



**AIRA**  
AMERICAN IMMUNIZATION  
REGISTRY ASSOCIATION

# INFORMATION REQUEST

## Topic: Leveraging Permanent IIS Data Quality Positions

**Request Date:** January 24, 2024

**Information Requested:**

The Nevada State Immunization Program would like to hear from other jurisdictions that have permanent IIS data quality positions. What have you been able to accomplish that you couldn't have done without them? How have their contributions positively impacted your immunization program and/or your community/jurisdiction?

**Requesting Member:** Amanda (Mandy) Harris

**Responding Member(s):** Maureen Leeds (MN), Nicole Sullivan (DC)

**Results:**

Note: AIRA recognizes that our members and partners often create solutions or provide services that our members and partners may be interested in. We invite entities to join AIRA with the understanding that AIRA must maintain a neutral stance with regards to promoting specific products and services. AIRA does not endorse or imply any endorsement of any member or partner or their products and/or services.

**Minnesota:**

MIIC has two permanent data quality staff, as well as a 0.5FTE contractor, with which:

- We have been able to tackle large-scale data cleanup projects. Dedicated staff analyze data already in the system and look for older issues that could be tackled internally such as:
  - Doses entered incorrectly on birth date
  - Duplicate client records
  - Duplicate immunization records
- We had the capacity to address CVRS errors in a timely manner for resubmission to CDC during the COVID-19 pandemic.
- We created an internal data quality dashboard in Tableau that provides statistics for outreach for the IIS team as a whole, including on:
  - Pediatric vaccines given to adults



- Poor address data being sent to the IIS
- Timeliness issues with data submission
- We have consistently been able to provide articles on data quality for providers and outside partners in our quarterly newsletter, which helps with preventing issues rather than constantly putting out fires.

Having permanent IIS data quality staff has allowed us not only to improve the robustness of the data in the system but also to better monitor incoming data, reach out about data issues that we see, and generally increase the confidence in our IIS data as a whole.

### **Washington, D.C.:**

The District of Columbia has a “data quality team” under the “data management” umbrella. Our DQ team consists of four team members and is set up in the following manner:

- Each of us is assigned to a “portfolio” of providers (whether reporting electronically or manually in our IIS). We work with them routinely to ensure the reporting connection is still functioning, data quality issues are addressed, and we are receiving the correct volume of vaccines in the IIS that the provider is documenting in its EHR.
- We focus a lot on our HL7 logs, which our IIS vendor has set up to flag errors and warnings for required fields. We probably spend most of our time focusing on incorrectly reported CVX codes and other code set values for manufacturer, race, ethnicity, vaccination site, etc.
- We typically try to be in touch with each provider at least once a month or every other month for providers that really don’t have many data quality issues.
- We’re involved with the electronic reporting onboarding process and training providers on how to interpret the HL7 logs and respond to data quality flags, etc.

### **What have we been able to accomplish that we couldn’t have done without them?**

- This team is able to focus on ensuring that reporting connections are still up and running. Due to various issues, some providers “stop reporting,” whether it has to do with an electronic health record (EHR) system upgrade, EHR vendor change, etc.



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We work with the providers' IT teams and EHR vendors to troubleshoot connectivity issues that we otherwise wouldn't have identified as quickly if we didn't have this team routinely monitoring interfaces.

- We can also have daily eyes on the HL7 logs to identify if vaccines are being reported incorrectly and if certain messages can be resubmitted so that we can account for all vaccines, etc. Without this process, there would be a baseline percentage of received HL7 messages that actually wouldn't go through to the registry.
- We dedicate a small amount of time each week to deduplication—reviewing possible duplicate records, separating bad merges, etc.

## **How have their contributions positively impacted your immunization program and/or your community/jurisdiction?**

Generally, this team ensures that we are receiving consistent data from providers that are reporting electronically to our IIS. In the past two years, after we switched to a new IIS vendor, we had a lot of connectivity issues and providers that were unable to report electronically. We've worked to help onboard a lot of providers and ensure that vaccination volume is lining up between the EHR side and the IIS side (although this tends to be our biggest challenge).