

AFIX-IIS INTEGRATION PHASE 1 IN MINNESOTA

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JANUARY 12, 2016



AFIX in MN

- Until 2015
 - Combined AFIX/MnVFC visit
 - State and local public health site visitors
 - From mid 2000s, assessments based on MN's IIS, MIIC
- 2016 – future
 - Separate stand alone AFIX visit
 - State and local public health MIIC specialist site visitors
 - Continue to use MIIC based assessment reports and functionality to support provider improvement activities

Current Status

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MN AFIX program phase 1 status:

- IIS-only assessment since mid-2000s
 - Childhood immunizations up to date at 24 months, late up to date, not up to date
 - Logic based on Comprehensive Clinic Assessment Software Application (CoCASA)
- Reports redesigned in 2010
 - Added adolescent assessment report with adolescent PPHF grant
 - Began adolescent AFIX
 - Logic based on PPHF grant narrative goals



Childhood Immunization Summary

MIIC

Clients Residing in Selected Counties: Benton

Report Type: Standard

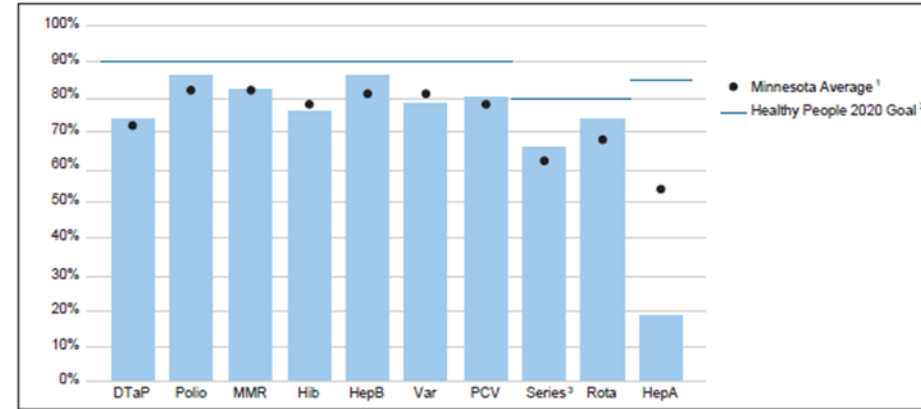
Birth Date Range: 02/25/2012 - 02/24/2013

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.



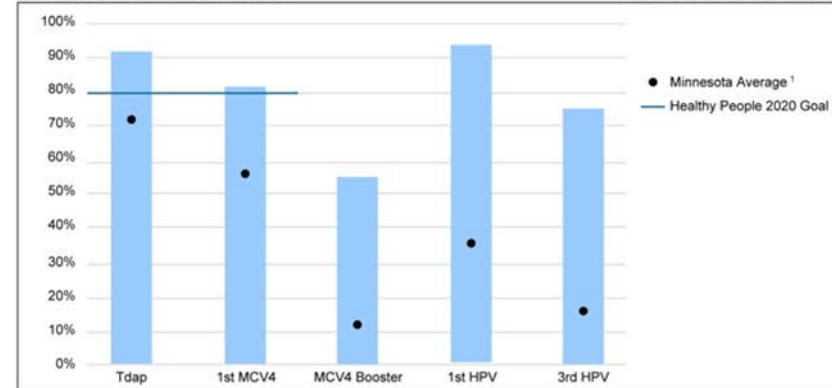


Adolescent Immunization Summary
 Assessment Test
 Report Type: Adolescent Standard
 Birth Date Range: 01/24/1997 - 01/23/2002
 Report Run Date: 01/23/2015 Assessment Date: 01/23/2015
 Report Generated by: MIIC

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)	First Dose	81%	$\frac{42}{52}$	received at least 1 dose MCV4 after age 10 through age 18 clients assessed
	Booster ³	55%	$\frac{11}{20}$	received MCV4 booster clients who received MCV4 at ages 10-15 and are now 16+ years old
HPV	First Dose	94%	$\frac{49}{52}$	received at least 1 dose HPV after age 9 clients assessed
	Third Dose	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.

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

²Healthy 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.

³For 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.



To Do for Phase 1 Compliance

- Changes to current reports
 - Reports are popular with providers and local public health
 - AFIX program does not wish to change too much
- New MIIC assessment functionality
 - Missed opportunities report
 - Childhood detailed assessment report
 - Add more information on not up to date children
 - Add flu
 - Adolescent detailed assessment report
 - Add catch-up schedule
 - Add flu

To Do for Phase 1 Compliance

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- AFIX reporting functionality
 - Data extract from MIIC to load into AFIX data tool
 - Contains all AFIX required fields for CDC reporting

AFIX/IIS PPHF Grant

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Minnesota AFIX staff will work with IIS contractor (HPE) and in-house IT staff to reach grant goals and objectives:

- ☐ Hold conference calls with fellow grantees and HPE
- ☐ Evaluate current functionality
- ☐ Plan new functionality

Issues to Watch

□ IT Life Cycle

- Ensuring that all stakeholders are at the table throughout planning process
- Reconciling grant/CDC priorities with internal MN IT staffing and priorities

□ MIIC Stability

- Application issues in 2015 brought MIIC based programs to a stand still
- Continuing to resolve issues