Child Health Evaluation and Research Unit



University of Michigan



University of Michigan C.S. Mott Children's Hospital

EHR / MCIR Interoperability Evaluation

Clinical Decision Support for Immunizations (CDSi): Forecaster Comparison

April 13, 2017

Figure 1. Recommended immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017. (FOR THOSE WHO FALL BEHIND OR START LATE, SEETHE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B' (HepB)	1 st dose	4 2 nd (dase 🔑		≪		—3 rd dose—		-								
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ² (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			4 4 ° 0	iose -			5th dose					
Haemophilus influenzae type b ¹ (Hib)			1 st dose	2 rd dose	See footnote 4		3 rd or 4 See foo	ndose, tnote 4									
Pneumococcal conjugate ^s (PCV13)			1 st dose	2 rd dose	3rd dose		-1 4 th c	lase									
Inactivated poliovirus ^a (IPV: <18 yrs)			1 st dose	2 nd dose	<		−3 rd dose−		>			4 th dose					
Influenza ⁷ (IIV)							An	nual vaccina	ation (IV) 1	or 2 doses				Ar	nual vaccina 1 dose o	stion (IIV) nly	
Measles, mumps, rubella [‡] (MMR)					See foo	tnote 8	≼ —— 1 [±] d	lose >				2 nd dose					
Varicella ^p (VAR)							-€ 1 st d	lose >				2 nd dose					
Hepatitis A [™] (HepA)							4€ -2-0	lose series, S	ee footnote	10							
Meningococcal ^{††} (Hib-MenCY ≥6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)						See foo	tnote 11							1 st dose		2 nd dose	
Tetanus, diphtheria, & acellular pertussis ¹² (Tdap: ≥7 yrs)														Tdap			
Human papillomavirus ¹² (H PV)														See footnote 13			
Meningococcal B ¹¹															See footr	note 11	
Pneumococcal polysaccharide ⁵ (PPSV23)													5	ee footnote	5		
Range of recommended ages for all children			of recomme ch-up immu			Range for ce	e of recomm rtain high-r	nended age isk groups	s	grou	ge of recom ups that may vidual clinic	receive val	ccine, subje	high-risk set to		No recom	mendatio

Background

- The Michigan Care Improvement Registry (MCIR) has historically maintained its own forecasting capabilities
- Alternative forecasting approaches exist
- How might adoption of an alternative forecasting method affect MCIR?
 - statewide / jurisdiction assessments
 - reminder / recall interventions
 - forecasts returned via QBP / RSP

Objective

- Evaluate potential differences in vaccination assessment and forecasting using alternative CDSi approaches
- Not aimed at:
 - understanding differences in specific test cases
 - evaluating whether an assessment is 'correct'
- Consider a population-based perspective

Approach

- Compare MCIR forecast with select forecasters available via Texas Children's Hospital (TCH) Forecast Tester:
 - Texas Children's Hospital (TCH)
 - TCH Forecast for Indian Health Service (IHS)
 - Massachusetts Immunization Information System (MIIS)
 - Immunization Calculation Engine (ICE)
 - Scientific Technologies Corporation (STC) Forecaster
- Challenge: acquiring MCIR forecasts for a random sample of children that could be imported into TCH Forecast Tester

Sample from IIS
Population

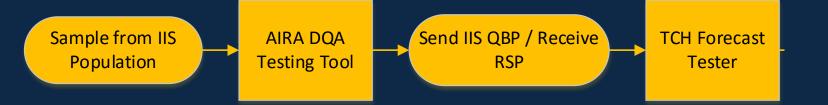
Sample

- Random samples of kids 19-35 months from 5 cities:
 - Detroit
 - Flint
 - Grand Rapids
 - Benton Harbor
 - Marquette
- Target: 1,000 kids from each jurisdiction
- Actual: n=4,154

Sample from IIS
Population

AIRA DQA
Testing Tool



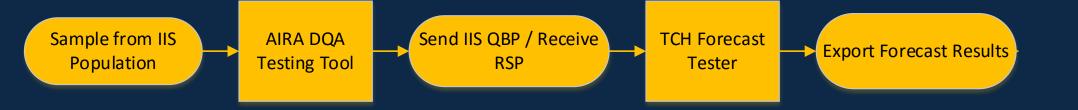


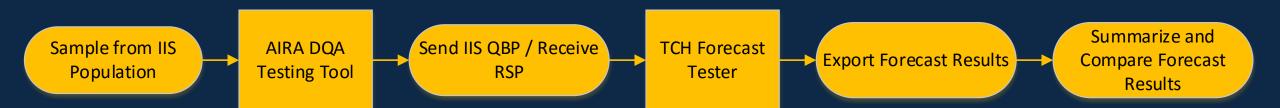
TCH Forecast Tester

- Forecast results included:
 - DTaP, Polio, MMR, Hib, Hep B, Varicella, PCV, Hep A, Flu
- For each child, vaccine series, and forecaster:
 - Status of vaccine series (e.g. Complete, Overdue, etc.)
 - Earliest date for next dose due
 - Recommended date for next dose due
 - Overdue date for next dose due

TCH Forecast Tester

- Forecasters by vaccine series were compared to MCIR for:
 - Percent agreement on status designations
 - Number of days' difference for forecasted dates





Status Designations - MCIR

MCIR Status	Definition
Complete	Immunization requirement completed for a given series. No further doses are required.
Up-To-Date	The evaluation date is prior to the earliest recommended date. A dose cannot be given.
Incomplete / Eligible	The evaluation date is between the earliest and overdue dates. A dose can be given today.
Overdue	The evaluation date is greater than the overdue date (usually 30 days after recommended).
Consider	This is a "soft" recommendation, for certain high risk situations conditions.
Recommended	The recommended date typically used to administer the dose.
Immune	A "titer" or immunity has been documented. No vaccinations required for this series.
Waived	A parent/patient waiver of the vaccine requirement was received (used only in school records).

Status Designations – TCH Forecast Tester

	Complete*	Due Later	Due	Overdue	Not Complete	Complete for Season*	Immune*	No Results*	Unknown	Error*
MCIR	X	X		Х	X		X			
TCH	X	X	X	X		X				
MIIS	X	X	X	X						
IHS	X	X	X	Х						
STC								X	Х	
ICE	X	Х	X					Х		Х

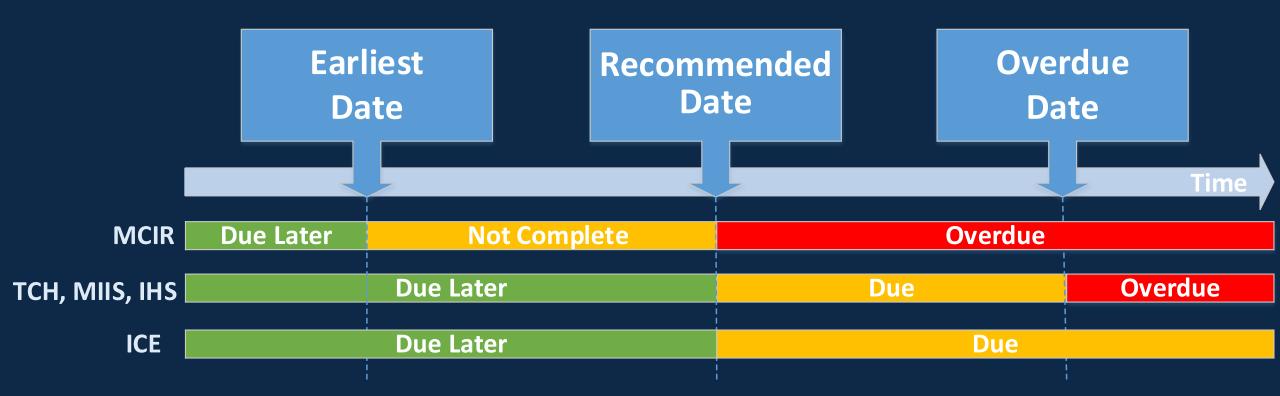
^{*}Statuses that do not come with any dates

Status Designations – TCH Forecast Tester

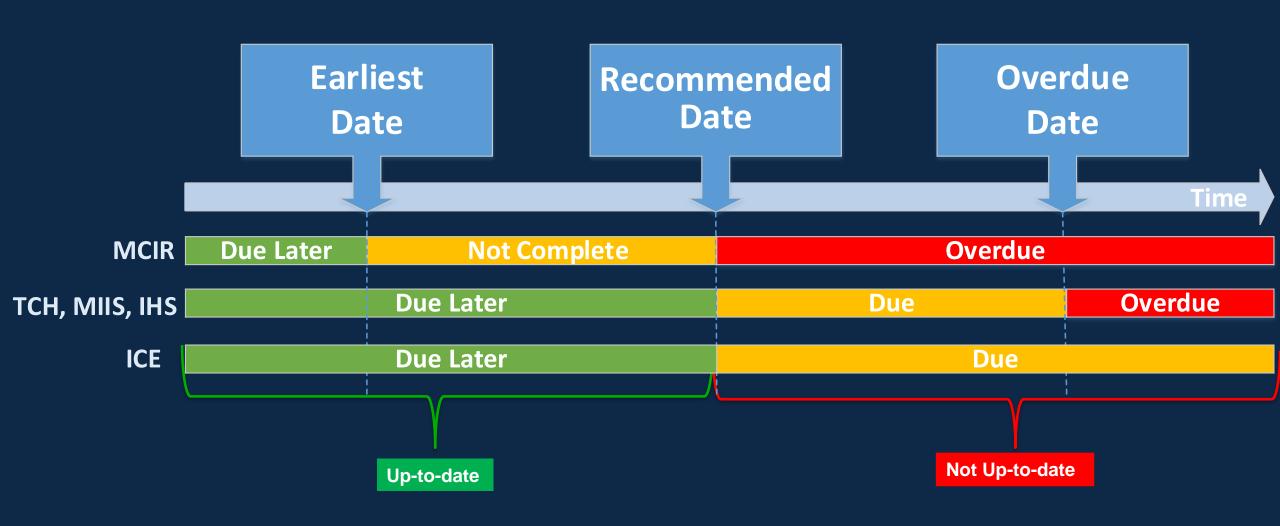
	Complete*	Due Later	Due	Overdue	Not Complete	Complete for Season*	Immune*	No Results*	Unknown	Error*
MCIR	X	Χ		X	X		X			
TCH	X	Χ	X	X		X				
MIIS	X	Χ	X	X						
IHS	X	Χ	X	X						
STC								X	X	
ICE	Х	Χ	X					X		Х

^{*}Statuses that do not come with any dates

Status Classification by Date



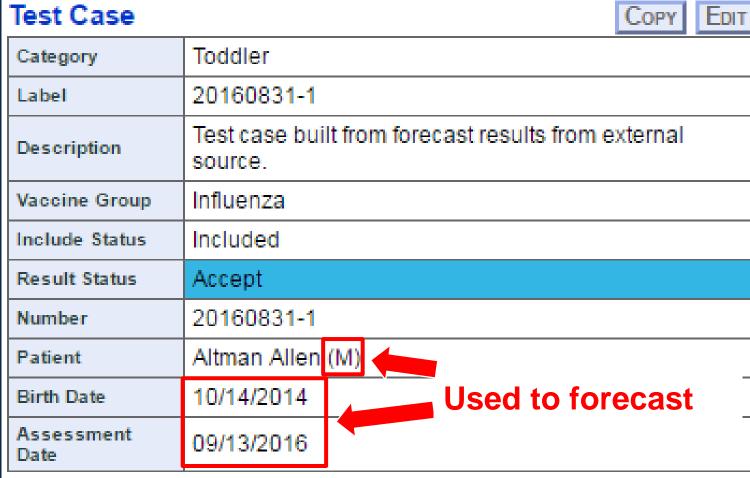
Status Classification by Date



TCH Forecast Tester: Case Info

Auto-generated Auto-generated

Fabricated name



TCH Forecast Tester: Vaccination History

Actual vaccination history from MCIR is loaded into the Tester

Vacc	ination History				Епт
#	Vaccination	CVX	MVX	Date	Age
1	Hep B, adolescent or pediatric	08		10/15/2014	newborn
2	DTaP-Hep B-IPV	110		12/15/2014	2 Months
3	Hib (PRP-OMP)	49		12/15/2014	2 Months
4	Pneumococcal conjugate PCV 13	133		12/15/2014	2 Months
5	rotavirus, pentavalent	116		12/15/2014	2 Months
6	Pneumococcal conjugate PCV 13	133		02/17/2015	4 Months
7	rotavirus, pentavalent	116		02/17/2015	4 Months
8	Hib (PRP-OMP)	49		02/17/2015	4 Months
9	DTaP-Hep B-IPV	110		02/17/2015	4 Months
10	Pneumococcal conjugate PCV 13	133		04/28/2015	6 Months
					c

TCH Forecast Tester: Flu

Actual vs Expected for Influenza Preview EDIT Forecast. Status Earliest Entity Dose Recommend Past Due 08/01/2016 08/01/2016 Expected by Josh Hull at MCIR Overdue IHS Actual from TCH Forecast for IHS 07/01/2016 08/01/2016 11/01/2016 Due Actual from ICE Forecaster 07/31/2016 07/31/2016 07/31/2016 ICE Due STC Actual from STC Forecaster Unknown 10/24/2015 10/24/2015 10/24/2015 Actual from MIIS Forecaster 08/01/2016 08/01/2016 09/01/2016 MIIS Overdue TCH Actual from TCH Forecaster for Testing Due 07/01/2016 08/01/2016 12/01/2016 MCIR Actual from AART 57A 08/01/2016 08/01/2016 Overdue.



STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

As of: November 02, 2016

Official State of Michigan Immunization Record

MCIR ID#: Book Name: Gender: Male

WICH ID#.	110	inc.			DC	D. 10/14/20	IT Age. 2 IC	Juio	Gender. Wak	•		
		History	of Immu	nizations	Given by	y Series			Status	Accelera- ted Date	Recomme- nded	Shots Given
DTP/DTaP/DT/T d/Tdap	12/15/14 DTaP-Hep B- IPV	02/17/15 DTaP-Hep B- IPV	04/28/15 DTaP-Hep B- IPV	02/04/16 DTaP (pediatric)					Up-To-Date	10/14/2018	10/14/2018	
Hib	12/15/14 Hib	02/17/15 Hib	10/15/15 Hib (PedvaxHIB)	(pediatrio)					Complete			
Polio	12/15/14	02/17/15	04/28/15 DTaP-Hep B- IPV						Up-To-Date	10/14/2018	10/14/2018	
MMR	10/15/15 MMR	II-V	II V						Eligible	03/03/2016	10/14/2018	
Hepatitis B		12/15/14 DTaP-Hep B- IPV	02/17/15 * DTaP-Hep B-	DTaP-Hep B-					Complete			
Varicella	(ped/adol) 02/04/16 Varicella (Varivax)	IPV	IPV	IPV					Eligible	04/28/2016	10/14/2018	
Rotavirus	12/15/14 RV5 (Rotateq)	02/17/15 RV5 (Rotateq)	04/28/15 RV5 (Rotateq)									
Hepatitis A	02/04/16 Hep A (ped/adol)	10/17/16 Hep A (ped/adol)	(1000004)						Complete			
Seasonal Influenza	10/15/15 IIV4 Ped(P- free,inj)	10/17/16 IIV4 Ped(P- free,inj)							Up-To-Date	11/14/2016	11/17/2016	
Pneumococcal Conjugate	12/15/14 PCV13	02/17/15 PCV13	04/28/15 PCV13 (Prevnar13)	10/15/15 PCV13 (Prevnar13)					Complete			

Example of Status Definition Differences

Varicella	MCIR	ТСН	MIIS	IHS	ICE
Status	Not Complete	Due Later	Due Later	Due Later	Due Later
Earliest Date	4/28/16	4/28/16	4/28/16	4/28/16	10/14/18
Recommended Date	10/14/18	10/14/18	10/14/18	10/14/18	10/14/18
Overdue Date	NA	10/14/21	10/14/19	10/14/21	10/14/18

Up-to-Date Agreement with MCIR

Percent (%) of vaccine series that are concordant with MCIR on an up-to-date vs. not up-to-date basis (n=4154)

Forecaster	Overall*	DTaP	Polio	MMR	Hib	Нер В	Varicella	PCV	Нер А	Flu
TCH	96.4	99.3	99.4	99.9	99.9	99.6	99.9	99.8	94.3	96.1
IHS	96.4	99.3	99.4	99.9	99.9	99.6	99.9	99.8	94.3	96.1
MIIS	92.5	99.4	99.4	99.9	99.8	99.2	99.9	99.6	94.2	92.0
ICE	96.0	99.4	99.4	99.9	99.9	99.7	99.9	99.2	94.2	96.1

^{*}Child-level up-to-date vs. not up-to-date agreement

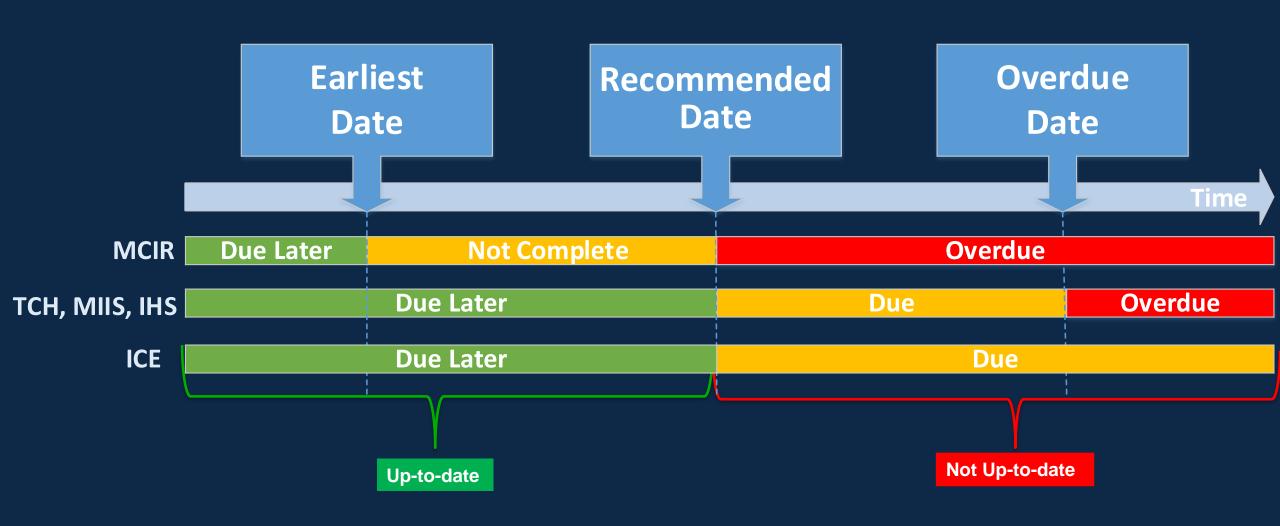
Status Agreement with MCIR

Percent (%) of statuses that agree with MCIR forecaster status exactly* (n=4154).

DTaP	Polio	MMR	Hib	Нер В	Varicella	PCV	Hep A	Flu
99.3	99.4	14.2	99.9	99.6	15.7	99.8	76.7	4.1
99.3	99.4	14.2	99.9	99.6	15.7	99.8	76.7	4.1
99.0	99.4	14.2	99.8	99.1	15.7	99.6	78.7	92.0
70.4	07.0	2.8	86.2	89.3	3.8	85.1	64.4	0.9
	99.3 99.0	99.3 99.4 99.3 99.4	99.3 99.4 14.2 99.3 99.4 14.2 99.0 99.4 14.2	99.3 99.4 14.2 99.9 99.3 99.4 14.2 99.9 99.0 99.4 14.2 99.8	99.3 99.4 14.2 99.9 99.6 99.3 99.4 14.2 99.9 99.6 99.0 99.4 14.2 99.8 99.1	99.3 99.4 14.2 99.9 99.6 15.7 99.3 99.4 14.2 99.9 99.6 15.7 99.0 99.4 14.2 99.8 99.1 15.7	99.3 99.4 14.2 99.9 99.6 15.7 99.8 99.3 99.4 14.2 99.9 99.6 15.7 99.8 99.0 99.4 14.2 99.8 99.1 15.7 99.6	99.3 99.4 14.2 99.9 99.6 15.7 99.8 76.7 99.3 99.4 14.2 99.9 99.6 15.7 99.8 76.7 99.0 99.4 14.2 99.8 99.1 15.7 99.6 78.7

^{*&#}x27;Complete' and 'Complete for Season' considered equivalent

Status Classification by Date



Limitations

- Very limited time available for this analysis
- No overdue dates available from MCIR via RSP
 - "Due" (most forecasters) vs. "Overdue" (MCIR)
- Iterative approach used to run, debug, re-run forecasts:
 - dates varied for MCIR sample cases, TCH evaluation

Conclusions

- It is feasible to test population-level differences in forecasters using standards-based queries and existing tools
- Fairly high <u>overall</u> agreement between forecasters (i.e., up to date vs. not)
- Important differences may exist at more granular levels of status (i.e., due, overdue, due later, etc.)

Potential Next Steps

- Additional analysis needed to clearly evaluate differences
- Obtain MCIR overdue date in RSP messages
- More precise understanding of forecaster differences will require:
 - in-depth coordination with each IIS
 - review of status designations by clinical expert

Acknowledgements

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Research Associate Professor

University of Michigan, Division of General Pediatrics

Child Health Evaluation and Research (CHEAR) Unit

www.chear.org

kjd@med.umich.edu

(734) 615-6758

