

ROUNDTABLE DISCUSSIONS NOTES AND RECOMMENDATIONS

TABLE 1: TECHNOLOGY – Develop recommendations for enhancing current technology for ImmTrac and other local systems.

Leader: Claude Longoria, Texas Department of State Health Services

Notes:

- Lifetime registry
- Ongoing training for all “registry feeds” to improve data quality
- Geo-mapping capabilities
- Real-time interface with EMRs, and local registries
- Notify providers when consented child added to ImmTrac
- Add info to ImmTrac to assist interpreting foreign vaccines
- Record if child is twin
- Link to VAERS from ImmTrac
- Update ImmTrac forecasting
- Printable recommendations for child

Recommendations:

1. Real-Time Interface with EMRs and local registries
2. Ongoing Training for all “registry feeds” to improve data quality

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TABLE 2: DATA-SHARING – Develop business processes related to enhancing data-sharing, data quality, and privacy protection for independent agencies accessing shared IIS.

Leader: Anna Dragsbaek, Texas Children's Hospital

Notes:

- Ease of Use:
 - Timing to enter data
 - Double entry staff (how do you keep track of records until Reg.)
 - Confidentiality in ImmTrac
 - Levels of Access
 - Interface different databases, medical records
 - TWICES→PIC
 - EMR→ImmTrac
 - Combine and delete duplicate records
 - Providers use to visit instead of using ImmTrac before visit
- Data Exchange Connectivity
 - Still developing HL7 language
 - How do EMRs and TWICES and ImmTrac communicate back and forth?
 - FERPA schools more restricted than HIPA
 - Daycares
 - How to get data from electronic to ImmTrac
- Utilization of Registry Data
 - How do providers use the info values
 - Hx only
 - Vaccine inventory
 - Shot records for school
 - Reminder/recall
 - Stats
 - Storing records
 - Provider incentives
 - Michigan model
- Public Health Data
 - Note to provider that user records were found different name; rejected missing info or signature
 - Mapping areas of high risk

Recommendations:

3. Standardize security functionalities and policies as the basis for developing the messages to address misconceptions and improve public perception regarding security and as a result, increase participation.
4. Have a greater/stronger voice and broader representation for immunization registries at the HITAC table, to advance interests of immunization registries

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TABLE 3: COMMUNITY AWARENESS – Develop strategies to increase knowledge levels of local stakeholders (elected officials, public health officials, private providers, non-profits) regarding immunization information system capabilities and benefits.

Leader: Lisa Stark Walsh, Texas Medical Association Foundation

Notes (flip charts):

- *Benefits of raising awareness:*
 - *Becomes higher priority*
 - *More action*
 - *More consensus*
 - *Quality of programs*
 - *Better data*
 - *Improved programs*
 - *Decision making*
 - *Need model of what works*
 - *Best practices*
 - *Parents can safeguard health of children*
 - *Personal benefits of system:*
 - *Disaster/epidemic*
 - *Care of family members*
 - *Permanent record*
 - *Community benefit*
 - *Well workers (and children)*
 - *Prevent outbreaks*
 - *Target those at risk*
 - *A lifetime record would protect adults*
 - *Save \$ by not overvaccinating*
 - *Save misery of child*
 - *Parent has single record*
 - *Record preserved in event of disaster*
- *Issues/Strategies*
 - *Training*
 - *Nurses (nursing board mandate, local CME)*
 - *Physicians (offer CME; work with pediatricians and family physicians groups)*
 - *Parents as advocates*
 - *Put pressure on:*
 - *Public officials*
 - *Doctors*
 - *Schools*
 - *Others*
 - *Media (public service) campaign*
 - *Work with TAB, TNA for free media (catchy slogan)*
 - *Daycare centers*
 - *Large employers*
 - *Associations*

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- *HMOs*
- *Fully immunized population – “cultural norm”*

Notes (worksheet):

- Increase awareness of what public health (i.e. immunizations) does—how prevention helps children and the community
- Lack of information/data is hindering the ability to frame the problem, quantify the issue and quantify improvement (what leads to improvement?), what doesn't work

- Use of Katrina data as a springboard to data use to drive immunization and registry use.
- Use of best practices across the entire state
- Need to prove data security; why data needed

- Promoting awareness of immunization importance and why the database helps them—timely, appropriate, not over vaccinated
 - Targetting prenatal classes and young mothers in school
- Another question to each group: “what is in it for me?”
- Personalize—i.e. what if all records lost (Katrina)
- ImmTrac: needs funding to improve it to a level that is really useful → clean data, timely data

- Records in an opt in system have problem→ at 18, need the new “adult” to opt in—therefore lose access to this data (currently data is archived)

- ImmTrac quality data-essential to get provider buy-in

- Why community buy-in?
 - Keeping workers at work because a preventable disease has been avoided
 - Keeping kids in school

- Tracking outbreaks and raising MD awareness of outbreaks. Being able to target incompletely immunized when there is an outbreak (i.e. mumps and need for #2 shot)
- Dollar savings by not over-vaccinating
- Disaster occurs→protection of the records
- \$ benefit is essential to public officials' buy-in
- School districts lose \$ when kids out of school due to bad records of vaccinations
- Lack of communication between the groups who will need to use/access the information
- Training/Education
 - System that currently exists and how to use it
 - Nursing Board mandatory for licensure

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- CME program in ImmTrac
- County Medical Society
- Public Health Dept
 - VFC-educator; 1921-participation mandated
- Public Service Campaign:
 - ImmTrac: so parents ask that child's records be in registry
 - Day Care
 - Managed Care Organization-education to members

- Need “getting fully immunized and tracking” to be cultural norm, like wearing seatbelts, using car seats, bike helmets, etc.

Recommendations:

5. Empower parents as advocates for their children's health. They can influence public officials, schools, physicians, etc. Need Media Campaign.
6. Train local users of system—physicians, nurses. Utilize professional associations, offer CMEs.

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TABLE 4: PRIVATE PROVIDER PARTICIPATION – Develop strategies to improve private provider participation in ImmTrac.

Leader: Shellie Withrow, Austin/Travis County Health and Human Services

Recommendations:

7. Increase provider participation: Reduce time to capture data
 - a. Structure ImmTrac to accept A37 (claims data)
 - i. Change A37 to include lot #
 - b. Mandate all EMRs in TX to interface with ImmTrac thru HL7 language
 - c. State offer TWICES to providers who do not have EMRs
 - d. Investigate other technology to capture data
 - i. Scanning records
 - ii. Touch screen
8. Increase provider participation: Maximize the benefits of ImmTrac
 - a. Current benefits
 - i. Training/education – expand education to include training sessions offered in either a group setting or individually
 - ii. Remind/recall
 - iii. UTD records decrease overimmunization
 - b. Technical enhancements and other changes
 - i. Include data for other health issues (i.e. lead, newborn screening, risk factors)
 - ii. Use ImmTrac shot record as standard shot record for TX
 - iii. Online training and group training with real time use registration

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TABLE 5: POLICY – Develop recommendations for enhancing policies concerning immunization information systems (i.e. advocacy activities, IT support, funding).
Leader: Ann Kitchen, Indigent Care Collaboration and Rosie Valadez - McStay, Texas Children's Hospital

Notes:

- Common Policy Themes:
 - Opt in/Opt out
 - Data systems communication/Comprehensive
 - Tracking vaccines
 - Prioritization
 - Linking “AERS” surveillance
 - Child only vs. Life Span (include children and adults in registry)
 - Provider Participation
 - Penalty (licensure) vs. incentive (\$/record)
 - DSHS (role)
 - Incentivize reporting?
 - CHIP/Medicaid records
 - Local Registries
 - Pay for participation/performance
 - (Is there a role for this?)
 - Health Plans
 - Insurance Plans
 - Inadequate immunization reimbursement
 - User sites? (do they register immunization records?)
 - Not bi-directional
 - Require plans to use immunization registries for quality and increase immunization rates
 - Emergency Preparedness
 - Pandemic Flu Vaccine
 - Public sites
 - Eligible high risk populations
 - 20% of US population → TX
 - PROCESS
 - What data available for “lists” on target populations for vaccine
 - Role for registries to:
 - Gather data
 - Link to surveillance
 - Link to HAN
 - Manage of outbreaks
 - NETSS
 - Identify Vaccine History
 - Interfacing within other surveillance systems
 - DSHS: data standardability (fields, etc.)
 - Expansion uses (capacity building)

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- Vaccines
 - Bulk purchasing and priority for state vaccines (availability)

Recommendations:

9. Opt In/Opt Out (Regulatory or Legislative)
 - a. Voluntary Exclusion and/or
 - b. Verification at local registry (to reduce state “bottleneck”)
 - c. Local “agent of state” for consent verification purposes
 - d. State cost benefit of voluntary exclusion (time study taking place)
10. Provider Participation
 - a. Require all health plans use registries
 - i. Quality Measurement Plan
 - b. Cost out CHIP/Medicaid Incentives
 - i. Performance/Participation
 - ii. Immunization Targets
 - c. Health plans pay their providers to participate in local registries
 - d. Measure “completeness” of provider registry reporting (i.e. do they report ALL data vs. selective)
11. Emergency Preparedness
 - a. Role of registry
 - i. Lifespan (include children and adults in registry)
 - ii. Standard Data
 - iii. Linking Data Systems (inter-agency and ALL; surveillance)
 - iv. Tracking Vaccines (safety issues; priority; bulk purchasing; outbreak history)
 - v. Timeliness (Update of Registry)
 1. Use of HAN

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TABLE 6: FUNDING – Develop strategies for increasing philanthropic and corporate funding opportunities to improve immunization information systems.
Leader: Dick Moeller, St. David's Community Health Foundation

Recommendations:

12. Raise money for a robust and unified local system with statewide application through:
 - a. Federal government (CMS-APD)
 - b. Large corporations
 - c. Large foundations
13. Raise money for provider recruitment and training through:
 - a. Businesses/corporations
 - b. Foundations
 - c. Local/city/county/state budget

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TABLE 7: PUBLIC RELATIONS – Develop strategies for enhancing PR about the benefits of IIS.

Leader: Pam Udall, Texas Medical Association

Notes:

- Goal: Why should I care?
- Create awareness
 - Problems
 - # of children
 - Shortage of vaccines
 - System
 - Buy-in by stakeholder
 - Create excitement
 - Celebrity
 - Media
 - Major funding
 - Excite stakeholders
 - Incentives
 - \$\$
 - Insurance incentives
- Katrina example
 - Children/adults
 - Spokespeople specific to each stakeholder group (peer-to-peer)
 - Nurse
 - Physician
 - Parents
- Education
 - Immunization
 - Medical home
- Results/Measurement
 - Identify need
 - Stay focused
- Awareness of getting shots up to date
 - Flea market
 - McDonald's
 - Fast food tray liners
 - Buses
 - Malls
 - English/Spanish
 - Outreach (i.e. city/county/jr. league/physicians/TPS collaboration; care vans)
 - Health fairs
 - Shelters
- Communication materials
 - Parents: show \$ savings
 - Legislators: \$
 - Doctors/Nurses: \$

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- Messages:
 - \$\$
 - Why should I care
 - Don't Wait

Recommendations:

14. Importance of getting or using registry
 - a. Audience: all stakeholders
 - b. Message: it's the law; don't wait for the next disaster
 - c. Branding: Don't Wait!
 - d. Tactics: awareness day; PSAs; media sponsor; website; collateral materials
15. Increase Immunization Rates and Education
 - a. Audience: parents (i.e. zip codes of need)
 - b. Message: Utilize medical home (Get Immunized)
 - c. Strategy: Comprehensive Community Collaboration
 - d. Tactics: Outreach event; sponsor (i.e. McDonalds); collateral materials; incentives (zoo passes, gift packages); register on the spot; media relations

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TABLE 8: SCHOOLS – Develop strategies for increasing school immunization data sharing with IIS

Leader: Colleen Boytim, Hays Consolidated ISD

Notes:

- What's in it for school nurses?
- Private and Parochial schools
 - Daycares/Headstart
- Grant parents read-only access
- Develop strategies for increasing school immunization data sharing with IIS
- Connectivity between school and state and health depts IIS→HL7?
- Communicate availability of access to ImmTrac and benefits of access
- Data entry errors—trained and conscientious
- Regional training of nurses or data entry personnel
- Common IT language and interface for various programs
- Break down ImmTrac by school to generate reports

Recommendations:

16. Create a common IT language to facilitate connectivity between school and registry that will generate reports (schoolwide and individual student)
 - a. HL7 compatible version?
 - b. Can it send and receive?
 - c. Minimum hardware specifications
17. Educate users regarding system and its benefits, including parent read-only access
 - a. Brochure
 - b. Train the trainer model (nurses, support staff)
 - c. Multi-media approach to increase awareness

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NEW RECOMMENDATION—

18. Establish State Standards

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COMBINED RECOMMENDATIONS

#5 (combined with #17)

- Empower parents as advocates for their children’s health. They can influence public officials, schools, physicians, etc. Need Media Campaign.
- Educate users regarding system and its benefits, including parent read-only access
 - Brochure
 - Train the trainer model (nurses, support staff)
 - Multi-media approach to increase awareness

#7 (combined with #1)

- Real-Time Interface with EMRs and local registries
- Increase provider participation: Reduce time to capture data
 - Structure ImmTrac
 - Mandate all EMRs in TX
 - State offer TWICES to provider and EMR
 - Investigate other technology

#13 (combined with #2, #6, #8, #10)

- Raise money for provider recruitment and training through:
 - Businesses/corporations
 - Foundations
 - Local/city/county/state budget
- Train local users of system—physicians, nurses. Utilize professional associations, offer CMEs.
- Ongoing Training for all “registry feeds” to improve data quality
- Increase provider participation: Maximize benefit
 - Current benefits
 - Technical enhancements
- Provider Participation
 - Require all health plans use registries
 - Cost out CHIP/Medicaid Incentives
 - Health plans pay their providers to participate in local registries
 - Measure “completeness” of provider registry reporting

#18 (combined with #3)

- Standardize security functionalities and policies as the basis for developing the messages to address misconceptions and improve public perception regarding security.
- Establish State Standards

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FINAL RECOMMENDATIONS (Work Group Topics):

#7: TECHNICAL IMPROVEMENTS

- Real-Time Interface with EMRs and local registries
- Increase provider participation: Reduce time to capture data
 - Structure ImmTrac
 - Mandate all EMRs in TX
 - State offer TWICES to provider and EMR
 - Investigate other technology

#9: OPT IN/OPT OUT

- Opt In/Opt Out
 - Voluntary Exclusion and/or
 - Verification at local registry
 - Local “agent of state” for consent verification purposes
 - State cost benefit of voluntary exclusion (time study taking place)

#11: EMERGENCY PREPAREDNESS

- Emergency Preparedness
 - Role of registry
 - Lifespan
 - Standard Data
 - Linking Data Systems (inter-agency and ALL; surveillance)
 - Tracking Vaccines (safety issues; priority; bulk purchasing; history)
 - Timeliness (Update of Registry)
 - Use of HAN

#12: FUNDING FOR UNIFIED SYSTEM

- Raise money for a robust and unified local system with statewide application through:
 - Federal government (CMS-APD)
 - Large corporations
 - Large foundations

#13: TRAINING AND PARTICIPATION

- Raise money for provider recruitment and training through:
 - Businesses/corporations
 - Foundations
 - Local/city/county/state budget
- Train local users of system—physicians, nurses. Utilize professional associations, offer CMEs.
- Ongoing Training for all “registry feeds” to improve data quality

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