Select AIRA 2020 National Meeting Presentations: Working with End Users

Tuesday, September 1, 2020
3-4 PM ET
AIRA Webinar Series

• Each Tuesday
• Now through September 22, 2020
• 3-4 PM ET
• Join Us!

Webinar Series at a Glance

Week 1  CDC Panel Discussion: Advancing IIS Together
Week 2  The Immunization Gateway Portfolio
Week 3  Data Quality
Week 4  Data Use
Week 5  Working with End Users
Week 6  IIS Operations
Week 7  Global Perspectives
Week 8  Measurement and Improvement
Before We Get Started

All phone lines are muted

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

How do I ask a question?
There will be time allotted for Q&A following the presentation.

Send an e-mail to: info@immregistries.org

Select the chat icon next to the host and type question into the chat box.
Today’s Speakers

- **Danielle Reader-Jolley**, AIRA Consultant
- **Maddie Grimm**, CIIS School Coordinator, Colorado Department of Public Health and Environment
- **Sean Bevins**, Vaccine Ordering Module Coordinator, Colorado Department of Public Health and Environment
- **Sudha Setty, MPH**, IQIP Coordinator, Minnesota Department of Health
Ramping Up: A Review of AIRO’s Onboarding Best Practices

Presented by Danielle Reader-Jolley
Onboarding Guide

• **Onboarding Consensus-based Recommendations**

• Published on AIRA Repository: January 10, 2019

• [http://repository.immregistries.org/resource/onboarding-consensus-based-recommendations/](http://repository.immregistries.org/resource/onboarding-consensus-based-recommendations/)
AIRA Mass Vaccination Quick Survey
April 2020 (n=49) Mass Vax Concerns

- Capturing vaccination data from non-traditional providers or points of service
- Training
- Decreased data quality
- Identifying high risk/priority populations
- Ramp-up of onboarding activities
- Expanding access to new users or clinics
- Internet connectivity
- Capturing vaccination activity for adults
- Consent requirements
AIRA Adult Data Capture Survey
July 2020 (n=56) Barriers/Challenges

• Top programmatic and technical barriers:
  • Staffing challenges/limited resources ★
  • Onboarding of new providers ★
  • Inability/inexperience of vendors to send HL7 messages ★
  • Data quality monitoring ★
  • Provider training
Document Overview
Typical Onboarding Process

- **STEP 1:** Discovery & Planning
- **STEP 2:** Development and Testing
- **STEP 3:** Production Approval
- **STEP 4:** Ongoing Monitoring
- **SPECIAL:** Query/Response

- **CONNECTIVITY AND INITIAL MESSAGE SUBMISSION**
- **MESSAGE VALIDATION**
- **DATA QUALITY REVIEW AND DATA VALIDATION**

- **Short Term Monitoring**
- **Long Term Monitoring**
General Challenges from Onboarding Guide

• Providers are spending weeks or months waiting to onboard
• Providers are spending weeks or months in the onboarding process after they begin actively onboarding
• Jurisdictions have implemented local requirements or local interpretations of the HL7 standard requiring one-off solutions
• Existing processes are heavily dependent on IIS onboarding resources
• Existing interfaces using legacy standards and technologies
Challenge: Too Long Waiting to Onboard

• Solutions:
  • Implement an online registration tool
  • Use information collected in the registration tool to automatically trigger subsequent steps in the onboarding process
  • Provide a readiness checklist that includes completion of all required forms, ability to produce a correctly formatted HL7 2.5.1 message, and support for required code sets
  • Direct provider/EHR vendor to educational resources:
    • Onboarding Plans and Checklists
    • HL7 Requirements and Resources
  • Eliminate unnecessary pre-requisites and waiting periods
Challenge: Too Long in Process

• Solutions:
  • Maintain a tool to track and document provider progress throughout the onboarding process
  • Implement testing tools to help automate portions of the testing process
  • Identify and create opportunities for providers/EHR vendors to conduct independent testing and issue resolution
  • Test in a production-quality environment using 2-weeks worth of production/production-quality data
  • Determine the level of data quality testing that is appropriate for the onboarding process (can vs. should; onboarding vs. monitoring)
Challenge: Off-Standard Requirements

• Solutions:
  • Align with HL7 implementation guidance and standard code sets except where otherwise required by state law
  • Support and promote the current CDC- and ONC-endorsed standards for HL7 messaging and transport
  • Develop short delta guides for noting where the jurisdiction deviates from the HL7 implementation guide
  • Improve community interpretation of implementation guidance around common problem areas (e.g. VFC, OBX, ACK, CVX)
Challenge: Reliance on IIS Staff

• Solutions:
  • Focus IIS resources on providers with the most interest and readiness to proceed (readiness, resources, enthusiasm)
  • Implement testing tools to help automate portions of the testing process
  • Identify and create opportunities for providers/EHR vendors to conduct independent testing and issue resolution
  • Eliminate/minimize manual data quality review activities to the extent possible
Challenge: Legacy Standards/Technologies

• Solutions:
  • Support and promote the current CDC- and ONC-endorsed standards for HL7 messaging and transport for IIS interfaces (e.g. HL7 2.5.1 and SOAP/WSDL)
  • Use improved onboarding process(es) to bring older interfaces up to speed
  • Leverage abbreviated testing protocols when updating existing interfaces
Overarching Strategies

• **Minimize variation across jurisdictions.** Strive to align with HL7 implementation guidance and standard code sets except where otherwise required by state law or mandate.

• **Manage expectations** through well-crafted onboarding documentation and proactive written and verbal communication between stakeholders.

• Identify opportunities to **reduce reliance on IIS staff participation** by automating manual processes and strategically leveraging IIS reports and supporting tools/technologies.

• Create opportunities for onboarding providers and EHR vendors to **conduct preliminary testing and issue resolution independently.**

• **Leverage general momentum and provider enthusiasm** by focusing IIS resources on providers with the most interest and readiness to proceed.
Thinking Bigger...

• Increase the number of bidirectional interfaces
  • Providers very often use their EHR interface to review immunization records/forecasts
  • Dedicated chapter “Onboarding: Bidirectional HL7 Query/Response”

• Improve saturation of both patient and vaccination data in the IIS
  • Legacy data loads (AIRA’s *Importing Legacy Data to Improve IIS Saturation: Recommendations and Implementation Considerations*)
  • Strategic data partners (e.g. Medicaid, health plans, pharmacies)

• Retain providers onboarded in conjunction with COVID-19 who routinely offer vaccination services for ongoing, active reporting
Tips for IIS: Preparing for a COVID-19 Vaccine

1. **ONBOARD IMMUNIZING PARTNERS**
   Onboarding all traditional and non-traditional vaccine providers now will save programs valuable time later.

2. **ALIGN WITH STANDARDS**
   Ensuring your IIS aligns with standards facilitates connections with data-sharing partners, such as electronic health records (EHR) systems.

3. **ELIMINATE DATA EXCHANGE LIMITATIONS**
   Changes to local laws or policies may be necessary to ensure timely and complete exchange of data to support routine and pandemic vaccination efforts.

4. **EXPAND CONSUMER ACCESS**
   Providing consumers with access to immunization records and forecasting empowers patients to better manage their healthcare and decreases the record request burden on IIS programs and providers.
Thank You!

Danielle Reader-Jolley
AIRA Independent Consultant
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or
info@immregistries.org
Colorado’s Implementation of Collaborative IIS Help Desk Resources

Colorado Immunization Information System
Division of Disease Control and Public Health Response
Sean Bevins, BA, English
Maddie Grimm, BA, MPH Candidate
August 2020
Overview

Colorado has developed collaborative training and troubleshooting resources to address technical assistance needs of immunization providers and schools. Our innovative methods of assisting callers have:

- reduced wait times
- reduced call volume
- decreased chronic issues
- increased the amount of time to dedicate to creating additional training resources and further develop our IIS.
# Background: The Help “Desks”

<table>
<thead>
<tr>
<th>Help Desks</th>
<th>Purpose</th>
<th>Users Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine Ordering Module (VOM) Help Desk</td>
<td>- assist all VFC clinics with issues regarding vaccine inventory, reconciliations, and returns</td>
<td>560 Vaccines for Children (VFC) clinics</td>
</tr>
</tbody>
</table>
| Colorado Immunization Information System (CIIS) Help Desk | - CIIS account setup & problem solving  
   - unlock/reset passwords                  | 6,700 active users and 300 new users per month   |
| CIIS School Coordinator                        | - assist schools in submitting the annual aggregate immunization data   
   - use CIIS to ‘enroll’ students for running sitewide reports            | 3,600+ schools and licensed childcares            |
# Main Challenges

<table>
<thead>
<tr>
<th>Help Desks</th>
<th>Common Issues</th>
<th>Time &amp; Resources Dedicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine Ordering Module (VOM) Help Desk</td>
<td>- educating and updating users on the complexities of the VOM system</td>
<td>- multiple online resources such as job aids and training videos</td>
</tr>
<tr>
<td></td>
<td>- navigating the root issue for clinics and retraining to prevent issues in the future</td>
<td>- average call with a clinic ranges between 5 minutes to 1 hour</td>
</tr>
<tr>
<td>Colorado Immunization Information System (CIIS) Help Desk</td>
<td>- users locked out of their account</td>
<td>- constant but quick password related calls (average about 2 minutes)</td>
</tr>
<tr>
<td></td>
<td>- public requests for immunization records</td>
<td>- creating/editing user accounts (1-2 hours a day)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- processing immunization record requests (1-2 hours a day)</td>
</tr>
<tr>
<td>CIIS School Coordinator</td>
<td>- difficulty enrolling students in CIIS</td>
<td>- can range from a few minutes to several hours spent enrolling students</td>
</tr>
<tr>
<td></td>
<td>- checking for exemptions</td>
<td></td>
</tr>
</tbody>
</table>
Personalized Job Aids & Screenshots: VOM Reconciliations

Example 1: Simplistic, eye catching, straight to the point graphics that help resolve an issue quickly and visually
Personalized Job Aids and Screenshots: VOM Reconciliations

Example 2: Calling attention to the fields that cause the most confusion and adding small direct reminders for clinics

[Image of a screenshot of a vaccine inventory adjustment form]
Personalized Job Aids & Screenshots: VOM Reconciliations

Example 3:
Highlighting specific errors found in Inquiry reports with comment boxes asking direct questions for resolution of the issue at hand

<table>
<thead>
<tr>
<th>Reversal ID: 3709457 VFC</th>
<th>08/30/2019</th>
<th>HPV9 (GARDASIL 9)</th>
<th>VFC</th>
<th>09/20/2021 ADJ</th>
<th>13</th>
<th>Adjustment Reason: Add Initial Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Created By: VOM user</td>
<td>on 09/04/2019 10:59:59</td>
<td>Comments: USE OF VFC VACCINE FOR A PRIVATE PT. DUE TO INS NOT BEING UPDATED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updated By: VOM user</td>
<td>on 09/04/2019 10:59:59</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reversal ID: 3723850 VFC</th>
<th>08/30/2019</th>
<th>HPV9 (GARDASIL 9)</th>
<th>VFC</th>
<th>09/20/2021 ADJ</th>
<th>14</th>
<th>Adjustment Reason: Add Initial Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Created By: SEAN BEVINS</td>
<td>on 09/16/2019 15:45:20</td>
<td>Comments: REVERSING INCORRECT ADJUSTMENT DONE BY CLINIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updated By: SEAN BEVINS</td>
<td>on 09/16/2019 15:45:20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The adjustment above was made incorrectly, it would have made 51 doses to inventory instead of 50. I backed this out since borrowed inventory is never moved or transferred in CIIS.

According to the report, you have given 49 of the 50 doses. Was the 50th dose given to a private patient? If yes, you must enter them in like a normal shot but select the VFC funding source and Lot# number. The system will then prompt you for a borrowing reason.
One-on-One Walkthroughs: School/Child Care reporting

- Colorado’s Annual Aggregate Immunization Data Reporting for Schools and Child Cares
  - must submit de-identified, FERPA-compliant aggregate data including:
    - number of compliant/non compliant students
    - number of medical, religious, and personal exemptions for all vaccines and each vaccine
    - number of students up-to-date for each vaccine
- Use CIIS features to simplify process:
  - School Roster File Import
  - Student Roster with Immunization Status-CO
School/Child Care reporting

- CIIS ‘School Roster File Import’ job aid and sample template
  - allows users to upload a roster which will match students to CIIS profiles and “enroll” them in their school or child care
  - sample template: color-coded to match chart (on right)
  - offer to review roster before upload
  - once enrolled, users can run a report that populates all data needed for reporting requirement

<table>
<thead>
<tr>
<th>Required (BOLD AND CAPS)</th>
<th>Highly Recommended (BOLD)</th>
<th>Optional</th>
<th>Not Recommended (Italicized)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID</td>
<td>Student Address Line 1 and 2</td>
<td>Student Middle Name</td>
<td>Student School District</td>
</tr>
<tr>
<td>Student Last Name</td>
<td>Student City</td>
<td>Guardian/Primary Contact Last Name</td>
<td>Student School / Child Care Name</td>
</tr>
<tr>
<td>Student First Name</td>
<td>Student State (CO)</td>
<td>Guardian/Primary Contact First Name</td>
<td>Notes: If you do not enter school district and school name, it must match exactly the school district and school name in CIIS. We recommend not including it at all to avoid this issue.</td>
</tr>
<tr>
<td>Student Gender (M or F)</td>
<td>Student Zip</td>
<td>Guardian/Primary Contact Relationship to Student</td>
<td></td>
</tr>
<tr>
<td>Student Date of Birth (MM/DD/YYYY)</td>
<td>Student Primary Phone Number (XXX-XXX-XXXX)</td>
<td>Guardian/Primary Contact Phone Number (XXX-XXX-XXXX)</td>
<td></td>
</tr>
</tbody>
</table>

Note: We highly recommend using the school roster template to create your school roster.

1. Begin by creating your school roster using the school roster template. The roster must be saved as .csv format. For guidance on saving a file as .csv, please see here. Our template includes all of the required fields, and several additional fields. See below for the various roster fields that are required (red), recommended (green), optional (blue), and not recommended (yellow). These colors, as well as the formatting listed in the top row, match the columns in our roster template. Formatting examples are included in fields. Notes: Do not delete or hide any columns in the roster template. If they are removed, CIIS will be unable to match the columns, leading to a failed upload.
Monthly First Friday Newsletter

• Monthly publication including job aids, guidance, and reminders about trending events or issues
• Content is written by CIIS and Immunizations Staff
• Topics:
  • VFC Tip of the Month
  • CIIS Training Tip of the Month
  • VOM Tip of the Month
  • Data Quality Tip of the Month
  • ‘Never Fear, an Immunization Nurse is Here’
  • Upcoming Webinars (CIIS Training)
  • Additional announcements and blurbs (ie: school immunization reporting reminders, expiring flu reminders, etc)
  • Staff Featurette!
Welcome to the August First Friday Newsletter. As we start getting into flu season, take a look at the guidance for off-site immunization clinics, and take a “world tour” of Immunizations Around the World with the return of our Never Fear an Immunization Nurse is Here article. Make sure to check out this month’s featurette of Phyllis Bourassa (and her pups), the CIS Training and Outreach Unit Supervisor! Please let us know how we can assist you and your organization during this time. You can contact the CIS Help Desk at cophi.cis@state.co.us or 1-888-611-9918. Please note: Email is the recommended mode of communication. While our staff is working remotely and assisting with COVID-19 response efforts, we will do our best to provide our CIS users with the high quality customer service and technical assistance with which they are accustomed.

INCLUDED IN THIS ISSUE

I. VFC Tip of the Month - Off Site Vaccination Clinic Guidance
II. VOM Tip of the Month - Returning Flu Vaccine Through the Returns Module
III. CIS Tip of the Month - Entering Patient Precautions and Contraindications in CIS
IV. Never Fear, an Immunization Nurse is Here - Immunizations Around the World

I’m Phyllis Bourassa - the CIS Training and Outreach Unit Supervisor

CIS Tip of the Month - Entering Patient Precautions and Contraindications in CIS

If a patient has laboratory-confirmed immunity to a particular disease, or a healthcare provider verified history/diagnosis of varicella, you can add this information to a patient’s record as a precaution/contraindication in CIS.

If a patient has a precaution/contraindication in their CIS record, you will see a red circle with a white cross icon on the patient’s Immunizations Home screen. You can click on the icon to view the details of the precaution/contraindication.

Once you have selected the patient whose record you want to work with in CIS, you can also view and enter precautions/contraindications from the Action menu (as shown in the job aid below), or from the CIS green menu bar by clicking on the Precautions/Contraindications submodule under Patients. Please note: Some precautions/contraindications may have an expiration date (e.g., pregnancy). If you enter an expiration date in the Patient Precautions/Contraindications screen, the CIS Recommender only considers the precaution/contraindication from the Effective Date to the Expiration Date.

For simple instructions on adding precautions/contraindications in CIS, please view this job aid.

If you would like more information on this topic or on accessing CIS Training resources, please contact the CIS Help Desk at cophi.cis@state.co.us.

Never Fear, an Immunization Nurse is Here - Immunizations Around the World

Clinical staff may find the following resources helpful when assessing foreign immunization records and immunization coverage information for various countries. These resources can also be fun to view when imaging world traveling (with limited opportunities) during the coronavirus pandemic.

- Centers for Disease Control and Prevention (CDC)’s “Foreign Language Terms: Aids to Translating Foreign Immunization Records” lists foreign terms for vaccines and vaccine-preventable diseases (VPDs).
- Immunization Action Coalition (IAC): The “Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages” lists vaccine terms in eastern and western European languages.
  - The summary provides the following information for each country:
    - Number of reported cases for each VPD
    - Latest available immunization schedule
    - Official country estimates for immunization coverage
- The Vaccine Safety Hotline is a network of WHO-endorsed websites that may include immunization schedules and educational resources for various countries.
- Immunize Immunization Canada: “Immunize Immunization Canada” gives an overview of Canada’s immunization service delivery system. It also includes educational materials for Canadian health care providers, patients, and
Results

Implementation of these collaborative resources have led to:

• Decrease in clinics calling every month
• VOM Help Desk: created over 90 personalized screenshots/guidance
• reduced reconciliation calls from 10-20 minutes down to 5 minutes or less, or merely an exchange of emails
• Decreased wait time for call-back
• Increased confidence in CIIS users
Recommendations

• Consider starting a monthly newsletter to include guidance, job aids, reminders on current events, etc.
• Strongly recommend clinics reach out via email for the opportunity to send personalized screenshots
• Inquire with IIS Vendor what enhancements can be made for password resets
• Canned email responses are a great way to save time and standardize responses to clinics for common issues
• Using common programs like Microsoft Paint to edit and customize screenshots
Questions?

Maddie Grimm: maddie.grimm@state.co.us

Sean Bevins: sean.bevins@state.co.us
Scanning the Void: A MIIC All-User Survey

Sudha Setty, MPH

September 1st, 2020
Minnesota Immunization Information Connection (MIIC)

- Minnesota’s statewide immunization information system (IIS)
- Created in 2002
- 8.9 million clients
- 105 million immunizations
- 8-9 thousand active users
In 2019, we sent out our first all-user survey to assess user experience with:

- MIIC features
- Communications
- Outreach activities
- MIIC help desk services
Stakeholders and Collaborative Writing

- MIIC is...a lot
- Many stakeholders: local public health, users from many provider organizations
- High pressure from stakeholders to create and disseminate a survey
Collaborative Writing Process

- Parallel writing processes
  - MIIC regional coordinator performance feedback
  - MIIC business function leads
  - Immunization Program leadership review and oversight of final draft
Survey Testing

- Survey tool
  - Written and distributed in Verint
  - Tested by staff before distribution
Between July 17, 2019 and August 2, 2019:
- 10576 Surveys Distributed
- 2292 completed
- 22% response rate
<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Practice Registered Nurse (APRN)</td>
<td>43</td>
<td>2%</td>
</tr>
<tr>
<td>Child Care Personnel</td>
<td>129</td>
<td>6%</td>
</tr>
<tr>
<td>Clinic/Hospital Administrator</td>
<td>33</td>
<td>1%</td>
</tr>
<tr>
<td>Licensed Practical Nurse (LPN)</td>
<td>375</td>
<td>16%</td>
</tr>
<tr>
<td>Licensed School Nurse (LSN)</td>
<td>109</td>
<td>5%</td>
</tr>
<tr>
<td>Medical Assistant (CMA)</td>
<td>234</td>
<td>10%</td>
</tr>
<tr>
<td>Physician (MD/DO)</td>
<td>157</td>
<td>7%</td>
</tr>
<tr>
<td>Pharmacy Technician</td>
<td>24</td>
<td>1%</td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
<td>11</td>
<td>0%</td>
</tr>
<tr>
<td>Public Health Nurse (PHN)</td>
<td>135</td>
<td>6%</td>
</tr>
<tr>
<td>Registered Nurse (RN)</td>
<td>519</td>
<td>23%</td>
</tr>
<tr>
<td>School Personnel (non-clinical)</td>
<td>105</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>407</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>2293</strong></td>
<td></td>
</tr>
<tr>
<td>Is your facility an I/T/U?</td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2218</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>2293</td>
<td></td>
</tr>
</tbody>
</table>
Results

- Confidence in overall application
- MIIC components
- Support and Outreach
  - Collected free text comments on each aspect
Confidence in overall application

- Immunization history
  - Over 90% of respondents found the MIIC immunization history easy or very easy to use and interpret

- Forecaster
  - Almost 100% of respondents found the forecaster easy or very easy to use and interpret
Confidence in overall application

- Data Quality
  - 80% of respondents confident or very confident in MIIC data quality
  - Those that responded not confident:
    - Timeliness
    - Demographic errors
    - Adult data
MIIC Components Use

- Assessment
  - Measures immunization rates
  - IQIP cornerstone
- Client Follow Up
  - Identifies due and overdue clients
  - Reminder/recall tool
• Assessment
  • Only 10% of respondents use this function
  • Of those that use it, 80% run reports to share with colleagues
  • 60% run reports on a regular basis (annually, monthly, weekly)
Client Follow Up

- Only 5% of respondents use this function
- Respondents that reported not using this function:
  - 72% did not use any method to find and reach out to due and overdue clients
- Help Desk
  - Central support for application
  - Email and phone
- MIIC Regional Coordinators
  - 7 local public health contractors statewide
  - Specialize in primary care and local public health support
95% of respondents who have contacted the MIIC help desk said they were satisfied or very satisfied with service

95% of respondents who have contacted their MIIC regional coordinator said they were satisfied or very satisfied with service
High level take aways

- A need to continue building confidence in MIIC
- Most features are “very easy” or “easy” to use
- Some features are not used at all by many users
  - Will prioritize promotion of these components
- Need for training for all user and organization types
- Good reviews of regional outreach coordinators and MIIC Help Desk
Next Steps

▪ Audit of current training materials
  ▪ Check through them for necessary updates
  ▪ Ensure they match current functionality and workflow

▪ Increase promotion of certain features
  ▪ More demand for them during pandemic
  ▪ Feature them during IQIP visits
Thank you!
Questions?

- Join us on Mentimeter! [www.menti.com](http://www.menti.com)
- Use the code: 43 79 10 1
- Submit your questions
- Scroll and vote (👍) for the questions you want answered
- Or you can still click the chat icon (💬) to submit a question in WebEx
Week 6: IIS Operations

Tuesday, September 8, 2020, 3 – 4 p.m. ET

Business Continuity Planning to Support IIS During the COVID-19 Pandemic
- Miriam Muscoplat, Minnesota Department of Health

Standard Operating Procedures: Development and Management for IIS Programs
- Kelly McDonald, HLN Consulting LLC

System Requirements for IIS: A Resource for your Procurement, Planning, and Development Efforts
- Erin Roche, Public Health Informatics Institute