

IIS-IIS Exchange

A Nice Idea or New Standard of Practice?

Mary Beth Kurilo | Policy and Planning Director

ADVANCING IIS TOGETHER



Chicago, Illinois | **April 11-13**
National Meeting 2017





Making the Values Case for IIS Interjurisdictional Exchange

Why is it needed?

- ✓ Individuals move across jurisdictions
- ✓ Individuals routinely cross the border for their care
- ✓ Snowbirds have residences in multiple jurisdictions
- ✓ Travelers get immunized outside their jurisdiction



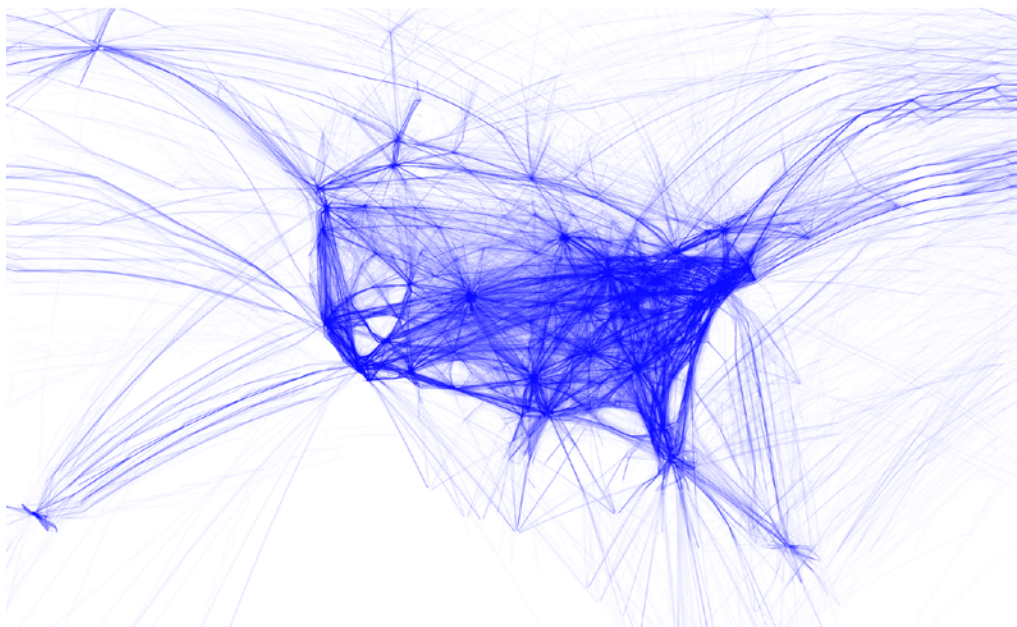


#AIRA2017

Making the Values Case for IIS Interjurisdictional Exchange

Who benefits?

- ✓ Providers
- ✓ Individuals
- ✓ IIS

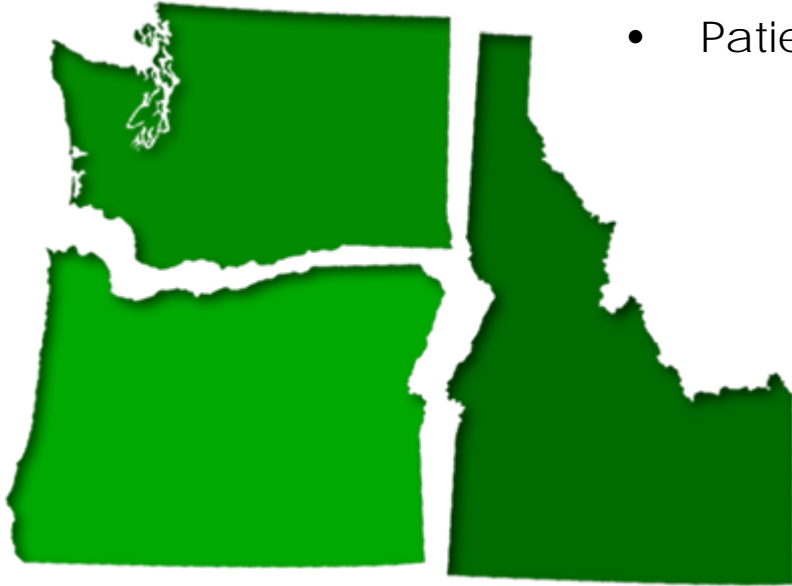


Making the Need More Concrete - Use Case Examples:



- Patient moves from Washington to Oregon
 - Oregon needs to query WA IIS to access record
- Patient routinely crosses border from Olympia, WA to Portland, OR for care
 - Oregon needs to query WA IIS
 - Oregon needs to send update to WA (batch or R/T)
- Patient from Seattle is visiting Portland, receives 1 time vaccine
 - Oregon needs to query WA IIS
 - Oregon needs to send update to WA (batch or R/T)

Making the Need More Concrete - Use Case Examples:



- Patient moves from Oregon to **Idaho**...

and so on....

Potential New Functional Standard



2001-
2012

12 Functional Standards

2013-
2017

6 Program Goals, 27
Functional Standards

2018-
2022

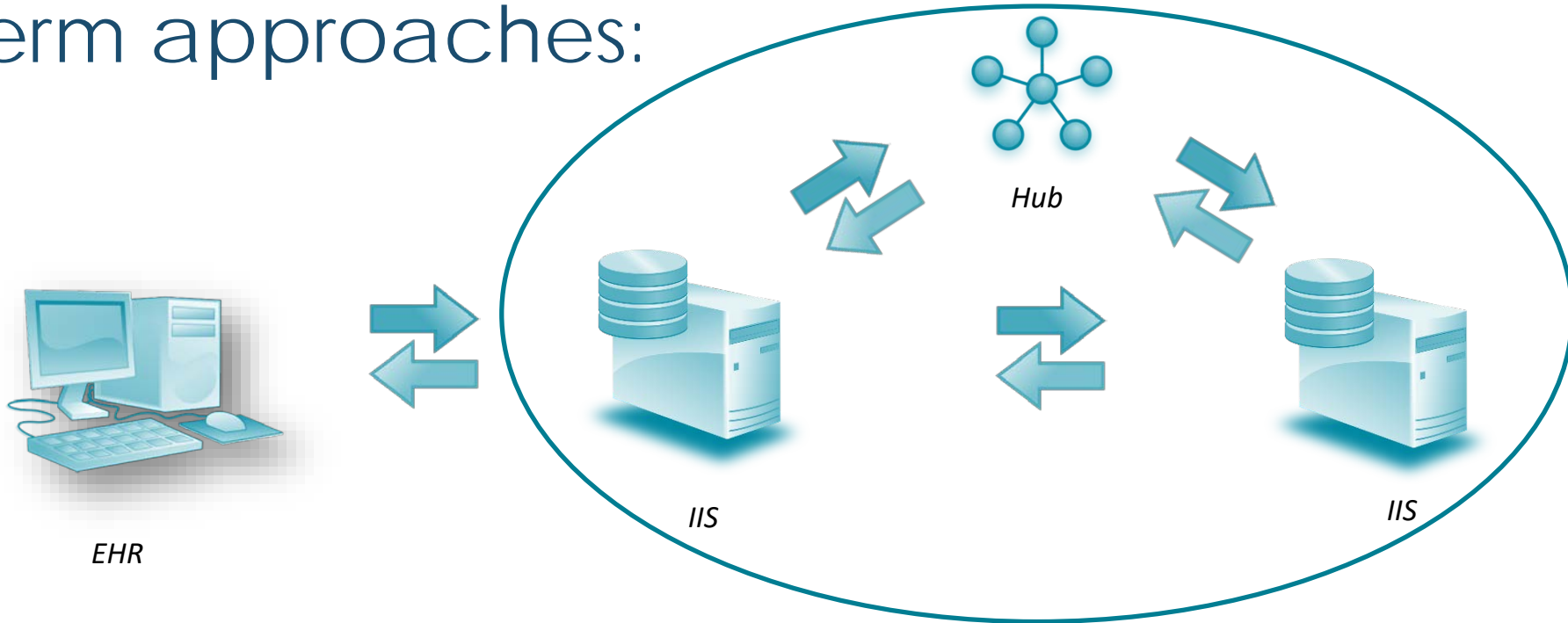
DRAFT: New Functional
Standards may include
capacity for IIS-IIS exchange

AIRA – Interjurisdictional Project

Chartered Objectives:

- In partnership with the IIS community, **develop a strategic roadmap**, addressing policy and technical aspects
 - *Note: pursuit of IIS-IIS exchange must remain voluntary, given funding pressures/competing priorities*
- Collect, maintain, and **provide visibility** to MOUs and data sharing agreements
- In partnership with ASTHO, continue to **support CoP**
- **Provide communication conduit** from IIS community to CDC and other stakeholders
- **Provide technical assistance** to support exchanges
- Work with NAPHSIS, NAACCR, APHL, and other organizations to **leverage synergies** across Public Health Programs

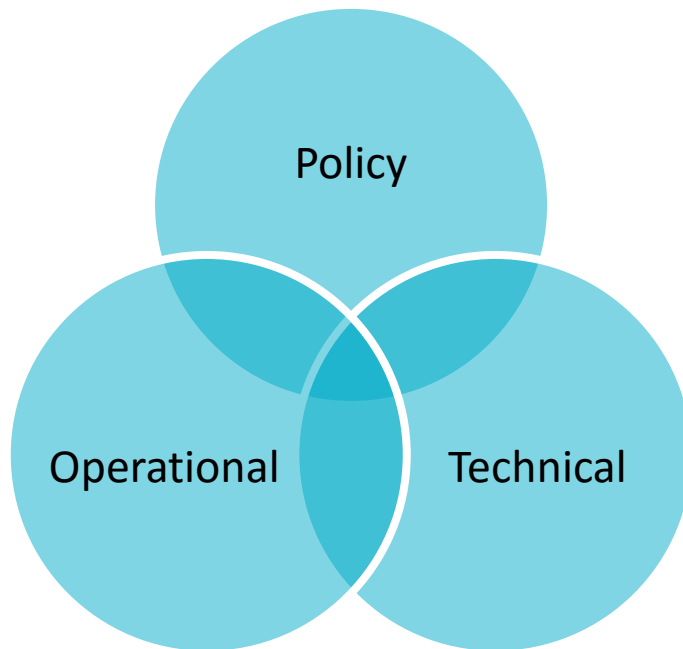
Short-term vs. long-term approaches:

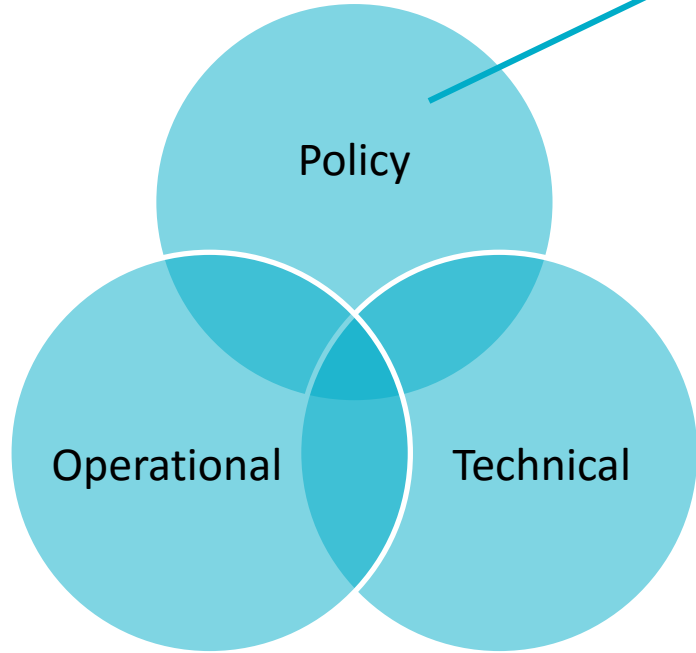




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Strategic Components



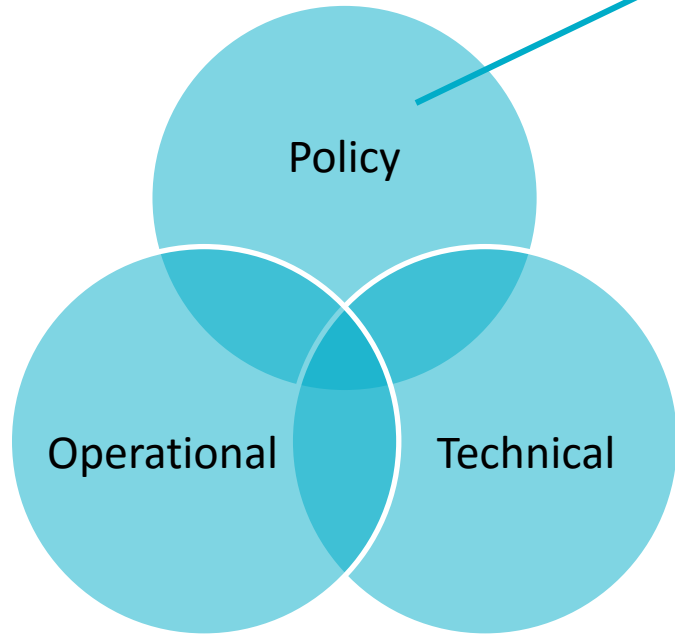


Policy: Current Status of MOU Project

AIRA is continuing to partner with ASTHO to support the current multi-state effort regarding a uniform Memorandum of Understanding (MOU)

- Major barriers cited: Competing priorities, delays with legal approval and signature, evaluating potential exceptions

Goal: Have six states (Colorado, Michigan, Minnesota, North Dakota, Idaho, Wisconsin) sign on to a common MOU, cite common methods of exchange



Policy: Next Steps

Interest is growing among additional states who want to explore signing on to the multi-state MOU as well (including ONC Hub Participants)

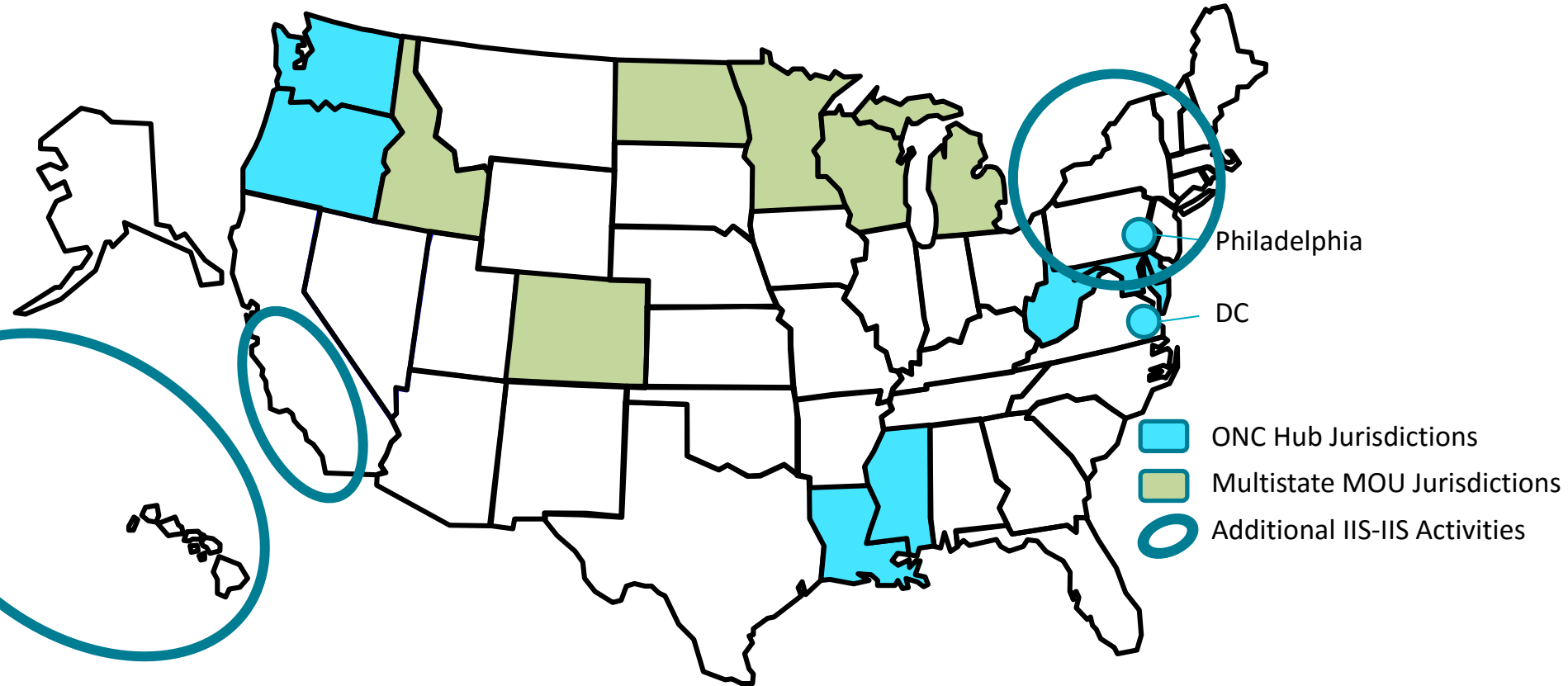
- These states are encouraged to develop exchanges using the same MOU Template/Model – over time, we can link them as part of a larger national strategy

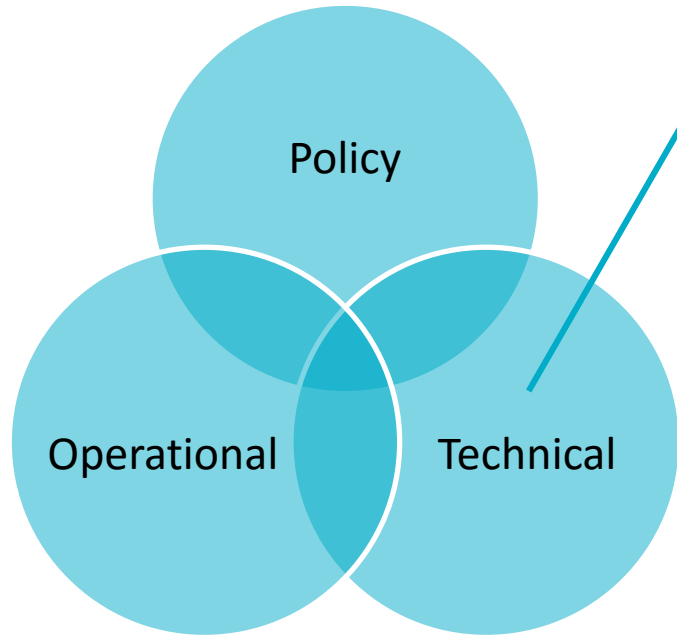
Other point-to-point efforts continue to progress, most with pre-existing policy agreements. Examples include:

- Minnesota & Wisconsin, Oregon & Washington, New York State & New York City

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Interjurisdictional Exchange Participants – start of 2017



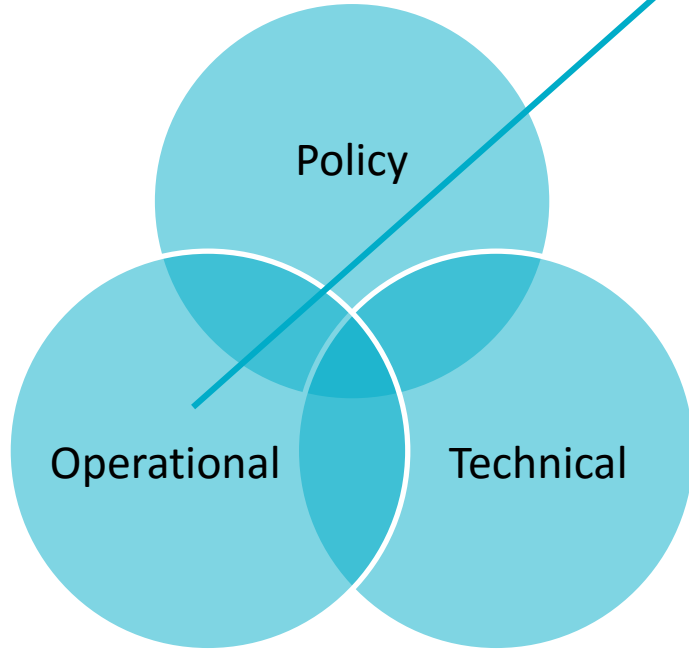


Potential Technical Solutions – A Continuum

1. IIS-IIS user interface query access
2. Batch file uploads (“push” data files)
 - Point to point
 - Leveraging existing PH pathways (exploring NAPHSIS’s STEVE)
3. IIS-IIS real-time submission/query
4. ONC Hub participation and triggers
5. Eventually: EHR-driven queries

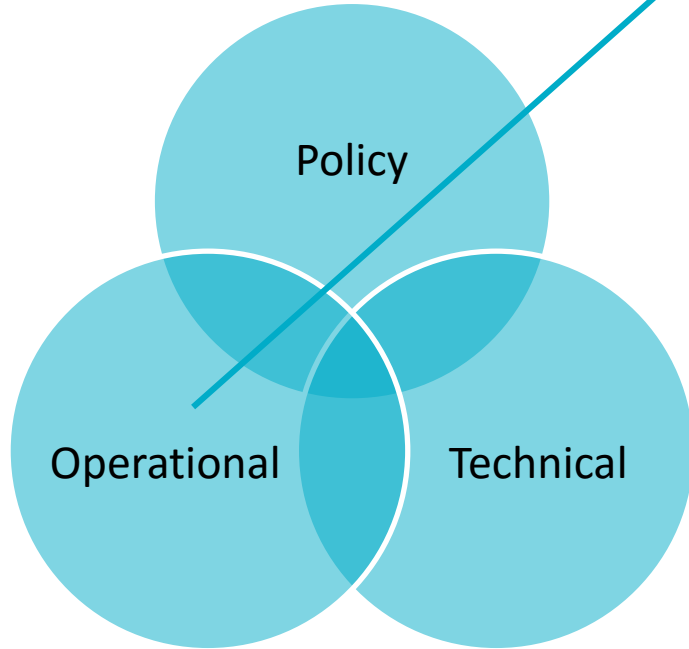
Potential Operational Solutions – Where to start?

Consider high-value partners





Potential Operational Solutions – Where to start?



Not all solutions require technical modifications

- IIS-IIS user interface query access

AIRA as Administrator for IIS-IIS Exchange

AIRA is continuing to explore its role for administration of interjurisdictional exchange

- Storing and tracking all agreements
- Providing visibility into active/ongoing exchanges, including methods, data elements
- Continuing to explore/leverage Vital Statistics and Cancer approaches



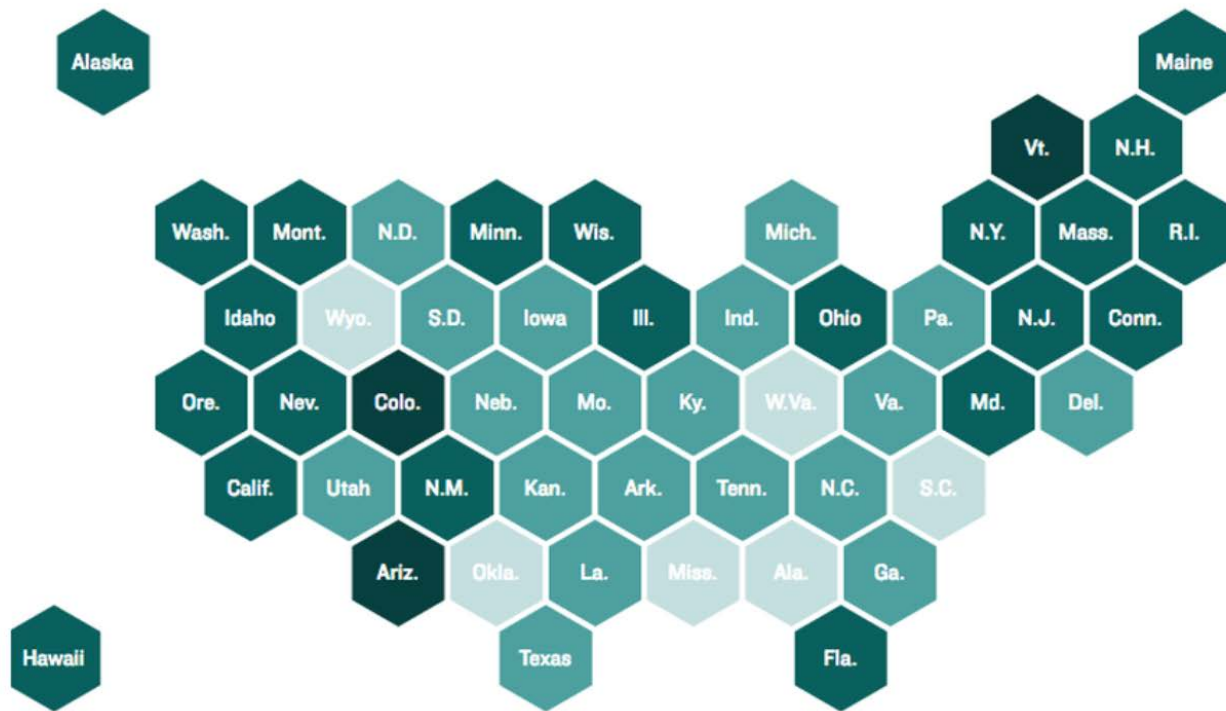


AIRA's Phase 2 Repository

Discussions in the AIRA/ASTHO co-hosted Community of Practice (CoP) have focused on the following points:

- ✓ Members want to see information on who is sharing with whom
- ✓ Members are comfortable with their information being visible/available
(even at the level of the actual agreement)
- ✓ There will likely be additional benefits to this information being transparent and available to providers

AIRA's Repository: Early Models



Detail Level



Clicking into state level details will provide information on:

1. Date of signing multi-state MOU
2. Date of signing AIMS/APHL Hub Data Use Agreement
3. Point-to point agreements and date of execution
4. Exceptions/modifications

Detail Level (modeled off NAACCR)



www.alertiis.org

Primary Contact:

Jane Smith: Jane@or.gov

1. ALERT IIS signed the multi-state MOU on 1/1/2018



Attached PDF

2. ALERT IIS is a participant in the ONC Hub Project, and signed a Data Use Agreement with AIMS/APHL on 1/1/2016



Attached PDF

3. ALERT signed a data use agreement with WA State on 5/1/2006



Attached PDF

4. ALERT IIS is not allowed to share names of pets



The Path Forward

Continue to clarify the nationwide strategy (while also remaining patient)

Cultivate advocates to advance IIS-IIS exchange when and where possible:

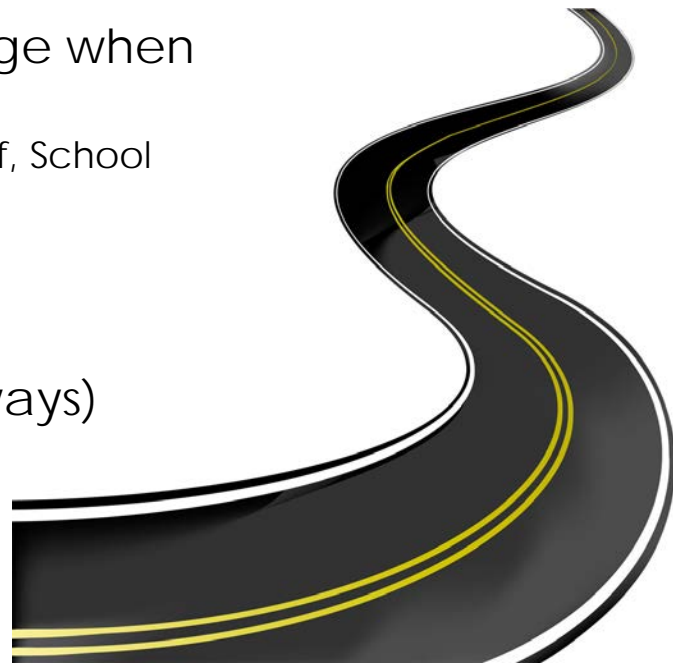
- Immunization Program Managers, IIS Managers/Staff, School Law Teams, Legal Counsel
- ASTHO: Health Officers
- PIHOA: Pacific Island Health Officers

Troubleshoot across PH arenas (e.g., potential partnership with Vital Records Exchange Pathways)

Support with funding where possible

Quantify need as opportunities allow

- Providers/end users requesting exchange
- Proportion of out-of-state addresses across IIS





Discussion

Participant Responses Worksheet

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National Meeting 2017



Participant Responses | Interjurisdictional Session | Thursday, 8am

Overview and Context:

The Interjurisdictional Exchange session is meant to be interactive and participatory; we'd like to hear from you during the session, and we'd welcome information you'd be willing to share with us after the session. Please leave this form with the presenters.

Information:

Please share a little information so we can categorize your responses:



Questions

1) Where does interjurisdictional exchange fall in your priorities as a program?

☐ High Priority

☐ Medium Priority

☐ Low Priority

2) In your opinion, how important is a nation-wide solution to support exchange?

☐ Very Important

☐ Somewhat Important

☐ Not Important

3) How much should we as a community focus on supporting point-to-point solutions?

☐ Focus Heavily

☐ Focus Lightly

☐ Focus Somewhere Else

Questions

4) Which issues/barriers most need to be prioritized to best support exchange?

Policy issues: ☐ High Priority ☐ Medium Priority ☐ Low Priority

Legal issues: ☐ High Priority ☐ Medium Priority ☐ Low Priority

Technical issues: ☐ High Priority ☐ Medium Priority ☐ Low Priority

Operational issues: ☐ High Priority ☐ Medium Priority ☐ Low Priority

Other: _____ ☐ High Priority ☐ Medium Priority ☐ Low Priority

Please explain: _____



Questions

5) What information do you most need access to within your jurisdiction?

- ☐ Who is exchanging information with whom?
- ☐ What documents (MOUs, DUAs, etc.) support exchange in a given environment?
- ☐ What policies facilitate or inhibit exchange?
- ☐ What do my state laws authorize?

Other: _____



*What else do we
need to consider?*

Thank you!

Mary Beth Kurilo – mbkurilo@immregistries.org

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IIS Interjurisdictional Data Sharing

Association of State and Territorial Health Officials

April 13, 2017

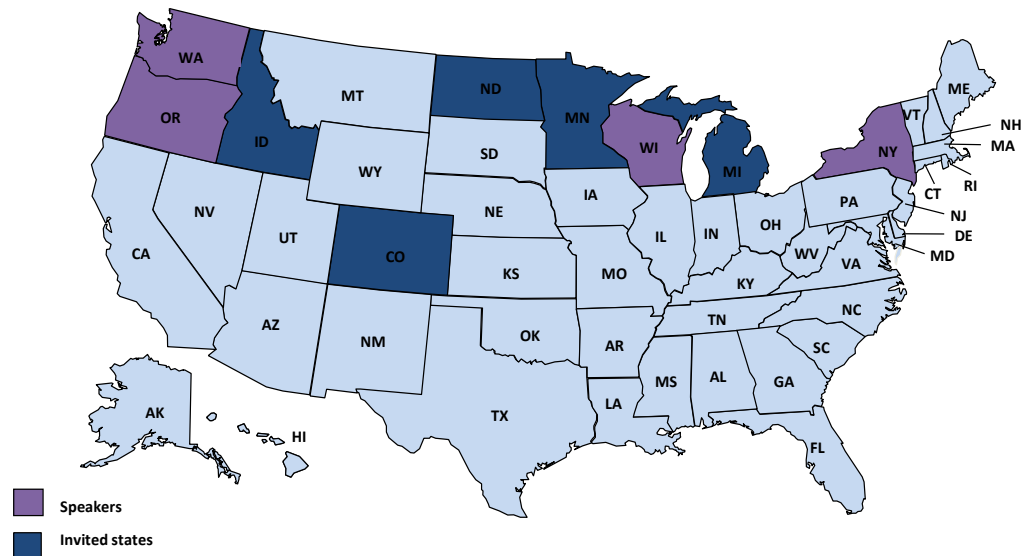


IIS Interjurisdictional Data Exchange: A Priority for ASTHO

- ASTHO members, the chief health officials, within the states and territories work to formulate and influence sound public health policy and ensure excellence in state-based public health practice.
- The Infectious Disease Policy Committee (IDPC) identified IIS interjurisdictional data sharing as a top immunization priority.
- Recognized there was a special need to develop solutions to address the temporary workforce issue in North Dakota.
- Determined that a meeting among state stakeholders may spark new ideas for how to achieve IIS interjurisdictional data sharing and overcome barriers. ASTHO therefore held a meeting in August 2014 to engage key stakeholders from five states in a discussion about barriers and potential solutions regarding IIS interjurisdictional data sharing.

Meeting Participants

- The 5 states included:
 - MN, MI, ND, ID, and CO
 - Attendees were state health officials/senior deputies, legal counsel, IIS managers, immunization program managers.
 - Speakers from WI, NY, WA and OR attended the meeting to provide their perspective.
 - Partners
 - AIRA, AIM, HHS/ONC, HHS/NVPO.



Meeting Discussion: Barriers

■ Programmatic Barriers

- Difficulties in devoting time, money, and resources to establishing the connection and agreeing to procedures.
- State health departments may not be able to prioritize this initiative.

■ Technical Barriers

- States must make technological upgrades to their current system, which can take time and resources.
- Limited consistent business processes for an entire network of interstate data exchange.
- State-to-state differences in IIS.

■ Legal Barriers

- Laws may strictly prohibit data sharing.
- Laws may require a data sharing agreement.
- If out-of-state providers want to directly query the IIS, they may be required to establish a user agreement with each provider/clinic.

Results from the Meeting: MOU

- In coordination with the Network for Public Health Law and the pilot states, we developed a template interjurisdictional data sharing memorandum of understanding (MOU).
- To date, 6 states have signed the MOU including CO, MI, MN, ID, ND, and WI.

Public Health Interjurisdictional Immunization Information System Memorandum of Understanding Template

This document provides a template for a Memorandum of Understanding (MOU) for secure, electronic exchange of immunization information among governmental entities that operate a population-based Immunization Information System (IIS). It suggests terms and conditions that might be included in an MOU. However, laws that govern IIS vary among jurisdictions and modification may be needed to address specific laws.

The Network for Public Health Law developed this template for the Partnership for Public Health Law. It was developed in consultation with the Association of State and Territorial Health Officials and immunization program staff and attorneys for several state health departments.



**PARTNERSHIP for
PUBLIC HEALTH LAW**
Advancing Public Health Through Law

The Partnership for Public Health Law is a Robert Wood Johnson Foundation collaborative of: the Association of State and Territorial Health Officials, the American Public Health Association, the National Association of County and City Health Officials, and the National Association of Local Boards of Health. The Partnership seeks to improve health outcomes through greater understanding and use of law in public health practice. The Partnership creates resources to help increase the knowledge and use of law among the organizations and their members.



**The Network
for Public Health Law**

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation with direction and technical assistance by the Public Health Law Center at William Mitchell College of Law. This document was drafted by Denise Chrysler, J.D., Director, at the Network's Mid-States Region located at the University of Michigan School of Public Health. The Network for Public Health Law provides information and technical assistance on issues related to public health.

The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

Results from the Meeting: CoP

- In coordination with AIRA, ASTHO provided assistance to the pilot states using a community of practice (CoP) forum. AIRA/ASTHO conducts this open forum on the first Monday of each month.
- Originally, the goal of the CoP was to assist states with signing the MOU and to provide a network of collaboration between states. Now that all pilot states have signed the MOU we are starting to think about next steps, including MOU implementation.

Addressing the Other Barriers

- While ASTHO, AIRA and the Network for Public Health Law have started to address some of the IIS interjurisdictional data exchange legal barriers, other barriers still remain and there are a number of parallel IIS priorities.
- IIS continues to be a high priority for ASTHO.
- The ASTHO, IDPC has recently updated the current IIS position statement.
- The IIS position statement provides a collective voice of recommendations for state and territorial health agencies.

IIS Position Statement

■ Policy Recommendations

- Pursue legislative and policy provisions that support IIS.
- Collaborate to develop and adopt uniform policies and business rules.
- Work collaboratively to set metrics to ensure high-quality data and timely IIS reporting.
- Coordinate with national partners to advise, shape, and help establish an IIS certification program. Assess and support the readiness of an IIS to meet certification requirements.

■ Workforce Recommendations:

- Invest in an informatics workforce that supports IIS development, operation, and use; and supports core competencies for public health informaticians.
- Ensure collaboration and coordination between program and IT staff in support of IIS maintenance and development, especially in jurisdictions with consolidated IT support.

■ Finance Recommendations:

- Seek out diversified funding to ensure sustainable investment in IIS operations and maintenance.

IIS Position Statement Continued

■ Program Operations:

- Position the IIS as the most comprehensive source of immunization information.
- Promote IIS participation among medical providers and others outside the medical home.
- Ensure adequate system security.
- Ensure and invest in adequate data quality, technology, informatics and IT support.
- Pursue uniform implementation of messaging, vocabulary, and transport standards related to immunization information.
- Collaborate to investigate and invest in efficient solutions for IIS maintenance and enhancement.

■ Program Operations – Connecting the IIS to other Systems:

- Invest in readiness and implementation of bi-directional automated interoperability with Electronic Health Records (EHRs).
- Work toward cross-jurisdiction IIS-to-IIS interoperability.
- Promote IIS interoperability and bi-directional exchange.
- Support the use of IIS records and functionality to aid in emergency response efforts.
- Position the IIS to leverage connections to regional and state Health Information Exchanges (HIEs).

Potential Next Steps

- Additional states to sign the MOU.
- Continue to provide assistance to states interested in interjurisdictional data sharing and expand current IIS interjurisdictional data exchange solutions.

For more information contact:

Kim Martin

Association of State & Territorial Health Officials (ASTHO)

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IIS to IIS Data Exchange: Addressing Legal Issues

Denise Chrysler, JD
Director, Mid-States Region
Network for Public Health Law

AIRA National Meeting, April 13, 2017

Law governs every aspect of data

Collection

Use

Sharing

Protection

Law friend or foe?

- How does law help us to do our job?
- How is law a barrier?

Resources: Interjurisdictional exchange IIS data

- » <http://www.astho.org/Public-Policy/Public-Health-Law/Resources/Partnership-for-Public-Health-Law/>
 - Overview of the Cross-jurisdictional Sharing of IIS Data
 - Public Health Interjurisdictional Immunization Information System Memorandum of Understanding Template
- » **Posted with Network's archived webinars (www.networkforphl.org)**
 - Webinar: Immunization Information System (IIS) Interjurisdictional Data Exchange: Addressing Technical and Legal Barriers, presented Dec 9, 2015.

Determining exchange authority

1. Establish facts

- Data
- Participants
- Flow

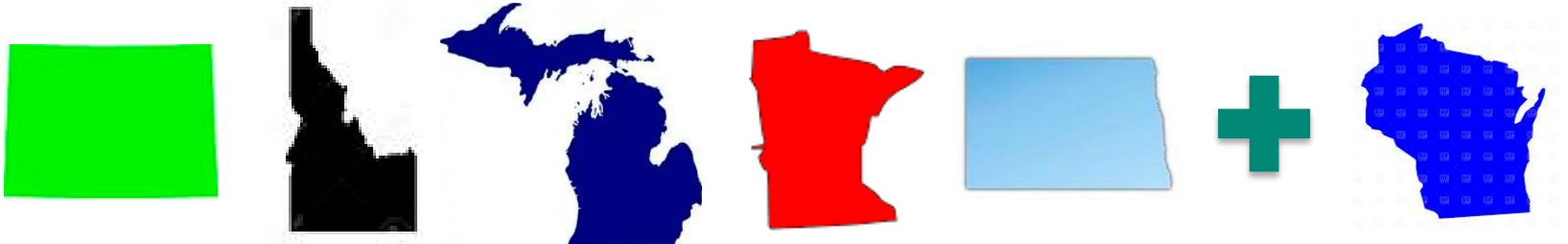
2. Identify law

3. Apply law

4. Establish & document terms for sharing

Background – 6 state MOU

- » **ASTHO identifies interjurisdictional exchange as priority**
- » **Convenes five target states, resource states, and other stakeholders (AIRA, CDC, others) August 2014**
- » **Goal: Work through barriers to establish interjurisdictional data sharing among IIS in target states; provide support and resources**



Colorado

Idaho

Michigan

Minnesota

North Dakota

Wisconsin

Network for Public Health Law: worked with attorneys for six states to develop MOU

- » **Memorandum of understanding vs. data sharing agreement**
- » **Overcoming variation in state law**
- » **Responsibility of recipient state**
- » **Technology inclusive**
- » **Addressing unique needs of each state**

State law and interjurisdictional exchange

» **Approx 15 states have a law that explicitly addresses interjurisdictional exchange**

California

Maine

Oregon

Colorado (probably)

Maryland

Vermont

Illinois

Massachusetts

Virginia

Indiana

Michigan

Kentucky

New Jersey

Louisiana (maybe)

New York

Does this mean the remaining 35 states cannot exchange data with another IIS?

- » **Oh course not!**
- » **Powers can be explicit and specific**
- » **Or they can be general**
- » **50 states operate an IIS – yet 9 states have no explicit authority to either establish an IIS or share immunization information**
- » **Getting to “yes”**

Gold standard: Law that explicitly empowers a state to exchange data with another IIS

- » **Except when it's not!**
- » **Depends on what the law says – prerequisites, conditions and limitations on data exchange**
- » **Whoops –unintended consequences**

Illinois Immunization Data Registry Act

“(c) [T]he Department may release information in the immunization data registry concerning an individual to the following entities (1) The immunization data registry of another state, (2) A health care provider or a health care provider's designee, [etc.] [subject to the following:]

(d) Before immunization data may be released to an entity, the entity must enter into an agreement with the Department that provides that information that identifies a *patient will not be released to any other person* without the written consent of the patient.”

Vermont – short & sweet!

Provides explicit broad authority

§ 1129. Immunization registry

(c) The Department may exchange confidential registry information with the immunization registries of other states in order to obtain comprehensive immunization records.

Vt. Stat. Ann. tit. 18, § 1129 (2015)

Data sharing agreement or memorandum of understanding to exchange IIS information

- » **Some laws require agreement**
- » **Necessary, even if not explicitly required**
- » **Sets out legal authority, terms for sharing, provides for monitoring and accountability for compliance with terms**
- » **IIS memorandum provides components to consider for DSA (Appendix C)**

General barriers IIS to IIS exchange

- » **State law applies – variation among states**
 - » **General vs. specific authority to exchange data**
 - » **Scope of sharing: prerequisites, conditions & limits**
 - » **Within a state – applicability of multiple laws, need to harmonize**
 - » **Variety and changing systems, manner of exchange, technological capability**
- Growing complexity, multiple points of data transfer, HIE laws

Facilitating exchange among IIS

“[T]he task to achieve full interoperability between each of the 64 CDC awardee immunization programs would require more than 2,000 individual data use agreements, requiring innovative solutions for shared services and governance, such as the HHS-sponsored federal Data Hub pilot project.”

-- NVAC Statement of Support Regarding Efforts to Better Implement IIS to IIS Data Exchange Across Jurisdictions, adopted 10 February 2015, quoting Jim Daniel, ONC

National solutions to facilitate exchange?

» National IIS

- 1993: Congress rejected national IIS provisions in Child Immunization Act
- 1999: NVAC report outlines policy directions and major steps needed to establish nationwide network of community/state population-based registries

» Model or uniform state law

- 2005: Model Interstate Immunization Information Sharing Statute
- **New!** JPHIT creates Interjurisdictional Sharing of PH Data Committee

» Master data sharing agreement (e.g. vital records; cancer registries)

» Piecemeal exchange among groups of states

Specific challenges to exchange among six states convened by ASTHO

- » **One state: initially no authority to disclose information to other jurisdictions**
- » **Deleting data when right to opt-out exercised in sending state (applicability to information previously sent)**
- » **Limits on scope of authority to disclose information to other IIS**
- » **Restrictions on data elements that can be shared**
- » **Limits on further disclosure of information by receiving state**
- » **Sending IIS' responsibility for information once sent**

MOU template provisions

- » **Parties – original and additional**
- » **Purpose**
- » **Communications outside MOU; emergency powers**
- » **Definitions**
- » **Data to be provided (elements, frequency, method of exchange)**
- » **Incorporation, use and disclosure of data**
- » **Privacy and security safeguards**
- » **HIPAA – exchange among “public health authorities”**
- » **Period of MOU**
- » **Termination**
- » **Warranties – best efforts, no guarantees**
- » **Contract boilerplate** (e.g. authority, entire agreement, severability, limitation on liability, no third party beneficiaries, governing law, etc.)

MOU template provisions, continued

- » **Appendix A:** Identifies IIS core data elements and any additional data elements that each party is able to provide and receive from other parties
- » **Appendix B:** Each party identifies frequency and methods of exchange and transport
- » **Appendix C:** Each sending party identifies any limitations on maintenance, use or disclosure of data based on the sending party's law or policies

Six states have executed MOU, on to implementation!

...stay tuned

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