



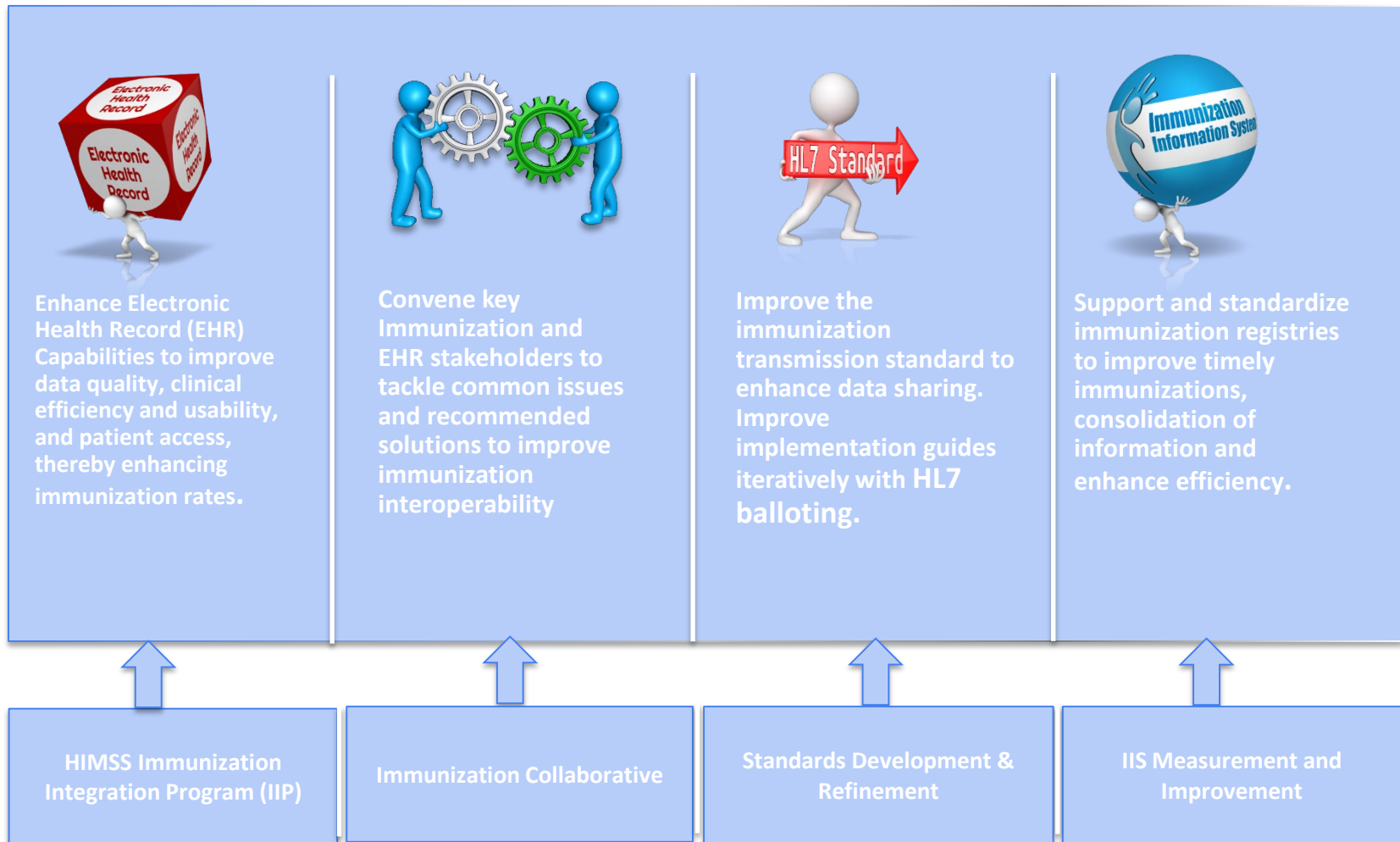
The Immunization Information System (IIS) Landscape

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April 26, 2019

Agenda

- How CDC and the immunization community are addressing the points raised by the task force:
 - Influencing the Health IT Space
 - HIMSS Immunization Integration Program (IIP)
 - Immunization Collaborative
 - Promoting Standardization to Reduce Variability
 - Standards Development and Refinement
 - IIS Measurement and Improvement
 - Onboarding
- Other Strategies:
 - Reports for Camp, School, or Child Care
 - The Future
- Questions and discussion

Parallel Strategies to Improve Immunization-Related Data Quality for Providers and Public Health



Influencing the Health IT Space

HIMSS Immunization Integration Program

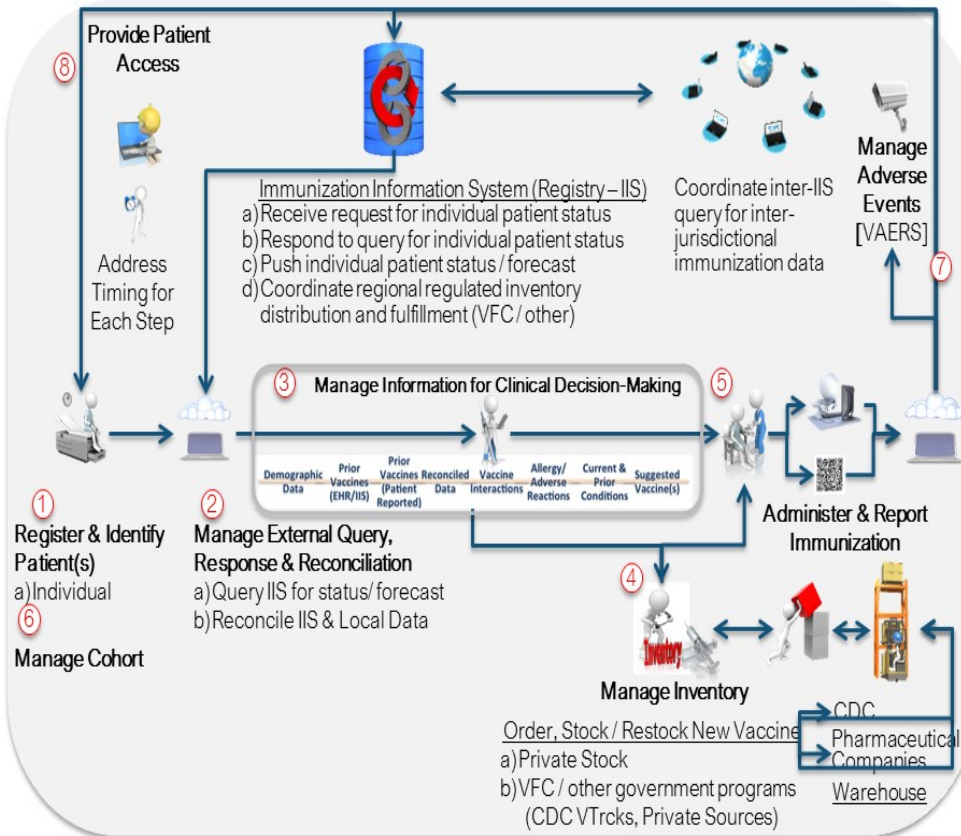
- In 2013, Gartner, by direction of CDC, conducted a feasibility study:
 - Investigated using a certification process to ensure immunization providers' EHR systems integrate with immunization information systems (IIS)
 - Wanted to ensure IIS-EHR integration
- CDC brought experts and stakeholders together to identify software capabilities that would improve usability and support clinical workflows related to immunizations and also enhance information sharing between clinicians and IIS
- Resulted in the Immunization Integration Program (IIP)

HIMSS Immunization Integration Program

- Immunization Integration Program (IIP) is operated by HIMSS and the Drummond Group in collaboration with Chickasaw under a contract with CDC
- Goals:
 - Improve clinical workflow related to immunizations
 - Improve information sharing between IISs and provider EHRs
- Two ways of doing this:
 - Voluntary testing and recognition program for EHRs and other clinical software
 - The Immunization Collaborative convened by HIMSS and the American Immunization Registry Association (AIRA)
- This work complements and aligns with CDC's parallel efforts working directly with IISs to improve information sharing and onboarding

IIP Testing and Recognition Program

25 EHR Capabilities are Tested in the Program, a Subset of Which Address Issues Identified by the Task Force:



- **Manage External Query, Response, and Reconciliation**
 - 2.2: Real Time Request/Receive Patient Immunization History
 - 2.3: Compare IIS Immunization History to EHR Immunization History
 - 2.4: Request/Receive Patient Immunization Data and Identify Source
 - IIP currently assesses HL7 2.5 capability, with flexibility to transition to different exchange standards

- **Manage Information for Clinical Decision-making**
 - 3.1: View Immunization Forecast
 - 3.2: Review Reconciled Immunization Forecast

- **Administer and Report Immunization**
 - 5.1: Produce Standard Patient Immunization History Report
 - 5.11: Transmit Standard Patient Immunization History Report
 - 5.14: Produce Immunization Forecast Report

IIP Testing and Recognition Program

- Six products developed by five software vendors have achieved recognition to date, including Cerner
- A number of software developers/products are in the queue
- IIP is recognized by ONC as a Testing Partner for 2015 Certification for the (f)(1) module, Transmission to Immunization Registries



Immunization Collaborative

- The need to operationalize IIP surfaced the following issues:
 - Vendor-specific connection issues with IISs
 - Common interoperability challenges across EHRs and IISs
- Informal mitigation of these issues led to formalizing the process with EHRs and IISs identifying a common solution
- Convened the Collaborative between HIMSS and AIRA
- Goals:
 - Identify and prioritize challenges related to immunization workflow, interoperability, data sharing, and usability
 - Develop and support the implementation of actions to address challenges



Promoting Standardization to Reduce Variability

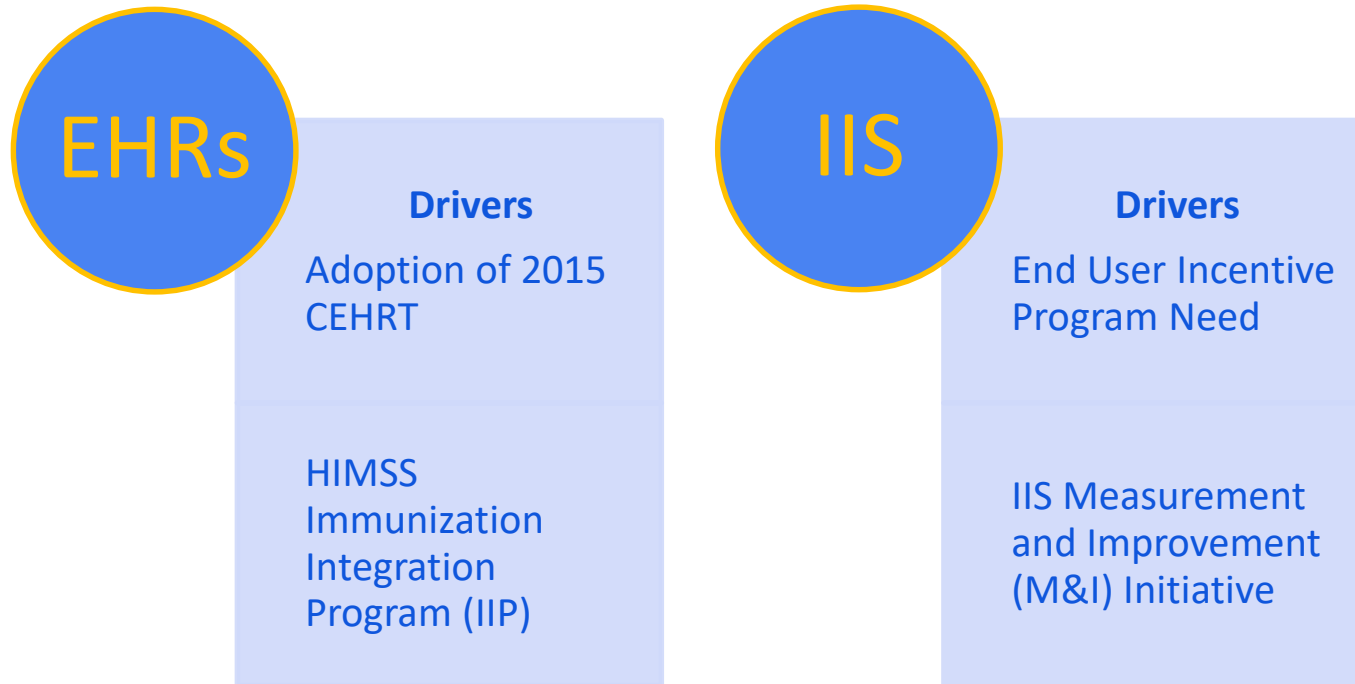
Standards Development & Refinement

- Broad adoption of IIS standards have improved and streamlined interoperability for both EHRs and IISs
 - **HL7 2.5.1 Release 1.5**
 - **Common transport method**
 - **CDSi**
- Development and refinement of these standards occurs collaboratively amongst CDC, the IIS community, EHRs, and standards organizations



Standards Development & Refinement

- Requirement of use of 2015 CEHRT and “Promoting Interoperability” inclusion of query/response have brought further adoption of the standards.

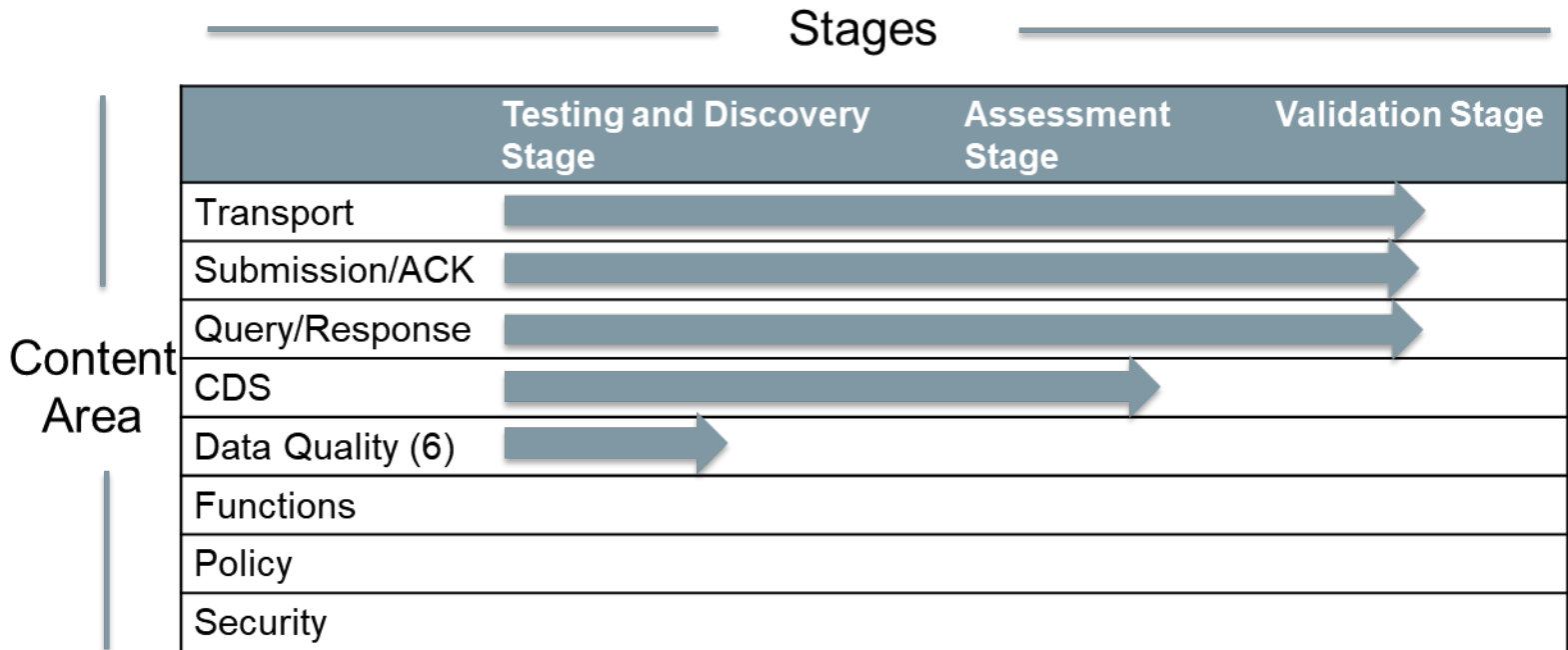


IIS Measurement & Improvement

Measurement & Improvement

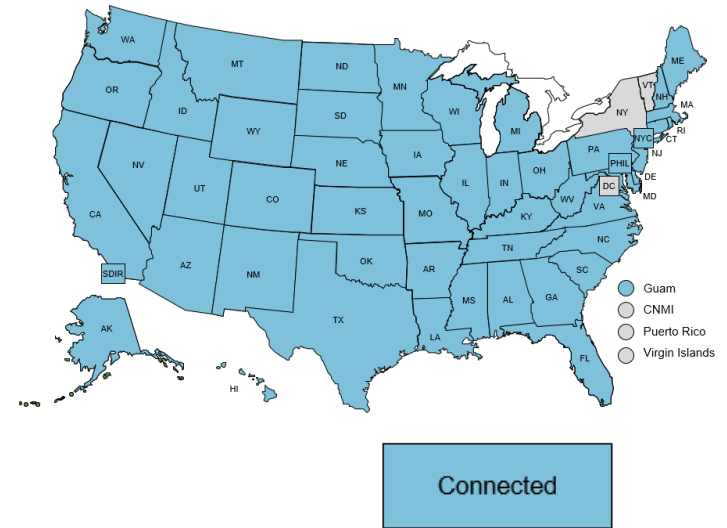
- Initiative by AIRA and CDC to independently validate selected functionality and interoperability with IISs
- Leveraging testing tools developed by the National Institute of Standards and Technology (NIST)
 - Immunization Testing Suite to validate messaging, transport, evaluation and forecast, and data quality
 - Includes:
 - Test Case Authoring and Management Tool (TCAMT)
 - Forecasting for Immunization Test Suite (FITS)
 - Data Quality Testing Tool

The Measurement and Improvement Initiative is a Sequenced, Rolling Process



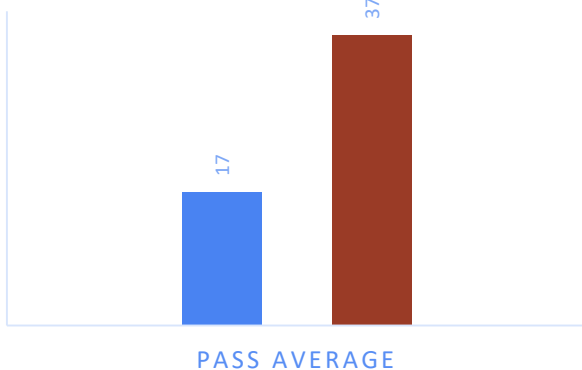
Progress in IIS Standardization

- Over 80% of IISs are being tested via AIRA's Measurement and Improvement testing process
- IISs are demonstrating solid gains in standards adoption for transport and HL7 messaging
 - Clinical Decision Support coming next



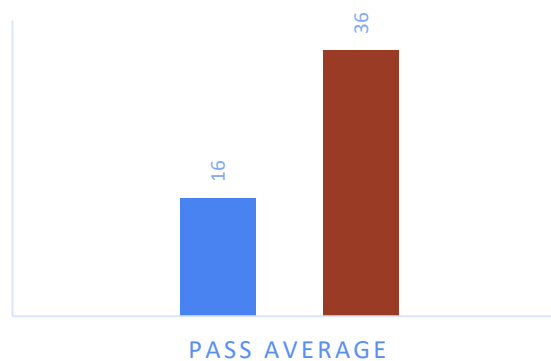
TRANSPORT

■ Baseline ■ Q1 2019



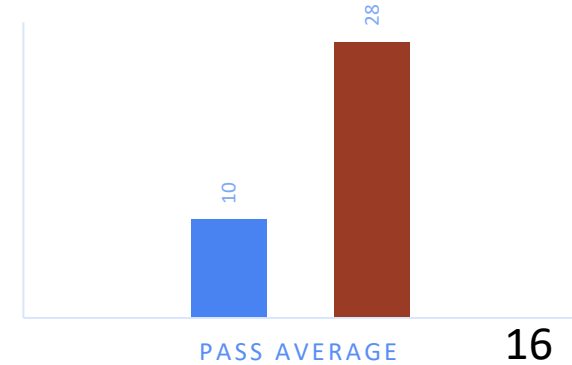
HL7 SUBMISSION

■ Baseline ■ Q1 2019

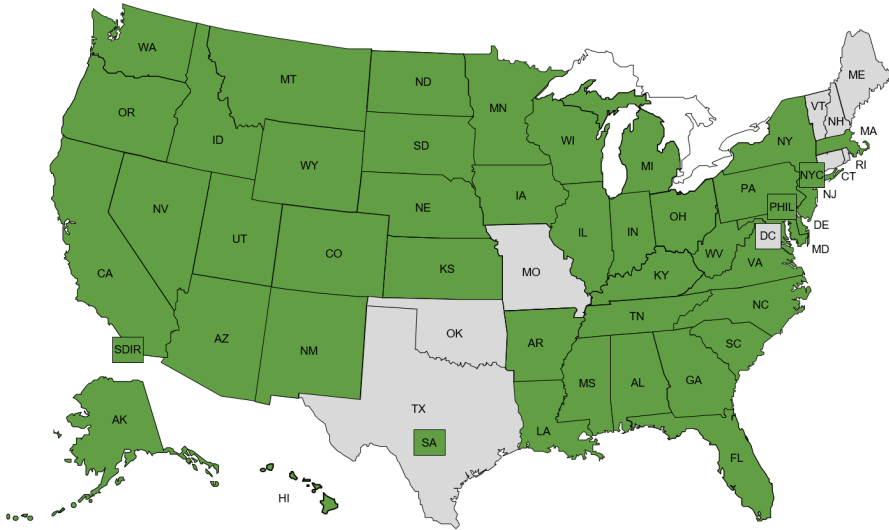


HL7 QUERY/RESPONSE

■ Baseline ■ Q1 2019

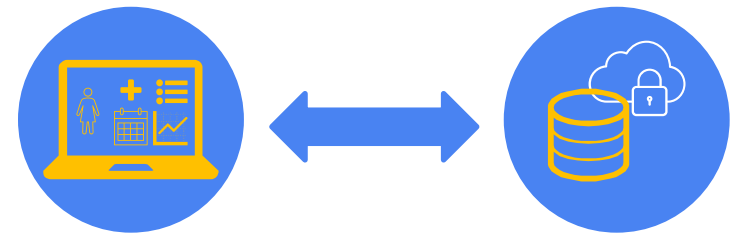


EHR-IIS Query: Access at the Point of Care



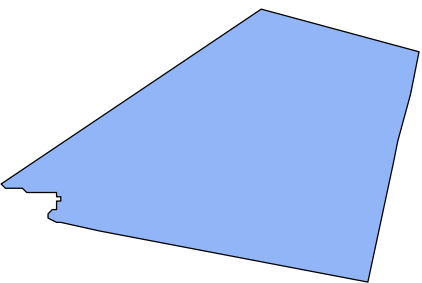
IIS Capable of Query/Response

- The vast majority of IIS have query/response capabilities
- In New York City alone (population 8.5 million):
 - 1,314 clinic sites querying
 - NYC Citywide Immunization Registry receives **>2.2 million queries/month**

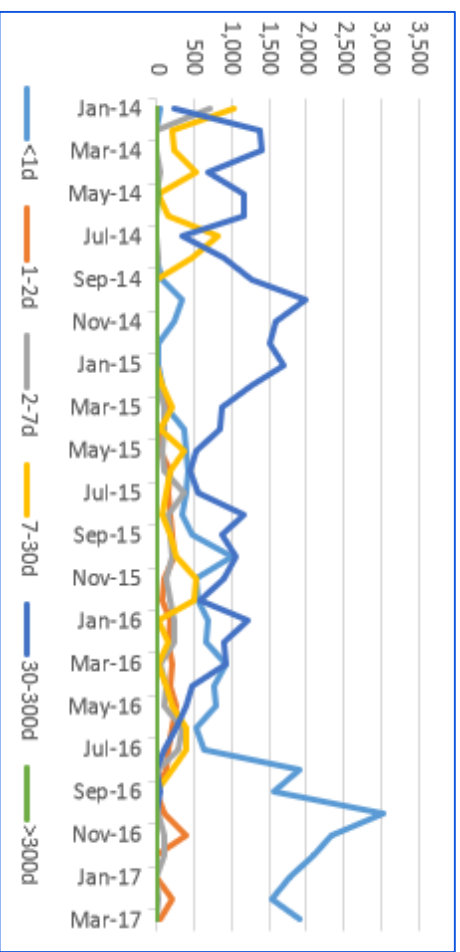


IIS Annual Report Data, 2017; NYC CIR Data, April, 2018

IIS Successes Resulting From Standards Adoption and Improvement

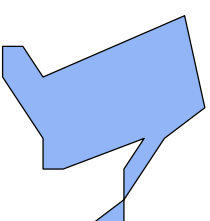


Nevada documented improved timeliness of reporting, fueled by interoperability supported by incentive programs.



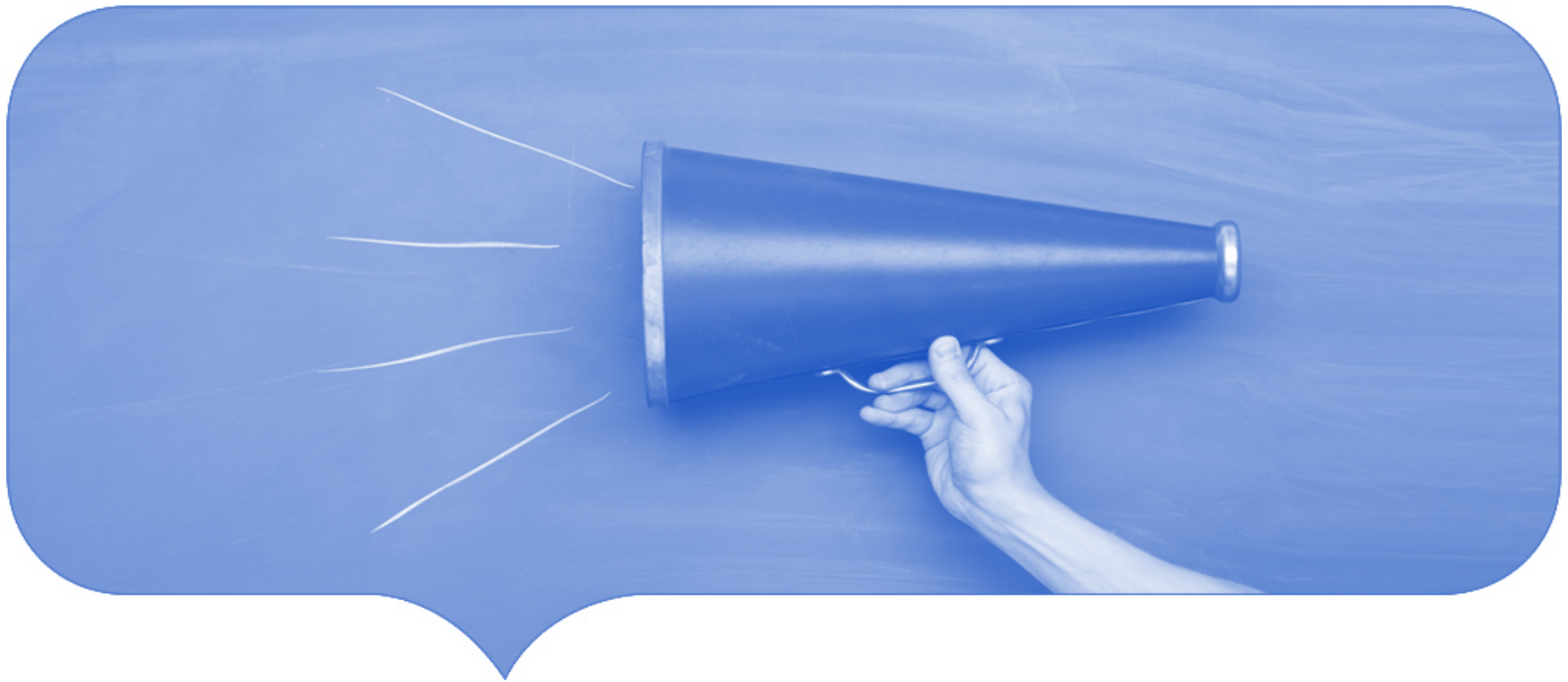
Improved timeliness in Nevada, increase in < 1 day between administration of dose and reporting to IIS

In Rhode Island, as data became more complete, the school nurses now use the IIS almost exclusively to monitor compliance with school immunization requirements – reducing the frequency of contacts with provider offices for the information.

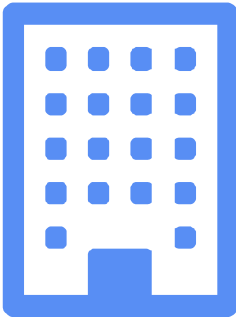


EHR/Provider Success Stories

Providers & Staff in Their Own Words



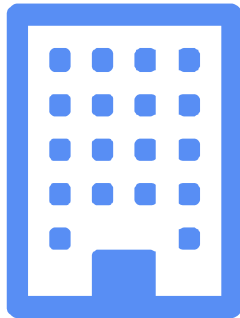
Providers & Staff: In Their Own Words



"The Minnesota IIS saves us time. With the click of a button, we can compare the EHR and IIS records. We rely on the Minnesota IIS to make sure that our immunizations are given correctly."

Health Outreach Coordinator, Essentia Health, Minneapolis, Minnesota

Providers & Staff: In Their Own Words

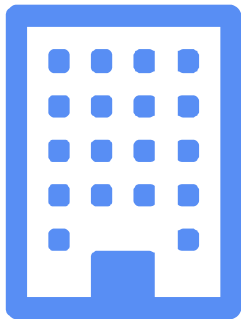


"From my perspective, the interface into EPIC seems to be working great. This functionality has definitely improved content of the patient record as well as the time to enter in outside vaccine information."

Provider | Portland, Oregon

Providers & Staff: In Their Own Words

"Our best defense against missed immunization opportunities is the ability to conduct an Immunization Query. Our bi-directional interface with our state immunization database has put accurate immunization history and the current CDC recommendations based on that history at our clinicians fingertips."



Nurse, EHR Analyst | Las Vegas, Nevada

Onboarding

Support for Consistent Onboarding

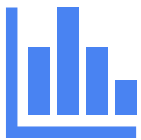
- IIS have often very particular requirements around onboarding to assure
 - Quality
 - Workflow management
- Onboarding Consensus-Based Recommendations were developed in 2018 with input from the IIS and EHR communities
 - Aligns steps for onboarding for implementation across IISs
- Future Onboarding Shared Services
 - Focus is on EHRs being better prepared for onboarding.
 - IIS central document and resource library
 - Multi-Record Message Data Quality Testing Tool for EHRs



In Conclusion



Standardization activities have directly improved interoperability with EHRs and IISs, as well as improved the quality of data within IISs



This has strengthened IISs as important analytic tools that support a wealth of population health needs



Providers can access these data through EHR query at the point of care, supporting clinical decisions, ensuring appropriate immunization, and lowering burden

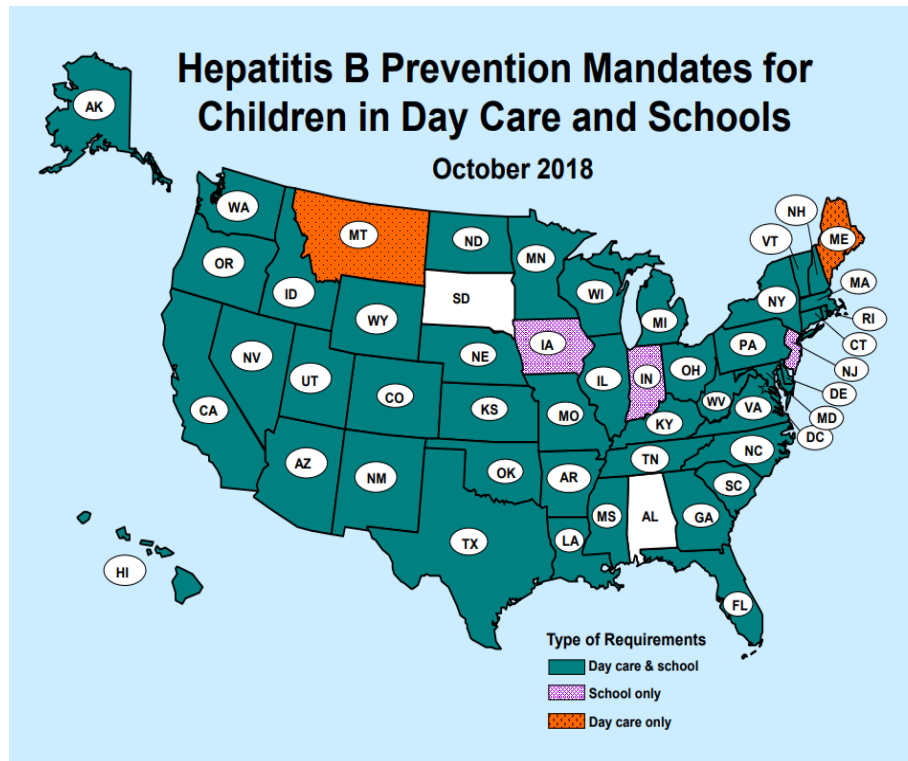


While progress to improve interoperability and data quality has been made, collaboration between the EHR and IIS communities is key for continued improvement

Other Strategies

School Certificates

- All states require immunizations for school entry
 - Not all states require the same types of vaccines or number of doses because of variability in law
 - Not all states require an official certificate of immunization status (state-developed form)



School Certificates

- **EHRs** should be able to produce reports (e.g., for camp, school, or child care)

- **EHRs** should not be required to generate state-specific certificates (e.g., for school or child care)

4/23/2019 MyChart - Immunizations

Name: | DOB: | MRN: | PCP:

Immunizations

Immunization	Date
DTap	10/24/2011, 2/3/2009, 1/24/2008, 11/19/2007, 9/17/2007
H1N1	1/23/2010, 11/28/2009
HPV-9 (Gardasil9)	8/6/2018
Hepatitis A Ped/Adol	10/1/2009, 2/3/2009
Hepatitis B Ped/Adol	1/24/2008, 9/17/2007, 7/19/2007
Hib 4 Dose	10/1/2009, 1/24/2008, 11/19/2007, 9/17/2007
IPV	10/24/2011, 5/11/2009, 11/19/2007
Influenza	1/9/2009, 10/24/2008
Influenza (nasal)	10/11/2015, 10/24/2014, 9/13/2010, 9/17/2009
Influenza, Quad (nasal)	10/11/2015, 10/24/2014, 9/24/2013
Influenza, Quad, Preserve Free	10/11/2015, 10/24/2014, 10/12/2017, 11/7/2016
MMR	7/28/2008
MMRV	10/24/2011
Menactra	8/6/2018
Prevnar	10/24/2011, 7/28/2008, 1/24/2008, 11/19/2007, 9/17/2007
Rotavirus 3 Dose	1/24/2008, 11/19/2007, 9/17/2007
Tdap	8/6/2018
Varicella	7/28/2008

Certificate of Immunization Status (CIS)
For Kindergarten-12th Grade / Child Care Entry

Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____ Sex: _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____ Parent/Guardian Signature Required _____ Date _____

Required for School and Child Care/Preschool
 Required Only for Child Care/Preschool

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
• DTap / DT (Diphtheria, Tetanus, Pertussis)						
• Tdap (Tetanus, Diphtheria, Pertussis)						
• Td (Tetanus, Diphtheria)						
• Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
• Hib (Haemophilus influenzae type b)						
• IPV / OPV (Polio)						
• MMR (Measles, Mumps, Rubella)						
• PCV / PPSV (Pneumococcal)						
• Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).
 laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.

Diphtheria Mumps Other:
 Hepatitis A Polio
 Hepatitis B Rubella
 Hib Tetanus
 Measles Varicella

Licensed healthcare provider signature _____ Date (MO, DO, ND, PA, ARNP) _____

Printed Name _____

The Future



- IZ Gateway
 - Pilot project with HHS CTO
 - Lower barriers to connectivity and improve onboarding
 - Initial focus was interstate data exchange
 - Broadened to include
 - Federal agencies (DoD, VA, IHS)
 - Independent pharmacies
 - Small adult-focused provider organizations
- Implementation Guide Authoring and Management Tool (IGAMT)
 - Under development by NIST
 - Will provide consistency in creation and maintenance of state HL7 implementation guides
 - Will allow for a clear, easy to reference catalog of the delta between states

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

