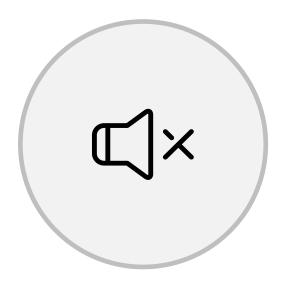
## Vaccine Code Sets – A Community Update

Discovery Session May 28, 2020 4pm EST

### AIRA Discovery Session



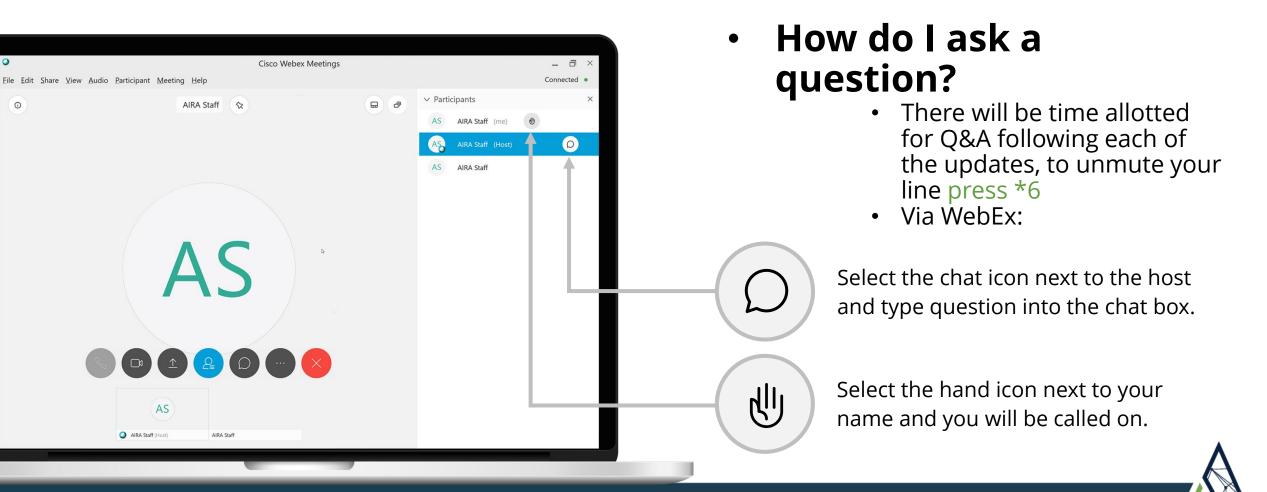
All phone lines are muted



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



### AIRA Discovery Session



### Today's Topics

- Vaccine Code Set Considerations
   Document Recently Released
- Exploring a Potential Future Direction for Vaccine Code Set Work
- Update on CDC's Vocabulary Code Set Management Work





### Today's Speakers

- Mary Beth Kurilo, AIRA
- Nathan Bunker, AIRA
- Paloma Hawry, Deloitte
- Jay Schroeder, Deloitte

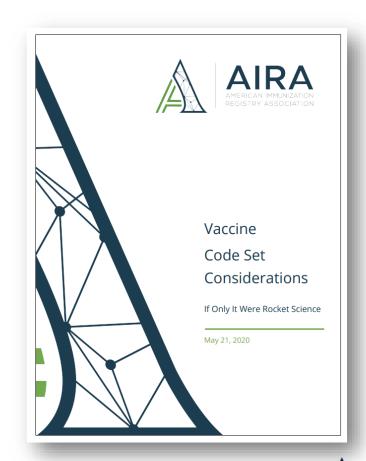


### Vaccine Code Set Considerations Document

Mary Beth Kurilo

### Project Origins and Evolution

- The Vaccine Code Set Project began as a Joint Development and Implementation (JDI) effort to support and document the pilot roll-out of new functionality within CDC's Vocabulary Code Set Management System in early 2019
- It evolved into an exploration of challenges and complexities inherent in vaccine code set management, and makes suggestions for solutions/improvements



### Acknowledgments

#### **IIS Expert Contributors**

- Mike Bin, Washington
- BJ Bloom, Office Practicum
- Sue Kressly, MD, Office Practicum
- Michael Powell, California
- Steve Murchie, Envision Technology Partners
- Kim Tichy, Iowa
- Joey Zehner, Iowa
- Ernad Klipic, Nebraska
- Kevin Snow, Envision
- Aaron Bieringer, Minnesota
- Matt Verdon, Minnesota
- Mary Woinarowicz, North Dakota

### Acknowledgments

#### Joint Development and Implementation (JDI) Advisory Workgroup

- Kafayet Adeniyi, CDC
- Stuart Myerburg, CDC
- Noam Arzt, HLN
- Mike Bin, Washington
- Bill Brand, PHII
- Tricia Charles, Massachusetts
- Aras Islam, Philadelphia
- Millie Malai, Deloitte
- Mike Marini, Deloitte
- Judy Merritt, STC

- Amy Metroka, New York City
- Steve Murchie, Envision Technology Partners
- Miriam Muscoplat, Minnesota
- Stuart Myerburg, CDC
- Teri Nicholson, Illinois
- Michael Powell, California
- Tina Scott, Michigan
- Gary Wheeler, DXC

### Vaccine Code Set Project

#### **Considerations Document High-Level Outline**

- 1. Executive Summary
- 2. Introduction
- 3. IIS Code Sets in Action
  - 1. Code sets overview, survey results summary, supporting immunization program functions
- 4. IIS Code Set Management Challenges
  - 1. Description of key challenges
- 5. Impact of Challenges on Stakeholders
- 6. Strategies to Advance Code Set Management
- 7. Conclusion and Appendices



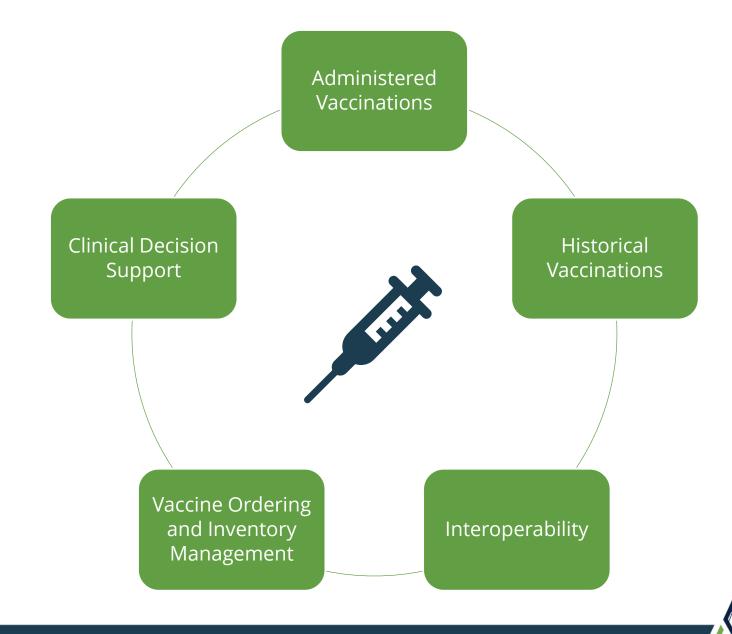
### Vaccine Code Set Project

#### **IIS SME Survey and Discussions**

- Conducted a Community Survey
- Gathered additional information through key contact interviews
  - Brief calls with IIS Programs (4), IIS Vendor (1), EHR Vendor (1)
  - Sample discussion questions:
    - On average, how much time do you spend from when you are notified of new code set updates, to the time changes are implemented in the IIS? How does it differ for flu vaccines?
    - What is the step-by-step process used for making code set changes from notification to implementation including IIS Vendor involvement?
    - What code set metadata, if any, do you currently use and what metadata is needed or desired to improve code set management?



Key Areas for Use of Code Sets in Supporting Immunization Program Operations



#### Vaccine Code Set Considerations Document

#### **IIS Code Set Management Challenges**

Four challenges described in the document, along with possible suggestions/solutions:

- 1. Change Management
  - Maintaining awareness of code set changes as they are published and the process for implementing those changes
- 2. Synchronization
  - Keeping multiple systems and environments current with updates
- 3. Timeliness of Implementation
  - Identifying processes and expectations for timely code set updates across IIS and EHRs
- 4. The need for Supporting Data/Specifications
  - Identifying additional data points and interpretation needed to augment and more fully leverage vaccine code set data



### Challenges

#### Change Management

**Challenge:** Staying current with code set changes (NDC, CVX, etc.)

**Process Improvement Opportunities:** Leverage code set web service, automate notifications, share with partners

#### Synchronization

**Challenge:** Ensuring synergy across multiple IIS environments

**Process Improvement Opportunities:** Automate updates to production, test, training, etc., create central reference tables

#### Timeliness

**Challenge:** Lack of clear expectations and process for updating new codes in a timely basis

Process Improvement
Opportunities: Clarify
roles (IIS vs. Vendor),
reduce manual steps,
explore collaborative
IIS/EHR guidance

### Need for Supporting Data

Challenge: Some code sets don't have all of the data elements necessary to managing the processing of code set changes

Process Improvement
Opportunities: Build out
full specifications to
support automation of
new codes



### Broader Strategies



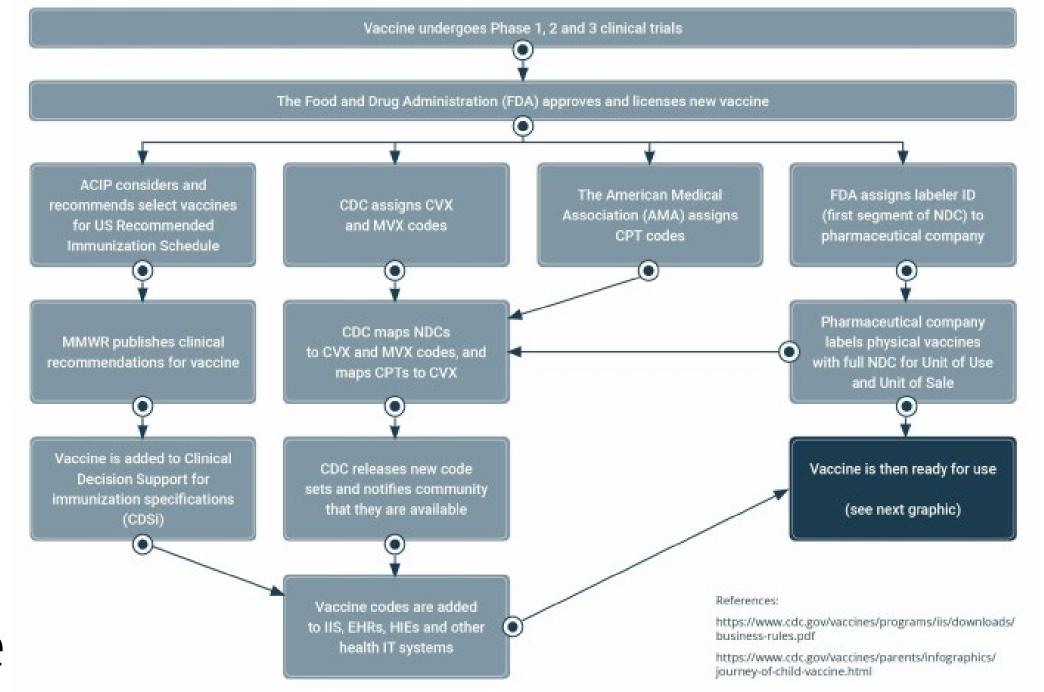
Exploring a
Terminology
Service or
Similar Resource



Building out
Supporting Data
and
Specifications



Expanding CDC's
Vaccine Code Set
Management
System (VCSMS)



Vaccine Pipeline The full complexity of this process is simplified here. Each step requires coordinated, accurate, and timely updates of vaccine codes by multiple systems and industries.

#### CODE UPDATES AND ORDERS

#### **APPROVALS**

#### DISTRIBUTION •-

#### DOSES GIVEN AND REPORTED

- Once codes are updated within IIS, EHRs, and HIEs, vaccine is available to be ordered via public and private markets
- Publicly funded vaccine is ordered by providers through IIS
- Private vaccine is ordered through manufacturers and distributors and sent to clinics and health systems\*
- \* Private vaccine does not touch all the same systems as publicly funded vaccine but follows a similar path with similar considerations for manufacturers and distributors.

- Immunization program approves order and inventory
- Order is submitted to CDC/VTrckS via ExIS
- CDC/VTrckS approves vaccine order
- CDC passes order to McKesson

- McKesson fills order, sends vaccine to provider and shipment data to CDC; CDC makes shipment data downloadable to IIS via VTrckS
- IIS loads shipment data as "pending" into electronic provider inventory
- Provider receives physical vaccine, "accepts" shipment data into electronic provider inventory via IIS
- A subset of doses that are wasted/expired are returned to McKesson, doses are uploaded via ExIS and transmitted back to VTrckS<sup>+</sup>
- Funds for wasted/expired doses are returned to immunization program \*

- Doses are administered in provider clinic, entered into the EHR, † reported to the IIS via HL7 with dose-level eligibility, or entered separately into an IIS via a web-based user interface
- Doses are decremented from public inventory within the IIS, provider accountability responsibilities are met †
- IIS/immunization programs report to CDC on appropriate use of public vaccine

#### Vaccine Code Use

† Variations may exist among IIS, EHRs, or clinicians regarding this item.

### Updating Code Sets

Exploring a Potential Future Direction for Vaccine Code Set Work

### Updating Code Sets

 Why does it take time to update code sets in IIS and EHRs?

 While creating test cases for Measurement & Improvement we had an aha moment!



### Measurement & Improvement

- HL7 Testing and Discovery
  - Report is under continuous improvement
  - Discovery testing is:
    - Informative, not binding
    - Exploratory, not definitive
    - Potentially a precursor to more formal measurement later
  - Looking to add test cases to measure when IIS adopt code changes
  - Ideally test cases should be supported by published standards or guidance
    - We do not have enough guidance to support full measurement of code set adoption

#### Measurement & Improvement

- Process for making tests:
  - Review announcements from CDC that document change
  - Create test cases to verify behavior from IIS:
    - VXU/ACK: What data should the IIS accept or not accept?
    - QBP/RSP: What data should the IIS return or not return?
  - Look at code sets for details
  - Assume a naïve perspective, do not insert expert knowledge
    - Test cases need to be specific
    - Shouldn't make assumptions
    - Can't assume implementors are experts
    - Test cases should be defensible



### Measurement & Improvement

- Creating test cases for changes from 03/18/2019 until 02/12/2020
  - Challenge: Translating human language into operational expectations
    - Most of the contextual information is expressed for a human to understand
    - Requires a vaccination expert to read, understand and implement
  - Highlighted 14 changes that needed further clarification
    - Generated 32 unique questions under these changes
    - A vaccination expert should be able to provide a workable answer to these questions
      - But these experts might not come to the same answer
  - Will show you two basic examples:
    - Two manufacturers merged
    - NDC's retired



08/09/2019: MVX Code Added: MVX TVA – TEVA Pharmaceuticals USA. Important NDC mapping changes and information related to this new MVX code include NDCs which have been remapped to the new MVX "TVA" code:

• Unit of Sale 51285-138-50 and Units of

- Unit of Sale 51285-138-50 and Units of Use 51285-174-02 and 51285-175-02 for "Adenovirus Type 4 and Type 7 Vaccine, Live KIT".
- The above NDCs were previously mapped to MVX "BRR" – Barr Laboratories. BRR is an inactive MVX code. TEVA merged with Barr Laboratories in 2008 and now manufactures former Barr vaccine products.



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- IIS should still accept BRR?
  - If so, before what date is BRR good?



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  - If so, before what date is BRR good?

What about data already stored in IIS:

- Map data-at-rest from BRR to TVA?
- Map when sending out in RSP?
- All data, or just data after a certain date?
  - If so, after what date?

02/12/2020: NDC Codes Retired: The following NDC codes have been retired from the FDA files received.

• • •



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What does retired mean? How would this appear in operation?





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What does retired mean? How would this appear in operation?

What should an IIS do when they receive "retired" codes:

- Should they be accepted and stored?
- Should they ignore them?
- Should they send back a warning or error?



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. . .

What does retired mean? How would this appear in operation?

What should an IIS do when they receive "retired" codes:

- Should they be accepted and stored?
- Should they ignore them?
- Should they send back a warning or error?

When should this retirement take affect:

- As of the announcement date?
- As of the OuterEndDate/UseUnitEndDate?
- What if these dates are not specified?
- After these dates might the vaccine still be in circulation with these NDCs?

02/12/2020: NDC Codes Retired: The following NDC codes have been retired from the FDA files received.

. . .

Can these codes still be used to report older data? Can IIS continue to store older data with these codes? Is it okay for IIS to report these older codes out for old data? What does retired mean? How would this appear in operation?

What should an IIS do when they receive "retired" codes:

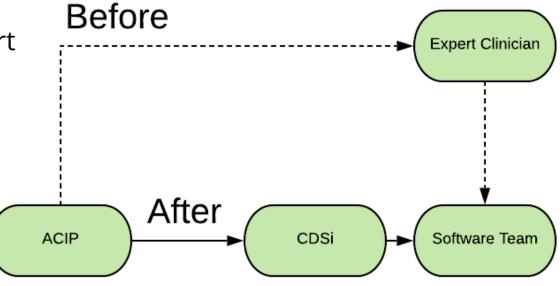
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#### What is Needed

- CDS was in the same position five years ago:
  - Guidance from ACIP was in human language
    - Questions were left to experts to sort out
    - Different teams made different decisions
- CDSi project created several critical resources:
  - Processing model
  - Supporting data
  - Test cases



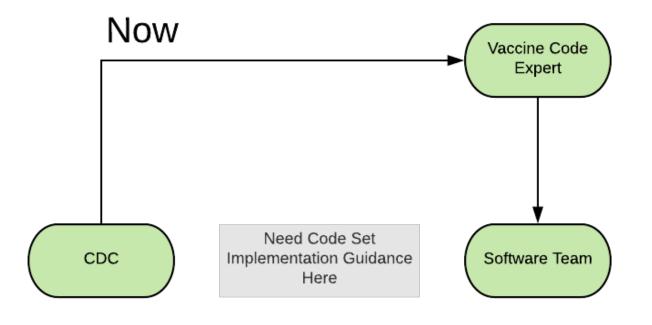
#### What is Needed

- Code set project needs the same resources:
  - Need standard definitions and operations
  - Need additional supporting data
    - Need more start and end dates, and connect those to specific requirements
    - Need to code information from human language into a computable resource
  - Test cases that can be used to verify support for changes:
    - IIS HL7 test cases
    - EHR behavior test cases
- Keep up-to-date with every change to the code set



#### What is Needed

- Where are the roadblocks?
  - Downloading codes
    - Not too hard today
  - Implementation by expert
    - Experts are busy
    - Not all teams have them
- Need guidance that can bridge the gap







#### Vaccine Code Sets Management Service Update

#### **AIRA Discovery Session**

May 28<sup>th</sup>, 2020

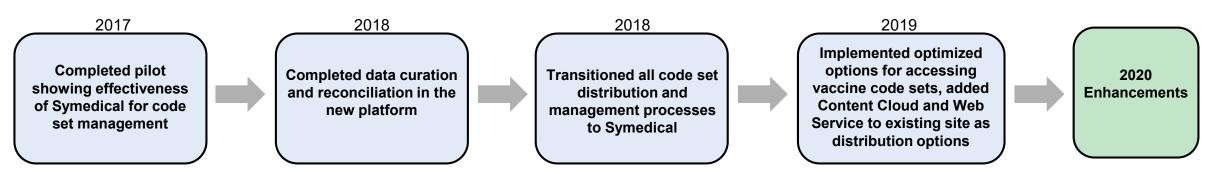
Paloma Hawry Jay Schroeder

#### **VCSMS** Background

The CDC Immunization Information Systems Support Branch (IISSB) publishes vaccine terminology code sets used for interoperability and reporting across vaccine delivery communities. A goal of IISSB is to provide enhanced and centralized vaccine code set management and enhanced distribution options for the Vaccine Code Set Management Service (VCSMS).

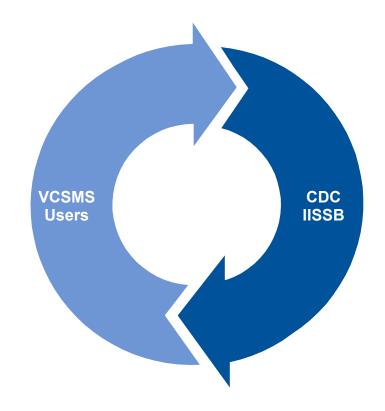
- Vaccine code sets include catalogs of codes authored by the CDC, Food and Drug Administration (FDA), and American Medical Association (AMA).
- CDC also generates maps from the externally-authored codes to the CDC-authored codes.

#### Successes to Date:



#### **Grantee Outreach:**

- AIRA workshops
- Meetings
- Interviews
- Training Sessions
- Surveys



#### **Outcomes:**

- Upcoming release communications
- Detailed release notes
- More frequent release schedule during busy periods such as seasonal flu updates
- Documented and validated requested enhancements

#### Enhancements Provide New Ways to Access Vaccine Data

#### **Transactional Web Service**

The transactional web service enhancement will empower registered users to specifically query the CDC vaccine code set information and metadata that they seek, without having to parse through data they don't want. This will increase efficiency and help IIS and other HIS align more closely to industry web services.

#### **Consolidated File**

CDC's legacy vaccine code sets have been available in flat file formats, and CDC recognizes the value of creating a consolidated file for application-agnostic use. CDC plans a file that will consolidate almost all existing vaccine content, including new metadata.

#### **Dynamic Search and Browsing**

CDC plans to deploy a browsable web-interface based in Viewpoint, enabling the public to interact with vaccine code set data on-demand – without sifting through tables or flat files. Users can search by CVX, vaccine group, NDC, and other vaccine attributes to investigate the code set information.

#### **Vaccine Code Set Content Enhancements**

CDC is researching updates to vaccine effective end dates as well as enhancements to other code attributes.

#### **Looking Ahead**

#### **Content Review:**

- The VCSMS team has been conducting regular deep-dives with AIRA to review potential data issues and inconsistencies in data use.
- We will continue our collaborative efforts to research these issues and reach consensus on a consistent approach.
- Agreed upon direction can be used as a basis for communication to the broader community to provide clarity and consistency for use
  of vaccine data.
- Identify content enhancements and guidance to aid the vaccine community in their use of the code sets.
- Continue to monitor the technical landscape community need for emerging standards such as FHIR and JSON.

#### **Key Dates for VCSMS:**

- User Acceptance Testing for enhancements began on 5/21 and goes through 7/10.
- Updates to code sets for 2020/2021 Flu vaccines are planned for release in July-September as they become available.

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- Technical enhancements are planned for release into Production in October 2020.
- Effective dating for codes are planned for 2021.

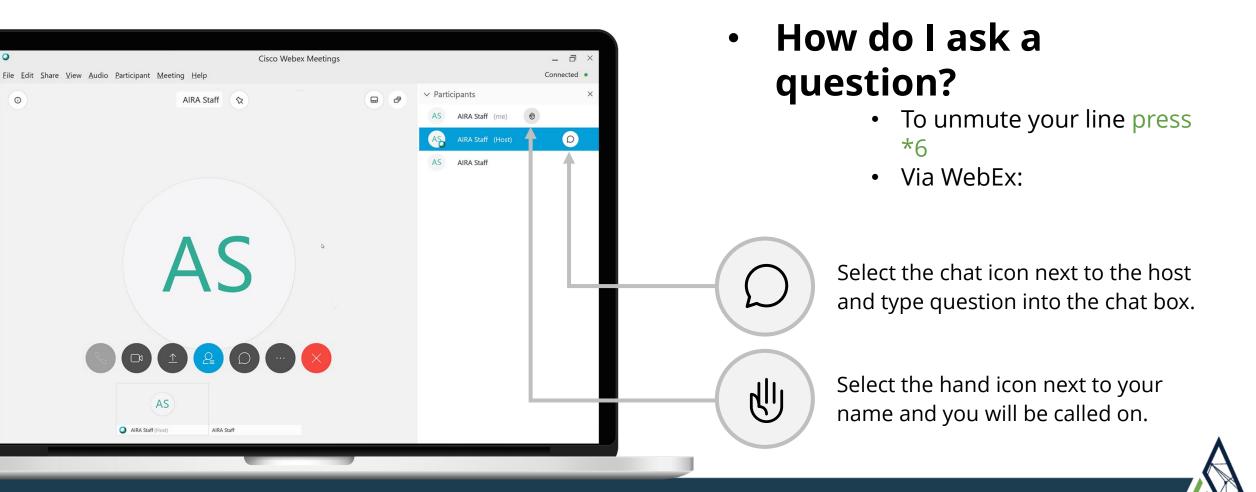


### Questions, Comments, Discussion?





### 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 June 22<sup>nd</sup> at 4pm ET