SnapShots

IMMUNIZATION REGISTRY NEWS *from* **AMERICAN IMMUNIZATION REGISTRY ASSOCIATION (AIRA)**

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CONTENTS

Welcome to *SnapShots*, the American Immunization Registry Association's newsletter about the progress, best practices, and accomplishments of immunization information systems across the country. We invite you to share news about your registry. Email us at info@immregistries.org or call us at 202-552-0208 with information about a successful programmatic or technical innovation, major accomplishment, or milestone that your registry has reached. *SnapShots* is sent to subscribers three times a year and posted on AIRA's web site: www.immregistries.org.

Please forward this email to others who may be interested in receiving *SnapShots*. **TO SUBSCRIBE** please go to www.immregistries.org. This information will remain confidential and will not be sold or passed on to other parties. **COMMENTS, PROBLEMS, OR QUESTIONS, PLEASE CONTACT US AT:**
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PRESIDENT'S REPORT

Greetings to you all. I would like to start off by thanking all AIRA members for your continued support and participation in AIRA related projects and activities throughout the past year. As 2016 comes to a close, I think it's important to acknowledge all the great work that's been done to enhance and support Immunization Information Systems (IIS) across jurisdictions. This work couldn't have been accomplished without our incredible membership, AIRA Board, and Steering Committee members, so I thank you for all the contributions you've made that have helped make this year such a great success!

The IIS community continues to be tasked with major projects like AFIX-IIS integration, enhancing data quality and completeness, meeting the functional standards, supporting the HL7 Implementation Guide, bi-directional data exchange of immunization information and so much more. We continue to face challenges in securing resources and funding to keep our IIS moving forward and to meet the increasing needs of our partners and other stakeholders. This issue of *SnapShots* highlights some of the innovative work being done by those within our community to help support these initiatives as well as the users of our systems.

As you plan activities for 2017, please keep in mind that the AIRA 2017 National Meeting will be held April 11-13th, in Chicago, Illinois. This meeting is a great opportunity to learn more about current IIS related projects and topics. There will be inspiring keynote speakers, as well as a lot of interesting and educational breakout sessions. Given all the great work being done in the IIS community, this meeting is an excellent way to bring all that information together and share it within our community.

I'm grateful to be a part of AIRA and the IIS community. I want to especially thank the AIRA staff for all the fantastic work they do. Their hard work and dedication has provided exceptional support to our community and I look forward to working with you all again over the next year.

Have a safe and happy holiday season and Happy New Year!

Michelle Hood
Administrator, Nebraska State Immunization Information System
AIRA President

North Dakota IIS Creates Interoperability On-Boarding Process & Tracking Application

As of September 2016, the North Dakota Immunization Information System (NDIIS) is interoperable with 273 individual provider locations, our state-wide Health Information Exchange (HIE), the North Dakota Health Information Network (NDHIN) and the North Dakota Department of Health disease surveillance system (MAVEN). Of the 273 provider connections, 230 are real-time and fully bi-directional. Since implementing our first interoperability connection in October 2011, the NDIIS team has developed a detailed on-boarding process for new providers wishing to connect. We used lessons learned exercises to make improvements to our process and created an automated testing site for providers and electronic health record (EHR) vendors. This site attests for Stage 1 Meaningful Use and validates their HL7 messages prior to the start of their NDIIS on-boarding process. In 2016, in an effort to further streamline this on-boarding process, we developed a new automated on-boarding tracking system.

Our comprehensive, detailed on-boarding process starts when the provider submits their NDIIS registration of intent form. This completed form initiates the on-boarding process and the provider is placed in a queue to connect. Next, the provider completes either the NDIIS memorandum of understanding (MOU) or the NDHIN participation agreement, depending on how it plans to connect to the NDIIS. Providers that plan to connect to the NDHIN must get their test connection set up and working before they move forward in the NDIIS on-boarding process.

Once we are ready for the provider to move forward with the NDIIS interoperability connection, the provider is required to complete our roles and responsibilities matrix. This document identifies key project team members at the NDIIS, provider and EHR vendor. The Provider Executive Sponsor, Provider Technical Lead, Provider Network Administrator and EHR Vendor Technical Lead are all granted access to the NDIIS on-boarding tracking system.

The NDIIS team administrative view of the on-boarding application lists all providers/provider groups/health systems and their status in the on-boarding process. NDIIS team members can create a new provider site in the system (using the information provided in the registration of intent form), add and delete users for each provider, change a provider's status and navigate through each page of the application to access all of a provider's information plus on-boarding and testing documents. The provider view lists each stage of the on-boarding process and checks it off as it is completed. The system makes the same status updates in the NDIIS team view.

After a provider is set up in the application and its users have been granted access, the provider needs to log in and complete the on-boarding questionnaire (i.e. provider survey). This questionnaire assesses the provider's EHR readiness to meet North Dakota connectivity, messaging and documentation requirements. Once the questionnaire is complete, it is submitted to the NDIIS team for review and approval. At this point in the process, we schedule our Phase I on-boarding call and review the questionnaire with the provider and their EHR vendor. Once approved, we move on to the gap analysis and code review.

All of the files shared back and forth between the two teams during on-boarding and testing, including the gap analysis, security review, EHR CVX and MVX code review and provider mapping documents, are accessible by all team members through the files page of the on-boarding application. Files can be added, updated and resubmitted by the provider users or by the NDIIS team. This eliminates the need for multiple team members to locally save copies of the same files and email documents back and forth.

Additional functionality in the on-boarding application includes issue tracking, a notes page and automated notifications. The issue tracker can be used throughout the entire on-boarding process as well as post-production to track the status and progress of all issues with the interoperability connection and data flowing between the two systems. The NDIIS team adds issues after they have been reported and sets the current status, which can be viewed by both teams. Both the provider users and the NDIIS team can post comments related to an individual issue. The notes section is a simple communication tool that allows members from both teams to leave comments related to the work in progress. It is an effective way to communicate with all team members at once. Automated notifications are set up to alert all team members when new documents are posted, when issues are added, when a user comments on an issue and when notes are submitted. These notifications are an additional way to keep all members of both teams in sync with the provider's current status and the progress of the on-boarding process.

By creating our detailed on-boarding process and utilizing the new on-boarding application, we are able to have a standardized, streamlined process for connecting new North Dakota providers and to track any post-production issues and interface enhancements and changes. ■

– Submitted by Mary Woinarowicz, North Dakota IIS

A Multi-State IIS Training & Education Consortium

Recently, Washington, Tennessee, and their IIS vendor, Scientific Technologies Corporation (STC) joined forces to more efficiently tackle the challenging task of training IIS staff and users. Washington and Tennessee came up with the idea to convene a training and education consortium with STC to improve training and education capacity. Washington and Tennessee presented this idea to STC, which was supportive of this effort.

Currently, seven states that use the STC products participate in the training and education consortium. This group meets monthly in a virtual meeting space and is facilitated by STC and co-led by staff from Washington and Tennessee. The consortium brings the participating states together to define shared goals, tasks, and projects. The consortium is focused on:

- Streamlining training resources
- Improving training materials and methods
- Encouraging states to share resources, learn from each other, and collaborate in order to meet training demands

For WIR users interested in similar joint development efforts, please visit AIRA's website www.immregistries.org/resources/joint-development/wir-joint-development-user-group.

A user group has also been established for awardee developed IIS users to collaborate on joint development efforts. More information can be found at www.immregistries.org/resources/joint-development/awardee-developed-joint-development-user-group.

The virtual meetings are interactive and designed to allow each state the opportunity to contribute. The consortium looks at ways to leverage existing training activities and technology to more efficiently train IIS staff and users.

During consortium meetings, real time in-meeting polls, electronic surveys, and lively group discussions are used to identify training needs and set shared goals and priorities. Consortium members have been very engaged and appreciate the opportunity to share their current training methods and eliminate barriers to help each state improve their IIS trainings and decrease each individual state's workload by sharing resources.

The participants believe this consortium has the power to improve the quality of their training activities and increase their capacity to meet the diverse training needs of their users. ■

– Submitted by Dannette Dronenburg, Washington State Department of Health

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AIRA 2017 National Meeting Keynote Speakers: Dr. Messonnier and ZDoggMD

The American Immunization Registry Association (AIRA) is excited to introduce the keynote speakers for the AIRA 2017 National Meeting this April: Dr. Nancy Messonnier and ZDoggMD (also known as Dr. Zubin Damania).

■ Dr. Nancy Messonnier

Dr. Nancy Messonnier (CAPT, USPHS) is the Director for the National Center for Immunization and Respiratory Diseases (NCIRD) at the Center for Disease Control and Prevention (CDC). Since beginning her public health career in 1995 as an Epidemic Intelligence Service Officer in the National Center for Infectious Diseases (NCID), Dr. Messonnier has held a number of leadership posts across CDC and within NCIRD. She brings strong management and leadership skills, commitment to staff mentoring and development, and a passion for immunization and infectious disease prevention.

Dr. Messonnier has played critical roles in several successful public health initiatives including the vaccination of millions of people living in the African Meningitis Belt with MenAfriVac; serving on anthrax response teams during the 2001 intentional anthrax release; leading the evaluation of an anthrax vaccine and post-exposure antibiotic; overseeing a family of studies exploring resurgence of pertussis; championing for prevention and control of bacterial meningitis in the U.S; and providing vital leadership to CDC's cross-cutting laboratory, global health, and surveillance initiatives. She has written more than 140 articles and chapters and received numerous awards.

Dr. Messonnier received her BA from the University of Pennsylvania and MD from the University of Chicago School of Medicine. She completed internal medicine residency training at the University of Pennsylvania. We are honored to have Dr. Messonnier join us as a keynote speaker for the AIRA 2017 National Meeting.

■ ZDoggMD (Dr. Zubin Damania)

ZDoggMD is a renowned physician who uses humor to educate the public about medicine and relevant public health topics including immunizations. ZDoggMD "is an international icon and man of mild-to-moderate mystery. Apart from writing, performing, and producing award-winning medical rap videos that educate and entertain, he's a highly sought-after thought leader and healthcare speaker," (http://zdoggmd.com). Dr. Damania attended the University of California, San Francisco before completing his residency at Stanford University of School of Medicine. He worked as a hospitalist at Stanford University Medical Center for nearly a decade before founding Turntable Health, an innovative membership-based solution to primary-care based in Las Vegas, Nevada. Dr. Damania's alter ego ZDoggMD creates many influential rapping videos such as this video on immunization. For additional videos and incredible content, please visit ZDogg's website.

We are excited both ZDoggMD and Dr. Messonnier will be joining us in Chicago this year. To register for the AIRA 2017 National Meeting or for more information, please click here. ■

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AIRA AMERICAN IMMUNIZATION REGISTRY ASSOCIATION
Immunization Information Systems for a New Era

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

AIM Supports Program Managers in Operationalizing the IIS

A variety of member support activities related to IIS have been implemented by AIM.

The Association of Immunization Managers (AIM) continues to explore ways to assist program managers in coordinating and operationalizing their program's immunization information system (IIS). AIM focuses on the leadership challenges that program managers experience related to utilizing IIS to increase immunization rates rather than on issues of IIS functionality, capability and funding. A variety of member support activities related to IIS have been implemented by AIM, including reestablishing the AIM IIS Committee, establishing program manager users' groups, and focusing on IIS issues during General Member webinars. The AIM IIS Committee, chaired by Bob Swanson from Michigan, focuses on assisting program managers in understanding the complexity of the system, with an emphasis on programmatic needs. The committee, comprised of 16 program managers, CDC liaisons, and AIRA liaisons, strives to further strengthen program managers' involvement in the decision making as it relates to the IIS. Additionally, AIM is convening quarterly conference calls with program managers who use HPE and STC IIS platforms. The purpose of these groups is to provide a forum to discuss issues related to their IIS and discuss potential areas of collaboration with other programs who use the same IIS platform. Additional recent program manager support activities included focusing the AIM August General Membership webinar on the transition to AFIX/IIS integration, discussing strategies to overcome challenges such as populating the IIS with quality data, and finding resources to enhance and sustain IIS. ∎

– Submitted by Mary B. Waterman, Association of Immunization Managers (AIM)

JPHIT Update: Informatics Resources

Below are a couple of informatics resources from the Joint Public Health Informatics Taskforce (JPHIT) that may be pertinent for the IIS community:

∎ Reframing Public Health Informatics

This is an online toolkit with a collection of recommendations and sample communications designed to help the public health workforce talk about informatics – what it is, how it works, and why its contributions are so important to achieving the goal of improved population health. This toolkit is a PHII project developed by the FrameWorks Institute.

- http://frameworksinstitute.org/toolkits/informatics/
- http://phii.org/informatics-communication-toolkit/introduction

∎ OASH Is Implementing Public Health 3.0

In October 2016, the Office of the Assistant Secretary for Health (OASH) issued a white paper titled "Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure." This white paper provides recommendations for advancing Public Health 3.0. Read the full Public Health 3.0 white paper [PDF – 4.4 MB]; Read recommendations from the Public Health 3.0 white paper [PDF – 197 KB]. ∎

– Submitted by Charlie Ishikawa, Joint Public Health Informatics Taskforce (JPHIT)

The AFIX-IIS Integration Project

■ PPHF Awardee Projects

CDC led the third quarter of PPHF calls with individual awardees. Awardee project staff and CDC staff (POB Project Officers, and IIS and AFIX project leads) discussed work plan implementation progress, possible changes to the timeline, and other issues including awardee concerns, budget questions, and staffing changes. CDC's project team followed up on each call by sending meeting minutes and a list of action steps. (by Bobbie Strickland and Hanan Awwad, CDC/NCIRD/ISD)

■ STC Building SMaRT AFIX Consortium

STC is excited to announce the first release of the CDC SMaRT AFIX application to STC's IIS (IWeb) awardees. The collaboration between STC, CDC and the consortium of 19 state awardees has resulted in the first ever IIS agnostic application designed to bring standardization and efficiency to the AFIX assessment process.

Following the initial roll-out, STC will continue to work diligently to connect ImMTrax and additional independent partner awardees. Using AGILE best practices and feedback sessions with awardees, STC will add additional key functionality to integrate with the CDC's AFIX Online Tool and logic to support the new two-dose HPV recommendation from the Advisory Committee on Immunization Practices (ACIP).

STC recently became aware of the opportunity to include additional awardees in the project. A fully functional and integrated build of CDC SMaRT AFIX can be made available to those who wish to participate. Interested parties should contact Michelle Korrell at michelle_korrell@stchome.com. More information is also available at www.smartafix.com. (by STC)

■ Envision Awardees

Five Envision awardee customers received PPHF 2015 funding for implementing the AFIX assessment functions into their IIS. Those funds are being used to build the AFIX functionality for all 15 awardees using the Envision product suite. Envision split the project over two releases, with the first release covering the AFIX report and the second release covering the online interface. The project is on schedule and the Patient Active/Inactive Status, updated forecasting algorithms, and report specifications have been completed. The development phase of the first release continues and the project team continues to host biweekly meetings with a group of awardees to gather feedback for the second release. The first release to the 15 awardees is scheduled to occur between December 2016 and February 2017. (by Envision)

■ HPE Awardees Update

HPE is developing the AFIX Product. Its purpose will be to work with an IIS to meet Phase I requirements. Currently the strategy is to develop a single standalone product, deployed locally, with minimal system requirements necessary to run the tool. Recognizing that many states have differing hardware environments, network security rules, and privacy policies, HPE determined it would be prudent to minimize the exposure of data collected from an IIS during the assessment process. Long term, HPE may offer a web-service for those states that have policies in place to support this. HPE has completed their seventh sprint cycle following Agile Methods. Collaborating with stakeholders using Agile Methods has been a refreshing change of pace for the HPE Agile Team, as it helps everyone build a stronger product.

Product development is well underway with six states collaborating to provide input at each step. The AFIX Product is expected to launch in the first half of 2017.

■ Awardee-Developed IIS Update

A number of awardees are developing their own AFIX-IIS solution. The approach taken by Massachusetts is highlighted below.

Massachusetts

Massachusetts worked with their IIS vendor, SSG, to meet requirements of the Phase I AFIX-IIS Integration Guide for the Massachusetts Immunization Information System (MIIS). Coverage reports including the requirements of the Phase I AFIX-IIS Integration Guide were deployed at the end of August and are currently being used during AFIX site visits. Massachusetts' next steps include preparing to upload coverage report data directly into the AFIX Online Tool and developing additional reports for use during AFIX site visits, as outlined in the Phase II AFIX-IIS Integration Guide. ■

For Those Unfamiliar with the AFIX-IIS Integration Project:

Background

In 2013, CDC announced that support for the Comprehensive Clinic Assessment Software Application (CoCASA) would be discontinued and encouraged awardees to use their IIS to support AFIX assessments. The development and implementation of uniform standards for generating AFIX assessment outputs from IIS is critical to a successful transition. In the absence of standardized outputs, AFIX assessment outcomes will differ across immunization programs, thereby compromising the integrity of results reported from jurisdiction to jurisdiction, and limiting CDC's ability to evaluate the effectiveness of the AFIX program.

Guidance documents for incorporating AFIX assessment functionality in IIS were developed in two phases. The first phase resulted in the development and release of the document "AFIX-IIS Integration: Operational and Technical Guidance for Implementing IIS-Based Coverage Assessment – Phase I." The second phase resulted in additional operational and technical guidance for AFIX assessment and feedback reporting components. To support AFIX assessments, the IIS needs to implement standardized AFIX assessment outputs, a user interface that allows authorized users to generate the outputs, and a standardized export capability to support uploads of results to the CDC AFIX Online Tool.

Funding for implementing AFIX assessment functions in the IIS occurs through two primary streams. In 2015, 25 awardees received "PPHF 2015 - Immunization - Utilization of Immunization Information Systems (IIS) for Assessment, Feedback, Incentives, and eXchange (AFIX) Assessments" funds for a two-year period. In parallel, Scientific Technology Corporation (STC) was awarded a competitive contract to build an AFIX assessment module for up to 19 awardees. (By Bobbie Strickland and Hanan Awwad, CDC/NCIRD/ISD)

Additional Information

All AFIX-IIS integration project resources can be found on the ISD Awardee SharePoint Portal. All questions relating to AFIX-IIS Integration or the SharePoint portal should be directed to AFIXIIS@cdc.gov.

We are interested in hearing about your progress in implementing AFIX into IIS. If you would like to be featured in a future *SnapShots* update, please email a short description (1-3 paragraphs) to AFIXIIS@cdc.gov. ■