

## Topic: Patient Active/Inactive Status

**Request Date:** July 19<sup>th</sup>, 2017

**Information Requested:** We are interested to know from other IIS:

- How do providers manage the active/inactive status of their patient populations in your IIS?
- How does your IIS being 1:1 or 1:many affect how patient reports are generated at the provider level?
- What are the benefits and disadvantages of the 1:1 or 1:many approach in your IIS?
- How is PAIS information stored in your database? How, if at all, is PAIS database information used for reporting?

**Requesting Member:** Assiatou Bah (TN)

**Responding Member(s):** Freddie Barber (AK), Patricia Swartz (MD), Clark Oelrichs (MO), Kim Salisbury-Keith (RI)

### Results:

**AK:** For Arkansas, when our next upgrade is complete (this month) the provider will be able to inactivate each client. This will still leave the client active for geographical review/reminder/recall efforts- it will just take them out of that provider's stats and reminder/recall efforts. Arkansas does a state-wide reminder/recall which is why we have our PAIS being designed this way.

With the upgrade we will get AFIX scores on providers' active kids only. For the geographical immunization rates, we will count all the children who have not moved out of the state in that score.

As we have not put the upgrade into production we are not yet using the new function. I can't address how this will be used except to say we are very excited about running geographical rates. However, we will store PAIS based on provider and list the reasons.

### MD:

- There is a status field under patient info that allows providers to indicate if a patient is active or inactive. The patient's status can also be updated automatically using one of the PD1-16 segments via the routine data exchange process.
- Maryland is a 1:many IIS. That ensures that a patient will show up in reports from all practices, pharmacies, and local health departments that have ever had contact with the patient until they inactivate the patient.

- Being a 1:many IIS in some ways benefits user organizations since they won't lose a patient's active status just because they get a flu shot at school or a pharmacy. However, it does mean that a given patient's previous physicians need to ensure that they inactivate patients that leave their practice so that they do not continue to show up in their own reporting.
- Reports use PAIS data to show only patients who are currently active for a given practice.

**MO:** Missouri is 1:1. The status is marked with a flag variable (active y/n) and another with the provider id number. The data is used to assess missed opportunities and other reporting. The disadvantage is if a patient receives immunizations from multiple providers then there is a need to assign which is the primary/responsible provider they are active with. A benefit is that it makes several of the reports more straight forward. This is also helpful with reminder/recall and having one main contact reduces duplicate work.

Providers are given the ability to claim inactive through MOGE rules (similar to Iowa <https://idph.iowa.gov/Portals/1/Files/IMMTB/moge.pdf>) such as three attempts to contact the patient. They are also active with an immunization in a time frame (excluding flu). They can also alter it through the web application. When a new electronic record comes in it will establish the relationship but this may need changes. The inactivation is usually done through an excel listing and then changed on our side.

**RI:**

- 1:1 State
- Only PCP type providers have patients associated with them
- Most recent immunization reported attaches patient to provider or changes association
- Provider can indicate – No longer my patient (User Interface available in 8/2017) currently handled by IIS staff
- Provider patient status stored in a child provider table – that indicates whether the child is active/inactive with the provider
  - A separate table includes indicator if the child is deceased (permanently inactive)
- Only active children are included in AFIX reports for the provider and all other reports that are part of the web UI

Advantages/Disadvantages

- D- AFIX not done for non-PCP type providers
- D - Not all children are associated with a PCP who has an AFIX
- A – Children automatically associated and disassociated with practices as immunizations added
- A – Providers can determine who is active in their practice
- A- Patients aren't double counted in multiple practices