematic approach to identify providers with low coverage rates by leveraging the IIS.
- AFIX awardees should conduct periodic courtesy assessment for providers in their jurisdiction.

Provider Participation – Best Practice Recommendations

- AFIX and IIS staff should work together to develop and apply strategies to increase provider participation and reporting.
- AFIX awardees should leverage pre-visit assessment activities as an opportunity for providers to review active patient lists and address data quality issues.
- VFC providers should be given appropriate permissions in the IIS to generate their own periodic assessments.

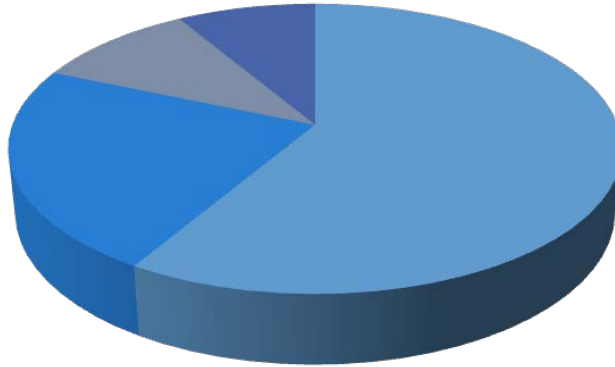**Patients**
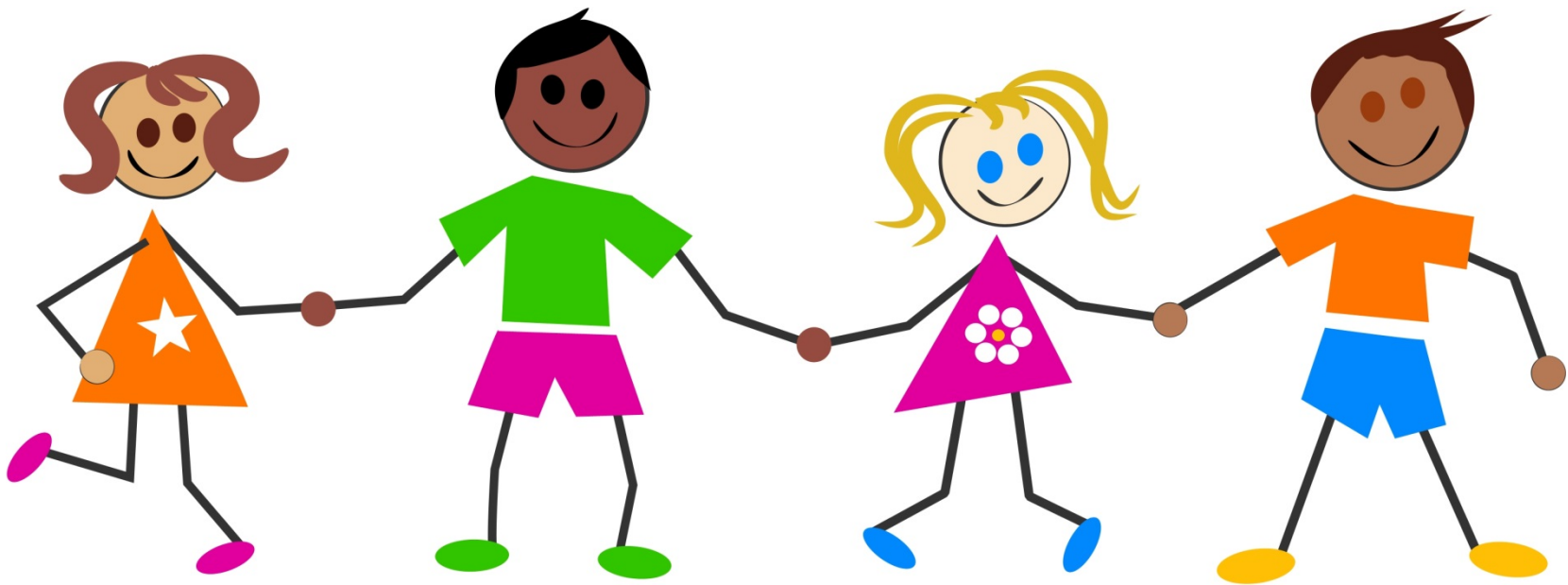
Patient Selection - **Requirements**

- Assessment age ranges must be defined as 24 through 35 months for childhood assessments and 13 through 17 years for adolescent assessments.
- The IIS must be able to identify active patients of the assessed provider.
- The assessment will include 100% of the patients in the specified age cohort that have an active status with the provider (denominator).

Patient Selection -
Best Practice Recommendations

- Providers should have the ability to edit the patient active status value when needed.

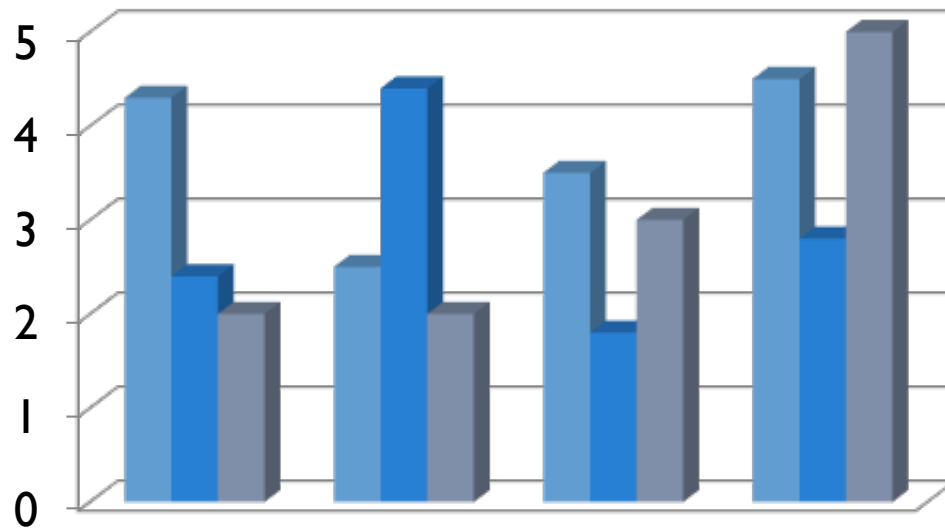(1) $\widehat{Y}_i = b_0 + b_1 X_i$

(2) $b_0 = \overline{Y} - b_1 \overline{X}$

(3) $b_1 = \dfrac{\sum x_i y_i}{\sum x_i^2}$

(4) $x_i = X_i - \overline{X}$

(5) $y_i = Y_i - \overline{Y}$

(6) $\overline{X} = average\ of\ X_i\ data\ points$

(7) $\overline{Y} = average\ of\ Y_i\ data\ points$

Assessment Criteria - **Requirements**

- Patient compliance will be assessed at 24 months/2nd birthday for childhood assessments.

- Patient compliance will be assessed on the date of assessment for adolescents.

- IIS will assess patient compliance with the specified AFIX measurements according to the provided calculation logic.

Measurements - Childhood

- 4 DTaP* (%)
- 3 Polio* (%)
- 1 MMR* (%)
- UTD HIB* (%)
- UTD Hep B* (%)
- 1 VAR* (%)
- UTD PCV* (%)
- UTD RV (%)
- 1 Influenza (%) (*note: previously completed flu season*)
- 2 Hep A (%)
- *4:3:1:3:3:1:4 (%) Series

Measurements - Adolescent

- UTD Hep B (%)
- 2 MMR (%)
- 2 VAR (%)
- 1 Tdap (%)
- UTD Meningococcal (%)
- 3 HPV (%) (*complete* with 3 valid doses)
- 2 HPV (%) (*in progress* with 2+ valid doses)
- 1 HPV (%) (have *started* the series with 1+ valid doses)
- 1 Influenza (%) (*note: previously completed flu season*)
- 2 Hep A (%)
- UTD Polio (%)

Other Assessment **Requirements**

- IIS will adopt and apply AFIX assessment date concepts for establishing report parameters used to derive the assessment cohort birthdate range and benchmarks/timeframes for vaccination status assessment.

- Only valid vaccinations will be counted towards the coverage calculations and missed opportunities assessment.

- Missed Opportunities calculations will be based on the last immunization visit.

Assessment – Best Practice Recommendations

- IIS should apply their full forecasting/evaluation algorithm for both the recommended and catch up schedules when making coverage/missed opportunity determinations.
- IIS should leverage CDSi resources when defining forecasting/evaluation algorithms.

Operations

Requirements for Operationalizing

- Providers prioritized for an annual AFIX visit should receive an initial assessment/feedback visit and a 6-month follow up assessment.
- Results of both the initial and the follow up assessment must be reported to the AFIX Online Tool.

Best Practice Recommendations

- Prioritized providers should be provided with a pre-visit assessment to review the active patient list and address any data quality issues prior to the official assessment.

- AFIX awardees should offer periodic courtesy assessments to all VFC providers within their jurisdictions regardless of whether they have been identified for a visit.

Best Practice Recommendations

- The new assessment report(s) should be made available to a variety of user types.

- The IIS should offer the ability to print, save and/or generate an export of the report results.

- AFIX awardees should plan to run reports for assessment/feedback visits in advance of the visit ($\leq$ 7 days) to avoid any possible IIS processing challenges that may be encountered when generating the large, complex reports.

General Recommendation

- IIS awardees and their vendors may leverage the Technical Design Specification that includes suggestions on implementation considerations for generating the required report(s).

CDC – What's next

- Phase II
- June 30 – July 2 AFIX-IIS SME meeting
  - 9 awardee projects
  - 3 largest IIS vendors
  - CDC program experts
  - AIRA and independent contractors of AIRA
  - AIM
- Timeline's
- Resources and support plan

QUESTIONS?

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