

Breakout Session Notes: State & National IIS Program Issues

Topic A: Expanding Applications for IIS (Therese Hoyle and Frank Welch)

Current Issues/Challenges

- Incorporating adults into system (in MI, adding adults didn't cost more money)
- What fields would be best to add in for adults?
- Data quality issues are important
- Security measures—not a huge issue, but many people are worried about it
- Mumps outbreak demonstrated need to include adults
- Emergency situations always get people involved, but let's plan before then!
- In Louisiana, silos are good because they keep data cleaner/improve data quality
- Necessary to link local systems with ImmTrac
- Must look at interoperability with other systems
- Technology is easy, training is the hard part

Current Activities

- Other states have good models: GA, NY, RI, OR, WA and DC
- MI system displays data, doesn't store data
- MI can display any kind of data, and pandemic flu was added
- Houston has MOU that says they cannot use for any other use, with legal ramifications—very secure and sensitive system
- Louisiana: gather adult information that is more profession oriented: Driver's license, work address, cell phone, etc.
- HR7 is becoming more portable and can exchange data with all 50 states

Suggestions for Future Work

- Target OB/GYNs
- Can use registry for Pandemic Flu, too...which fields to use?

Topic B: Verified Consent (Jack Sims and Mark Ritter)

Current Issues/Challenges:

- HB 1920 shifted burden of verifying consent to the state
- Because of short time period, DSHS isn't sure how well its notification system is working
- What is the cost of opt in system? Dr. Boom is working on a project to determine the cost of opt in system.
- Some hospitals do not have data entry staff on weekends.
- Recruiting more providers to enter into system
- Population base works well for around 6 years, but then it changes
- Letting parents and Vital Statistics know how important consent is.

- Cannot consent and put in system all in one day
- It's not always money, it's resources which have actually been flatlined lately
- Media budget for registry is very small
- Network of private providers is a big gap in the system
- Pandemic flu can't link into system if looking for adult records
- DSHS doesn't hold onto data is consent isn't confirmed

Current Activities

- 3 types of consent: 1) Birth Registration Process 2) Healthcare provider 3) Parent
- Once consent is received, they are sent a notification that says "welcome to ImmTrac." If they opt out, they are sent a reminder about how to opt in
- Dr. Boom is working on a project to determine the cost of opt in system. St. David's is helping support this project, and should have tangible numbers by September 2006
- 96% of records coming back are consent
- Currently have 30 systems sending information to DSHS
- Managed care has partnered with DSHS to distribute pamphlet

Suggestions for Future Work

- Opt out would be much easier/cheaper

Topic C: Public Funding for IIS (Gary Urquhart)

Current Issues/Challenges

- Seems like Texas is the hardest place to get participation
- President's budget for 06/07 proposes a reduction of 317 Grant funding. Each state needs to decide needs to decide which vaccine will not be offered to underinsured children
- Education and Advocacy: gov't employees can promote use of registry but not specific products
- Emergency situations drive participation in registry
- Have not been using data enough to say where they are being under-vaccinated and which school district is under immunized.
- Still see a partial immunization history.

Current Activities

- Two types of funding 1) VFC 2) Public Health 317 Grant (discretionary spending)
- There is a 317 Coalition lobbying the Senate (Gary has copy of letter)
- There is a lot going on with preparedness for Pandemic Flu.

Suggestions for Future Work

- Use Pandemic Flu Preparedness money to enhance registries
- Although working in regions now, ultimately it is up to local programs and groups to come up with system to improve how things work and move forward
- Working groups to collect information from users and find out their needs

- Make list of enhancements and get feedback from users and how to improve and get ideas of what would work.
- Adding the registry to preparedness activities for pandemic flu would make a lot of sense
- Need to work with providers to assist them in meeting their needs and listen to what they suggest.
- Need to educate providers
- Need to focus on electronic imports because providers don't have time to enter data
- Need to get all providers to use the registry
- All partners need to get together and promote this registry
- Need plans that move incrementally, not sweeping changes
- Private providers are a big gap in the reporting, although they give the majority of shots