

Immunization Information System (IIS) Design Group

IIS Design Group Session 1 Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
July 7, 2017	11:00 am – 12:30 pm ET	Webinar link: https://zoom.us/j/132443323 Telephone: (646) 558-8656 Meeting ID: 132 443 323

Design Group Members

Thomas Agresta, MD, MBI	X	Deirdre Gruber, MSN, FNP-BC	X		
M. Alex Geertsma, MD	X	Hyung Paek, MD	X		

Design Group Support

Christina Coughlin, CedarBridge	X	Sarju Shah, HIT PMO	X	Nancy Sharova, DPH	X
Pete Robinson, CedarBridge		Vanessa Kapral, DPH	X	Nancy Barrett, DPH	X
Wayne Houk, CedarBridge	X	Kathy Kudish, DPH	X		

Summary

Introductions

Design Group members introduced themselves and their professional background, as well as the stakeholder groups they represent. Support staff were also introduced. Design Group members expressed enthusiasm for participation in this initiative.

Dr. Agresta shared that he is a family physician with experience in health informatics, and has experience with past health information exchange initiatives, including working with the Department of Public Health.

Dr. Geertsma shared that he is a pediatrician and has been involved in various aspects of patient-centered medical home for children with special healthcare needs. Dr. Geertsma was involved in the groundwork of the Connecticut Immunization Registry and Tracking System (CIRTS), and expressed hope that this Design Group will address the limitation of electronic medical records in tracking immunizations in physician offices, noting the important of clinical workflow to gain physician buy-in for an immunization information system (IIS).

Deirdre Gruber shared that she works for the New Haven Health Department as the Director of Public Health Nursing. She expressed the importance of having comprehensive and accurate vaccine databases in schools as a mechanism for public health.

Dr. Paek shared that he has a background in internal medicine and pediatrics, currently practices in a federally qualified health center (FQHC), and is the Medical Director of IT for Yale New Haven Health System. He emphasized that having an IIS interface that allows sharing health information seamlessly will improve patient care and physician work flow.

Design Group Charter Discussion

Content from the Design Group charter was reviewed, and it was noted that the purpose of the Design Group is to review the high-level functional requirements of an IIS), using existing and future CDC functional standards as a foundation to identify issues, risks, and gaps. It was emphasized that a priority for the Design Group is to identify and prioritize any additional stakeholder needs that will be used to create new or enhance existing use cases and business requirements for the new IIS. It was noted that the Design Group will review a high-level timeline and action plan to implement and provide IIS services in the state.

Design Group members unanimously recommended approval of the project charter.

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<p>Planning Process Discussion</p>	<p>The planning process for the Design Group was reviewed on slides 14 through 18, including a proposed timeline, meeting logistics, design group and support staff roles and responsibilities, and the Design Group’s decision-making process. Design Group members agreed to the proposed process.</p>
<p>Connecticut Immunization Registry and Tracking System (CIRTS) Overview</p>	<p>The Department of Public Health (DPH) provided an overview of the current Connecticut Immunization Registry and Tracking System (CIRTS). It was noted that CIRTS has been statewide since 1998, and there are approximately 817,000 patients in the system. It was noted that CIRTS is 100% federally funded by grants from the Centers for Disease Control and Prevention (CDC). The mission of CIRTS is to track immunizations of newborns through those who have not begun the first grade of school (6 years of age), with a goal to update this mission to include adolescents and adults. It was noted that state regulations from 1994 needs updating.</p> <p>It was noted that there is currently automatic, opt-out enrollment into CIRTS, and that children born out of state must be manually entered into the system. There is currently mandated reporting from providers who vaccinate children up to school age, but primarily these providers are reporting via paper. It was noted that the CIRTS staff produce a compliance report monthly for approximately 500 practices for children at 8 and 20 months of age. Additionally, there is an annual compliance report covering all children under the age of 2 years old.</p> <p>The CIRTS overview included information on users who have access to the CIRTS (slide 25); the Immunization Action Plan (slides 26-27, which include 11 coordinators who utilize CIRTS to generate outreach reports, provide training, outreach, and education); CIRTS access and training (slide 28); and CIRTS staffing (slide 29).</p> <p>Online user access through a web-based portal was explained, including the creation and maintenance of usernames and the development and updating of training materials necessary for users. It was noted that of CIRTS online users, there are approximately 120 public and private practices, 16 local health departments, 12 school-based health centers, and 282 school nurses. It was stated that there is continual recruitment and training of providers to join CIRTS online.</p> <p>It was noted that of the vaccinations captured in CIRTS, 794,688 (92%) are entered manually by DPH staff and 75,488 (8%) are entered by providers. It was noted that from the providers, there are a mixture of Electronic Health Record (EHR) and paper-based entries. It was clarified that most provider entries are made by support staff including medical assistants and office managers, but smaller practices and school-based health centers will have clinicians entering data.</p> <p>The National 2013-2017 IIS Functional Standards were briefly reviewed, and it was asked that the Design Group take a closer look at slides 34-39 before the next IIS Design Group meeting.</p> <p>It was noted that the CIRTS application is hosted by the Department of Administrative Services, Bureau of Enterprise Services and Technology (DAS-BEST), and that they help with secure transport of data. It was stated that BEST will only support CDC’s Public Health Information Network Messaging System (PHIN-MS), but that the recommended secure public health transport for immunization data exchange is Simple Object Access Protocol (SOAP) web services. It was stated that BEST will not support SOAP web services and that this is a large gap for the system to be interoperable. It was noted that more research will be done to fully understand this gap before the next IIS Design Group meeting.</p>

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	<p>It was noted that there are interoperability pilots in place in the testing phase with several EHR vendors including EPIC (Yale site), Allscripts, NextGen, and Greenway Health. It was noted two vendors are on hold for pilot testing (eClinicalWorks due to vendor availability and athenahealth due to preference for a web-based transport option).</p> <p>It was noted that CIRTS is capable of capturing data over a life span, but before this is expanded, EHR reporting needs to be in production, legislation needs to be amended, staff and resources need to be expanded, quality assurance for additional data will need to be addressed, and additional funding will need to be secured.</p> <p>It was noted that a third-party gap analysis of CIRTS was completed in March 2017, and that information from this report would be shared with the Design Group as part of the next meeting.</p>
Discussion	<p>It was requested by a Design Group member that best practices of other states be reviewed in future meetings.</p> <p>It was clarified that CIRTS provides consolidated and accurate vaccine records on children up to age 2, but there is more data in the CIRTS on older individuals. It was requested that statistics regarding this information be shared with the group.</p>
Meeting Wrap-up and Next Steps	<p>It was noted that a Value Proposition exercise would be sent to Design Group members prior to the next Design Group meeting.</p>

Action Item	Party Responsible	Due Date
Re-send August 3, 2017 meeting information	Christina Coughlin	COMPLETE
Send Value Proposition exercise to Design Group members	CedarBridge Group	COMPLETE
Research on web-based services provided by DAS-BEST	CedarBridge Group	7/12/17
Prepare gap analysis, including statistics on completeness of information on data for children over age 2	DPH/CedarBridge Group	7/12/17
Prepare information on IIS best practices of other states	DPH/CedarBridge Group	7/19/17
Review 7/7/17 presentation slides 34-39 (CIRTS overview)	Design Group members	7/12/17
Submit any questions regarding CIRTS	Design Group members	7/12/17