



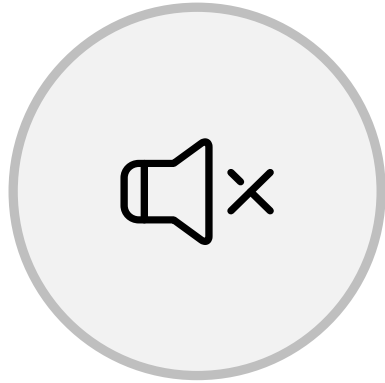
**AIRA**

AMERICAN IMMUNIZATION  
REGISTRY ASSOCIATION

# CDC Provider IIS Participation Community of Practice Webinar

Wednesday, April 10

# Webinar 101



All phone lines  
are muted



This meeting is being recorded  
and will be posted on the  
AIRA repository



Press \*6 to unmute your line



# Webinar 101: Polling Questions

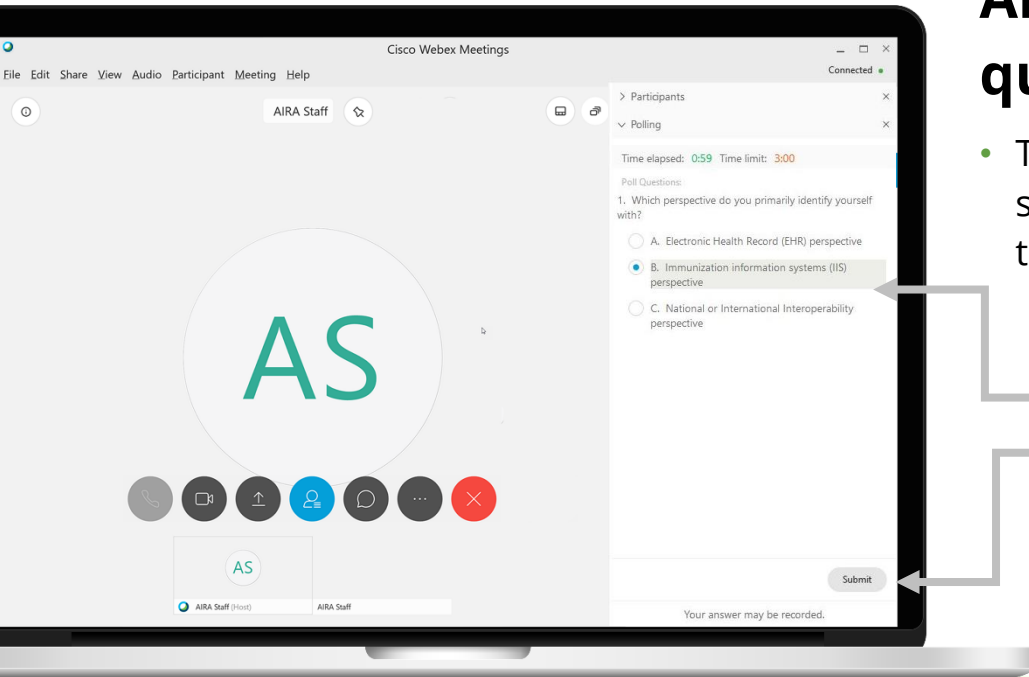
## Answer the polling questions!

- Throughout today's webinar there will be a series of polling questions that will display on the right sidebar of the webinar window.

To take a poll:

Select your answer(s).

Don't forget to submit your answer!



Press \*6 to unmute your line



# Webinar 101: Short Answers

## Submit short answers!

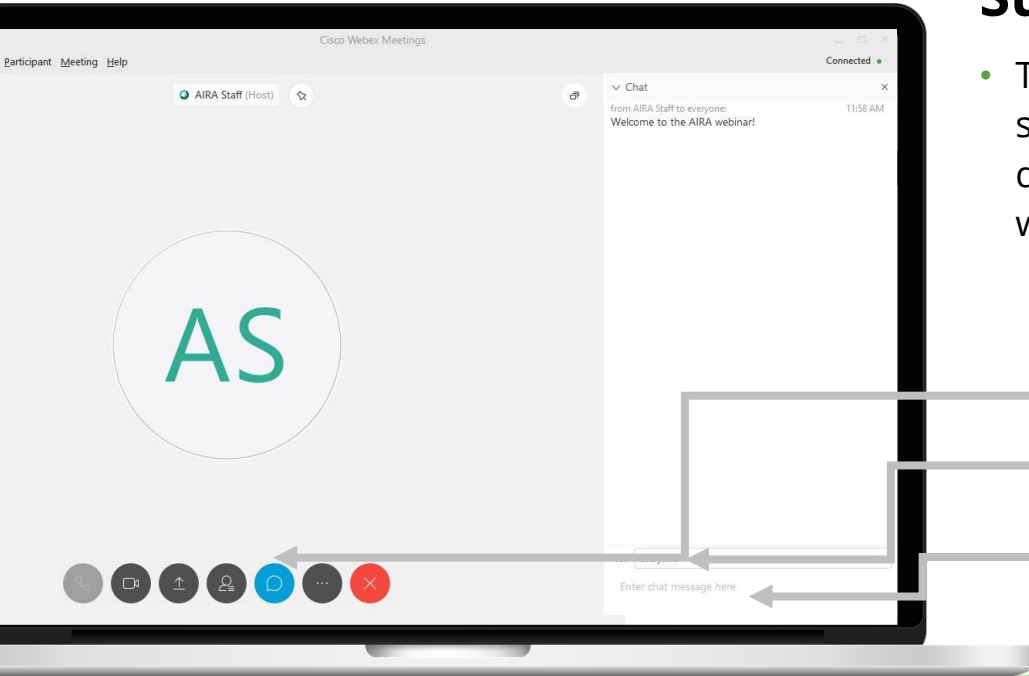
- Throughout today's webinar there will be a series of short-answer questions that will display on the right sidebar of the webinar window.

To submit your response:

Select the chat icon.

Select 'Everyone' in the 'To' box

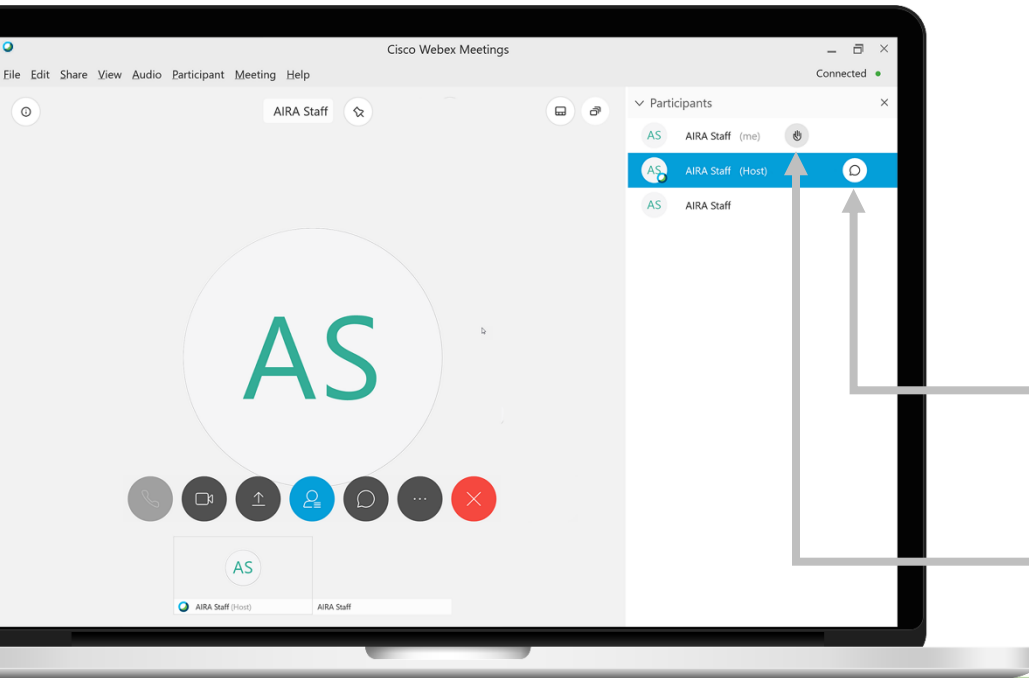
Type your response into the chat box and press 'Enter'.



Press \*6 to unmute your line

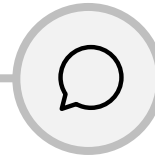


# Webinar 101: Questions

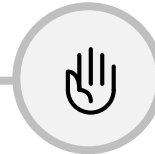


## How do I ask a question?

- There will be time allotted for Q&A following each of the updates, to unmute your line **press \*6**
- Via WebEx:



Select the chat icon next to the host and type question into the chat box.



Select the hand icon next to your name and you will be called on.



Press \*6 to unmute your line

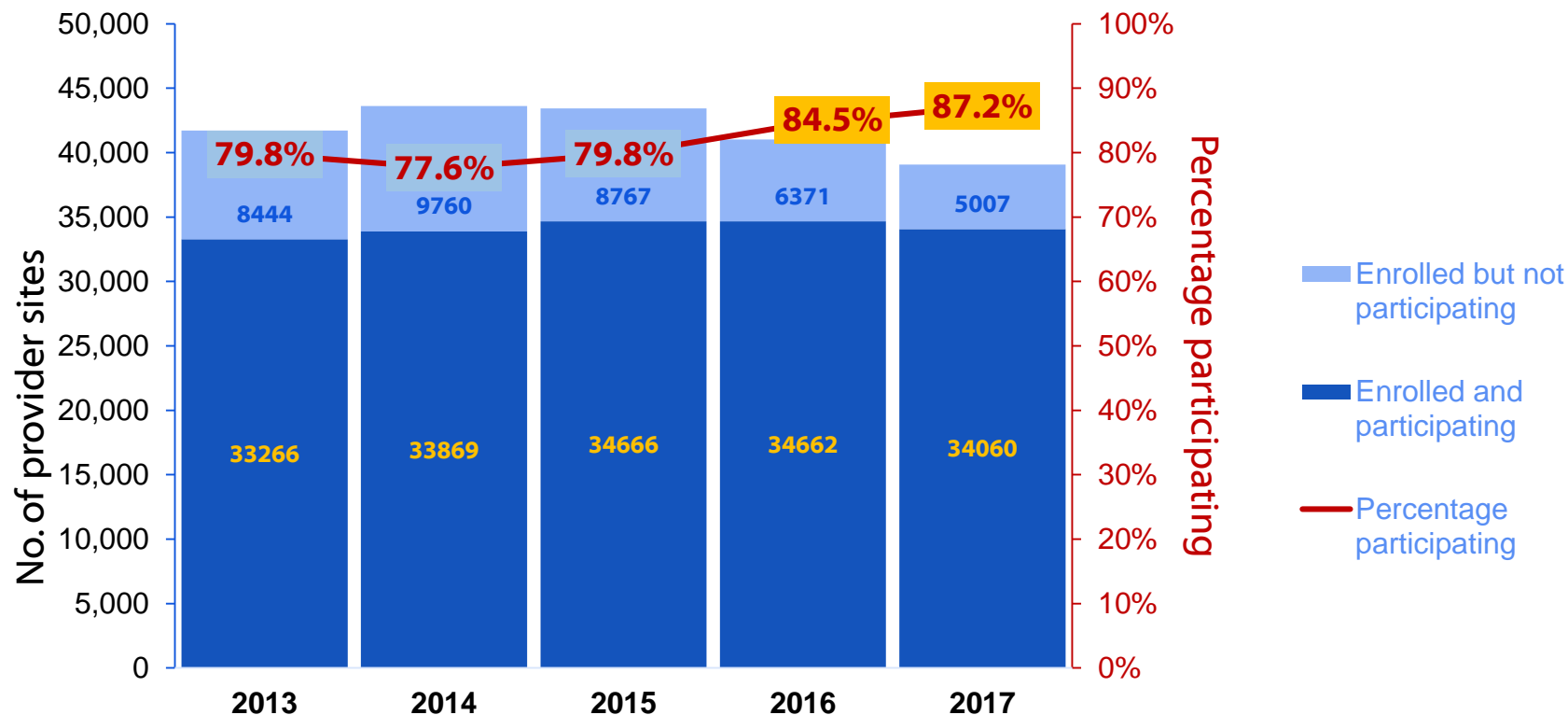




CDC Provider IIS Participation (PIP)  
Community of Practice (CoP)



## Number and percentage of Vaccines for Children program provider sites enrolled and participating\* in an Immunization Information System (IIS), by year — IIS Annual Report, United States, 2013–2017



\* Participation is defined as having submitted information to the IIS about administering  $\geq 1$  vaccine dose in the last 6 months of the preceding calendar year. Provider sites must be enrolled in an IIS to participate in the IIS.

The figure above is a combination line and bar graph showing the number and percentage of Vaccines for Children program provider sites enrolled and participating in an Immunization Information System, by year, in the United States during 2013–2017.

## Why provider IIS participation is important

Without immunization providers reporting accurate, complete, and timely immunization information to an IIS, there is little ability to use the IIS to determine vaccination coverage, identify at-risk populations, and manage outbreaks.

## Mentors and Participants

Maine



New York City



Kentucky



North Dakota



Minnesota



Mississippi



Arizona



Alabama



California



Colorado



Illinois



Maryland



New Mexico



Tennessee



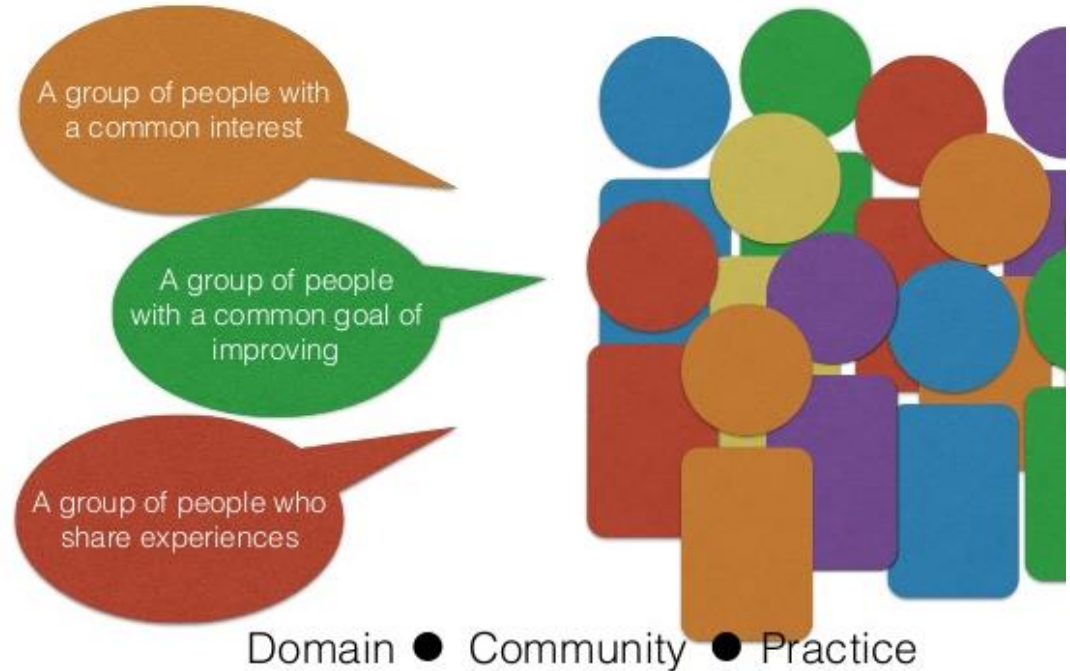


# Partners

- **American Academy of Pediatricians**
  - Representatives from each participating state
- **American Academy of Family Physicians**
- **American Immunization Registry Association**
- **Association of Immunization Managers**
- **Contracted support through Scientific Technologies Corporation Public Health Division**

# Community of Practice

- In-person February 27 & 28
- Virtual
  - May
  - August



# What's Happening Now?



- Mentoring



- Connecting



- Gathering

Digging in!



# PIP Project Technical Assistance Support

Rhonda Hirst

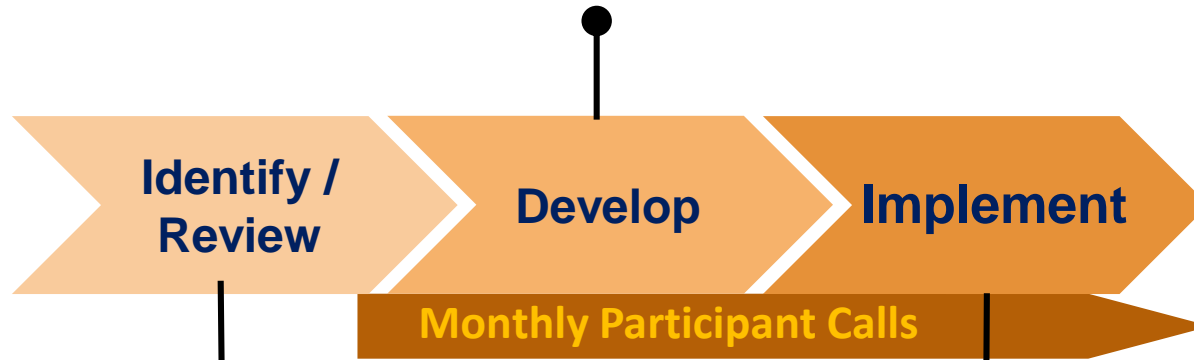
Public Health Account Manager

Scientific Technologies Corporation

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# Major Project Phases

Resource Packet (Dec 2018)  
Implementation Plans (Feb 2019)



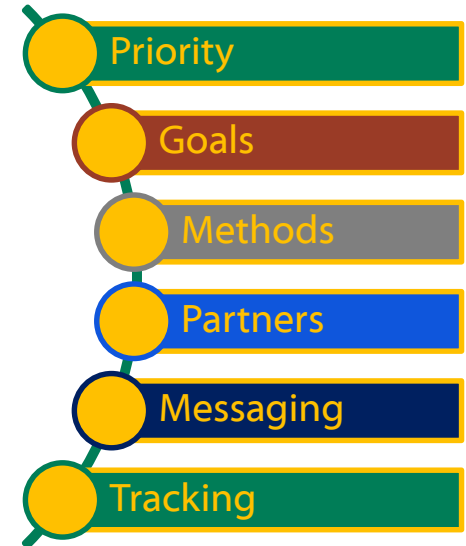
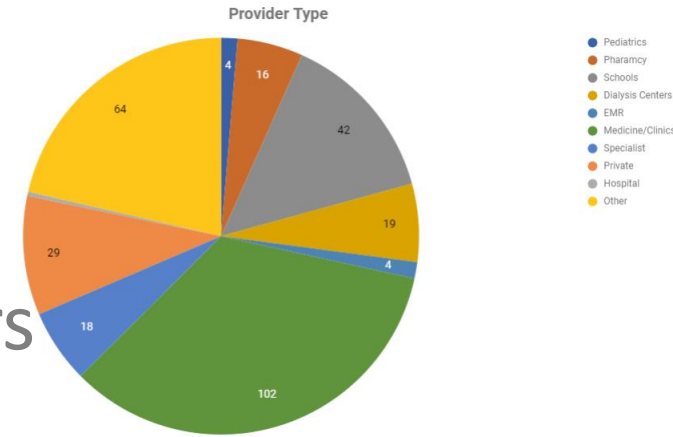
- ❑ Finalize Participants (Nov 2018)
- ❑ BaBarrier Assessments (Dec 7)
- ❑ Identify Strategies

- ❑ In-Person PLC Training (Feb 2019)
- ❑ Virtual Learning CoP (May)
- ❑ Virtual Learning CoP (August)
- ❑ Project End (September)

# State Priorities

Strategy/Activity	AL	CA	CO	IL	MD	NM	TN
<i>Numerator/Denominator Clean-up</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>
<i>Define Numerator/Denominator</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>	<i>CoP</i>
<b>Provider Training and Outreach</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>
Identify/Prioritize Providers	1		1	1	1	1	3
Develop Outreach Strategy	2		2	2	2	3	1
Partner with Stakeholders		2	3	3	3	2	
Group Training							
Create/Update Training Plan		1		4	4		2
<b>Data Quality Improvement</b>	<b>1</b>	<b>1</b>	<b>2</b>			<b>3</b>	
Develop Data Quality Protocol		1	1			2	
Data Quality Tracking & Monitoring	1		3			3	
Data Quality Best Practices Guide			2			1	
PAIS Best Practices	2		4			4	
Reminder/Recall for Missing Data		2				5	
<b>Onboarding/EMR Assistance</b>	<b>3</b>		<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>
Structure onboarding Process			2			1	
EHR Vendor Relationships	1		1	1	1	2	1

- Identifying/Grouping Providers
- Planning Provider Outreach Strategy
- Editing and Reviewing Materials
- Compiling EHR Profile Information



# Barriers related to calculating provider participation for the IISAR

Jan Hicks-Thomson, MSW, MPA

Public Health Analyst

Centers for Disease Control and Prevention

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# Current barriers related to IISAR Reporting of PIP

## IISAR Numerator:

- *Number of enrolled provider sites reporting data to the IIS at least once in a six months*

## IISAR Denominator:

- **Provider Site:** A provider organization that *provides vaccination services and maintains permanent records* (not temporary, mobile clinics, health fairs, etc.).
  - *All provider sites enrolled in VFC should be counted as a VFC site.*
  - *All provider sites enrolled in your IIS, regardless of age group served*

# Barriers to IISAR Reporting of PIP

- Many interfaces for providers pursuing MU incentives
- Changes in EHRs
- Changes in reporting structure (buy-outs, merges)
- Broken or inactive interfaces
- Desire to engage non-vaccinating providers
- Interest in knowing about “all,” vaccinating providers in a jurisdiction

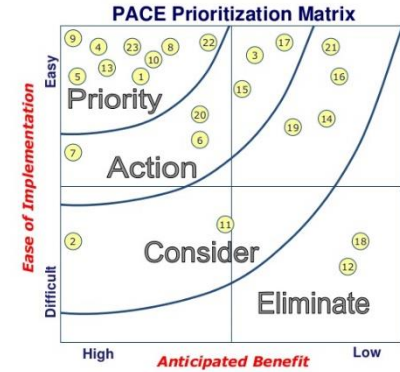
## ■ Cleaning



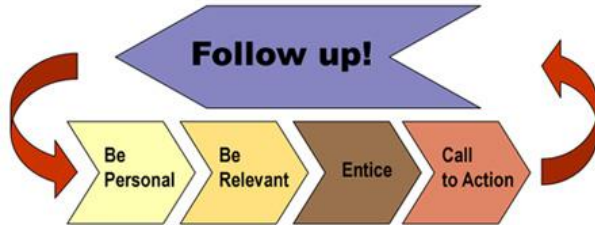
## ■ Assessing



## ■ Prioritizing



## ■ Following-up



## ■ Monitoring



# Maryland: Current barriers related to IIS/EHR relationships

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# Maryland: Barriers related to IIS/EHR relationships

- EHR upgrades are often unannounced and require additional testing and a lot of times these upgrades cause existing interfaces between the IIS to fail.
- EHR staff turnover can sometimes cause issues with the onboarding process and maintaining a current vendor contact list.
- EHRs that aren't able to connect to IIS, or have processes that slow down the onboarding process (ex: provider needs to submit a ticket for every issue).
- Many different moving pieces of the onboarding process that don't always coordinate well or move smoothly.
- Partner with HIE for 90/10 funds to onboard MU providers. In the past this was a smooth process, but HIE staff turnover has led to a transition period due to new staff, technology updates, and newer connectivity protocols are affecting the onboarding process.

# Maryland: Strategies for resolving IIS/EHR barriers

- ❖ *Develop change control document for EHR's to obligate communication of changes.*
  - The nature of this document would be to layout our expectations and ensure that any changes to an existing interface must be approved by or communicated to the state.
  - Goal: To decrease the number of post-upgrade connectivity issues and limit updates/changes that our incompatible with our IIS.
- ❖ *Develop EHR Profile*
  - An internal reference document that includes basic point of contact information for EHR representatives, interactions, questions, capabilities of the EHR, issue resolution, resolution workflow, etc.
  - **Goal:** To increase and improve communication with our EHR vendors, effectively monitor and update vendor contacts, and address data quality issues with our IIS in a timely fashion.

# Maryland: Strategies for resolving IIS/EHR barriers

## ❖ *Implementation plan:*

- We will work with our mentors to generate a list of the most popular EHR vendors and their profiles.
- STC will assist us in creating the internal reference document, while also working with our IIS staff to create a change control document that outlines for EHRs state's expectations.
- Create a new page for EHR vendors that consolidates all EHR resources on a single page

# Barriers related to data quality during onboarding

Kim Gulliver, MS

Interoperability Unit Supervisor

Colorado Department of Health

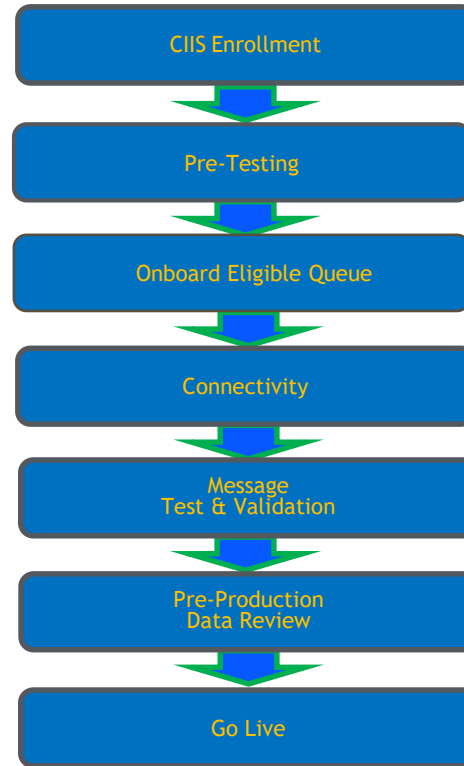
[kim.gulliver@state.co.us](mailto:kim.gulliver@state.co.us)



**COLORADO**  
Department of Public  
Health & Environment



# CIIS Onboarding Overview



# CIIS Data Review Overview

- Phase 3: Initial Data Review

- Vaccine Quality
- Data Completeness

## Completeness Thresholds - Required to Pass Phase 3 Review

Fields Requiring 100% Completeness	Fields Requiring 95% Completeness	Fields Requiring 90% Completeness
First Name*	Address	Mother/Father/Guardian (Patients under 19 years old)
Last Name*	Phone Number	VIS Form Date
Date of Birth*	Manufacturer	Vaccine Funding Source (VFC Sites Only)
Vaccine Type* (CVX or NDC Code)	Dosage	Vaccine Program Eligibility (VFC Sites Only)
Vaccination Date*	Administered Body Site	
Lot ID	Administered Route	
	Expiration Date	
	Administering Provider	

\*Required field for a message to be accepted.

# CIIS Data Review Overview

- Phase 4: Data Validation (DV) Review
  - Compares what was entered into EHR vs. what came across the interface.

**EHR Data \*Example\***

First Name / MC: First Name  
 SSN: [Field]  
 Date of Birth: MM/DD/YYYY  
 Sex: [Field]  
 Time of Birth: [Field]  
 Ethnicity: [Field]  
 Race: [Field]  
 Address: Street Address  
 City: [Field]  
 State: [Field]  
 Zip Code: [Field]  
 Email Preference: [Field]  
 OK Cancel Apply Item Delete Review/Act

**CIIS Data Tool \*Example\***

FieldName	FieldValue
d_Client_ID	Patient ID #
d_Last_Name	Last Name
d_First_Name	First Name
d_Middle_Name	J
d_DOB	Month/Date/Year
d_Age	5
d_Gender	M
d_Address_Line_1	Str
d_Address_Line_2	
d_City	City
d_Zip	Zip Code
d_Telephone	Phone #
d_email	
d_Mothers_First_Name	
d_Mothers_Last_Name	
d_Fathers_First_Name	
d_Fathers_Last_Name	
d_Guardian_First	
d_Guardian_Last	

**SERVICES**

FieldName	FieldValue
s_Date of Service	07/17/2017
s_Service Description	DTAP-IPV
s_CPT Code	90696
s_CVX Code	130
s_Manufacturer Code	SKB - GlaxoSmithKline (formerly SmithKline Beecham)
s_Lot Id	Y2N22
s_Dosage (ml)	0.5 ML
s_Route	IM - Intramuscular
s_Site	RD - Right Deltoid
s_Service Age (Months)	61
s_Service Age (Weeks)	265
s_VIS_Given_date	07/17/2017
s_Vaccine Info Sheet Date	11/05/2015
s_Expiration_Date	2/12/2019
s_VFC Eligibility(Payer)	S - Not VFC Eligible (V01)
s_Funding_Source	Given By
s_Vaccinator	Given By
s_Historical	N
s_Site of Service	Site of Service
s_Location	Site's Location

**EHR Data \*Example\***

Date: 07/17/2017

HIM Procedure	Status	Time	Comment
Influenza vaccine			
IPOL			
IPV			
Kinix	X	09:38 AM	Given By: [Field]
MMR II			
MMRI			
Passive Smoking	X	03:05 PM	

Kinix comments: [Field]  
 Given By: [Field]

OK Cancel Less Help

Kinix More Data:

Dose: 0.5 mL Route: IM Requested By: [Field]  
 Dose Number: [Field] Location: Right Deltoid Given By: [Field]  
 Lot: Y2N22 Exp. Date: 02/12/2019  
 Manufacturer: GlaxoSmithKline Device: MPE  
 Status Source: New immunization record  
 Vaccine Type: 130 VIS Pub. Date: 11/05/2015

This review ensures data is complete, clinically correct, and meets our threshold requirements.

DV Team will compare the data in your EHR, line by line, with the data we received across the interface.

# Colorado: Barriers to Onboarding Data Validation (DV)

- Strategy: Data Quality Protocol
  - Goal: Gather additional IIS ongoing data quality protocol documents.
  - Action Item: Review and develop IIS data quality protocol to review ongoing incoming data
- Strategy: Data Quality Best Practices Guide
  - Goal: Compare Data Quality protocol to AIRA Data Validation Guide for the IIS Onboarding Process Guide and identify gaps or differences.
  - Action Item: Will be based on gaps or differences identified during comparison of Data Quality protocol and AIRA Data Validation Guide for the IIS Onboarding Process Guide.

# Colorado: Barriers to Onboarding Data Validation (DV)

- Strategy: Data Quality Tracking and Monitoring Strategies
  - Goal: Compare MQE tool to vendor Data Quality module specifications.
  - Action Item: Participate in demo on MQE tool.
  - Action Item: Identify differences between MQE tool and vendor Data Quality module.
- Strategy: Patient Active/Inactive Best Practices
  - Goal: Patient Active/Inactive Status cleanup.
  - Action Item: Identify the best way to incorporate new processes at CDPHE to better manage jurisdictional PAIS.

# Barriers related to data quality during onboarding

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Deputy IIS Manager, TennIIS

Tennessee Department of Health

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Provider IIS Participation  
Community of Practice

# Tennessee: Barriers to Provider Outreach and Training

- Identifying immunizing providers
  - Provider types?
  - No way to tell in IIS
- Lack of training capacity
  - From both TN side and provider side
- Understanding barriers from the provider perspective

# Tennessee: Strategies for Provider Outreach and Training

- **Develop an outreach plan**
  - Develop recruitment materials
  - Evaluate effectiveness for future outreach
- **Create and update comprehensive training plan**
  - Evaluate training needs
  - Update user guides by provider type
  - Update training materials
- **Identify and prioritize provider segments for outreach**
  - Identify common characteristics
  - Identify who is immunizing
  - Prioritize target groups





## Questions

To unmute your line press \*6

Via WebEx: type your question into the chat box on the WebEx toolbar and send to HOST



Teamwork makes the Dream Work