

# MN staffing model for IIS integrating Vaccines for Children functionality

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# Outline

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- Introduction to MnVFC and MIIC
- Our Questions
- Our Answer
- Staffing Model
- Benefits and Challenges
- Considerations for Your Program

# Minnesota Department of Health (MDH) Vaccine Programs

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- Minnesota Vaccines for Children (MnVFC)
  - Minnesota's version of federal Vaccines for Children (VFC) program
  - \$46 million of vaccines to ~820 enrolled sites
- Un- & Underinsured Adult Vaccine (UUAV)
  - Serves un- and underinsured adults (19+)
  - \$1.5 million of vaccines to ~180 enrolled sites



# The Minnesota Immunization Information Connection (MIIC)

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- Minnesota's statewide immunization information system (IIS)
- Supports management of MDH vaccine programs

# MnVFC and MIIC

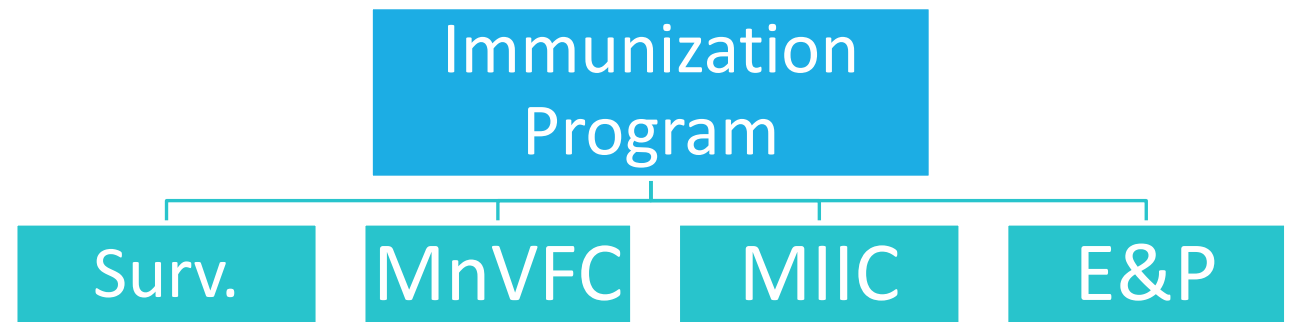
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- Several tools built in MIIC to support MDH vaccine management
  - 95% of vaccine orders completed in MIIC
- Need MIIC enhancements to:
  - Meet federal requirements for VFC program
  - Improve provider experience
  - Continue to support MDH vaccine program tracking and monitoring

# Our Questions

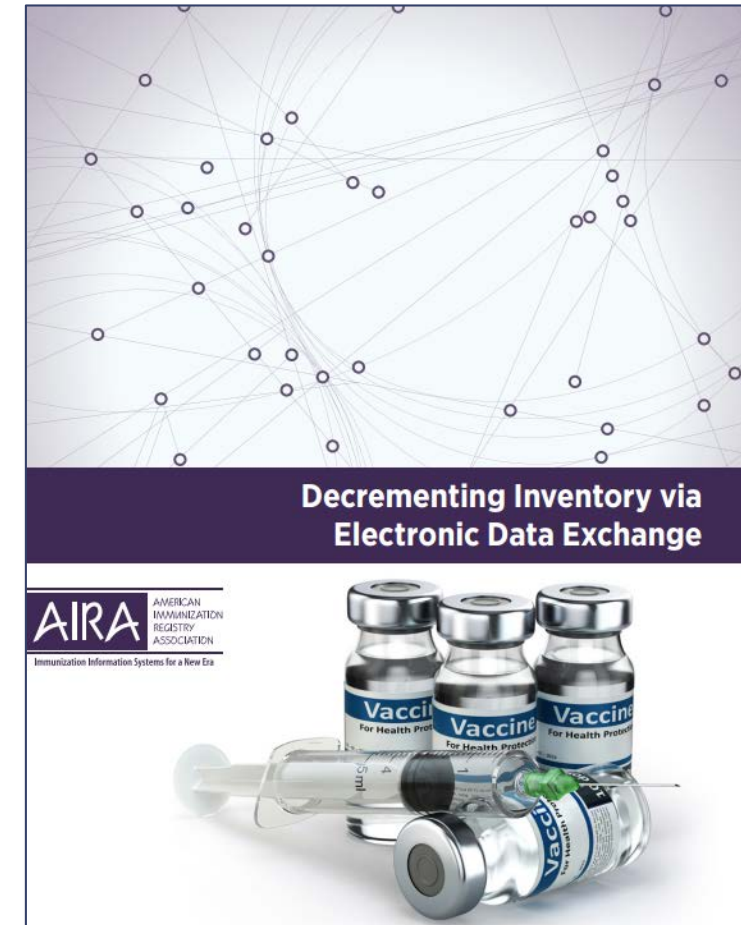
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- How do we successfully make vaccine management enhancements in MIIC?
- Can we strengthen collaboration between MnVFC and MIIC?



# Best Practice

- The Modeling of Immunization Registry Operations Work Group (MIROW)  
“acknowledges that clarifying Immunization Program staffing roles is important to consider when implementing complex IIS integration projects.”



# Our Answer

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- Immunization Program created Vaccine Management in MIIC (VMM) workgroup
- VMM workgroup:
  - Lives in MnVFC Unit
  - Builds experience creating and using VMM tools in MIIC
  - Works collaboratively with MIIC staff to support VMM projects
  - Members take on various roles
  - Liaison helps bridge MnVFC and MIIC Units



# Why this model?

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- Programmatic knowledge
  - VFC requirements
  - MnVFC processes
  - MIIC/IT enhancement process
- Connection with MnVFC providers
- Comfort using MIIC
- Focus on continuous improvement



How the customer explained it



How the project leader understood it



How the engineer designed it



How the programmer wrote it



How the sales executive described it



How the project was documented



What operations installed



How the customer was billed



How the helpdesk supported it



What the customer really needed

# The VMM Workgroup

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- Elizabeth Parilla (MnVFC Unit Supervisor)
- Lucy Cosgrove (MnVFC Coordinator)
- Karen Bolander (MnVFC Program Specialist)
- Elizabeth Muenchow (VMM Coordinator)
- Elena Rosenberg-Carlson (MIIC/VMM Communications Specialist)
- Me (Liaison)

# Many Responsibilities

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# Enhancing the Workgroup's Skillset

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- Daily MIIC use
- Informatics course from Public Health Informatics Institute
- MIROW guides
- CDC VTrckS (Vaccine Tracking System) and ExIS (External Information System) user groups
- Collaboration with other awardees

# Model in Action: Vaccine Returns and Wastage

- Initiation and concept
- Requirements definition
- Design and development
- Testing
- Training and implementation
- Operations and maintenance



## MIIC Change Request

**879 Returns and Wastage Approval Process**

Prepared By: Beth Parilla, Kristin Hardy, Lucy Cosgrove, Elizabeth Muenchow

Date: 1/27/17

Preferred Production Go-Live Date: 4/1/2017

**Need or Opportunity**

Project should be undertaken. Describe the need or opportunity the project will address, what the opportunity was recognized, and the magnitude of the need or opportunity, in relation to MIIC vision and goals, MIIC and/or Immunization Program Strategic Plan, and/or funding through the Prevention and Public Health Funds (PPHF) to create system that will improve its interfaces with VTrck5. Since MIIC is already a broadly used system, our objectives are to achieve high data quality and incorporate additional features and accountability features. One grant deliverable is to design and develop new system that allows us to capture and report vaccine return and wastage data into VTrck5. Split into three large tickets:

- 1. Interface for users to report this information to MDH,
- 2. Interface for MDH to approve information submitted by providers, and
- 3. Extract information into a file for CDC.

As the second part of this process by creating new user interface screens for MDH to approve nonviable vaccine forms submitted by MmVPC sites. This functionality will allow for increased data quality, greater user satisfaction, and more efficient processes to support vaccine management and accountability. This functionality was developed in MIIC-253.

**Impact(s) Requested\***

Application will change(s) be needed? Check all that may apply and briefly describe:

Interface	<input type="checkbox"/> Data exchange	<input type="checkbox"/> Other
3/ or variable	<input type="checkbox"/> Wizard/forecasting	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Datamart	

Pages are described in the design document for MIIC-879:

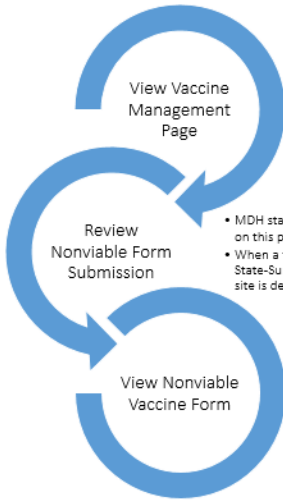
- 1. Under Vaccine Management menu on MIIC left hand navigation
- 2. View Vaccine Management page
- 3. View Vaccine Form Submission page
- 4. View Vaccine Form
- 5. View pages for View Nonviable Vaccine Form
- 6. View Vaccine Form with Cancellation Functionality
- 7. View page for View Nonviable Vaccine Form with Cancellation Functionality
- 8. The SSVS

### Purpose

This user interface will allow MDH staff to manage nonviable vaccine forms. For details about the nonviable vaccine reporting process, see MIIC-253. Additionally, this user interface allows users to view the details and status of each vaccine management transaction. This process is largely modeled off the approval process for vaccine ordering and the developer may wish to review the functionality of those pages when thinking about this enhancement. This functionality also triggers the confirmation email (see MIIC-646).

### Process for approving nonviable forms

Please see [Appendices 1-3](#) for additional diagrams on process of moving between statuses and pages.

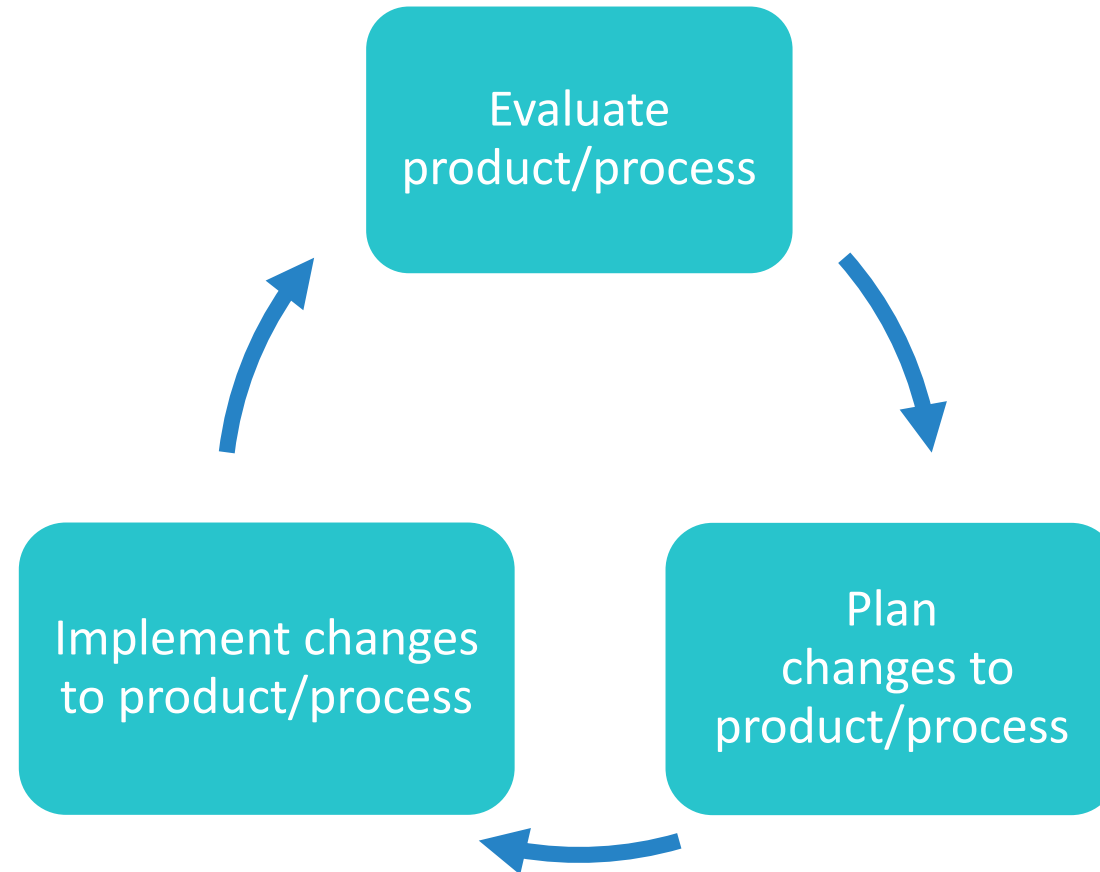


- View Vaccine Management Page**
  - Allows MDH staff to view a list of submitted nonviable report forms and select forms to approve or deny.
  - Also allows the general user to view a list of their submitted nonviable forms and the status of each form. The user can also select a form to see more detail on the View Nonviable Vaccine Form page.
  - See page 8 for details.
- Review Nonviable Form Submission**
  - MDH staff approve or deny nonviable forms on this page. See page 14 for details.
  - When a form is approved, the organization's State-Supplied Vaccine Shipments inventory site is decremented. See page 31 for details.
- View Nonviable Vaccine Form**
  - Summary and status of the nonviable form. See page 22 for details.
  - MDH is able to cancel a transaction if needed. See page 28 for details.

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# Continuous Improvement Emphasis

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# Benefits

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- High quality products that meet provider needs
- High quality processes that meets MnVFC and MIIC program needs
- Structure for positive and efficient collaboration between programs
- MnVFC staff use/support/promote MIIC



# Challenges

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- Competing priorities
- Communication
- IT staffing
- Base knowledge takes time to build



# Considerations for Your Program

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- Model has great potential benefits
- Important to consider:
  - Appropriate collaborative structure
  - Resources
  - Staffing stability
  - Staff training/mentoring
  - Patience

# Acknowledgements

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- VMM Workgroup
- MnVFC Unit
- MIIC Unit
- Immunization Program Leadership
- Special thank you to early co-lead Erin Roche

# Questions?

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