



CTO

Office of the  
CHIEF TECHNOLOGY OFFICER

# Collaborations to Support Consumer Access to IIS

August 16, 2018

| Name            | Organization  | Topic  |
|-----------------|---|--|
| James Daniel    | Office of the Chief Technology Officer                | Collaborations to Support Consumer Access to IIS |
| Kelly Carulli   | Audacious Inquiry (Ai)                                | Consumer Engagement for IIS                      |
| Quan Le         | Louisiana Department of Health and Hospitals          | MyIR in Louisiana                                |
| Lonnie Peterson | Washington State Department of Health                 | MyIR in Washington State                         |
| Sarah Cruz      | Scientific Technologies Corporation (STC)             | Improving the MyIR user registration process     |
| Meredith Damore | Caredox/Healthy Schools, LLC                          | Other Models for Consumer Access                 |
| Angel Aponte    | New York City Department of Health and Mental Hygiene | Other Models for Consumer Access                 |

# Consumer Engagement for IIS Project

Goal: Increase consumer access to online immunization records and forecasts.

Collaborative project between CTO, ONC, CDC, Audacious Inquiry (Ai), and Scientific Technologies Corporation (STC).



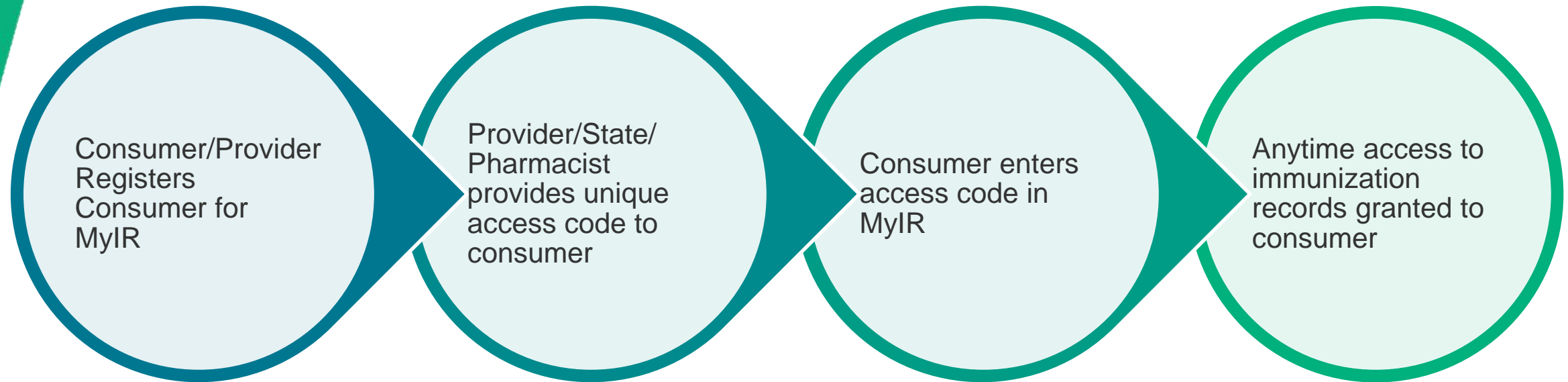
# Project Activities 2013 - 2017

- Piloted MyIR in 5 states
- Marketing
- Evaluation

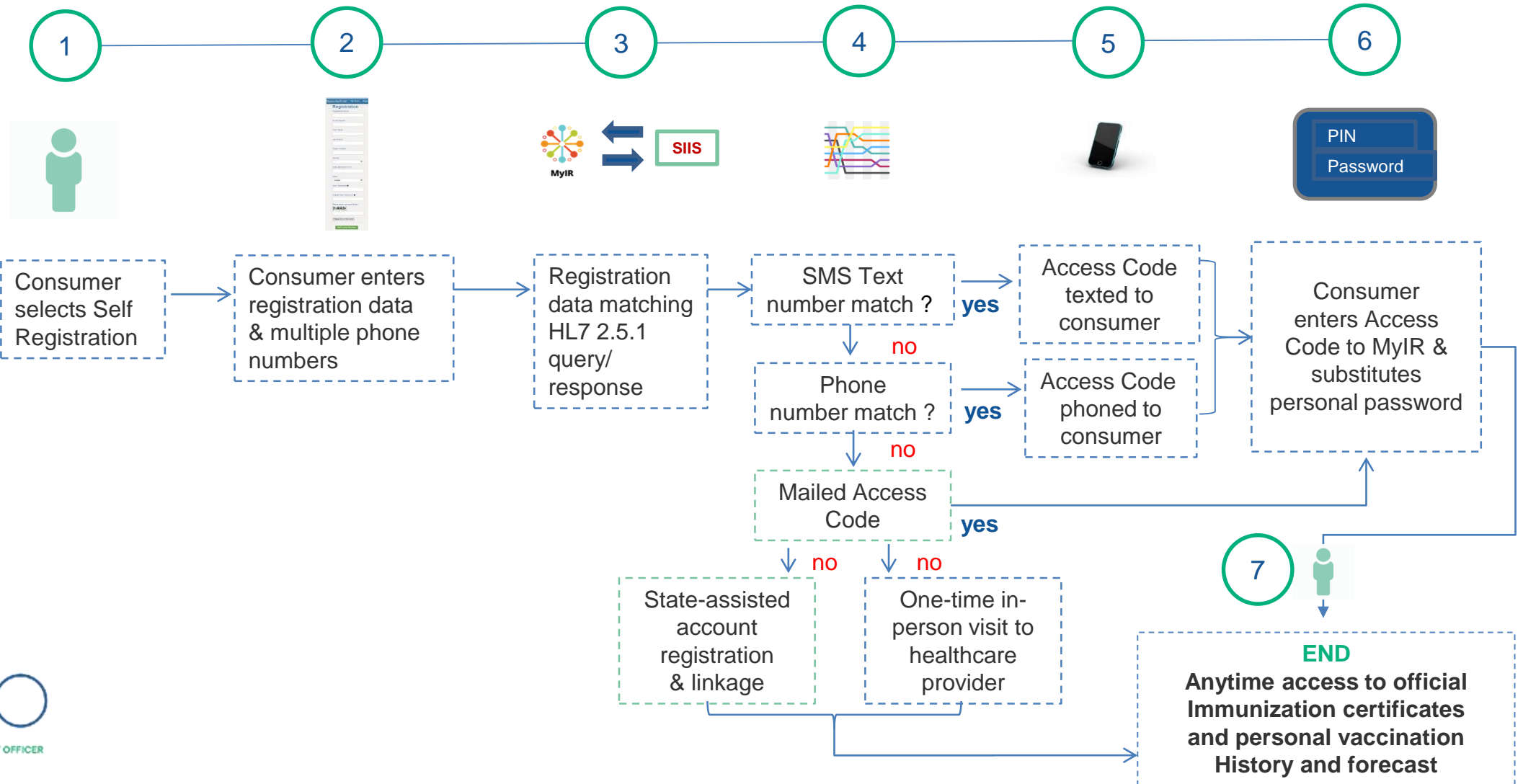


**MyIR**

# Assisted Registration Process



# Online Authentication Workflow



# 2018 Activities (Project Year 5)

- Support MyIR in Washington and Louisiana
- Marketing MyIR
- Evaluation
- Explore alternative methods for consumer access to immunization records

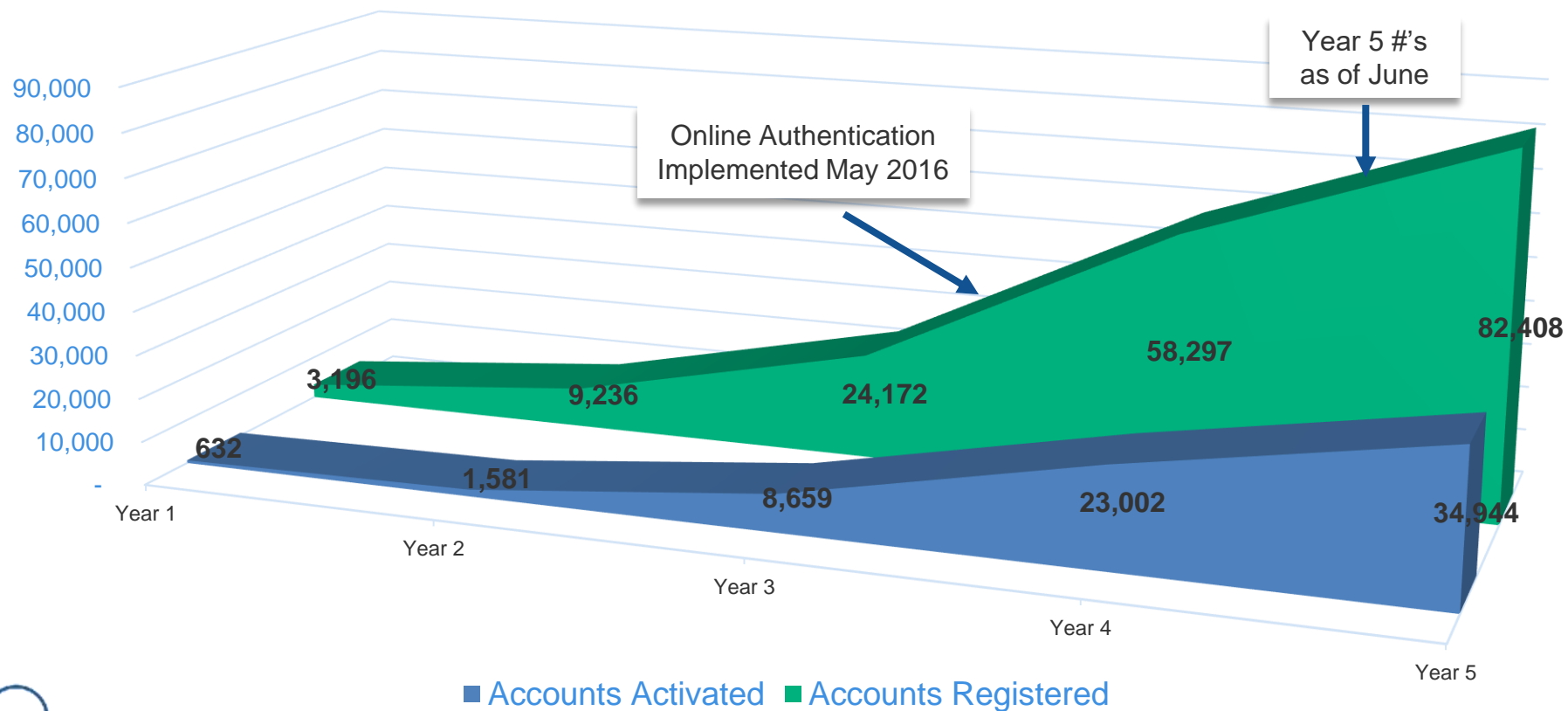
# Marketing Activities

- Posters/Brochures
- Mailings
- Pilot Ad Campaigns
  - Seattle Metro
  - Baton Rouge Metro
  - Caregiver bloggers
- Marketing Evaluation



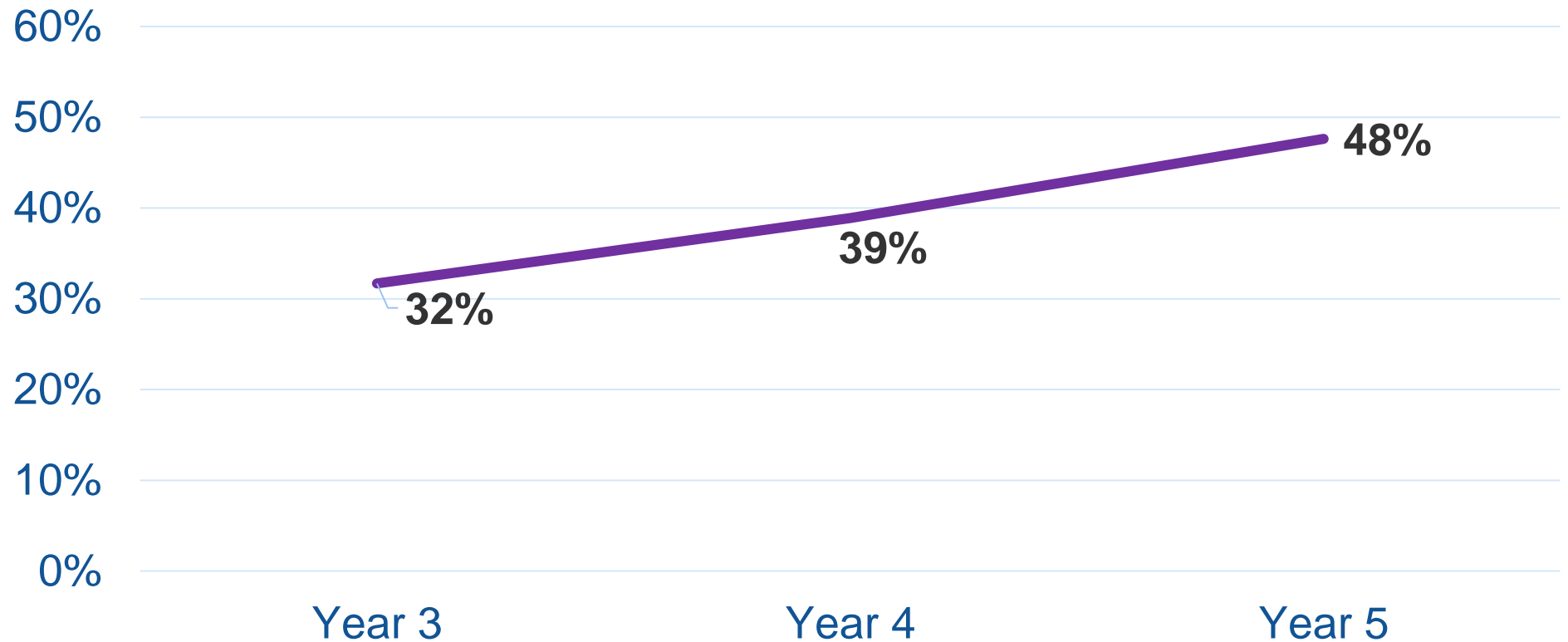


# Evaluation: MyIR Accounts Registered and Fully-Activated in WA and LA (2013 – 2018)



# Challenge: Patient Matching

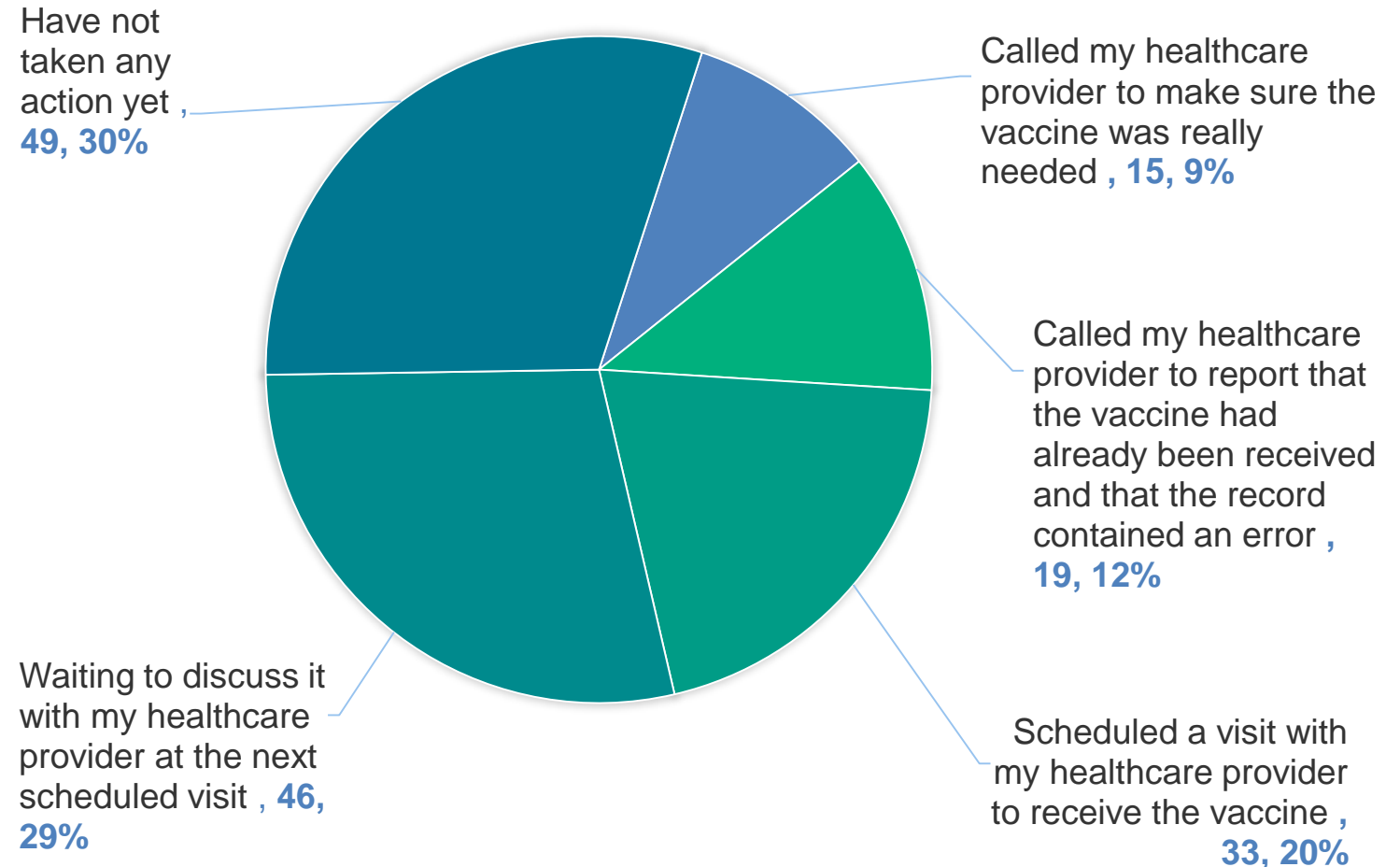
*Online Authentication Success Rate – Combined States*



# Informed Decision Making

- **28%** (n=163) of survey respondents that viewed their record learned they needed a vaccine
- **41%** took action
- **74%** of those that took action received the needed vaccine

WHAT ACTION DID YOU TAKE AFTER YOU LEARNED THAT A VACCINE WAS NEEDED?



# Next Steps

- Improve consumer registration process (STC)
- Explore alternative methods for consumer access through PHRs
- Implement refined marketing approach

# Louisiana

- Shots for Tots
- Healthcare Associations
- School Nurses Association
- Pharmacy Outreach



# MyIR in Washington State



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

# Increased Awareness

- Immunization record request process includes MyIR option
- Updated webpage includes MyIR info
- Most consumers self register
- State-assisted process is backup if auto match fails



A COPY OF THIS COMPLETED ORIGINAL DOCUMENT IS CONSIDERED THE SAME AS THE ORIGINAL

**AUTHORIZATION TO RELEASE IMMUNIZATION RECORDS**  
Washington State Immunization Information System, PO Box 47843, Olympia, WA 98504-7843  
Phone: 1-866-397-0337 | Fax: 360-236-3590 | E-mail: [WAIISRecords@doh.wa.gov](mailto:WAIISRecords@doh.wa.gov)

**Patient/Child Information** (if requesting records for more than one patient or child, see side 2 of this form):

|  |                                |                         |
|--|--------------------------------|-------------------------|
| Patient/Child First Name                 | Patient/Child Middle Name      | Patient/Child Last Name |
| <hr/>                                    |                                |                         |
| Patient/Child Date of Birth (MM/DD/YYYY) | Patient/Child Previous Name(s) |                         |
| <hr/>                                    |                                |                         |

**Parent/Guardian Information:**

|  |   |       |          |
|--|---|-------|----------|
| Parent/Guardian Full Name (if patient is less than 18 years old) | Parent/Child or Parent Phone Number (include area code) |       |          |
| <hr/>  |   |       |          |
| Address (including apt. #, if applicable)                        | City  | State | Zip Code |
| <hr/>  |   |       |          |
| Parent/Guardian E-mail Address                                   | Parent/Guardian Date of Birth (MM/DD/YYYY)              |       |          |
| <hr/>  |   |       |          |

I request and authorize the Washington State Immunization Information System to release the system's immunization information for the patient/child named above and on side 2 of this form to the person or agency named here:

|                     |                        |                                  |
|---------------------|------------------------|----------------------------------|
| First and Last Name | Agency (if applicable) | Phone Number (include area code) |
| <hr/>               |                        |                                  |

Records requested by e-mail, fax, or postal mail will be sent no later than 15 business days (usually within 3 to 5 business days) after receipt of this signed authorization. If choosing to register for ©MyIR, records will be available immediately upon completion of registration. Choose all that apply:

☐ E-mail records to: \_\_\_\_\_

☐ Fax records to: (\_\_\_\_\_) \_\_\_\_\_

☐ Mail records to: \_\_\_\_\_  
Mailing address, including apt. #, city, state, and zip code

☐ Access my and/or my child's records online via ©MyIR

Unless earlier terminated as provided for on the back of this form, this authorization expires 18 years after it is signed or when

# Local Immunization Champions

- Dr. Wendy Sue Swanson – “Seattle Mama Doc”
- School nurses



CHILDRENS-HEALTHLINK

## Ask Dr. Swanson - What we know about vaccines

Dr. Wendy Sue Swanson sets the record straight about the safety of vaccines - and a new way to keep your immunization records.



# The Impact – As of July 1, 2018

**# Registered before auto match  
(12/9/13 through 5/6/16)**

- 1,087

**Total # registered to date including  
auto match (since 12/9/13)**

- 23,799

**# Registered by auto match (since  
5/6/16)**

- 21,327

**# Independent record pulls (since  
12/9/13)**

- 98,904

# Contact

**Lonnie Peterson**

Child Profile Health Promotion System Supervisor

360-236-3534 | [lonnie.peterson@doh.wa.gov](mailto:lonnie.peterson@doh.wa.gov)



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

# Scientific Technologies Corporation



## **Consumer Access to IIS Records: Improved Enrollment Process**

***Sarah Cruz***

***Product Owner***

**Scientific Technologies Corporation (STC)**

# Why the change?



- YTD we have had 20,356 page views on MyIR.Net and from there a 1% bounce rate
- YTD we have had 145,666 registration page view with a 5% exit rate
- While that doesn't seem so bad- more people are leaving from the registration page than from the main page
  - Why?

# Consumer Feedback



- Out of 585 WA consumers polled, 5% disagreed that the registration process was easy
- Out of 60 LA consumers polled, 6% disagreed that the registration process was easy

“The process was too convoluted and time-consuming”

“Too cumbersome”

“Difficult and time consuming”

“Make more user friendly”

“It is so slow and an awful website set up. Please update to an easier, more user-friendly interface.”

“Too complicated”

# Current Registration



Washington MyIR [My State](#) [Register](#) [Login](#) [Help](#) [About](#)



## Your Immunization Record May Not Look Complete

There may be some vaccines you or your family received that don't appear on the immunization record in MyIR, such as the human papillomavirus (HPV) vaccine. HPV vaccine is sometimes given by a healthcare provider confidentially. Since MyIR doesn't know which HPV vaccines were given confidentially or not, all HPV vaccinations are hidden on immunization records in MyIR. Contact your healthcare provider if you think you need a more complete record of your or your family's immunization history.



WASHINGTON STATE  
**IMMUNIZATION**  
INFORMATION SYSTEM



Washington State Department of Health  
Office of Immunization and Child Profile



Immunization Action Coalition

### Personal Testimonies about Vaccine-Preventable Diseases

Real-life accounts of suffering and loss due to vaccine-preventable diseases. Read these powerful stories





# Registration

## Register

We will use your registration data and attempt to match your personal information with what is on record with your state immunization registry.

\* An asterisk indicates that the field is REQUIRED

|   |   |
|---|---|
| First Name *                              | Last Name *   |
| Email *                                   | Repeat Email *  |
| New Password ⓘ *                          | Repeat New Password ⓘ *                               |
| Password *                                | Repeat Password *                                     |
| Gender*<br>Select Gender                  | Date of Birth*<br>Date Of Birth *                     |
| Additional Guardian First Name (Optional) | Additional Guardian Last Name (Optional)              |
| Phone 1 *                                 | <input type="checkbox"/> Text message enabled phone ⓘ |
| Phone 2                                   | <input type="checkbox"/> Text message enabled phone ⓘ |
| Phone 3                                   | <input type="checkbox"/> Text message enabled phone ⓘ |
| Address *                                 |   |
| City *                                    | Washington  |
| Zip Code *                                |   |

## Add Family Member

add dependent

## How did you find out about Washington MyIR \*

Referral option:

Please choose an option...

Please enter the word below.\*

Reload for a new word



☐ I agree that I have read and accepted the [Conditions of Use](#) and our [Privacy Notice](#).

# Auto Match Option



## Verification Required

You have successfully registered for MyIR! The next step is to have your identity verified and link your official state immunizations records with your account. Choose one of the verification options below then click NEXT to complete your registration.

- ☐  **Auto Match (instant)**  
We will use your registration data and attempt to match your personal information with your state immunization record. If we find an exact match, an SMS text message or autodial will be sent to the matched phone number sending a verification code to enter into MyIR.
- ☐  **State Assisted Registration (may take up to a month)**
- ☐  **Health Care Provider Assisted Registration**

**Next**

You can come back to this page anytime by going to MyImmunizations and clicking on "Verification Options"



Your information is safe and secure.



# Auto Match



We have completed the auto match search.

## Results

Tommy Smith EXACT MATCH

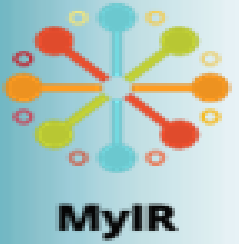
Your verification code will be sent to the following number: 6026181473

**Disclaimer:** Please note that only family members with an exact match will have their immunization records linked to MyIR

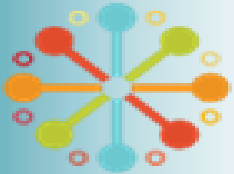
[Send Verification Code](#)

Auto Match (intent)

# Improved Process



- Consumers today
  - Less words
  - Lower attention spans
- Short is Sweet
  - Splitting the registration page into easy, simple steps over a few pages and keeping a progress bar
- Make it Easy to Read



MyIR

Arizona MyIR.net

Heather Williams

Williams Family

Send Records ▾

Help

About

Logout

**Registration:** By registering for a MyIR account you will gain secure, anytime access to your immunization records.



ACCOUNT SET UP



INFO NEEDED FOR RECORD LOOK UP



ADD MY CHILDREN



CONFIRM & REGISTER

**\* An Asterisk indicates that the field is REQUIRED**

First Name \*

Last Name \*

Select Gender \*



Date of Birth \*



Email \*

Confirm Email \*

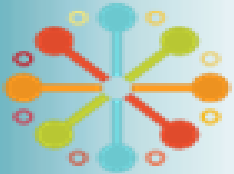


Password \*



Confirm Password \*

Next



MyIR

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**Registration:** By registering for a MyIR account you will gain secure, anytime access to your immunization records.

1

ACCOUNT SET UP

2

INFO NEEDED FOR RECORD LOOK UP

3

ADD MY CHILDREN

4

CONFIRM & REGISTER

*For the best possible match result, use the phone and address your physician has on record*

Phone 1 \*

☐ Text message enabled phone 

Phone 2

☐ Text message enabled phone 

Phone 3

☐ Text message enabled phone 

Address \*

City \*

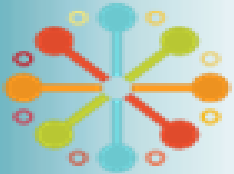
State \*



Zip Code \*

Back

Next



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1

ACCOUNT SET UP

2

INFO NEEDED FOR RECORD LOOK UP

3

ADD MY CHILDREN

4

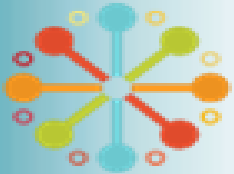
CONFIRM & REGISTER

Children must be under the age of 18 to have the system retrieve their records.  
Click "**next**" to skip this step.

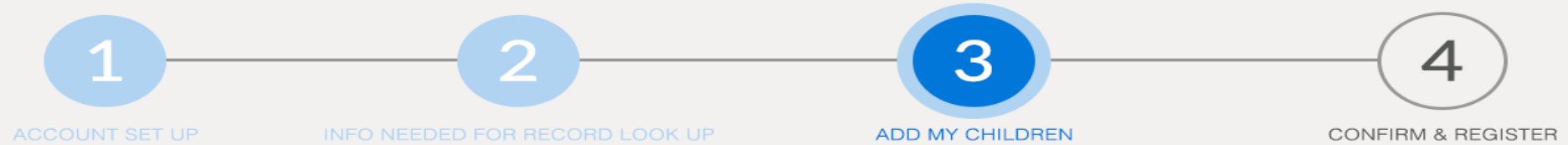
 Add Child

Back

Next



**Registration:** By registering for a MyIR account you will gain secure, anytime access to your immunization records.



Children must be under the age of 18 to have the system retrieve their records.  
Click "**next**" to skip this step.

#### Add Child

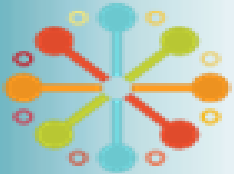


 Remove Child

 Add Another Child

Back

Next



**Registration:** By registering for a MyIR account you will gain secure, anytime access to your immunization records.



How did you find out about Washington MyIR?

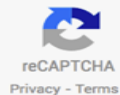
Choose a Referral Option\*



☐ I agree that I have read and accepted the [Conditions of Use](#) and our [Privacy Notice](#).

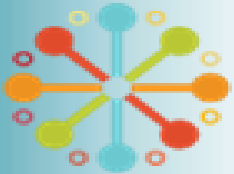
☒ I would like to receive occasional promotional offers and Health & Wellness related news from MyIR (*You can unsubscribe at anytime*)

☐ I'm not a robot



Back

Next



## Online Verification Results

**Baylor Williams**

**RECORD LOCATED**

**Emma-Campbell Williams**

**RECORD LOCATED**

Your verification code will be sent to the following phone number: **(210)123-4567**

[Resend Verification Code >](#)


**Submit**

**Mabry Williams**

**RECORD NOT LOCATED**

*How do I access my records that were not located?*

- [Try Department of Health Assisted Verification >](#)
- Try updating your information in **"MyProfile"** and attempt online verification again
- [Contact Us >](#)

 Your information is [safe and secure](#).

[Help](#)





## Online Verification Results

**Baylor Williams**

**RECORD LOCATED**



**Emma-Campbell Williams**

**RECORD LOCATED**




[View Records](#)

**Mabry Williams**

**RECORD NOT LOCATED**

*How do I access my records that were not located?*

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 Your information is [safe and secure](#).

[Help](#)



# THANK YOU

Sarah Cruz  
Product Owner  
Scientific Technologies Corporation (STC)

[Sarah\\_cruz@stchome.com](mailto:Sarah_cruz@stchome.com)

August 30, 2018

# Transforming Pediatric Health

Providing the right care at the right time



A photograph of a young child being vaccinated by a healthcare professional. The child is lying down, and the professional is administering a shot into the upper arm. The image is overlaid with a semi-transparent teal filter.

# Flu shots and immunizations are critical components of pediatric preventative health.

## **2017-2018 was the worst flu epidemic in a decade.**

Over 30,000 hospitalizations and 160 child flu-related deaths occurred during the 2017-2018 season, in addition to countless school closures.

## **Low flu shot effectiveness has a high impact.**

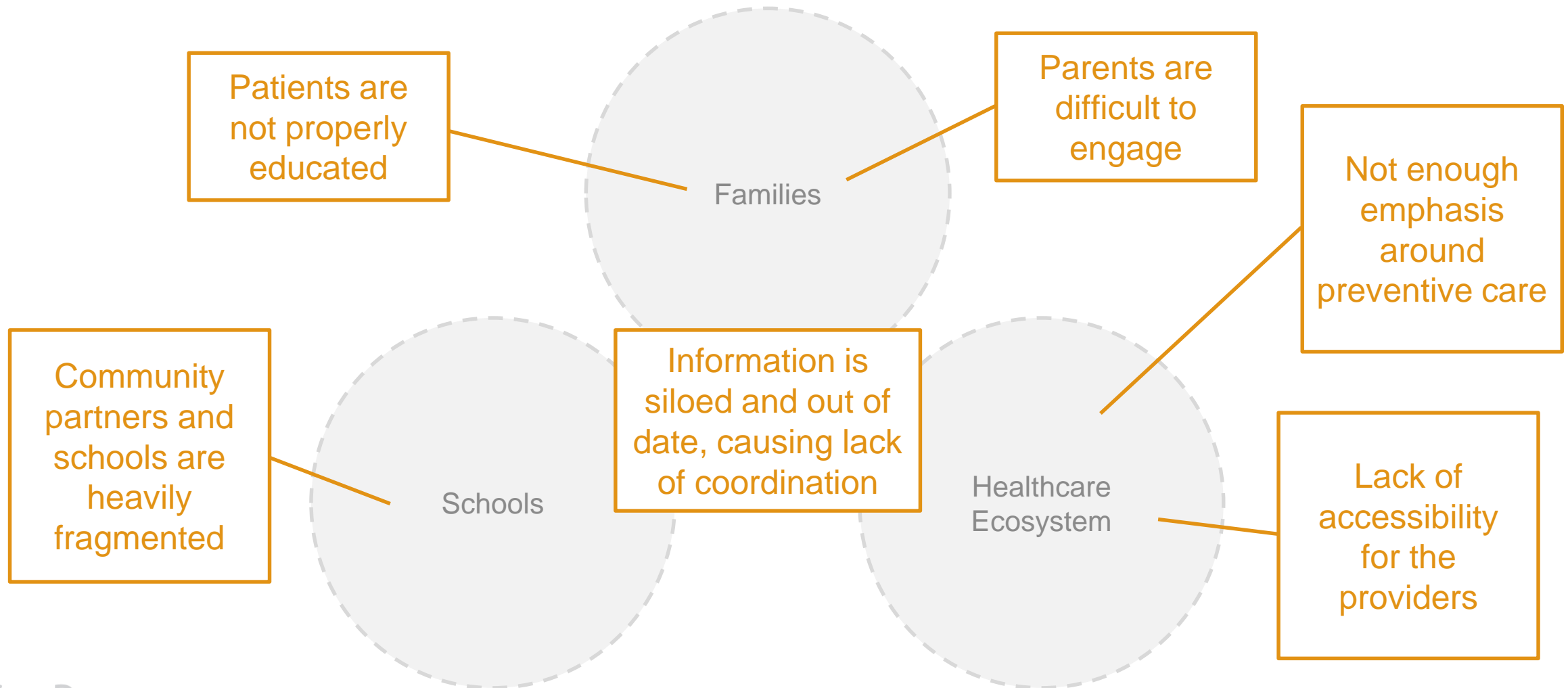
20% flu shot effectiveness shown to reduce an estimated 20M doctor's visits in a year.\*

## **The chronic disease population is especially vulnerable.**

Flu shot reduces the risk of hospitalization among those with diabetes 79% and chronic lung diseases like asthma 52%.

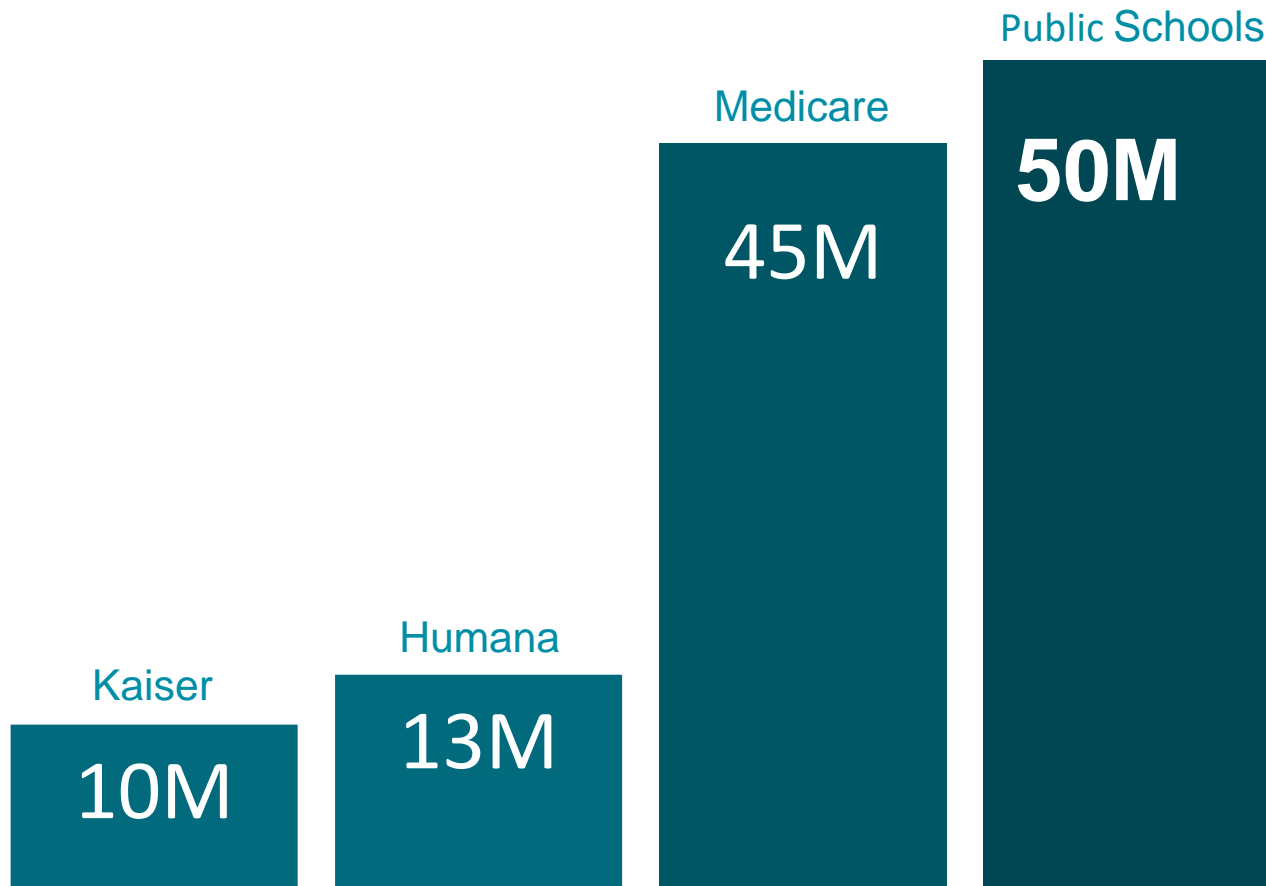
## CHALLENGE:

# Uncoordinated pediatric care impacts quality outcomes.



## SOLUTION:

Create a supply chain to enable providers where the children are—in the schools.



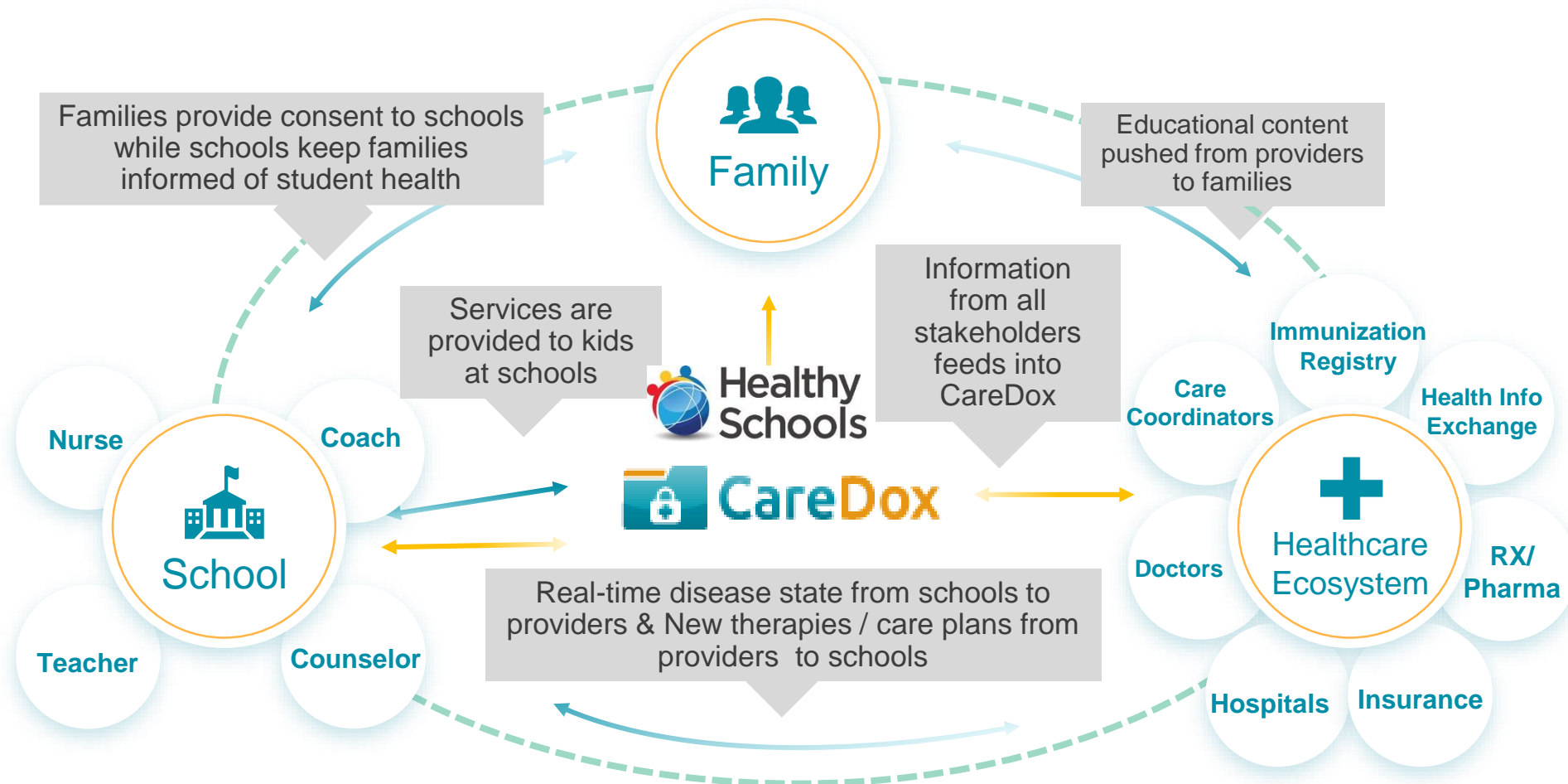
The **one** location where children can be served at scale!



## OUR GOAL:

# To become the enabling platform connecting families to providers

CareDox Enables the key stakeholders of the Pediatric Care Continuum to connect with each other



## OUR SERVICES:

Our technology-enabled services provide preventative and chronic disease care to students in a school-based setting.



Flu Shots &  
Vaccines



Adolescent Wellness  
Visits and EPSDT  
Screenings



Care  
Management  
Services



Engagement Services  
Patient Education &  
Sponsorships

**PRESENT SERVICES**

**FUTURE SERVICES**



## BENEFITS OF OUR SERVICES:

Bringing flu vaccines and adolescent immunizations directly to students in schools has proven effects.

- Increase vaccination rates for children
- Reduce absenteeism  
(increase ADA reimbursements)
- Protect families and others from illness
- Save lost time away from school and work



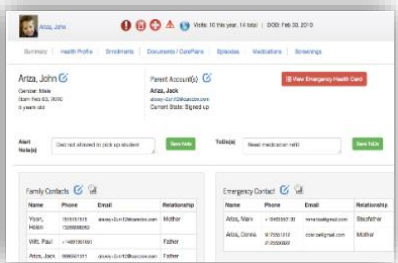
A recent independent Texas study shows that CareDox and the Healthy Schools Flu program reduced absenteeism and **saved schools approximately \$500,000 across 3 peak weeks of the Flu season.**

Source:  
E3 Alliance "Kick the Flu"  
Flu Immunization Campaign Study

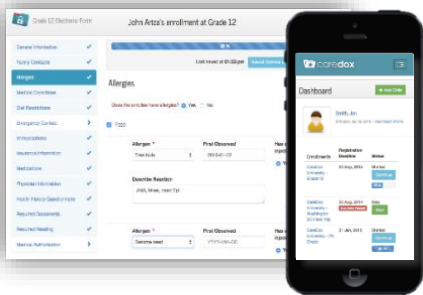
# OUR TECHNOLOGY PLATFORM:

## Electronic Health Records Management

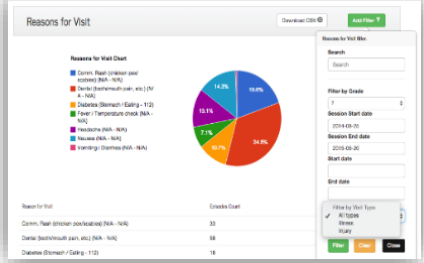
### Nurse Module



### Parent Portal



### Admin Module



### Healthcare Services



### Capture and access data

Electronic Medical Records System (EHR) to streamline student medical management & share student's health records with parents & staff



### Parent engagement

Simplified updates from parents couple with real time information from school nurses



### Reports

Real time reports to provide key insights for early warnings, health related absenteeism & chronic disease management



### Care coordination

To provide immunizations, flu shots, wellness physicals & community health agency programs



Better outcomes & efficiency

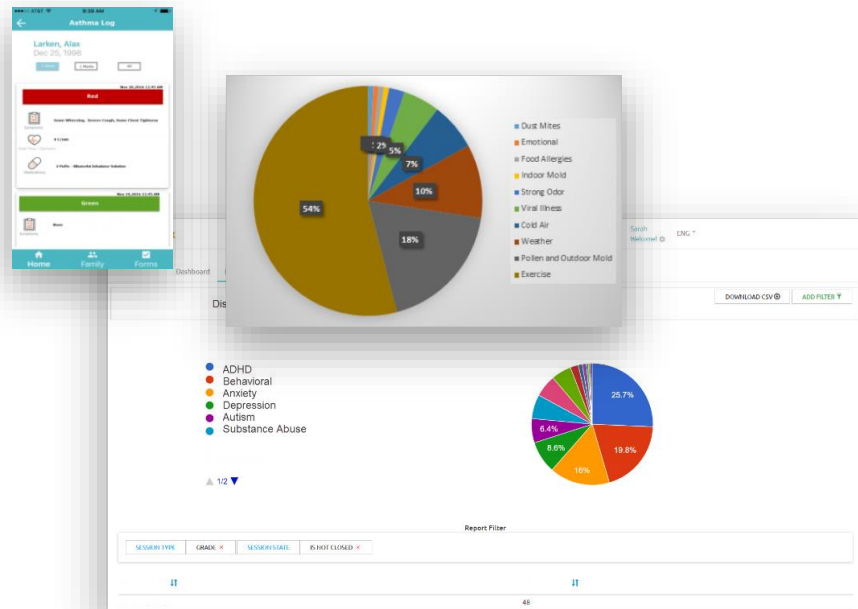
## OUR TECHNOLOGY PLATFORM:

| Vaccine Group | Next Dose | 1st        | 2nd        | 3rd        | 4th        | 5th        | 6th | Total  |
|---------------|-----------|------------|------------|------------|------------|------------|-----|--------|
| dtap          |           | 07/17/2014 | 05/04/2015 | 01/07/2016 | 02/02/2016 | 03/02/2016 |     | 5 of 4 |
| polio         |           | 07/17/2014 | 05/04/2015 | 02/02/2016 |            |            |     | 3 of 3 |
| mmr           |           | 07/16/2014 | 12/28/2015 | 01/01/2016 |            |            |     | 3 of 2 |
| hepb          |           | 07/17/2014 | 02/02/2015 | 05/04/2015 |            |            |     | 3 of 3 |
| varicella     |           | 12/27/2015 | 04/29/2016 |            |            |            |     | 2 of 1 |

ADD IMMUNIZATION Last saved: 3/9/2017 9:07 PM SAVE & RECALC IMMUNIZATIONS

RECALCULATE IMMUNIZATION STATUS UPDATE FROM IMMUNIZATION REGISTRY RULE BREAKDOWN

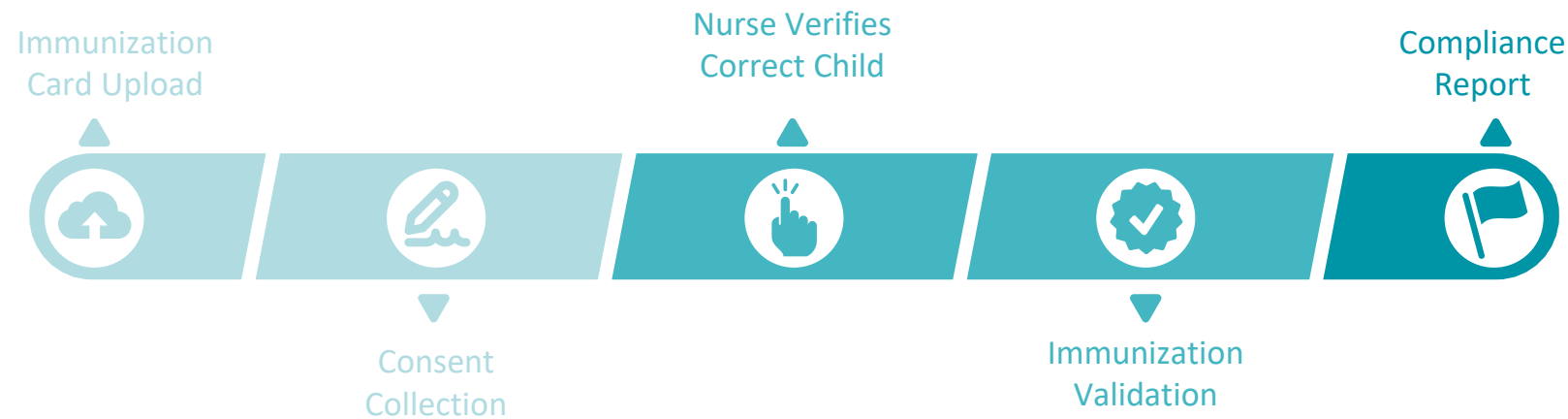
UPDATE FROM IMMUNIZATION REGISTRY



We provide real-time health information including:

- Immunization Status
- Longitudinal Reporting
- Real-Time Condition-Specific Disease State
- Early-Warning for Outbreaks & Epidemics
- Trend Analysis
- Improved Care Coordination
- Event-Based Communication
- Health Insights

# IMMUNIZATION DATA WORKFLOW:



My Family

**An, Joy**  
Feb 01, 2010  
Kindergarten Registration

Health Profile

ENROLLMENTS

CareDox K-12 School  
Kindergarten Registration [Continue Enrollment](#)

Summary Health Profile **Immunizations** Enrollments Documents / Care Plans Visit History Medications Screenings

Immunizations below entered by school staff

**Immunizations status: Valid**

| Vaccine Group | Next Dose | 1st        | 2nd        | 3rd        | 4th        | 5th        | 6th | Total  |
|---------------|-----------|------------|------------|------------|------------|------------|-----|--------|
| dtap          |           | 07/17/2014 | 05/04/2015 | 01/07/2016 | 02/02/2016 | 03/02/2016 |     | 5 of 4 |
| polio         |           | 07/17/2014 | 05/04/2015 | 02/02/2016 |            |            |     | 3 of 3 |
| mmr           |           | 07/16/2014 | 12/28/2015 | 01/01/2016 |            |            |     | 3 of 2 |
| hepb          |           | 07/17/2014 | 02/02/2015 | 05/04/2015 |            |            |     | 3 of 3 |

Parents & guardians  
can view their child's  
immunization status via the  
**CareDox Family View**

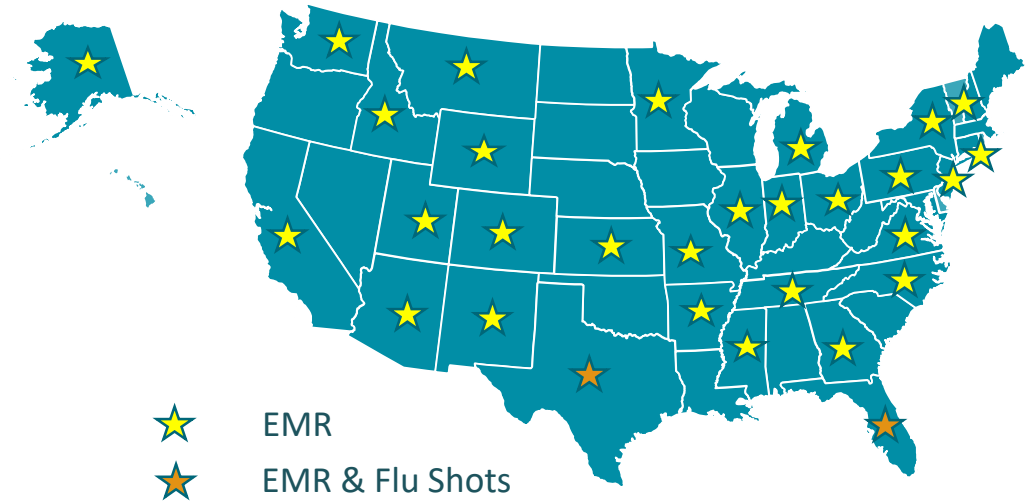
## OUR IMPACT:

### Growth:

- **30,595,499** ommunization records in EHR (13M from IIS)
- **438,905** parental records with IIS data
- **642,920** health records linked to IIS
- **447,504** immunizations records written back to IIS
- **700,000** administered flu vaccines projected for 2018

### Traction:

- EHR in **30** states
- **1,800,000** students, **190+** districts
- **3,300** health staff actively using EHR tool
- **6,200,000** health episodes (visit history) recorded



### School Partners:



### Payer Partners:



## OUR FUNDING MODEL:

### **NO COST:** **School-Based Health Care Services**

- Preventative: Flu shots/Vaccinations
- Preventative: Adolescent Wellness Visits
- Preventative: Education Programs
- Care Management Services for Chronic Disease

### **NO COST:** **Implementation Services**

- Trainings
- Implementation / Configurations
- Ongoing Maintenance (annually)

### **How are these services funded?**

As a certified healthcare provider, we are able to offer preventative care and chronic disease management at no cost to schools or families through partnerships with Medicaid and insurance providers.

This enables children to stay in school, remain healthy and reduce absenteeism.

# **Patient Portals at New York City Department of Health and Mental Hygiene My Vaccine Record and Sexual Health Patient Portal**

NYC Department of Health & Mental Hygiene

Division of Disease Control – Angel Aponte, [aaponte@health.nyc.gov](mailto:aaponte@health.nyc.gov)

Bureau of Immunization – Shirley Huie

Bureau of STD Control – Winton Wedderburn, [wwedderburn@health.nyc.gov](mailto:wwedderburn@health.nyc.gov)

Bureau of Technology Strategy and Project Management – Savas Sevil

[#AIRA2018](#)

# Purpose of My Vaccine Record Web Application

- Goal: Give the public convenient access to their own and their children's immunization records
  - Access was previously limited to mail, fax, walk-in
  - Mail could take up to 2 weeks
- Uses the Citywide Immunization Registry (CIR), New York City's Immunization Information System (IIS)
  - Mandatory reporting of immunizations for children 0-18 years; reporting for adults >19 years (verbal or written consent)
  - 6.5 million patient records; 90 million immunizations
  - > 2,400 facilities report; >90% report regularly



# User Identity Verification and Authentication

- Issues:
  - Need more than a user ID and password to initially establish identity; e.g. medical record number
  - People forget user IDs and passwords and NYC population is 8.5 million
  - Considered SSN; no budget for per-transaction cost
- Solution: IDNYC municipal identification
  - Identity and address verified when person gets card
  - Authentication using first name, last name, DOB, and IDNYC card number
- Limitation:
  - 1.2 million ( 16%) IDNYC card holders of 7.5 million residents age  $\geq 10$

# My Vaccine Record

## [nyc.gov/myvaccinerecord](https://nyc.gov/myvaccinerecord)

Promoting and Protecting the City's Health

**NYC**  
Health

Select Language  Text-Size

[Home](#) [About](#) [Accessing Records](#) [FAQs](#) [Contact Us](#)

[Welcome](#) [Certification 1](#) [Parent / Guardian 2](#) [Search 3](#) [Results 4](#) [Feedback 5](#)

## My Vaccine Record



Use this site to look up immunization records for yourself or your child.

-  You will need an [IDNYC](#)  card to complete your request. [\(more...\)](#)
-  If you are searching for a child's record, you must be listed on the birth certificate or your information must have been reported to the New York City (NYC) Health Department by the child's health care provider. [\(more...\)](#)
-  If you are searching for your own record, your immunizations must have been reported to the NYC Health Department by your health care provider. [\(more...\)](#)

*Most of the records in the Health Department's Citywide Immunization Registry (CIR) are for people born in New York City after 1995.*

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# Legal Requirements: Certification Statement – Step 1

|   |       |                   |      |            |   |  |
|---|-------|-------------------|------|------------|---|--|
|  | About | Accessing Records | FAQs | Contact Us | <input type="text" value="Search"/>  |  |
|---|-------|-------------------|------|------------|---|--|

Welcome

Certification 1

Parent / Guardian 2



Search 3

Results 4

Feedback 5

## Certification Statement

➡ Please read this Certification Statement carefully. You can proceed only if you can agree to the accuracy of the statement. If not, exit the application and call 311.

I am the parent, guardian or other person in parental or custodial relation to the child whose information is entered for the immunization record search, and, as such, I am authorized to view this information; or, I am the individual to whom the immunization record relates. I understand that submitting false, untrue or misleading information to the Department of Health and Mental Hygiene is a violation of New York City Health Code [§3.19 \(PDF\)](#) . I further understand that each incident of such violation is punishable by civil penalties of up to \$2,000 pursuant to New York City Health Code [§3.11 \(PDF\)](#) .

☐ I agree to the above statement.

**I certify that I am the (choose one of the following):**

- ☐ Parent or guardian, or other person in parental or custodial relation to the child
- ☐ Individual to whom the record relates
- ☐ Other relationship to the child. Please describe your relationship to the child:

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# Parent, Guardian, Custodian Verification

[Home](#) [About](#) [Accessing Records](#) [FAQs](#) [Contact Us](#)

Welcome

Certification 1

Parent / Guardian 2

Search 3

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Feedback 5

## Parent/Guardian

[exit session](#)

Please enter **your information below**. Your information will be used to verify your relationship to the child. If your health care providers have not reported your information to the NYC Health Department, you will not be able to retrieve a record.

First Name

Last Name

Middle Name

Date of Birth

IDNYC Card Number

☐ Show Entry [About IDNYC Enrollment](#)

### Address

House Number

Street

Apt.

City

State

ZIP Code

Country

Email Address

### Phone Numbers

Home

Cell

☐ By checking this box, you are consenting to send your name and date of birth to the New York City Human Resources Administration to verify your IDNYC card. The NYC Health Department will not save your IDNYC card number. If you do not consent or do not have an IDNYC card, you will not be able to proceed with the immunization record search. You may visit [IDNYC](#) or the My Vaccine Record [FAQs](#) for more information if you are unable to proceed.

Previous

Clear

Next

# Immunization Record Search



## Immunization Record Search

[exit session](#)

Please enter your information below.

First Name  Last Name  Middle Name   
Date of Birth    Sex Assigned at Birth ☐ Male ☐ Female  
IDNYC Card number  ☐ Show Entry [About IDNYC Enrollment](#)

Medicaid Number AA#####A (optional)  CIR Number (optional)

Please enter your mother's information:

Mother's First Name  Mother's Maiden Name (last name before first marriage)   
Mother's Date of Birth

Please enter an address reported to the health care provider at the time of vaccinations:

House Number  Street Address  Apt.  City   
State  New York  ZIP Code  Phone Number ### ### ##

If current address is different, please enter ZIP code, if in the U.S.:

If current address is outside of the U.S., please choose the country:  United States of America

☐ By checking this box, you are consenting to send your name and date of birth to the New York City Human Resources Administration to verify your IDNYC card. The NYC Health Department will not save your IDNYC card number. If you do not consent or do not have an IDNYC card, you will not be able to proceed with the immunization record search. You may visit [IDNYC](#) or the My Vaccine Record [FAQs](#) for more information if you are unable to proceed.

[Previous](#)[Clear](#)[Next](#)

# Results - Step 4

Welcome

Certification1

Parent / Guardian2

Search3

Results4

Feedback5

## Results

exit session

Sign up to receive immunization messages from the Health Department when this feature becomes available.

Text Messages:

☒ Yes ☐ No

Cell Number

3473962400

Email Messages:

☒ Yes ☐ No

Email Address

test@health.nyc.gov

save

This report contains immunization data that have been reported to the Health Department's Citywide Immunization Registry (CIR). Review this report with your health care provider for completeness and accuracy. Records may be updated by completing and mailing the [Immunization Record Enrollment or Update form \(PDF\)](#).

save

Print

**NYC**  
Health  
Bureau of Immunization

CIR ID: 578007887

Name: MINNIE MOUSE

DOB: 10/10/2005

Age: 11 y 5 m

Sex Assigned at Birth: Female

Citywide  
Immunization  
Registry

42-09 28th Street, 5th Floor, CN 21  
Long Island City, NY 11101-4132  
email: cir-records@health.nyc.gov  
www.nyc.gov/health/cir

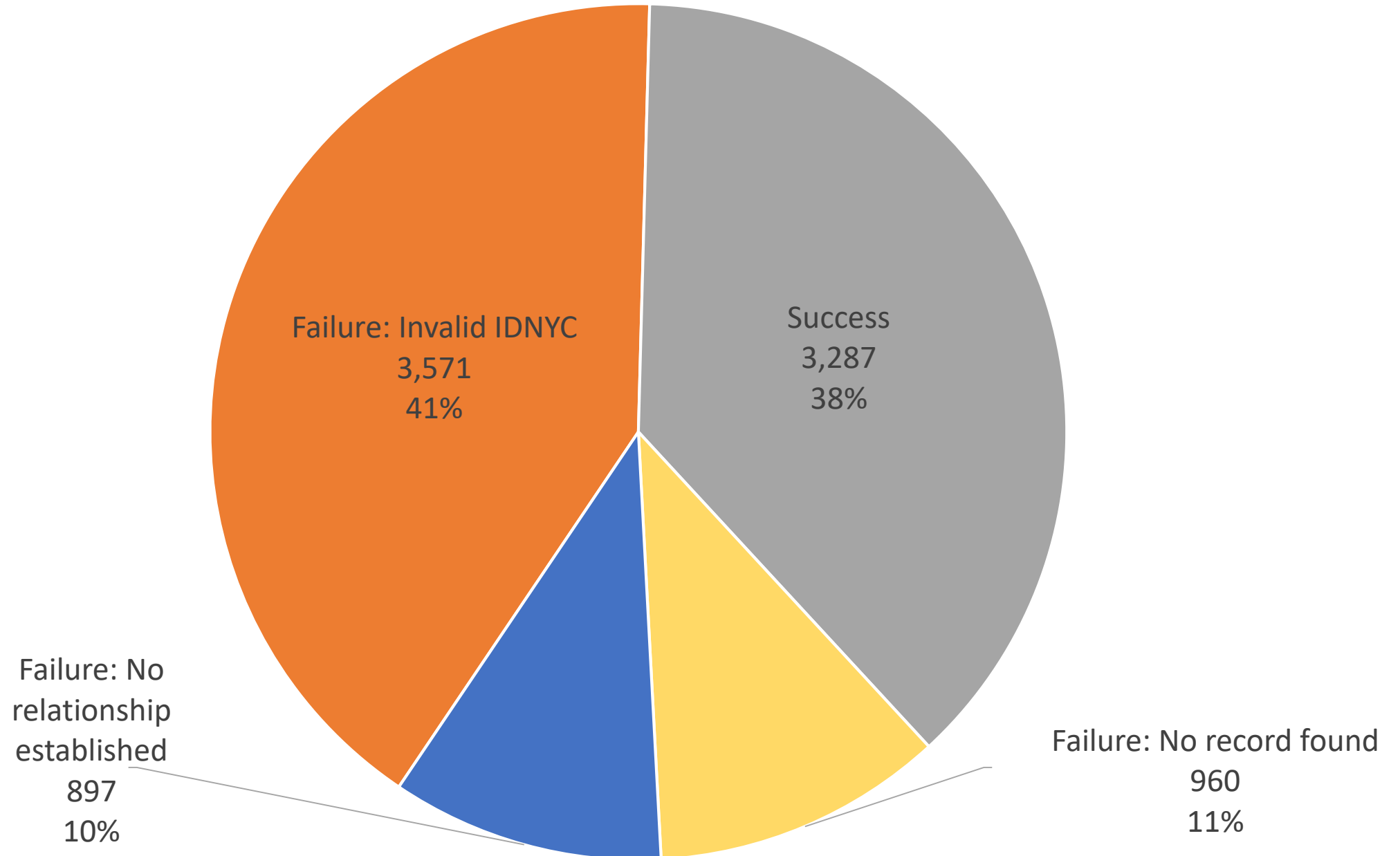
Immunization History

Date 03/07/2017 03:08 PM

| Vaccine   | Vaccine Name                              | Date of Vaccination | Next Due/Recommendation     |
|-----------|---|---------------------|-----------------------------|
| Influenza |   |                     | Due on 08/01/2017 Influenza |
|           | Influenza                                 | 09/23/2014          |                             |
|           | Influenza, IIV3, Adjuvanted, IM (>=65yrs) | 08/25/2016          |                             |
|           | * Influenza, IIV3, IM                     | 12/05/2016          |                             |
| HepB      |   |                     | Completed Vaccine Series    |
|           | DTaP-Hep B-IPV (Pediarix)                 | 12/10/2005          |                             |
|           | DTaP-Hep B-IPV (Pediarix)                 | 02/13/2008          |                             |
|           | DTaP-Hep B-IPV (Pediarix)                 | 05/10/2008          |                             |

- Download or Print.
- Enter cell phone number and or email for future messages from BOI.

Top 4 My Vaccine Record User Request Statuses  
January 19, 2017 to July 31, 2018 -- N=8,715

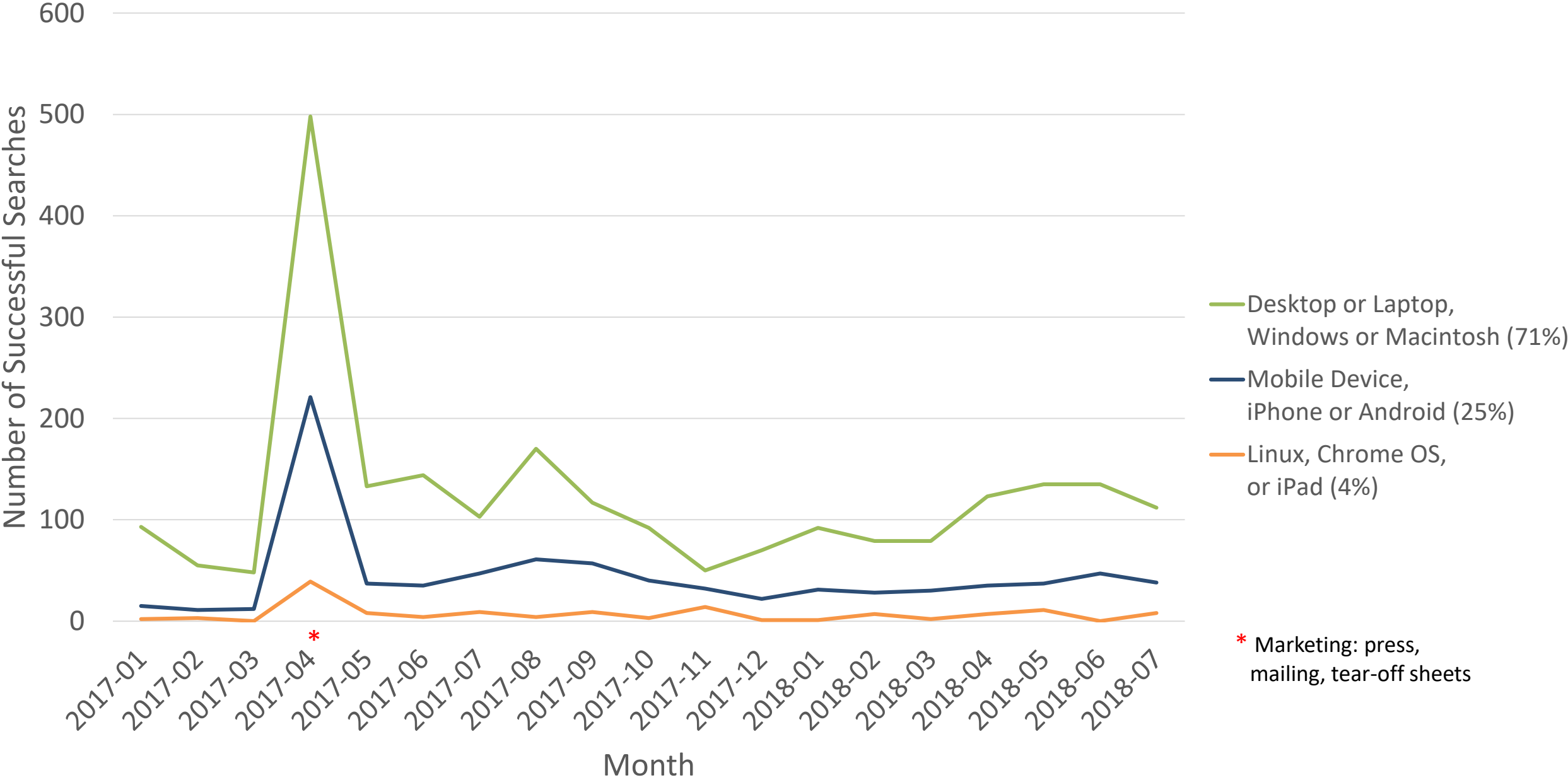


## Authenticated Record Requests with Verified Relationship, by Age Jan. 19, 2017 to July 31, 2018

|            | Total          | Found          | Not Found    |
|------------|----------------|----------------|--------------|
| 0-18 years | 2,322<br>(53%) | 2,206<br>(95%) | 116<br>(5%)  |
| >=19 years | 2,070<br>(47%) | 1,081<br>(52%) | 989<br>(48%) |
| Total      | 4,392          | 3,287          | 1,105        |



Number of Patient Records Accessed by My Vaccine Record, by Device Type  
January 19, 2017 to July 31, 2018



## Future Improvements

- Increase public awareness of MVR, such as schools, child care centers, and pediatric care providers
- Expand and improve identity and relationship verification
- Cell phone and E-mail verification and authentication

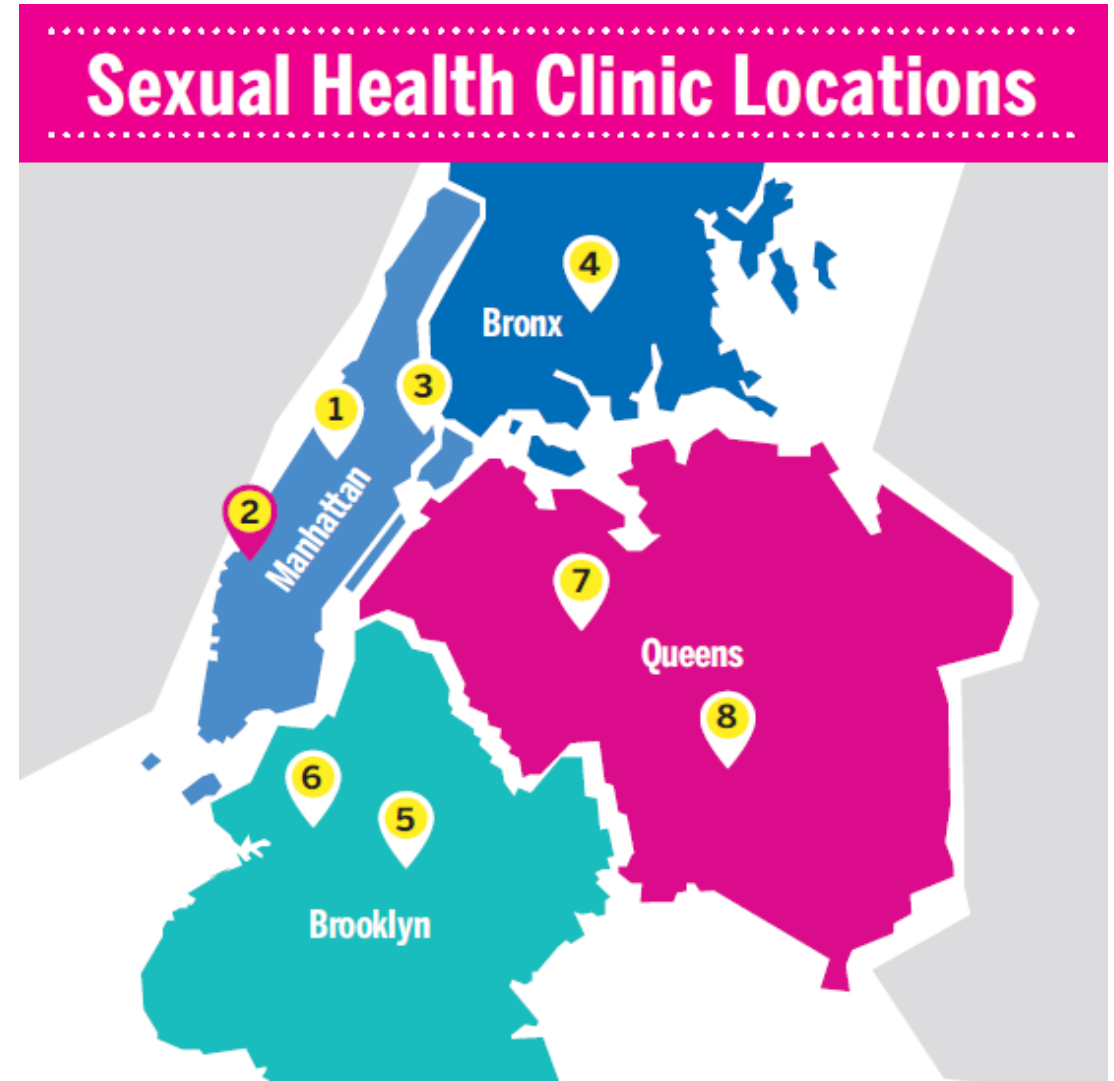


# NYC Sexual Health Clinics

NYS Public Health Law mandates that jurisdictions provide safety net STD services

## Clinic Access:

- Walk-in basis (Both MD & screening-only visits)
- 5 days/week at 8 sites; Saturdays at 2 sites; 2 evenings at one site
- Services rendered irrespective of ability to pay
- Confidential – no documentation needed
- 12 years and up; no parental notification



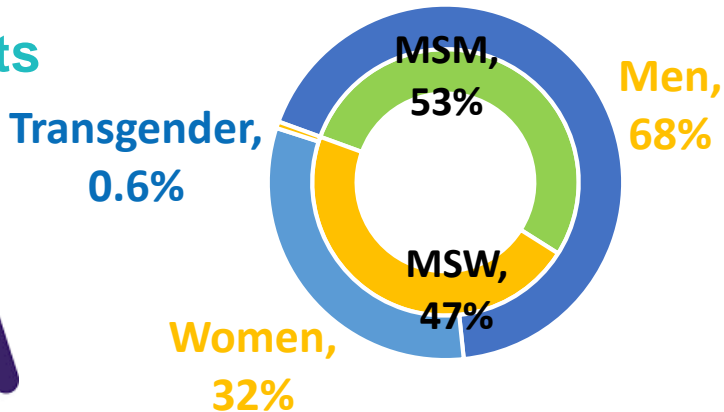
# Client Patient Demographics, 2017

## Patient Visits

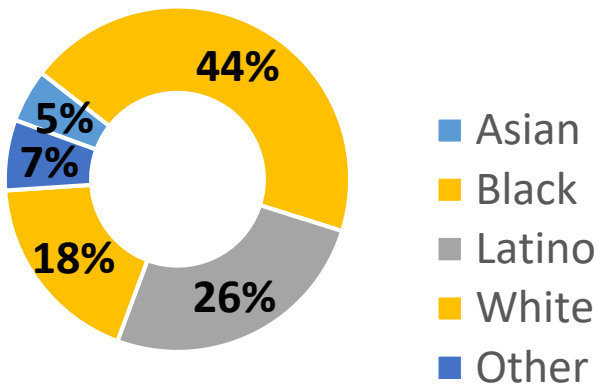


Total=79,568

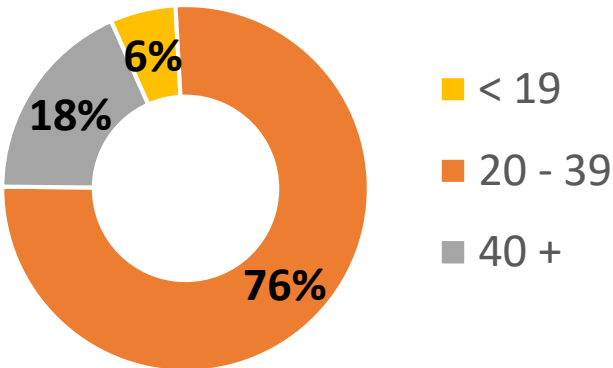
### GENDER & MSM



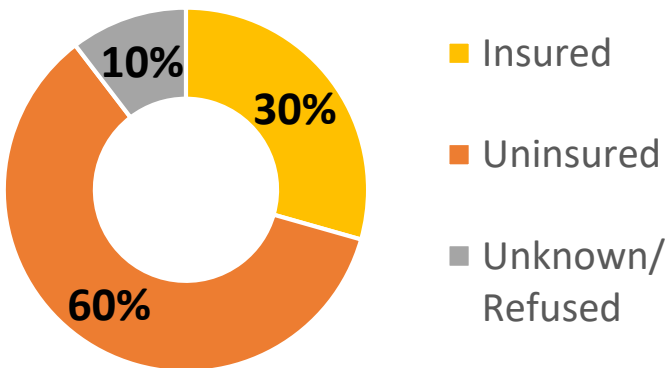
### RACE/ETHNICITY



### AGE



### INSURANCE

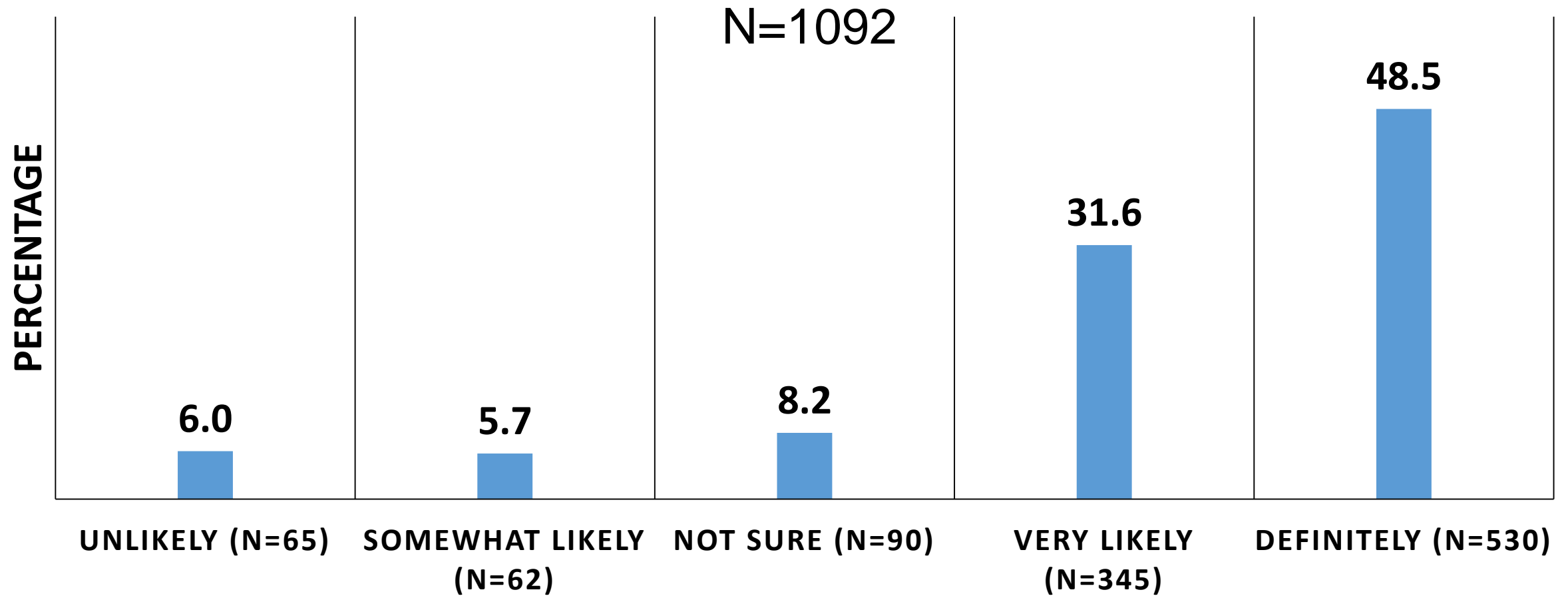


## Purpose of Sexual Health Patient Portal

- Goal: Give patients convenient access to their sexual health records
  - Consumer access to lab test results over the Web
  - Improve communication between clinic staff and patients
  - Send targeted health promotion messages to clinic patients
  - Improve adherence to vaccination schedule and disease treatment

## 2017 Sexual Health Clinic Survey

If this Sexual Health Clinic offered an online patient portal where you could log in and see your test results from today's visit, how likely would you be to use this service?

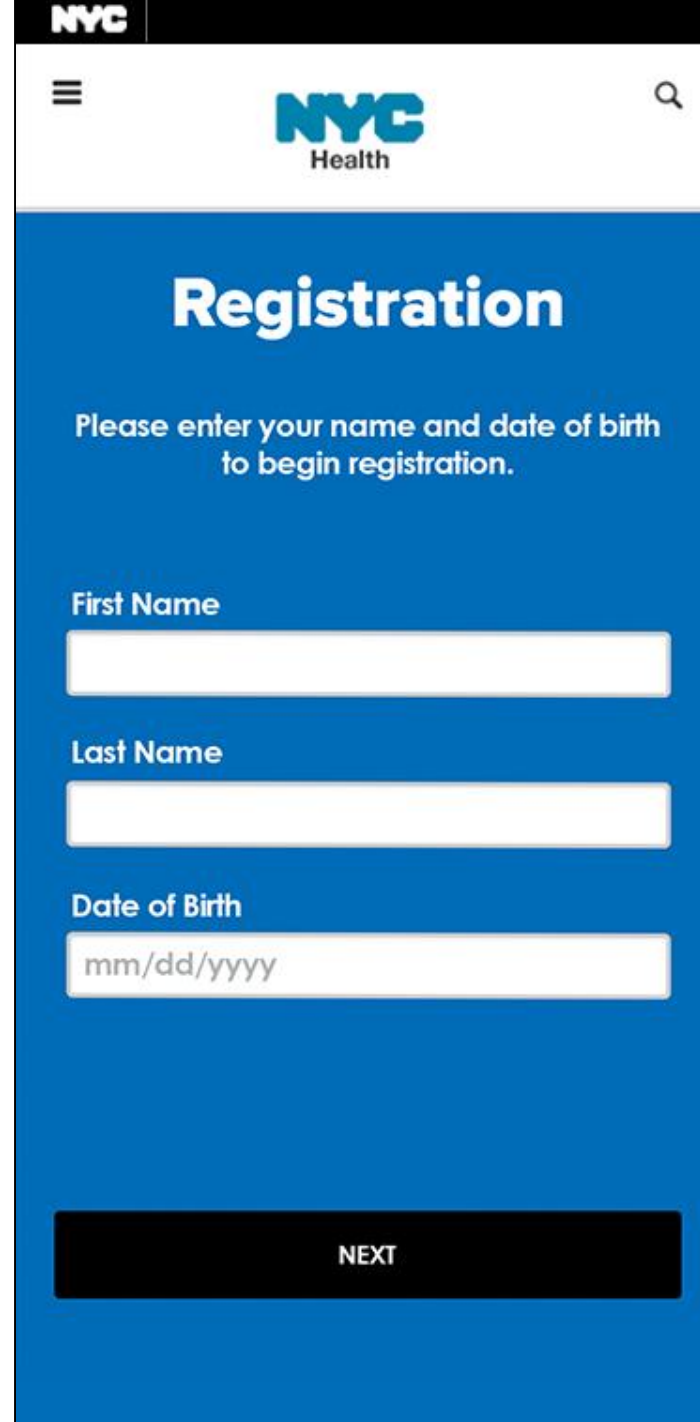


# Clinical Services, HIPAA, and Consumer Access

- HIPAA covered activity (no public health exemption for clinics)
- Health Information Management Systems Society: Requires “two-factor authentication, specifically including a ‘something you have’ factor.”  
[https://www.himss.org/sites/himssorg/files/Patient\\_Portal\\_Identity\\_Proofing\\_and\\_Authentication\\_Final.pdf](https://www.himss.org/sites/himssorg/files/Patient_Portal_Identity_Proofing_and_Authentication_Final.pdf)
- US Department of Health and Human Services: Risk management strategy guidance is “implement two-factor authentication”  
<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/securityrule/remoteuse.pdf>
- US National Institute of Standards and Technology: Multi factor authentication “is required when any personal information is made available online”  
<https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-63-3.pdf>

# Patient Portal Enrollment

1. Patient provides **phone number** and **E-mail address** during clinic visit
2. Registration link is sent while patient is at clinic
3. Patient clicks registration link
4. Patient provides name and DOB, to confirm that registration link was sent to correct person
5. Patient selects security questions and provides answers



NYC Health

## Registration

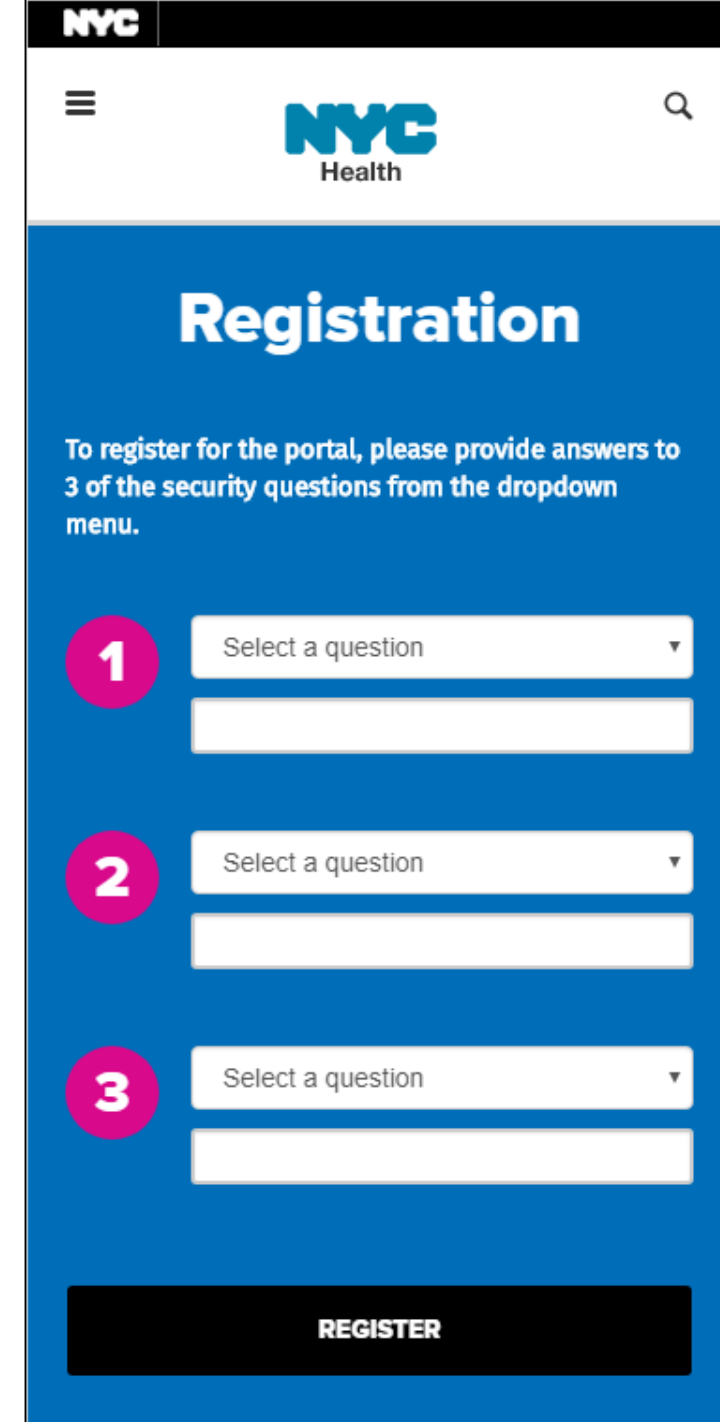
Please enter your name and date of birth to begin registration.

First Name

Last Name

Date of Birth

NEXT



NYC Health

## Registration

To register for the portal, please provide answers to 3 of the security questions from the dropdown menu.

1

Select a question

2

Select a question

3

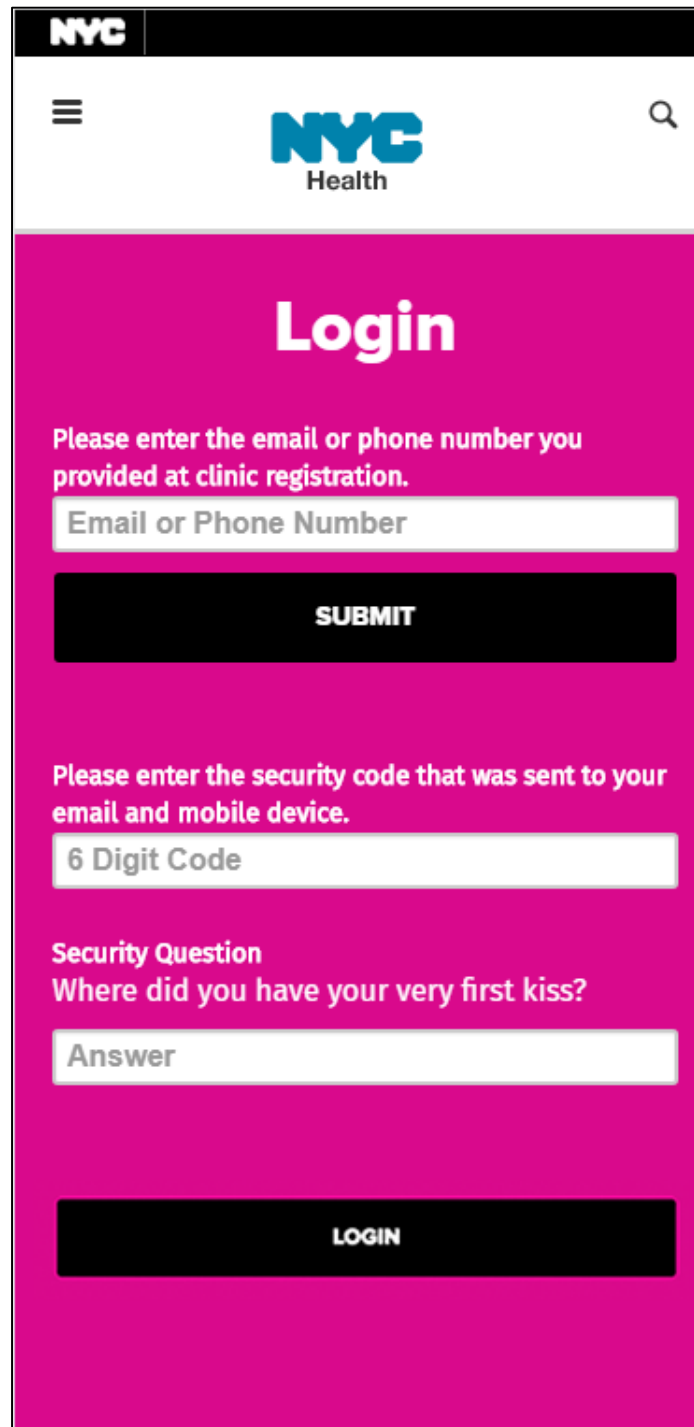
Select a question

REGISTER



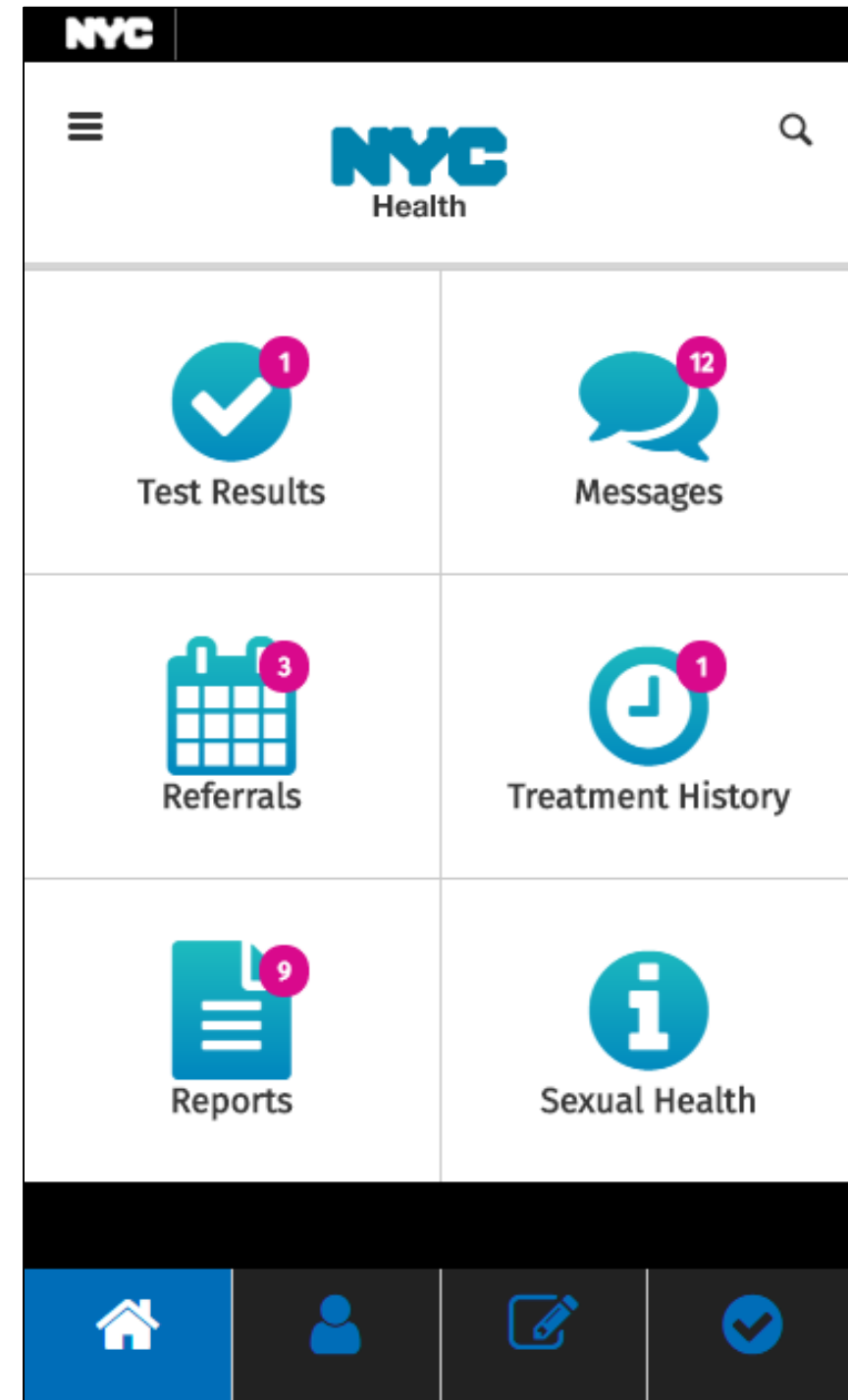
## User Login and Home Screen

1. Patient provides phone number or E-mail address used to enroll in portal
2. A one-time use password is sent to the phone number or E-mail address (possession factor)
3. If patient provides the correct one-time password, they are challenged to answer a security question (knowledge factor)
4. Authenticated patient can now use the sexual health patient portal



The image shows the 'Login' screen of the NYC Health patient portal. The header features the 'NYC Health' logo and a search icon. The main content area has a pink background and contains the following elements:

- Login** title in large white text.
- Instruction: "Please enter the email or phone number you provided at clinic registration."
- Input field labeled "Email or Phone Number".
- SUBMIT** button in white text on a black background.
- Instruction: "Please enter the security code that was sent to your email and mobile device."
- Input field labeled "6 Digit Code".
- Section titled "Security Question" with the question "Where did you have your very first kiss?".
- Input field labeled "Answer".
- LOGIN** button in white text on a black background.





# Test Results

Blood Panel

new



Chlamydia

new



Gram Stain

new



Gonorrhea

new



## Chlamydia

new



Tested July 7, 2017



## Test Result: Positive

Test Performed: Name 1

|                |                             |
|----------------|-----------------------------|
| Result         | Result                      |
| Interpretation | Interpretation              |
| Site           | Site A                      |
| Report         | <a href="#">View Report</a> |
| Post Date      | MM/DD/YY                    |

Test Performed: Name 2



# New Message

Topic:

Select a Topic



I have an update, health question or concern

I need help with a my prescription(s)

I have a question about my test results

I have a question about my referral appointment

I'd like to give feedback about my experience

I have a general information request

CLOSE

SEND



NYC

NYC

Health

Referrals

Click on the referrals for more information and to schedule an appointment.

| Date     | Referrals  |
|----------|--|
| 09/18/17 | <div>APICHA Community Health Center</div> <div>Address: 400 Broadway, New York, NY 10013</div> <div>Phone: 212-555-5555</div> <div>Contact Person: Jane Doe</div> <div>Reason for Referral: PEP Evaluation</div> |

NYC

NYC

Health

Treatment History

Vaccinations

new

Meningococcal

| Date of Vaccine | Next Vaccine Due |
|-----------------|------------------|
| 01/10/18        | 02/10/18         |
| 01/14/18        | 03/14/18         |
| 01/15/18        | 01/15/19         |

Hep B

| Date of Vaccine | Next Vaccine Due |
|-----------------|------------------|
|-----------------|------------------|

Treatment History

Vaccinations

new

Medications

new

01/16/18

|                           |               |
|---------------------------|---------------|
| Generic Name (Brand Name) | Ciprofloxacin |
| Strength                  | N/A           |
| Dose                      | 0.25 ug/mL    |
| Direction                 | N/A           |
| Qty. Dispensed            | 0.25 ug/mL    |

01/16/18

# Challenges

- Complex technology architecture may cause reliability issues
  - Externally facing Web application separated from databases
  - Three different Web applications (STD EMR, Sexual Health Patient Portal, and Patient Portal Admin)
  - Accessing two different databases (EMR and Patient Portal)
- Interdependencies between teams requires careful coordination

# Sexual Health Patient Portal Status

- Planned production launch during calendar year 2018
- System, performance, and stress testing externally facing application
- Implementing internal Patient Portal Admin application for secure messaging
- Potential future enhancements
  - Pre-registration
  - Electronic pull of test results from external healthcare facilities
  - Electronic pull of test results from EHRs and other patient portals, via standard interfaces
  - Tuberculosis clinic data
  - Schedule appointments
  - Forms builder and survey functionality

# Acknowledgements

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