

Ask EHR Experts about IIS & Electronic Health Records

AIRA 2019 National Meeting

Tuesday, August 13, 2019

10:45-11:45 AM



Why Should #AIRA2019 Attendees Care?

- Vaccines are **Important!**
- Average administration cost to vaccinate is \$30 and is not covered by the federal VFC program. So vaccinating accurately is key
- Vaccine reporting is important to assess national and local vaccination coverage rates
- Parents want to know their families are protected in the event of a vaccine-preventable outbreak. They often turn to their healthcare provider or IIS to ensure proper vaccination status
- Greater adoption of interoperability standards can help increase the speed-to-Production for new provider interfaces as well as reduce the cost of business for providers and IIS alike.

Testimonials

"If we didn't have this function, there would be **no way we could see the amount of patients we do** and not have nurses work overtime. It **improves accuracy** so we can make sure we're giving the **right shots** and it makes my nurses **happy**." – Nurse Manager, Palmetto Health (South Carolina)

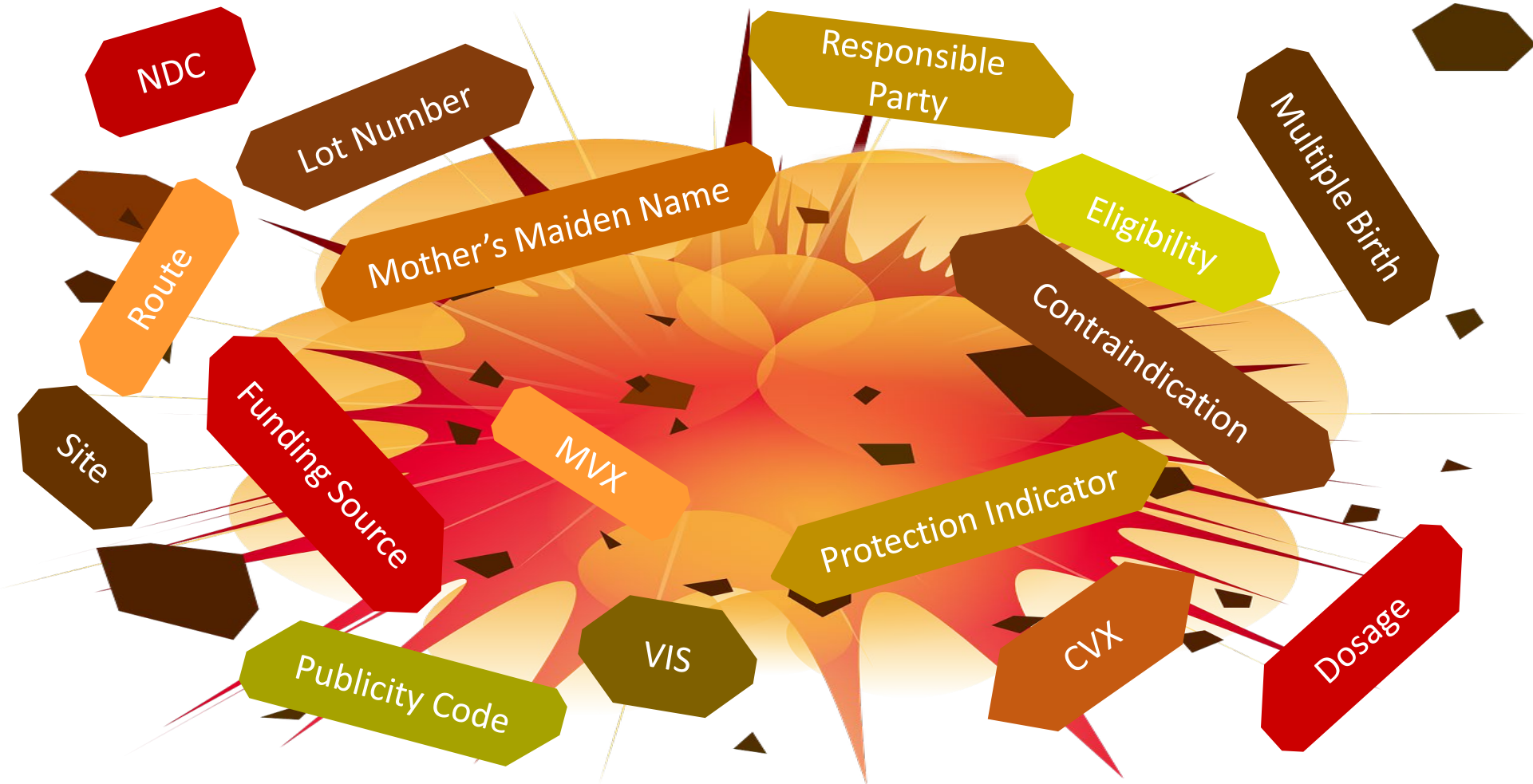
"At East Jefferson General Hospital, we've been able to help **prevent** a few inpatient influenza **fallouts** in patients by using the Louisiana Immunization "Registry Import" link option that's added on Cerner Millennium® EMR using the Immunization Query interoperability solution. Patients sometimes **struggle to remember the details** of their past immunizations. Now the nurses can see immunizations and then pull them into the workflow. This helps the nurses get an **accurate record** of previously administered vaccines." – Quality Manager, East Jefferson General Hospital (Louisiana)

"At MedStar Health, our aim is to **keep an updated immunization record for patients**. The Cerner Immunization Query has helped our providers and nurses accomplish a means to **review immunization data**, ability to import immunization records obtained outside MedStar St. Mary's Hospital for the patient and **provide guidance** on when next vaccines are needed to share with the patient." – Clinical Informatics Specialist, MedStar St. Mary's Hospital (Maryland)

EHR Vendor Perspective

- Software Development Life Cycle (SDLC)
 - Processes to ensure quality products are delivered on time
 - Backlog management / prioritization
- Vendor-based End-to-End Testing
 - Each IIS is a little bit different than the next
 - Local IGs may not completely describe actual IIS behavior
- Different EHRs are, well, different
 - What may be easy for one EHR to change may be much harder for another
 - ...and vice versa!

Data, Data, Data!!!



Provider Experience

- Data Collection
 - How much is too much?
 - What can be automated?
- UI / UX Design Considerations
 - Effective UX can help improve clinical outcomes and reduce physician burden
 - just the right information at just the right time
 - Screen clutter is bad
- Onboarding
 - Unrealistic testing expectations
 - How long is this going to take?
- Cross-Jurisdictional Requirements

Frequently Misunderstood Concepts

what we wish everyone knew / understood better....

- No unified coding system for organizations across jurisdictions
(difficult to identify true source of the data and identifiers must be customized per site)
- Patient matching logic is difficult and varies by IIS
- Deviations from HL7 standards and expectations
- Baby names cause issues in reporting vaccines

FAQ

- Why do we get XYZ vaccination record from the IIS?
- Can we/should we send immunization exceptions to the IIS?
- How do we handle non-standard vaccines (trials, non-US vaccines, TB tests, etc.)
- Should we capture inner (unit of use) or outer (unit of sale) NDC during administration?
- How should we document and report reconstituted vaccines with multiple varying details such as lot number?
- How / when are queries triggered (automatically vs. manually)?
- Query implementation process (when will you start sending queries in Production?)