IIS Interstate Data Exchange: A Priority for ASTHO

- The Infectious Disease Policy Committee (IDPC) identified IIS interstate data sharing as a top priority for 2013/14

- Recognized there was a special need to develop solutions to address the temporary workforce issue in North Dakota

- Determined that a meeting among state stakeholders may spark new ideas for how to achieve IIS interstate data sharing and overcome barriers
Meeting Participants

- States Invited:
  - North Dakota
  - Idaho
  - Colorado
  - Michigan
  - Minnesota

- Participants:
  - Key State Stakeholder Participants:
    - State health official/senior deputy
    - Immunization program manager
    - Registry manager
    - Health IT coordinator
    - Legal counsel
  - Other Stakeholder Participants:
    - HHS/ONC
    - HHS/NVPO
    - CDC
    - AIRA

Meeting Objectives

1. Engage key stakeholders from five states in a discussion about barriers and potential solutions regarding IIS data sharing
2. Propose solutions to key barriers for implementation of IIS interstate data sharing
3. Identify and develop resources to be used by states and other stakeholders seeking to have IIS interstate data sharing
4. Propose next steps for states to use for IIS interstate data sharing efforts
Meeting Discussions

- All 5 states were asked to complete a series of “pre-work” questions, which helped to identify the common barriers to IIS interstate data exchange.

- During the meeting:
  - Participants were divided into legal and technical teams to determine possible solutions for some of the common IIS interstate data sharing barriers.
  - Participants were divided according to state teams to identify solutions within their state and determine next steps.

Legal Barriers

- Data sharing laws prohibit from sharing IIS information with other states.

- If out-of-state providers want to directly query the IIS, they may be required to establish a User Agreement with each provider/clinic.

- Health Insurance Portability and Accountability Act (HIPPA) and Family Education Rights and Privacy Act (FERPA)
Legal Solutions

- Change the law to include providers from other states, not just those licensed in the state
- Develop standard statute language or uniform law
- Draft a template interstate data sharing agreement

Technical and Programmatic Barriers

- Devoting time, money and resources to establishing the connection and agreeing to procedures
- State-to-state differences (e.g., Health Information Exchange (HIE) are used in some states and not in others)
- Interoperability resources are currently targeted to assist clinics and hospitals with connecting electronically to the IIS
- Technical concerns, such as the lack of transport standard, determining triggers for queries, handing duplicates or moved or gone elsewhere, fuzzy matching, importing data from IIS, standardized fields, and differences in the level of IIS sophistication in states
Technical and Programmatic Solutions

- Make data exchange a priority

- Create mutually agreed upon standards and core measures, and uniform business requirements and architecture (e.g., what is the trigger, security/privacy, unique match)

- Resources are needed for additional staff at health departments on both the programmatic side and IT/technical side, for vendors to move interoperability forward, and for HIE’s, because their work is much broader and larger than just immunizations

ASTHO Next Steps

- Continue calls with participants
  - Become an active participant in technical solutions (e.g., ONC HUB)
  - Identify other potential states that want to share data
  - Create a roadmap and action plan

- Develop a template interstate data sharing agreement

- Evaluate funding and staffing needs to establish and maintain sustainable data sharing

- Quantify the need for data sharing and create a high level description of interstate data exchange for state health officials and executive decisions