AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

IISAR Reporting

Takeaways from the IIS Data Analyst Collaborative (IDAC)

February 2024

The IIS Data Analyst Collaborative (IDAC)

The IIS Data Analyst Collaborative (IDAC) is a discussion-based collaborative for people who work with immunization data to connect on important and timely topics. IDAC happens every other month on the third Thursday at 1pm ET. There will be a different discussion topic each month.

The goals for these collaboratives are to offer an opportunity to share and develop skills and insights, to help people who work with immunization data to connect and spark collaborations, and to create a supportive, engaged community of IIS data analysts.

Questions

How are you currently calculating your analysis denominator for metrics that require total population in your IISAR reporting?

- Most participants use Census data.
- One IIS looks at data from a university-based population program to ensure that estimates produced by the Census are accurate.

Are you using Census data for denominator counts or are you pulling denominator data from your IIS population?

- CDC defines the denominator to include the state of residence and the patient active status.
- IIS data usually yield an inflated denominator because it relies on providers to report properly and for inactivated people who moved out to report that they moved out of state.
- Most IIS clean their data to get to a more accurate denominator. Approaches include:
    - Excluding identified duplicate records and deceased individuals.
    - When internal calculations differ from IISAR results, focusing on the population in question to investigate why calculations are so different.

What work is your jurisdiction doing to account for accurate Patient Active Inactive Status (PAIS)?

- Two shared examples:
    - If an individual hasn't been queried in the past two years and if they haven't received an immunization in the past five years, they are marked dormant. Analysis is then done to exclude dormant patients from the denominator.
    - Creating a process of mass inactivating by identifying children who haven't received a vaccine in last five years, and adults in the last 10 years (historical or administered).

What are any new challenges you have encountered in the IISAR reporting process this year?

- How to determine the denominator for provider counts.

    - For “What percentage of your Vaccines for Children (VFC) providers have enrolled in the last 6 months?” What is that denominator? Does it mean the total VFC providers in the system -- because not all VFC providers receive a shipment every month but are actively enrolled. There are also providers who are active and are just querying the data but they're not submitting immunization information. Unsure if these should be counted in denominator.
    - IIS could use more clarity on what should be included, or the best way to calculate this metric, because it can produce a lot of change in the metrics.
- Changes not tracked in the IIS are challenging (e.g., can't see if/when a provider went from active to inactive). Doing a twice-weekly data pull of all the organizations and associated information, keeping track of those changes, and comparing them is helpful.
    - If queries are run after December 31, providers may have joined or dropped out of VFC by then. One IIS takes a snapshot of the facilities’ statuses on December 31st to record their status at year end.
- What are some ways IIS routinely inactivate providers in their system?
    - Some IIS gauge their HL7 Activity Report and then follow up with a provider if they haven’t reported within the last 6 months.
    - Some jurisdictions assume that if a provider was enrolled at one point and was reporting or were enrolled but maybe haven't reported for a while, that provider is still active.
    - What is a good time period to analyze?
        - Response one: use 18 months, then use the 6-month period. This also helps with the seasonal vaccines.
        - Response two: run a report at 6 months and one year then reach out to noncompliant providers to figure out if they have closed, etc.

Are there any results or any data that you gather from IISAR that you use in other areas of your program to support different efforts or data quality initiatives?

- Compare results to the previous year to see if there are any areas where numbers should be higher. If so, use that to inform the areas on which to focus data quality efforts.
- Use the IISAR analysis as a white flag to ask management to establish a data quality team.
- A vaccine accountability team can reach out to providers to make sure that doses are reported back in a timely manner and contact providers who are reporting 0 doses versus reporting less than 50% of their doses. Outreach helps in improving the VFC reporting that feeds into metrics.

What other cleaning are you doing to ensure the accuracy of your data? (This is for the IISAR report submission steps.)

- Take into consideration ongoing data quality work (both data at rest and incoming data). Think about things to focus on, what plays into the IISAR reporting data, and the CDC Data Quality Blueprint. Continuously work on data quality because good data is important for all reporting.

How are you finding test patients in your system?

- Remove the unnamed babies from the database.
- At the beginning of each new year, do a major cleanup to get rid of all the generic baby names from Vital Records.
- Look for new ways providers submit test clients via naming conventions. (e.g., Cerner in the name).
- Look for numerals spelled out (e.g., one, two).
- Find first and last name starting with Greek letters.
- Some EMR vendors use the same test patients repeatedly. “Opt-out” these test patients so that the information in those dummy records do not show up in any reports.
- Sometimes, an actual surname is spelled “Test.”