

CONSUMER ACCESS TO IMMUNIZATION INFORMATION SYSTEMS: APPROACH/OPTIONS CONSIDERED BY MINNESOTA

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Outline

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- Project Context
- Project Methodology
- Review of Final Report
 - Background
 - Requirements and Limitations
 - Options
 - Conclusions and Recommendations
- Next Steps

Project Context

- Project Drivers
- Current Landscape

Project Context

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- Consumer access to Immunization Information is a priority initiative of the Office of the National Coordinator for Health Information Technology (ONC)
 - ONC seeking input on Federal Consumer e-health Strategies.
 - The 3A's -- Access, Action, Attitude.

- Consumer Empowerment and facilitating individual access to health information is part of Meaningful Use requirement
 - CMS' Meaningful Use encourages enhanced patient engagement through the deployment of EHR systems; the development of core measures and standards for reporting; and requirement for electronic exchange of data.
 - Stage 2 MU outlines Patient Electronic Access – ability to view/download/transmit.

Project Context

(continued)

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- Momentum gained by Blue Button and other similar initiatives
 - Veterans Administrations MyHealthVet portal and Blue Button. Blue Button provides the ability to view and download health information from portal.
 - Blue Button+; this is an enhanced version of Blue Button provides digital access to health information.
- Concept of consumer access to immunization registry information is not new; ability currently in place in some states
- Minnesota wanted to understand the options in facilitating this access to and explore feasibility of this concept
 - Many challenges to consumer access include: policy, technology, identity proofing, communications and outreach.

Project Methodology

- Bringing expert consultants on board
- Involvement of MIIC and MDH e-Health staff

Project Methodology

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- Open solicitation for technical assistance/expert consultation
- HLN consultancy identified and offered contract
- MIIC and MDH e-health staff involved closely to identify subject matter experts
- Interviewed MIIC program manager, various MDH stakeholders, key MN e-Health experts, HIE service providers
- Interviewed other states with enabled functionality
- Interviewed national and CDC experts in this domain
- Final deliverable
 - Report with synthesis of work and recommendations

Overview of the Report

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- Executive Summary
- Introduction and Background
 - Scoping and Issue
 - Federal Perspective
 - State Perspective (legal, MDH, HIE, Vendor, Health System)
- Requirements and Limitations
- Current Consumer Access to IIS
- Models for IIS Consumer Access
- Authentication and Authorization of Consumers
- Conclusions and Recommendations
- Appendix A: Sources
- Appendix B: Interview List
- Appendix C: Glossary

Core Requirements

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- Support Federal Consumer health data access initiative.
- User can query for a patient's record.
- Query returns one and only one target record.
- Only authorized users can see data for a particular patient.
- Single-factor authentication is sufficient for this project.
- User can view consolidated, de-duplicated immunization history and forecast of doses due.
- User can download immunization history and forecast in a standard, electronic format.
- User can generate or download a report with vaccine history suitable for school, camp, or child care admissions

Other Possible Requirements

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- Allow consumers to indicate potential errors in IIS records for follow-up with providers and possible correction.
- Generate reminder notices to "push" to parent electronically.

MN Limitations

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- **No explicit demand from the community for direct Consumer Access** - Outreach required to determine priority.
- **Cannot use SSN or Medicaid ID for query** – MIIIC does not contain SSN or Medicaid ID which may cause issues in querying the data.
- **Little to no use of HL7 query to date** – Very limited use of HL7 v2 message query against MIIIC to date.
- **Large penetration of Epic with some automated interoperability** – Could be a point of leverage or constraint
- **No official Parent Report exists, though a MIIIC-generated report is widely used** - An official report for schools, camps, etc. would provide more leverage for this project



Snapshot of Three States Interviewed

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	Nebraska	Wisconsin	Indiana
Registry Name	NESIIS (WIR implementation)	WIR	CHIRP
Consumer Access	<ul style="list-style-type: none"> Started on 2010 Via State portal. Separate web application against production IZ database 	<ul style="list-style-type: none"> Started in 2005 when Governor announced Kids First Same web portal as provider link More restrictive search then providers 	<ul style="list-style-type: none"> Access via MyVax Indiana Patients need URL and PIN from provider or help desk
State Laws	<ul style="list-style-type: none"> Wrote original statutes but they need updating 	<ul style="list-style-type: none"> None on public access 	<ul style="list-style-type: none"> State law says individual has the right to see their record.
Search Criteria/ Identifiers	<ul style="list-style-type: none"> SSN used as unique identifier but not mandatory. Also need name DOB 	<ul style="list-style-type: none"> First released with SSN or Medicaid ID Recently added MRN. Very popular search Also need name, DOB 	<ul style="list-style-type: none"> PIN required. Also need name and DOB
What you see	<ul style="list-style-type: none"> Print official record No SSN, physician's name or location of IZ displayed. Access to proof of age by children Schools have separate access 	<ul style="list-style-type: none"> Print official record Provides history and forecast info. No location for shots or providers Provide only PHI that was already provided 	<ul style="list-style-type: none"> Print official record No SSN, physician's name or location of IZ given.
Functionality	<ul style="list-style-type: none"> Print only 	<ul style="list-style-type: none"> Print only 	<ul style="list-style-type: none"> Print, possibly more

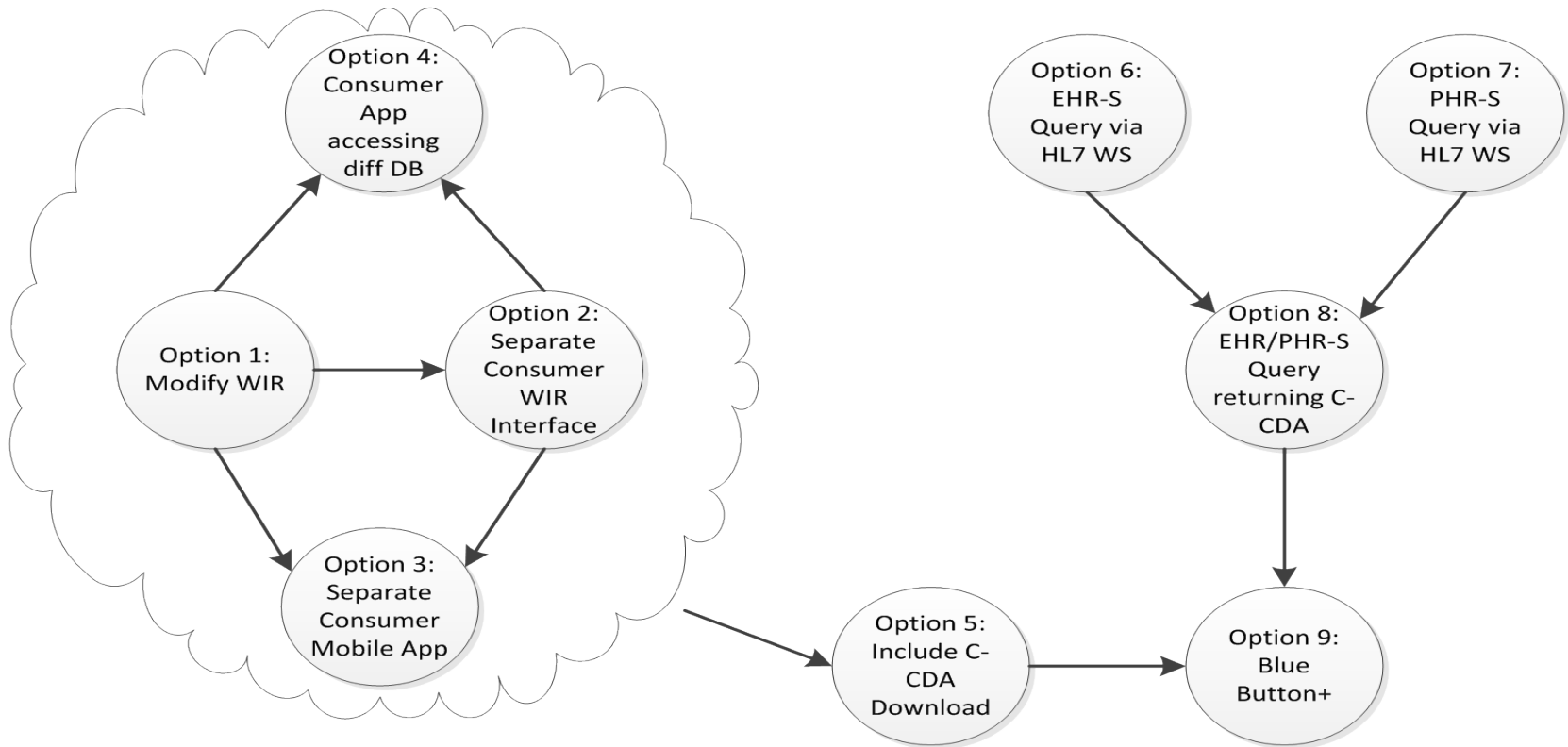
Authentication and Authorization

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- Access control consist of both Authentication and Authorization:
 - Authentication is the process of validating that the person trying to access data is who they say they are.
 - Authorization is the process of determining that the authenticated user has the right to view the data being requested
- Much focus has been on authentication issues (including identity proofing) but this is somewhat of a red herring
- Authorization is the key issue for IIS: establishing the user's relationship to the patient
- Various options exists for authorizing and authenticating users in this type of environment

Model for IIS Consumer Access

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Conclusions and Recommendations

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- ❑ MN has not done any consumer outreach; significant investment should only *follow* more investigation
- ❑ No other MN consumer health engagement initiatives (except HIX)
- ❑ Other states have provided consumer access with little up front cost
- ❑ EHR market not very sophisticated, but V/D/T is looming. State and local PHAs might also be a point of access for those without a medical home
- ❑ Since identifiers in MIIIC are limited, some effort will be required to authorize users to access MIIIC directly
- ❑ Authorization is key – establishing the user's relationship to the patient – and this is difficult with MIIIC without corroborating with another source of information



Conclusions and Recommendations

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- MN does not appear to be inclined to expand the use of the existing WIR software web client to consumers, though this might be the easiest approach for consumers.
- The creation of a mobile application is the most forward thinking, but support for printing from these devices needs to be carefully considered.
- Access via query from electronic health record (EHR) and/or personal health record (PHR) systems require the least modification to MIIC, but requires close cooperation with the vendors and sites.
- Pursuit of a Blue Button+ strategy is the most forward-thinking of all the options but requires publish/subscribe capability and use of Direct

Next Steps

- Collaborative Project on Best practices for Consumer Access to Immunization Information Systems
- Exploration of pilot projects in Minnesota

Collaborative Project: Objectives, Scope and Approach

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Project Objectives

- Facilitate collaboration amongst WIR solution users & benefit from the collective experiences of the WIR Consortium
- Provide a blueprint for a variety of WIR solution users to consider when establishing consumer access to their immunization registries
 - Nearly twenty states use IIS applications based on Wisconsin Immunization Registry (WIR) software application

Project Scope

- Final deliverable will include Consumer Access Best Practices to Immunization Information recommendations and related documentation; the best practices discussion will be broad and explore a variety of options
- System specifications and related design documents for specific systems including WIR or other statewide immunization information system, or any other health information are out of scope

Project Approach and Support Team

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Approach

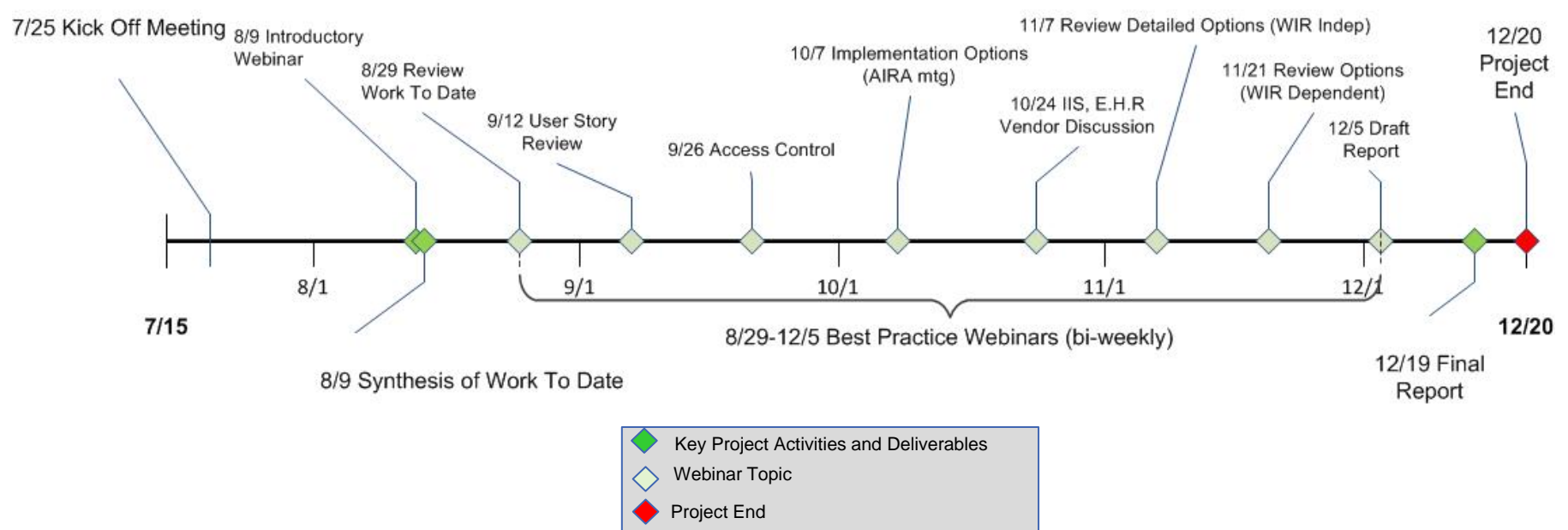
- **An iterative, community, consensus - driven process**
 - to establish a final best practices document
- **A collaborative and transparent approach** - to enable a wide variety of implementations is critical, given that there are a variety of IIS solutions, and each state or local IIS must follow their specific jurisdiction policies and technologies
- **A series of webinars** - serve as a collaborative space to share experiences and narrow-in on best practices
- **Research** - into emerging techniques and strategies for consumer engagement will be on-going
- **Engagement of selected external stakeholders** - to help identify best practice and gauge the impact of consumer access on their activities
- **A community conducted document review** - will drive different iterations of the best practices document; feedback will be collected in a comment log; the Support Team will work with group members to resolve comments
- **A finalized best-practices document** will be presented to ONC, and CDC IISB Leadership for review and sign-off

Name & Organization	Organization	Contact Information	Project Role
Jim Daniel	ONC	James.Daniel@hhs.gov	Project Sponsor and Subject Matter Advisor
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Project Timeline

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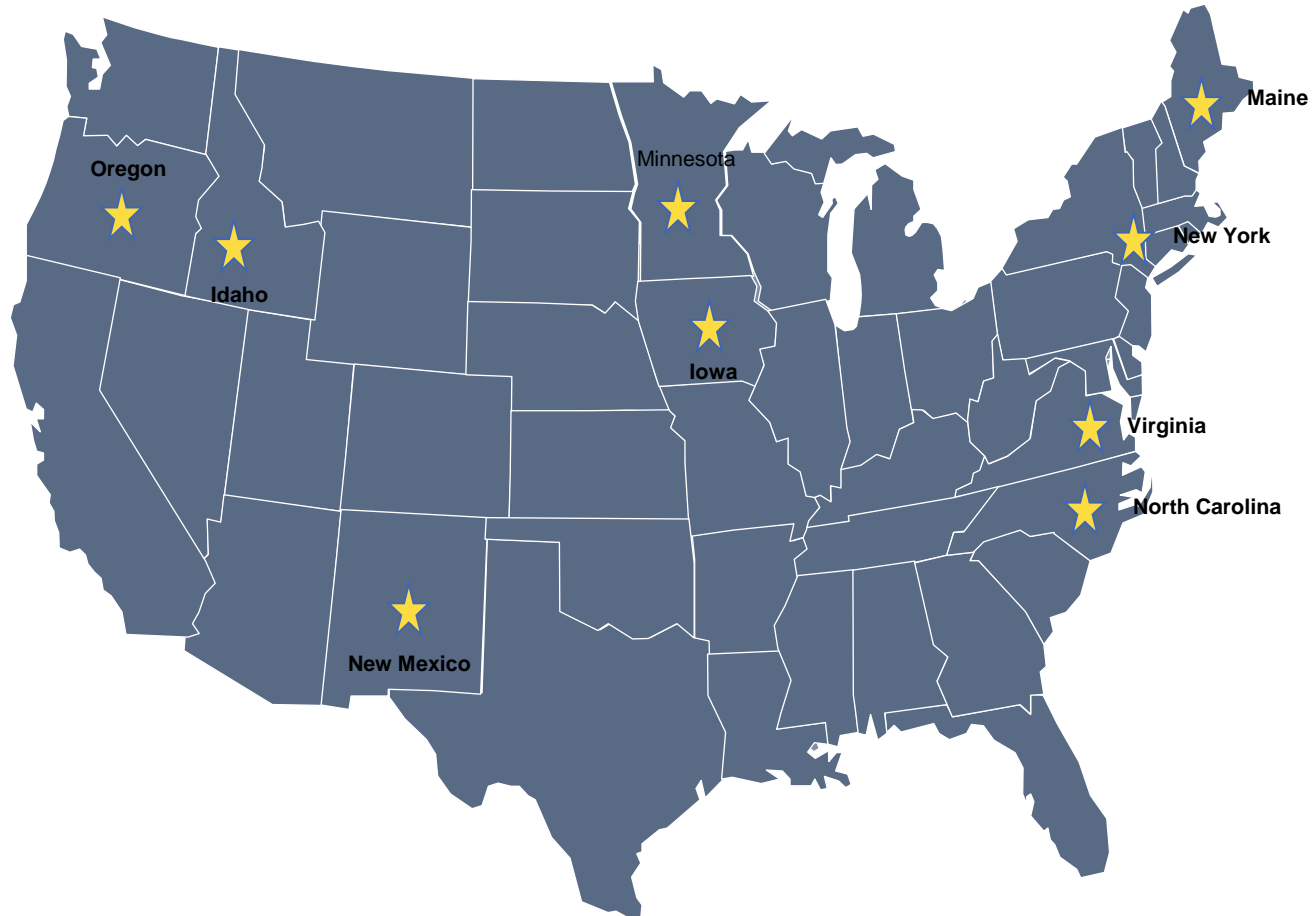


Time Commitment (August 2013 – December 2013)

- 1 hour per week as part of Group Working Sessions (Webinar Series)
- 1-2 hours per week off-line focused best practices research and document development and review
- 1 in-person meeting in October (2 hours as part of AIRA conference in Denver)

Bringing Together Stakeholders From Across the Nation

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Hawaii

Exploration of Options in Minnesota

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- Looking into pilot projects as part of SE MN Beacon project
 - Project coming to an end and depends on additional funding and interest
- Looking into collaboration with a provider organization as part of their consumer access strategy
 - Potential authentication at provider level
 - Possible access via patient portal (tethered EHR approach)
- Looking into possible funding/collaboration as part of SIM (State Innovation Model) grant
 - Part of care management and consumer empowerment strategy

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