

Provider and Access Workgroups Joint Sessions on Immunization Documentation, IIS and Meaningful Use

Brainstorming on Potential Action Items

Notes from Nov. 6, 2014 Discussion Session

- Document there is a strong need for providers to communicate about their patient's status
- Collect information from providers. This could be used to promote need and usefulness and raise awareness to adult providers utilize registry
- Use of the registry by non-physicians like pharmacists to use as a tool for routine assessment of vaccine status. Useful and practical
- Missouri Walmart and Walgreens currently submit. Not currently mandated.
- Local outlets don't necessarily know that their immunization information is being uploaded to the registry by corporate data system. This could be a barrier to using it as an assessment tool.
- Some pharmacists don't have access to internet
- Wondering if new pneumococcal vaccine recommendations are a new opportunity to utilize registries. Registries might become a tool for figuring out the complexities of the new recommendations, and for avoiding unnecessary duplicate vaccination, or for respecting minimum intervals between doses. MIIC in Minnesota helps providers know if they can provide the needed pneumo vaccine and help forecast. Over half of the clients in MIIC are over 18. MN is doing a lot of outreach to adult providers including Ob/gyns, Pharmacies, STD clinics, and uninsured..
- States need to be able to provide information to requestors when and where they want, but funding support is limited. If NAIIS could provide champions for registry funding, it may be helpful. The "317 program" was cited.. Think about asking Decision Makers group to make a recommendation and resources for registries.
- How can we get electronic medical records to connect to registries? Can we tap into a venue to take advantage of state authority? Health Information Technology within Texas (InTrack combines ordering) has a project to help weigh options and to help develop or implement policy. LA has a large health system platform to obtain vaccination history data and individual providers can find info on individual patients. MI could be an example of many people coordinating via the cloud. Need to talk with AIRA to see what vendors can really do and if they do connect with registries
- Quality improvement projects can help increase EMR, but there are technical challenges. There isn't a complete 2 way interface between the parties in PA. Data comes back in graphic, instead of in useable form to help physicians get credit for QI. Bi-directional and real time ability to retrieve records to see what patient has received. Could we do an environmental scan of registries trying to update and see what their challenges are to help Decision Makers advocate for registries and better functionality. Document what states are working well, who does and doesn't get feedback from providers.
- Improving consumer access to registries
- Tremendous variables between states in registries, some areas aren't viable. Could make a state specific faq sheet with various planks as a project for May? What the registry can do for

you – consumer access, provider capacity, use of information, coming soon in 2015

Ideas Generated in November 5, 2014 Informational Session

- Education of providers about IIS and meaningful use
- Help with the consumer access to IIS ; particularly good ideas or models to resolve authentication issues.
- Marketing adult immunization entry into IIS among providers, so they see what's in it for them
- Continue to collect and synthesize feedback from providers
- Promote regional collaborations that pilot cross-jurisdictional data exchange
- Quantify and document the need to use IIS, including the need for resources to support IIS
- Make interoperability the priority
- Look at successful examples of interoperability, i.e: Washington/Oregon and NYC/NYS
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Ideas Generated in October 24, 2014 Informational Session

- Work to improve interstate data sharing. A number of possibilities ahead
- Encourage use of IIS for adult immunization activities among clinics/health systems already entering pediatric data, e.g. FQHC-funded clinics, HMO, etc.
- Work with federal agencies, e.g. IHS (patients are already participating), federal occupational health clinics, VA health systems, Department of Defense-run clinics, etc. to promote participation in IIS
- Disseminate information regarding state IIS-specific barriers that may be reduced (opt-in versus opt-out adult IIS participation for adults).
- Work with EHRs to make their products more compatible with IIS.
- Work with the IIS in your jurisdiction to implement Adult Clinical Decision Support for immunization, when available.
- Promote success stories and best practices. Washington State model : Impressive
- Champions. Champions. Champions
- Work to make on-boarding process more smooth
- More resources are needed to support state IIS
- Work to get EHRs more IIS-friendly, for example in how prompts are displayed.

Ideas Generated in August 2014 Access Workgroup Meeting

- Encourage Medicare providers to use IIS
- Encourage occupational health to use IIS
- Contest: Which state can get the most new adult vaccination records in a 6-month period?
- Get EHRs to build IIS connectivity into their products
- Go to April 2005 New Orleans conference to take a message
- Focus on just the young-adult population to push registry use.