

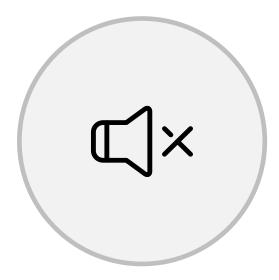
AIRA Discovery Session

Functional Guide Volume 2: CDC Endorsed Data Elements

April 29, 2019 4pm ET



Welcome



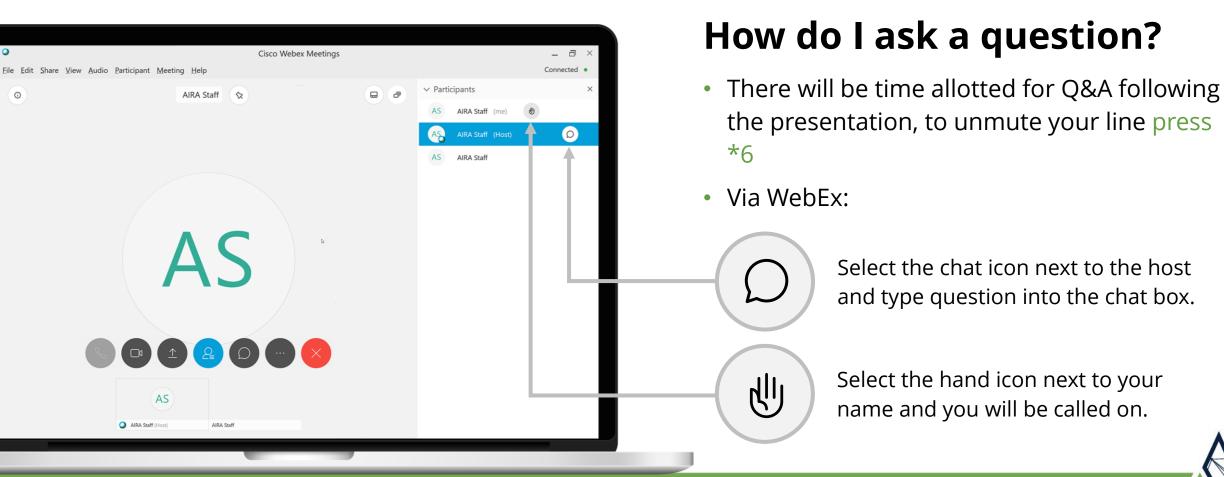
All phone lines are muted



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



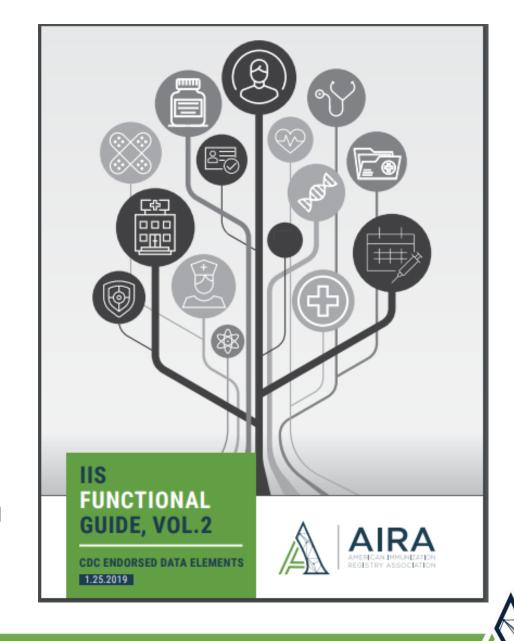
Welcome



Today's Topic

Functional Guide Volume 2

- CDC Endorsed Data Elements, v4.0
- Functional Guide on CDC Endorsed Data Elements – getting into the details
- Putting the Functional Guide to use within your IIS
- Questions, Comments, Discussion



Today's Speakers

- Jan Hicks-Thomson, Public Health Advisor, CDC IIS Support Branch
- Tracy Little, Technical Analyst, AIRA
- Michelle Campbell, IIS Data Quality Specialist, WA State Department of Health



National Center for Immunization & Respiratory Diseases



Jan Hicks-Thomson, MSW, MPA, A&W
Public Health Analyst
Immunization Information Systems Support Branch
Centers for Disease Control and Prevention

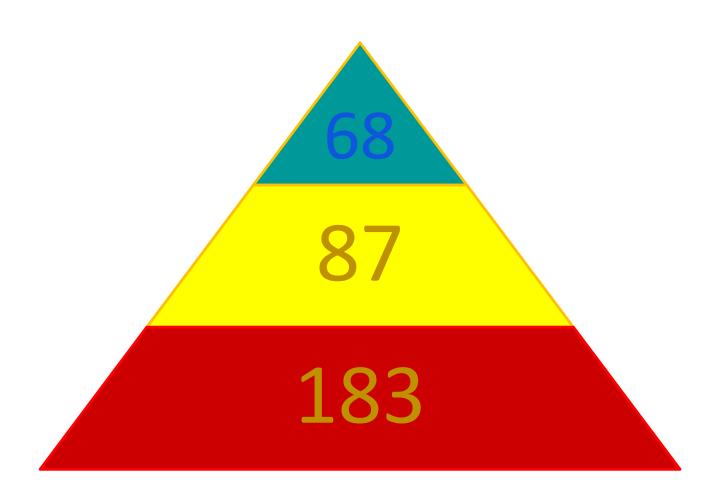
AIRA Discovery Session April, 2019

Where did they come from?





CDC Endorsed Data Elements



2018-2022 IIS Data Elements

CDC Endorsed Patient Demographic and Vaccination Event Data Elements

The CDC endorsed data elements represent the data elements that are needed by an IIS to record patient demographics and vaccination events to meet the IIS Functional Standards v4.0. An IIS should store the CDC endorsed data elements listed below if the elements are sent from an external information system and meet the IIS's data quality criteria. This list does not include all data elements external information systems such as EHRs, vital records, practice management or billing systems are expected to send to an IIS. The list may not include all data elements an IIS produces, stores or sends. Data elements may be derived and architectural solution may differ among IIS.

Patient Demographic Data Elements

Date of history of vaccine preventable disease

Ethnicity

History of disease/titer

Mother's name: first

Mother's name: middle Mother's name: last

Mother's name: maiden last

Patient address: county of residence

Patient address: city Patient address: country

Patient address: state

Patient address: street
Patient address: zip code

Patient alias name: first

Patient alias name: firs

Patient alias name: middle Patient alias name: last

Patient birth order

Patient birth state

Patient date of birth Patient e-mail address

Patient gender

Patient ID

Patient ID: type IIS Patient ID

Patient multiple birth indicator

Patient name: first Patient name: middle

Patient name: last

Patient primary language

Patient status indicator-provider level

Patient status-jurisdiction level Patient telephone number

Patient telephone number type

Protection Indicator

Protection indicator effective date

Reminder recall status

Reminder recall status effective date

Race

Responsible person name: first Responsible person name: middle Responsible person name: last

Responsible person relationship to patient

Vaccination Event Data Elements

Vaccination Data Elements

Contraindications/precautions

Contraindications/precautions observation date

Dose level eligibility t

Exemptions/refusals date

Exemptions/refusals reason

Vaccination administration date

Vaccine dose volume

Vaccine dose volume units

Vaccination event record type (administered/historical)

Vaccine funding source (dose level public/private indicator)tt

Vaccine expiration date

Vaccine lot number

Vaccine manufacturer name

Vaccine product

Vaccine route of administration1

Vaccine site of administration¹

IIS vaccination event ID Vaccination event ID

Vaccine information statement¹

Vaccine information statement given date1

Provider Data Elements

Vaccine ordering provider (person)

Vaccine administering provider suffix

Vaccine administering provider (person)

Facility Identifier Data Elements

Administered at location Sending organization

Responsible organization

Key

Yellow Data element is new for IIS Functional Standards v4.0.

Data element should be captured in the IIS if the IIS is used as the primary vaccination event record (e.g., mass vaccination clinic).

[†] Definition: the program that should pay for a given immunization, based on the characteristics of the patient and the type of vaccine administered. Eligibility is captured for each dose.

th Definition: the funding source of the vaccine administered. Identifies the administered vaccine as publically funded, privately funded, or with other jurisdiction specific funding.

Definitions, Relation to Functional Standards, Source

⊞ 5.5.€.±		11-7-17CDC Endorsed Data Eleme	ents - Patient Dems - Vaccine Events - for presentation - Excel		E - 0			
File Home Insert	Page Layout Formulas Data	Review View Q Tell me what you want to do			A Hicks-Thomson, Jan (CDC/OID/NCIRD) 🙎 Sh			
Cafit Copy aste Format Painter Clipboard		=	Conditional Format as Formatting * Table * Styles Good	Insert Delete Fo	∑ AutoSum → A → O Fill → Sort & Find & Find & Filter → Select → Editing			
9 • 1 × $\sqrt{f_{K}}$ HL7 Implementation Guide 2.5.1								
A	В	c	D	E	F			
Data Element	Data Element*	Definition	Relevant 2018 - 2022 Functional	Functional	Data Element			
Use			Standards (June 2017)*,**	Standard #	Reference(s)***			
Patient	Date of history of	The date/time patient immunity	10.0 The IIS forecasts pediatric,	10	HL7 Implementation Guid			
demographic	disease/titer	due to serological or clinical	adolescent, and adult immunizations		2.5.1			
		evidence was observed.	in a manner consistent with Advisory					
Patient	Date of history of	The date/time patient immunity	14.0 The IIS supports public health	14	HL7 Implementation Guid			
demographic	disease/titer	due to serological or clinical	response during disease outbreaks.		2.5.2			
		evidence was observed.						
Patient	Date of history of	The date/time patient immunity	15.0 The IIS supports immunization-	15	HL7 Implementation Guid			
demographic	disease/titer	due to serological or clinical	related efforts in school settings.		2.5.3			
Patient	Date of history of	The date/time patient immunity	16.0 The IIS supports immunization-	16	HL7 Implementation Guid			
demographic	disease/titer	due to serological or clinical	related efforts in childcare settings.		2.5.4			
		evidence was observed.						
Patient	Date of history of	The date/time patient immunity	17.0 The IIS supports immunization	17	HL7 Implementation Guid			
demographic	disease/titer	due to serological or clinical	program activities during a public		2.5.4			
		evidence was observed.	health emergency according to the					
			jurisdiction's public health emergency					
			plan.					
Patient	Ethnicity	The ancestry of the patient.	2.0 The IIS identifies, prevents, and	2	HL7 Implementation Guid			
demographic			resolves duplicated and fragmented		251			
IIS Data Eler	ments & Definitions IIS Data El	lements and Standards	‡ 4					

How are the Data Elements Used?

- ■In the HL7 Implementation Guide, required to be sent to the IIS
- Support business processes and clinical decisions
 - Accurate forecasts
 - Coverage assessment
 - Reminder / recall
 - Inventory management
- Record completeness for specific data elements.

Data Elements Measured for Completeness - IISAR

- Vaccine Product Type Administered
- Vaccination Administration Date
- Vaccine Manufacturer Name
- Vaccine Lot Number
- VFC/Awardee Program Vaccine Eligibility at Dose Level
- Patient First Name
- Patient Last Name
- Patient Date of Birth

- Patient Gender
- Patient Telephone Number
- Address Street
- Address City
- Address State
- Address Zip
- Mother's First Name
- Mother's Last Name

Logic Guidance for IISAR Measures

Example:

FUNCTIONAL STANDARD 11: The IIS manages patient status at the provider organization and jurisdiction levels.

Data Elements – Patient Status Indicators

Logic Guidance: Data Elements – Patient Status Indicators

- For individuals age 0–18 years with date of birth from January 1, 2000 through December 31, 2018.
- In this section:

Use the table below to identify individuals to include in the assessment:

Individuals who are considered	Include	Exclude
 Active Residence in jurisdiction is confirmed or Received an immunization from a provider organization within the jurisdiction and address is unknown 	х	
Inactive, outside jurisdiction		Х
Does not reside in the jurisdiction		^
Unknown, no address – no vaccination	Х	
 Address is unknown and IIS has never received vaccination information 	^	

2017 IISAR Measures: Completeness

2017 IISAR Data - All IIS Reporting					
Field Present	Complete	Data Element			
100%	100.0%	Vaccine Product Type Administered (0 - 6 years)			
100%	100.0%	Vaccine Product Type Administered (0 - 18 years)			
100%	99.8%	Vaccine Product Type Administered (All ages)			
100%	100.0%	Vaccine Administration Date (0 - 6 years)			
100%	100.0%	Vaccine Administration Date (0 - 18 years)			
100%	100.0%	Vaccine Administration Date (All ages)			
100%	83.8%	Vaccine Manufacturer Name (0 - 6 years)			
100%	84.0%	Vaccine Manufacturer Name (0 - 18 years)			
100%	79.5%	Vaccine Manufacturer Name (All ages)			
100%	83.1%	Vaccine Lot Number (0 - 6 years)			
100%	83.4%	Vaccine Lot Number (0 - 18 years)			
100%	81.0%	Vaccine Lot Number (All ages)			
94.4%	86.3%	VFC/Awardee Program Vaccine Eligibility at Dose Level			
100.0%	99.3%	Patient First Name			
100.0%	99.6%	Patient Last Name			

Functional Guide Vol. 2: CDC Endorsed Data Elements

Tracy Little, Technical Analyst, AIRA

Functional Guide Purpose

- A functional guide focuses on the capabilities and requirements a system will need in order to enable business functions needed by their end users.
- Functional guides do not dictate that a system **must** provide certain capability, but rather, it defines the requirements **if** a system chooses to supply certain capability.
- Drive forward the information found in the foundational, visionary, and best practice documents to ensure consistent implementation.

CDC Endorsed Data Elements

• It is important that data elements used across multiple systems carry the same meaning.

 There are inconsistencies across systems in how data is submitted, collected, and used even where data element definitions seem obvious.

• These inconsistencies can lead to data quality issues and/or misinterpretations of outcomes.



Scope

- Focus on a select set of data elements.
- Resolve inconsistencies in definitions and clarify usage.
- Not a replacement for technical (HL7) documentation or best practice guidance.

"If sending and receiving systems are not developed and configured to adhere to a common and consistent set of vocabularies, code sets and value sets, the users of those systems will have difficulty with interoperability."

-Connecting Health
and Care for the Nation:
A Shared Nationwide
Interoperability Roadmap

Project Plan & Timeline

SMEs Recruited

March 2018 Data Elements Reviewed & Selected

• July 2018

Workgroup Review

• December 2018

Publication

• March 2019















Kick Off

 April 2018 Sections Drafted

• October 2018

Community Review

• January 2019

SME Workgroup

- Alexandra Hayes, Spokane Regional Health District
- Ashley McDonald, STC
- Craig Newman, Northrup Grumman
- Danny Wise, Allscripts
- Jan Hicks-Thomson, CDC
- Jenna Jaxheimer, Philadelphia Department of Public Health
- Katie Reed, DXC
- Lucia Lapaz, Envision Technology Partners
- Michelle Campbell, WA State Department of Health

- Monmi Buragohain, Merck
- Noora Majid, New York City CIR
- Rex Larson, Oregon Immunization Program
- Stephanie Sanchez, Michigan Division of Immunization

Selection of Data Elements

- Is the definition clear?
- Is the data element used differently between trading partners, such as EHRs and IIS?
- Does the data element cause confusion among trading partners?
- Are there known data quality issues related to the data element?
- Which data elements require frequent explanation to data end users and trading partners?

Race

- Patient Gender
- Ethnicity
- Patient ID
- Patient ID: Type
- Patient Address: County of Residence.
- Patient Birth State
- Patient Telephone Number
- Patient Telephone Number Type
- Patient Status Indicator -Jurisdiction Level
- Patient Status Indicator = Provider Level

- Mother's Name: Maiden Last
- Patient Birth Order
- IIS Patient ID

- Responsible Person Name
 - First
 - Middle
 - Last
- Responsible Person Relationship to Patient
- Protection Indicator
- Protection Indicator Effective Date

Selected Data Flements

- Vaccine Product
- Vaccination Event Record Type
- Vaccine Manufacturer Name
- Vaccine Lot Number
- Vaccine Route of Administration.
- Vaccine Site of Administration.

- Dose Level Eligibility
- Vaccine Funding Source
- Vaccine Information Statement
- Vaccine Information Statement Given Date
- Contraindications/Precautions
- Exemptions/Refusals Reason

- Administered at Location
- Responsible Organization
- Sending Organization



What's in the Guide

For the 35 data elements:

- CDC Title/Definition
- Background/Usage
- Challenges
- Expectations of trading partners
- IIS Functional Standards Supported

7.5 PATIENT BIRTH ORDER



CDC DEFINITION: When a patient was part of a multiple birth, a number is defined in this element (e.g., 1, 2, 3). Typically received from Vital Records or birthing facility.

Patient birth order is specifically used in the IIS to distinguish one twin (or other type of multiple birth set) from another. This is especially helpful when siblings have similar names, given that most, if not all, of their other demographic information (address, responsible persons, etc.) will also likely be the same. The patient birth order field pairs with another data element, patient multiple birth indicator, which is a yes/no flag indicating that the patient is part of a multiple birth set.

Patient birth order applies only to patients born in the same birth; siblings born in separate births should not be given a birth order.



CHALLENGES

- This field might not be present for older multiple-birth siblings that have moved into the IIS
 jurisdiction, since there would have been no opportunity for Vital Records or the local birthing
 center to submit patient birth order. These patient records are at risk of being merged.
- Even after birth order is received via Vital Records and recorded in the IfS, it may be difficult to identify the correct twin If birth order is not received in subsequent queries.
- If missing: The risk of mis-merging records is increased as is the risk that one sibling's record
 will erroneously receive the dose report of the other sibling's record.
- If inaccurate: The risk of fragmented or mis-merged records increases. This can also inadvertently affect forecasting, up-to-date reports, and reminder/recall activities. Unmerging mis-merged records in the IIS is a resource-intensive activity.

28 Chapter 7 | Group: Patient

9.5 RESPONSIBLE PERSON NAME: FIRST, MIDDLE, LAST



CDC DEFINITION: The first (middle, last) name of the person responsible for the patient. Multiple names for the same person are allowed.

Responsible person name (first, middle, last) is used in a variety of ways in IIS. It is useful in matching and/or resolution of possible duplicate patient records. It may be leveraged for reminder/recall activities and for outreach to parents and guardians of patients who are past due for immunizations.

A patient record in the IIS may have one or more responsible person contacts. Multiple responsible persons can be submitted in a single data exchange message.

CHALLENGES:

- A responsible person could be one of many different people who are stored within an EHR system: a parent, guardian, other next of kin, guarantor, caseworker, emergency contact, etc.
- The HL7 IG supports sending patient's next of kin, which might or might not also be the
 responsible person. IIS may treat all patient contacts submitted as a responsible person or may
 treat only the most recently submitted contact(s) as responsible.
- If responsible person does not have a corresponding code indicating relationship type, the data element's value is limited.
- If missing: It will not be available for patient matching. It could also be difficult to conduct reminder/recall activities where a responsible person contact for patients under age 19 is needed.
- If inaccurate: The opportunity to use this data element in patient matching and deduplication
 is limited. Inaccurate data in this field could result in a security violation if a patient history was
 inadvertently sent to the wrong responsible person or address.



EXPECTATIONS:

- IIS shall store the corresponding relationship-to-patient type code to responsible person name.
- IIS may derive mother's name from responsible person data where responsible person relationship type is mother.
- IIS shall not derive mother's maiden name from responsible person data where responsible person relationship type is mother.
- EHR systems shall submit responsible person name if known.
- EHR systems shall submit all responsible person data where relationship type is mother, father, or guardian. Data for relationship types of mother, father, or guardian take priority over other types, though other types may also be submitted.
- Vital Records systems shall submit responsible person type of mother if known.



IIS FUNCTIONAL STANDARD SUPPORTED:

 2.0 The IIS identifies, prevents, and resolves duplicated and fragmented patient records using an automated process.

9.5 RESPONSIBLE PERSON NAME: FIRST, MIDDLE, LAST





CDC DEFINITION: The first (middle, last) name of the person responsible for the patient. Multiple names for the same person are allowed.

What functions and activities is it used for?

Responsible person name (first, middle, last) is used in a variety of ways in IIS. It is useful in matching and/or resolution of possible duplicate patient records. It may be leveraged for reminder/recall activities and for outreach to parents and guardians of patients who are past due for immunizations.

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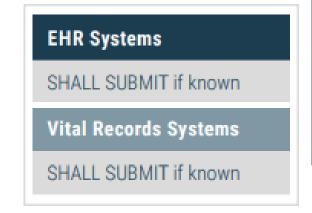
Common challenges and data quality issues.

CHALLENGES:

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- Vital Records systems shall submit responsible person type of mother if known.



Who shall or should submit?

Conditions of submission?

Which Functional Standards are supported?

IIS FUNCTIONAL STANDARD SUPPORTED:

 2.0 The IIS identifies, prevents, and resolves duplicated and fragmented patient records using an automated process. This guide is best used as a reference, providing clarity and aligning technical specifications to best practices guidance.

Wherever possible, the guide reuses terms and definitions from existing resources rather than creating new terms for the same concepts.

Putting the Guide to Use

Michelle Campbell, IIS Data Quality Specialist, Washington State Department of Health

How can you use the guide?

- Clarify definitions, where ambiguity exists
- Resolve questions around data element usage and submission expectations
- Share with EHR and other data exchange partners
- Inform onboarding activities

WAIIS Guide Integration

 Update documentation with any data element definitions that are unclear

 Use in combination with Functional Standards, IISAR results, and the IIS Dashboard to plan and prioritize program goals.

 Identify areas where providers may need additional guidance on data elements and their importance to data quality

Potential Next Steps

- Remaining data elements could be reviewed in an expanded version of the guide.
- Some concepts and/or data elements need further exploration where the utility of the data element differs depending on the trading partner.
- Further exploration of the utility for some data elements, e.g., telephone number and which type(s) are preferred by IIS.
- Other work and projects, such as patient active status guidance, could inform updates to this guide.

Where to find it:

On the AIRA Repository:

- https://repository.immregistries.org/file s/resources/5a83216a1d369/aira_functi onal_guide_vol2_final.pdf
- Search "functional guide" on the repository.



Thank you!

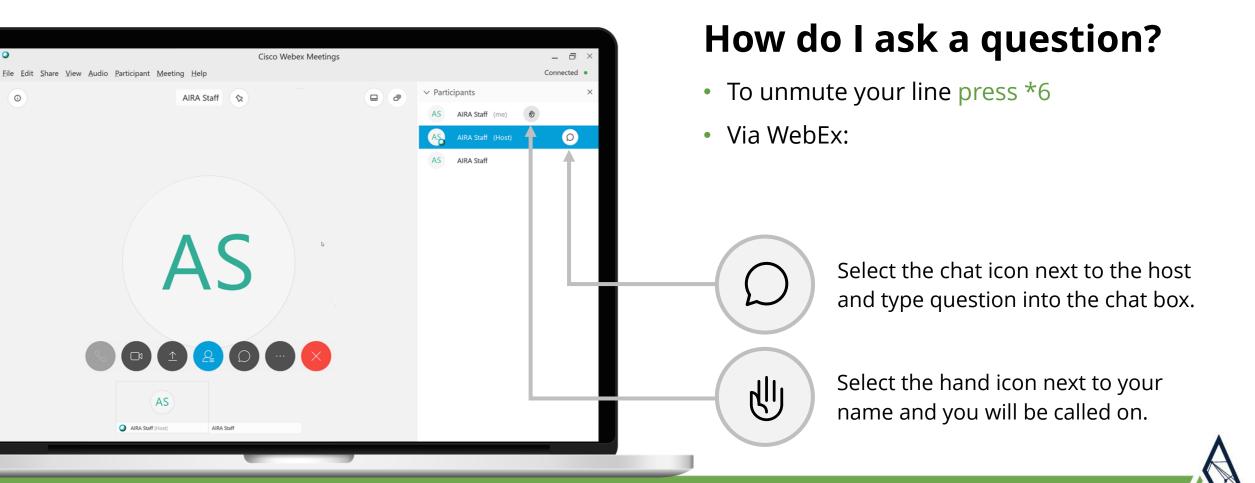
- Tracy Little: <u>tlittle@immregistries.org</u>
- Jan Hicks-Thomson: hbv8@cdc.gov
- Michelle Campbell: <u>michelle.campbell@doh.wa.gov</u>

Questions, Comments, Discussion?





Questions, Comments, Discussion?



Thank you to our presenters, and thanks to all of you for joining us!

A brief evaluation survey will be sent out following this webinar

The next Discovery Session will be May 30th at 4pm ET (*note the shift to Thursday due to Memorial Day Holiday*)