

Breakout: Technical Issues

Morning Speakers: Cynthia Prior, Mike Garcia, Fran Kirkley, Diana Bartlett

Afternoon Speakers: Cynthia Pryor, Shellie Withrow, Diana Bartlett, Risha Jones

Topic: Ease of Use

Current Challenges

- Ease of use is critical; staff does not have time for much data entry.
- Challenges with searching database / data quality issues/ need multiple ways of searching for client record/ can't always find records.
- Opt-in system is problematic.
- Approximately 2 weeks to get data in the system.
- Incomplete forms can slow down process.
- Consent form is wordy and intimidating.
- Minimizing key strokes.
- Confidentiality issues / who has what level of access?
- Several different databases (TWICES, PICS). How will they interface?
- Expanding to individuals older than 18.
- Duplication of records.
- Increasing provider participation.
- Need a way to connect all computers & databases.
- Ability to combine or delete records.
- Most providers using system access it AFTER visit, not PRIOR.
- Providers not using recall feature.

Current Activities

- DSHS Modifications described in breakout.
- Tarrant County initiatives described in breakout.
- Travis County Initiatives described in breakout.

Suggestions for Future Work

- Providers should first check to see if child is already in system.
- Make consent form less wordy, easier to fill in, less intimidating.
- Approach larger practices (10+ providers).
- Work with ImmTrac to develop training materials & conduct training.
- Automate repetitive information.
- How to increase provider participation? Not everything takes money.
 - Base local award selection criteria on provider use of system.

- Need to prioritize immunizations, so that physicians and community (parents) also prioritize immunizations.
- Making parents better advocates, making sure provider inputs data.
- No legal consequence for NOT participating → need legal leverage.
- Way to allow parents to access database? But security is an issue.
- Peer pressure: encourage providers to call others not using system.
- Get school districts to utilize.
- Longer password time.
- Drop down boxes of commonly-used lot #s, expiration dates.

Data Exchange and Connectivity

Current Challenges

- Data integration is critical; so much data is fragmented.
- Needs for providers: easy to use at minimal or no cost with valuable data.
- Provider recruitment/retention.
- Rural or low-volume providers less inclined to participate.
- HL7 2.3 evolving/still has problems.
- HIPAA Interpretations & Legislative Restrictions.
- Too many silos.
- Ideally, we need two-way data exchange.
- Data quality issues / data completeness.
- Populating each other's databases.
- How to do data entry electronically rather than manually.
- Duplication issues; the more data coming in, the more potential duplicates.

Current Activities

- National Vaccine Advisory Council.
- Public Health Information Network (CDC) certification.
- HL7/PHIN MS/ flexible tools.
- Web-based applications (HTTPS, VPN, etc).
- American Immunization Registry Association (AIRA), CDC.
- EMR/EHR Systems.
- eHealth (RHIOs).
- Preparedness (good way to get funding).
- Utah's WIC & immunization programs.

Suggestions for Future Work

- Encourage registries to be as flexible as possible in terms of type of data accepted.

- Use local provider system to mobilize/pressure providers to use e-system
- Networking among cities (don't duplicate efforts).
- Ranking data sources.
- Combination vaccines can complicate algorithms.
- Promoting data quality improvement plan.
- Come up with standard operating procedures for manual duplication checks.

Utilization of Registry Data

Current Challenges

- Registries are a tool; how can we use them to support different objectives?
- Creating standards.
- Providers need to make registries part of standard operation procedure.
- How can school nurses contribute to registry?
- FERPA restricts what student information can be released.
- Every school district has its own information system.
- Need to show value to providers.
- Registration process: long cumbersome process on both sides of the fence.
- Importing into CASA.
- Accuracy and timeliness of data—preferably real-time.
- Opt-in versus Opt-out.
- Verifying consent.
- No consequences for non-compliant providers.
- Parent-community education; need to work hard to gain and maintain confidence.
- Important for different data systems to talk to each other.
- Integration of public health data.

Current Activities

- In Oregon, at county level, assessed child participation level.
- CASA reports can be used to determine consent level of population.
- HEDIS reporting.
- Using students who need community service hours to catch up on backlog (Amarillo area).

Suggestions for Future Work

- Standard school form.
- Give school nurses access to registry.

- Would be helpful for school nurses to know consent level (coverage rate) by school district.
- Find way to flag kids in high risk categories.
- Printable versions.
- Notification to provider when registration completed.
- More & better education about enhancements in database system.
- Wireless capability for providers in rural areas.

