

AIRA Welcomes You To USING IIS DATA FOR COVERAGE RATES WEBINAR

ALL PHONE LINES ARE IN LISTEN ONLY MODE

How do I ask a question?

- Via WebEx: type your question into the Q&A box on the WebEx toolbar and send to Panelists
- Questions will be noted and answered after the presentation, to unmute your line press *6

This WebEx presentation is being recorded and will be posted on the AIRA website at: www.immregistries.org/events/past-events/webinars



IMPROVING COVERAGE RATES USING IIS

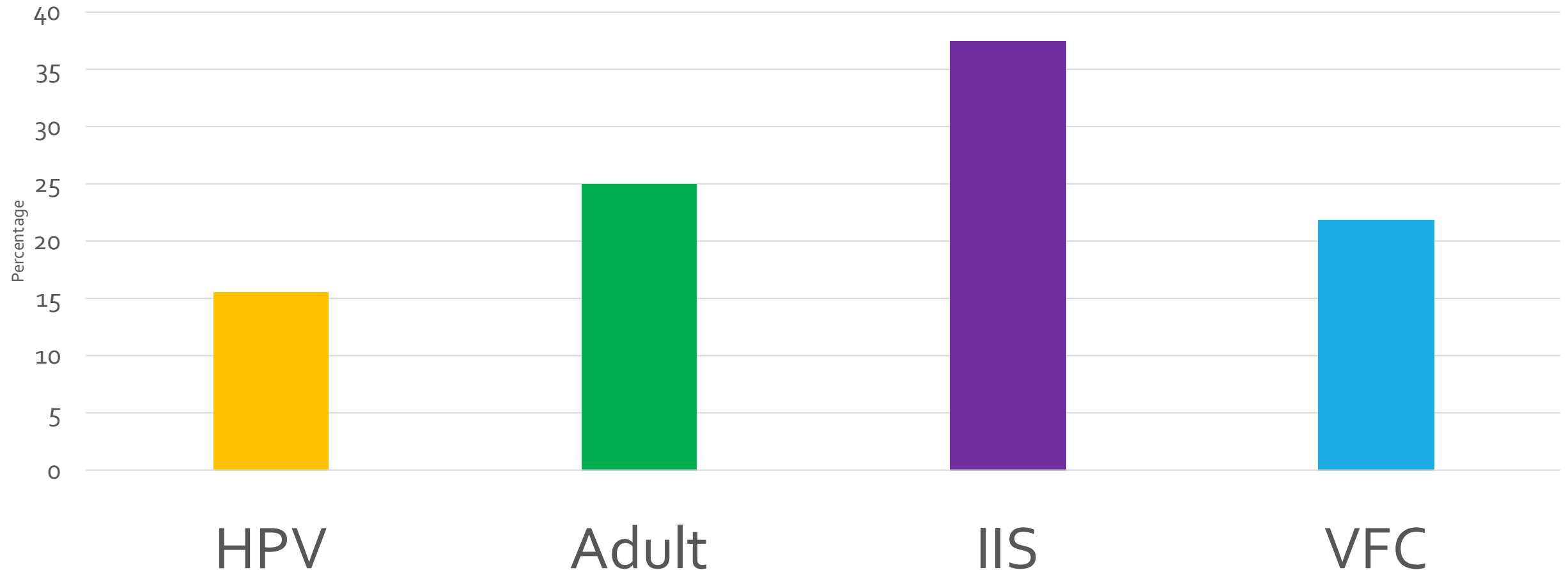
Association of Immunization Managers

AIRA Webinar

June 21, 2016

**Which topic do you need the most help and support from AIM
and/or your peers to complete your cooperative agreement
activities? (select only 1)**

n=32



AIM Expert Meeting

Why:	To strategize ways to promote the use of IIS as a tool to increase immunization rates; focused on overcoming leadership challenges
Who:	Program managers (MI, MD, AK, PA, KY, DC, NYS, TX, MN) , AIM, CDC (POB and IIS), PHII, AIRA
When:	September, 2015
How:	Identified opportunities, barriers, challenges

Successes and Benefits of IIS

A word cloud of various terms related to the successes and benefits of IIS. The words are arranged in a roughly triangular shape, pointing towards the bottom right. The colors of the words include shades of green, orange, red, and purple. The words are: Schools, Tracking, Centralized, Integration, Reminder-recall, Interoperability, Streamlines-functionality, Meaningful-use, Tool, Data-quality, Data-analytics/measurement, Surveillance, Preparedness, Consumer-access, Providers, Provider, and Ordering.

Schools
Tracking
Centralized
Integration
Reminder-recall
Interoperability
Streamlines-functionality
Meaningful-use
Tool
Data-quality
Data-analytics/measurement
Surveillance
Preparedness
Consumer-access
Providers
Provider
Ordering

Challenges of and Barriers to IIS



Poll Question



Using IIS to improve coverage rates

- Create/support effective interventions (client reminder and recall systems, provider assessment and feedback, and provider reminders);
- Generate and evaluate public health responses to outbreaks;
- Facilitate vaccine management and accountability;
- Determine client vaccination status for decisions made by clinicians, health departments, and schools; and
- Aid surveillance and investigations on vaccination rates, missed vaccination opportunities, invalid dose administration, and disparities in vaccination coverage.

- Recommendations of the Community Preventative Services Task Force:
J Public Health Management Practice, 2015

MIIC Data Use

Sudha Setty, MPH

MIIC Background

- Created in 2002
- No mandate to enter data (except pharmacists)
- Implied consent
- Clients in MIIC
 - 7,802,270 total clients
- Immunizations in MIIC
 - 78,554,944 total immunizations
- Immunization data timeliness
 - 66% within 1 day
 - 85+% within 7 days

Primary MIIC Features

- Client information
- Consolidated immunization history
- Clinical decision support (forecaster)
- Population health/ quality improvement (QI) tools
- MnVFC vaccine ordering and management

Everyday Use

- Population health/immunization QI
- Immunization documentation and reporting
- Public health
- Public record requests



Childhood Immunization Summary

MIIC

Clients Residing in Selected Counties: Benton

Report Type: Standard

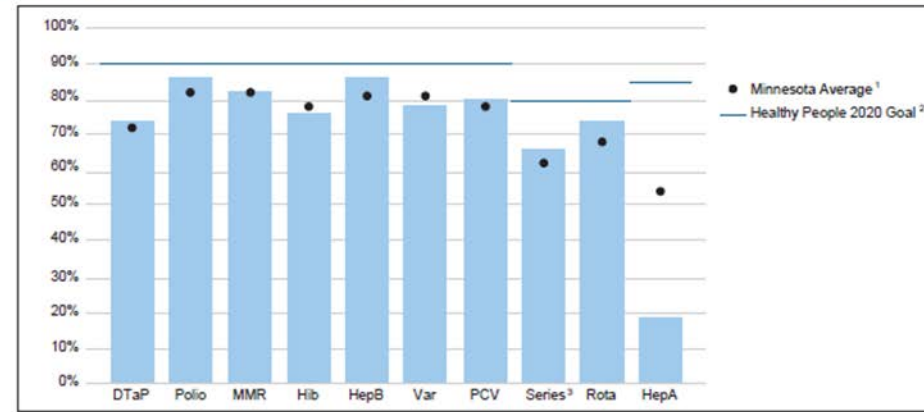
Birth Date Range: 02/25/2012 - 02/24/2013

Report Run Date: 02/24/2015 Assessment Date: 02/24/2015

MNVFC Pin: 999999

Assessment of Immunization Rates by 24 Months

594 Client Records Assessed



The following childhood vaccines and doses are recommended for all young children.

	Up to Date by 24 months #	%	MN Average¹	
DTaP	432	73%	73%	4 or more doses of diphtheria, tetanus, and pertussis vaccine
Polio	509	86%	83%	3 or more doses of poliovirus vaccine
MMR	480	81%	82%	1 or more doses of measles, mumps, and rubella vaccine
Hib	446	75%	78%	2, 3, or 4 or more doses of <i>Haemophilus influenzae</i> type b vaccine, depending on product type and age at first dose
HepB	502	85%	81%	3 or more doses of hepatitis B vaccine
Var	465	78%	81%	1 or more doses of varicella vaccine
PCV	472	79%	79%	2, 3, or 4 or more doses of pneumococcal conjugate vaccine, depending on age at first dose
Series³	384	65%	62%	Receipt of all doses for antigens listed above (DTaP, polio, MMR, Hib, Hep B, Var, and PCV)
Rota	434	73%	68%	2 or 3 or more doses of rotavirus vaccine, depending on product type received
HepA	113	19%	55%	2 or more doses of hepatitis A vaccine

¹ Minnesota average is based on MIIC records of children 24 through 35 months up-to-date by 24 months as of July 2014.

² Healthy People 2020 is a set of science-based public health goals established by the U.S. Department of Health and Human Services.

³ Series rates are often lower than single antigen rates because this is a measure of the number/percent of children who received all doses of the included antigens. It is not an average of the single antigen rates.



Adolescent Immunization Summary

Assessment Test

Report Type: Adolescent Standard

Birth Date Range: 01/24/1997 - 01/23/2002

Report Run Date: 01/23/2015

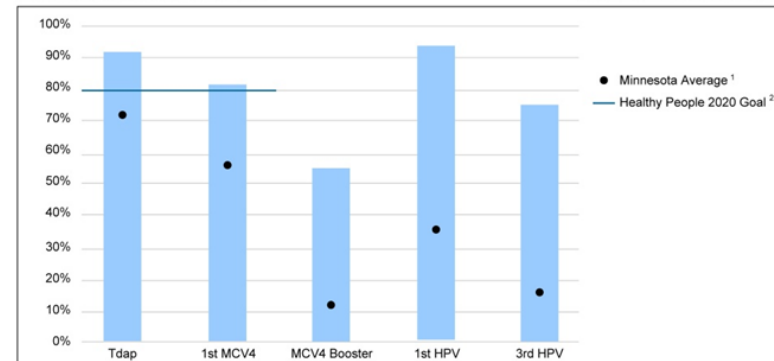
Report Generated by: MIIC

Assessment Date: 01/23/2015

MNVFC Pin: 000000

Assessment of Immunization Rates

52 Client Records Assessed



Vaccination with Tdap and the first doses of MCV4 and HPV are recommended at age 11-12 years.

Tdap	92%	$\frac{48}{52}$	received Tdap after age 7
			clients assessed
MCV4 (Meningococcal)	81%	$\frac{42}{52}$	received at least 1 dose MCV4 after age 10 through age 18
			clients assessed
MCV4 (Meningococcal)	Booster ³ 55%	$\frac{11}{20}$	received MCV4 booster
			clients who received MCV4 at ages 10-15 and are now 16+ years old
HPV	94%	$\frac{49}{52}$	received at least 1 dose HPV after age 9
			clients assessed
HPV	75%	$\frac{39}{52}$	received all 3 doses HPV
			clients assessed

HPV Series Completion Rate 80%

Among the 330 clients who began the HPV series at least 6 months before the date of this report, 53 have received all three doses.

Adolescent Vaccine Missed Opportunity Rate 15%

Lower is better. A missed opportunity is a visit date in the last 12 months when a client in the group being assessed was vaccinated and Tdap, MCV4, and/or HPV vaccines could have been given, but were not. The true rate of missed opportunities is likely higher because MIIC has no record of visits when no vaccines were given at all.

For a clinic running this report, this number represents missed vaccination opportunities at that clinic. For a county population or clients from a list, this number represents all missed vaccination visits no matter where the visits occurred.

¹ Minnesota average is based on MIIC records of adolescents 13 through 17 years as of July 2014.

² Healthy People 2020 is a set of science-based public health goals established by the U.S. Department of Health and Human Services.

Not every vaccine has a Healthy People 2020 goal.

³ For this report, a booster dose is one that is given between the ages of 16 and 18 to a client who received a prior dose of MCV4 between ages 10 and 15.

MIIC Use in Routine Surveillance

- Used nearly every day
 - Suspect cases, new reports
 - Vaccination history should be included in reports if known (lapses occur)
- More than just vaccine histories
 - Phone numbers, addresses, maiden names, gender
 - Race and ethnicity (currently unavailable)
 - Primary care clinics

Special Projects

- Internal Health Equity Projects
 - Somali Immunization Rate Study
 - Maternal Vaccination Study
 - High-risk vaccination recommendations compliance in HIV-positive persons study
 - Impact of maternal characteristics on childhood vaccination status study
 - High Risk Zip Code Project – Reminder Recall
- External Partnerships
 - HealthPartners over-vaccination study
 - U of M SPH Public Health Informatics program

SHARK TANK



AIRA Shark Tank Activity

Small Groups

- Discuss possible solutions to the barriers
- Decide on top proposed solution(s)

Pitch

- Designate a spokesperson
- 4 minutes or less

Shark Tank

- IIS “Sharks” and audience determine if/how solutions can be applied to IZ programs

Small Group Discussion

Issue

Discuss all aspects of the issue with group members

Solution

Brainstorm ways that programs can address the issue

AIM

Share ideas about ways that AIM can help address the issue

Small Group Discussion



Shark Tank: The Sharks



Shark Panel:

- Loren Rodgers, IISB
- Lori Linstead, OK
- Mary Beth Kurilo, AIRA

Shark Tank: The Pitch



Shark Tank: The Response



Shark Panel:

- Loren Rodgers, IISB
- Lori Linstead, OK
- Mary Beth Kurilo, AIRA

Poll question



Discussion and Questions

