# IIS Design Group Kickoff

*A Design Group of the Connecticut Health IT Advisory Council*

July 7, 2017 | 11:00 am – 12:30 pm

Session 1

**Facilitated by CedarBridge Group**

CEDARBRIDGE GROUP

# Agenda

| | | |
|---|---|---|
| **Welcoming Remarks**<br>**Meeting Overview and Objectives** | Christina Coughlin | 11:00 AM |
| **Introductions**<br>• *Introductions of name, organization/title, summary of stakeholder perspective represented* | Design Group Members and Support Staff | 11:05 AM |
| **Charter**<br>• *Walk-through of Design Group draft charter*<br>• *Request approval of charter by group* | Christina Coughlin | 11:15 AM |
| **Discuss planning process**<br>• *Proposed meeting schedule and meeting topics*<br>• *Member responsibilities*<br>• *Support staff responsibilities*<br>• *Proposed process to make decisions* | Christina Coughlin | 11:30 AM |
| **IIS Current State** | Nancy Sharova (DPH) | 11:45 AM |
| **Value Proposition Introduction** | Christina Coughlin | 12:15 PM |
| **Meeting Wrap-up and Next Steps** | Christina Coughlin | 12:25 PM |

# Welcome

- Christina Coughlin, Director of Consulting Services, CedarBridge Group
- Sarju Shah, Project Manager, HIT PMO

# Meeting Objectives

- Introductions
- Approve charter
- Establish meeting schedule
- Establish shared understandings of planning process
- Reach consensus on decision-making process
- IIS current state presentation

# Introductions

# IIS Design Group Members

| Name | Stakeholder Representation |
|---|---|
| **Thomas Agresta, MD, MBI** | Healthcare provider in a primary care office<br>UConn Health |
| **Martin A. Geertsma, MD** | Pediatrician providing services at a FQHC |
| **Deirdre Gruber, MSN, FNP-BC** | School nurse supervisor for large urban health department that provides vaccinations |
| **Hyung Paek, MD** | Medical Director IT of a health system and healthcare provider providing services at a FQHC |

# IIS Design Group Support

| Name | Organization |
|---|---|
| **Christina Coughlin** | Facilitator, CedarBridge Group |
| **Sarju Shah, MPH** | Project Manager, CT Health IT PMO |
| **Kathy Kudish, DVM, MSPH** | Immunization Program Manager, DPH |
| **Nancy Sharova, MPH** | IIS Coordinator, DPH |
| **Nancy Barrett, MS, MPH** | Public Health Informatics Lead, DPH |
| **Pete Robinson** | Senior Consultant, CedarBridge Group |
| **Wayne Houk** | Project Manager, CedarBridge Group |

# Charter

# Purpose of this Design Group

**The purpose of this Design Group is:**

- To **familiarize the members with the high-level functional standards of an IIS** based on the current and anticipated CDC functional standards and the work DPH has already completed
- To **identify any additional stakeholder needs for the IIS and determine the prioritization of those needs.**
- To **review a high-level timeline and action plan** that incorporates the identified needs of all stakeholders to be considered for the new IIS implementation
- To **create recommendations that identify any additional follow-up activities**

# Project Goals and Objectives

- **Review the high level functional requirements** of an IIS, using existing and future CDC functional standards, as a foundation to **identify issues, risks, and gaps**
- **Identify and prioritize any additional stakeholder needs** that will be used to create new or enhance existing use cases and business requirements for the new IIS
- **Identify any additional stakeholders that are not already captured in the existing IIS roadmap and define their potential roles in the process**
- **Review a high-level timeline and action plan** to implement and provide IIS services

# Project Goals and Objectives, continued

- Identify the **technical assistance framework** necessary for providers and DPH to successfully implement electronic reporting to the IIS
- Provide **recommendations that align with CDC functional standards**, **and meet the requirements of DPH, providers, and consumers**
- **Identify value propositions** of a health IT-enabled IIS solution for key stakeholders, including but not limited to DPH
- **Consider financial sustainability models** and define the financial gaps

# Success Factors, Assumptions, Constraints

**Success Factors**

- Ability of stakeholders to commit to 90-minute, weekly meetings for five sessions
- Appropriate stakeholder community representation by Design Group members
- Ability to work collaboratively to identify solutions that will support the needs of not only themselves, but other stakeholders

**Assumptions**

- Assumes DPH is exploring options and will be able to procure and implement a new IIS platform
- Assumes the functionality exists or is implemented to support identified needs and newly identified requirements (e.g., ability to capture vaccines given past age 6).
- Assumes IIS will be connected to HIE services, if and when HIE services are implemented
- Assumes appropriate data use agreements and financial sustainability options can be implemented based on state requirements
- Assumes appropriate vendor selection can be completed

**Constraint**

- Meeting intensive timeline goals by the 8/17/17 report milestone given summer schedules

# Planning Process

# Proposed Timeline

| Milestones/Deliverables | Planned Dates |
|---|---|
| Session 1: Kickoff Meeting (Validate charter, roles and responsibilities, and timeline of Design Group; receive update on current status of IIS system; identify value propositions) | **7/7/17** |
| Session 2: Discuss value propositions, high level review of CDC IIS functional standards and overall services; identify issues, obstacles, gaps | **7/13/17** |
| Session 3: Determine stakeholder needs and prioritization, identify additional stakeholders and their roles; review high level implementation roadmap | **7/20/17** |
| **Present update to Health IT Advisory Council** | **7/20/17** |
| Session 4: Complete roadmap and draft action plan; review role of the HIE entity in supporting IIS interoperability | **7/27/17** |
| Session 5: Considerations for financial sustainability models and future Design Group needs, if necessary; draft recommendations | **8/3/17** |
| **Present Report and Recommendations to Health IT Advisory Council** | **8/17/17** |

# Meeting Logistics

- Weekly Zoom virtual meetings
  - Thursdays 11:30am – 1:00pm EDT
- Presentation to Health IT Advisory Council 7/20/17 and 8/17/17

# Design Group Member Responsibilities

- Represent stakeholder group, not individual interests
- Read recommended materials in advance and join each meeting prepared for discussion
- Engage in open dialogue with other members of the Design Group to build common understandings of the overall needs of stakeholders
- Develop recommendations that will achieve the goals of the Design Group
- Remain cognizant that all meetings are public

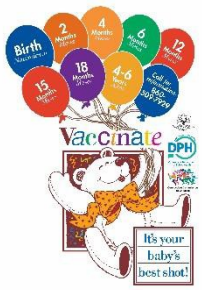
# Staff Support Responsibilities

- Provide access to website where all materials can be viewed and downloaded
- Provide summary of each meeting
- Make new reading/background materials available prior to the next meeting
- Provide a presentation setting the stage for each meeting's discussion prior to the meeting
- Draft update and final report and recommendations for Design Group review and approval

# Proposed Decision Making Process

- Strive for consensus
- Compromise when possible
- If no unanimity, recommendations should be made based on majority opinion
- Discussion of dissenting opinion to accompany all recommendations where consensus could not be reached

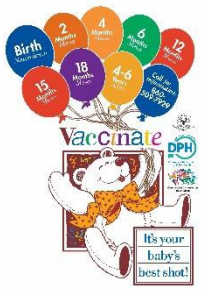
# IIS Overview (DPH)




# Connecticut Immunization Registry and Tracking System (CIRTS) Overview

## Immunization Information System (IIS) Implementation and Alignment Design Group Kickoff Meeting

Presented by:
Nancy Sharova, MPH, CIRTS Supervisor

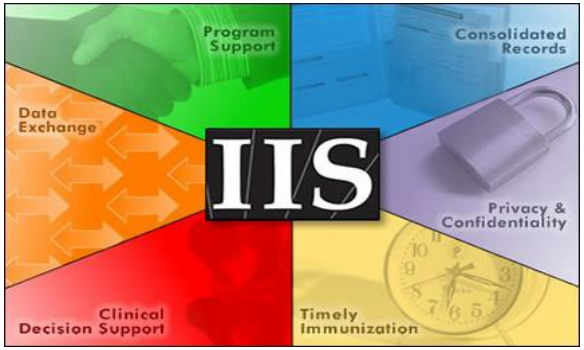



# Connecticut Immunization Registry and Tracking System (CIRTS)

CIRTS is the statewide **Immunization Information System (IIS)** that helps providers and families by **consolidating immunization information** into one reliable source.

- Statewide since 1998.
- ~ 817,000 patients in CIRTS with 37,000 added annually.
- ~ 13,562,149 vaccine records currently in CIRTS.
- **100% federally grant funded by the CDC.**

Goal is a sustainable, high functioning, population-based systems with **high quality data to support clinical and public health decision making.**



# CIRTS Mission Statement

Maintain an immunization registry of all children from newborns to those who have not begun the first grade of school (6 years of age), to assure timely childhood immunizations in accordance with standards established by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics.

*Eventual goal to expand CIRTS to include immunization information for adolescents and adults.*

# Automatic Enrollment

## Per State Regulations:

- Children are automatically enrolled in CIRTS from State Vital Records (birth records).
  - Parents can Opt-Out (not enroll)
  - Children born out-of-state can be manually enrolled (uncommon), but will be captured from EHR reporting.

**Connecticut Immunization Registry and Tracking System (CIRTS)**
Connecticut Department of Public Health Immunization Program
410 Capitol Ave. MS 11 MUN Hartford, CT 06134-0308 Phone: 860-509-7929 Fax: 860-509-8370 Website: www.ct.gov/dph/immunizations

**The Department of Public Health congratulates you on the birth of your baby!**

CIRTS is a confidential, computerized information system that keeps track of your child's shots at no cost to you.

**CIRTS** can:

- Give you a permanent record of your child's shots;
- Let your doctor know if your child has missed a shot;
- Give you a back-up shot record if your child's records are destroyed, if you change clinics, or if the clinic closes;
- Give your doctor the health forms needed for daycare, school, camp or college.

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL**
*According to regulation s19a-7h-4 of the CT General Statutes*

*For more information, please ask the nurse for a brochure.*

**Please fill out ALL fields if you live in and/or your baby's doctor is in Connecticut**

Baby's Name _____ (first) (middle) (last) Date of Birth ___/___/___ month day year Sex: Boy Girl (please circle)

Mother's Name _____ (first) (maiden) (last) Mother's Date of Birth ___/___/___ month day year

Address _____ Town _____ State ____ Zip Code _____

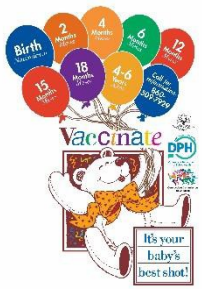
Home Phone # (___) _____ Cell Phone # (___) _____ Work Phone # (___) _____

Name of Emergency Contact _____ Emergency Phone # (___) _____ BABY'S Birth Hospital _____

Name of BABY's Doctor _____ Name of BABY's Clinic/Practice _____ Town of Clinic _____

*Your child will be automatically enrolled if you live in Connecticut.

If you DO NOT want your child enrolled, **you must send a signed written request to opt out of CIRTS**.
Please include your child's full name and date of birth. By opting out, your child's shot record will no longer be available in CIRTS.
**Mail to:** CIRTS, 410 Capitol Avenue MS 11 MUN, Hartford, CT 06134 or **Fax to:** 860-509-8370




# Mandated Provider Reporting

**Per State Regulations:**

- Providers who vaccinate children up to school age are mandated to report to CIRTS.
- Immunization records primarily reported on paper and manually entered into CIRTS.
- Providers with CIRTS online access can enter immunizations real time or monthly. Most use it to look up records and view vaccine forecasting.
- CIRTS sends Compliancy Reports to about 500 practices requesting missing immunization records:
    - Monthly – on their patients 8 and 20 months of age.
    - Annually – on their patients 2 years of age.
- CIRTS staff monitor and follow up with late reports monthly!

# Who Can Access CIRTS Information?

**Per State Regulations:**

- Pediatricians/Family Practitioners (Public and Private) (online access)

  Who vaccinate children; are mandated to report to CIRTS

- Local Health Departments (online access)

  Who run immunization clinics

- IAP Coordinators (online access)

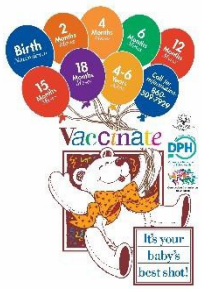
  To determine children overdue for immunizations and provide outreach

- School Nurses (online access read-only; read-write if they vaccinate)

  To view and print vaccination records

- Parents/Guardians (can request their record, with proof of ID)

  Obtain children's vaccination record/certificate




# Immunization Action Plan (IAP)

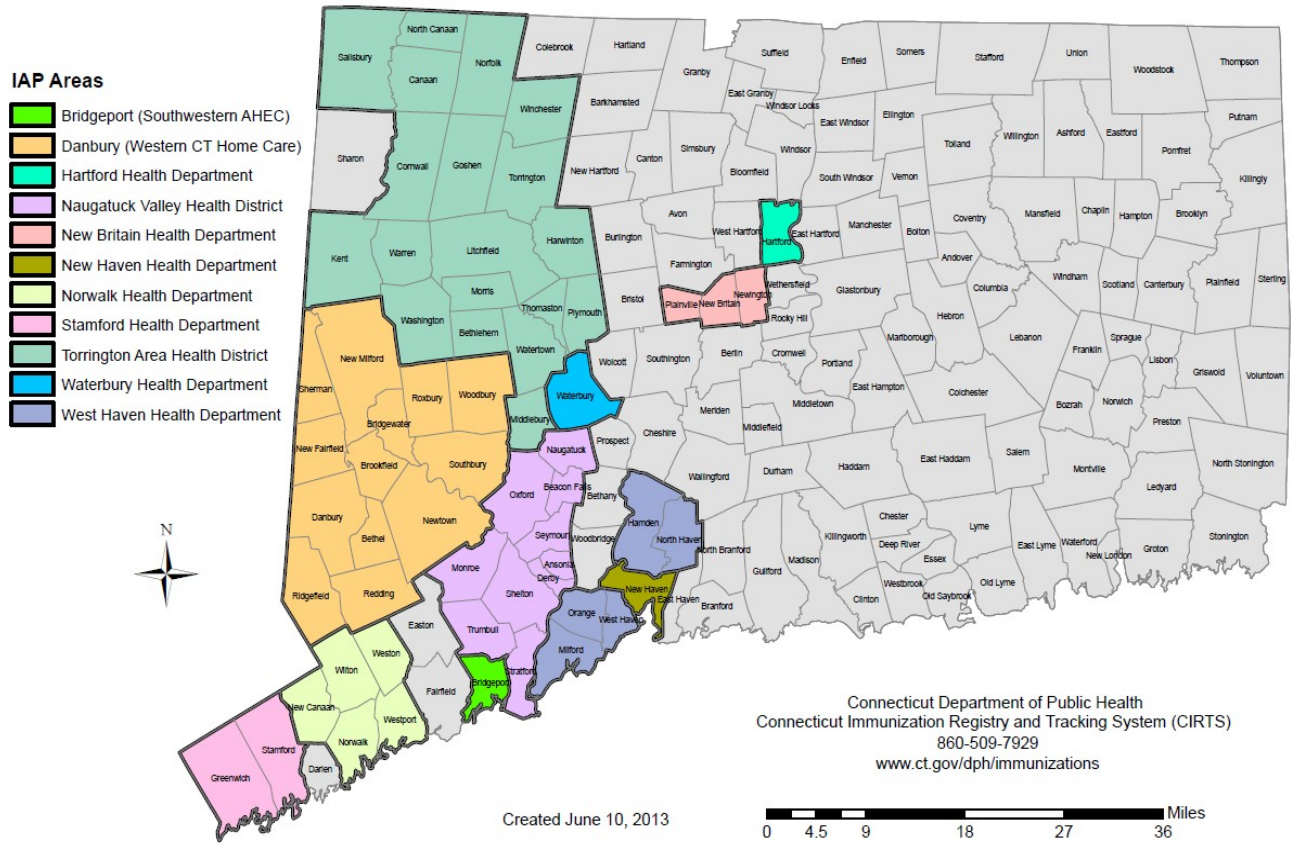


**11 IAP Coordinators:**

- **Federally funded** and under contract with the DPH Immunization Program.
- Located primarily at Local Health Departments for a **local presence** in the community **in areas of the state at highest risk** of low immunization rates.
- **Utilize CIRTS to generate outreach reports** that identify children without a medical home or who are not up-to-date with their immunizations.
- **Provide CIRTS trainings to their area providers.**
- **Provide outreach and education** about immunizations to parents and providers.

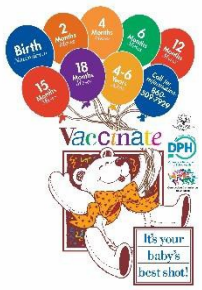
**Goal is to increase immunization rates in target areas of need.**

# IAP Town Coverage




We have limited staff resources for **recruiting and training providers.**

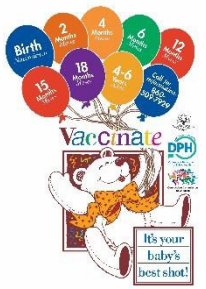
- Colored areas are covered by **11 IAP Coordinators.**
- **Gray area is covered by 2 DPH Staff (federally funded).**




# CIRTS Access and Training

- **Username Access:** Provider submits a signed username request/confidentiality statement to CIRTS staff for review. Two CIRTS IT staff can assign a username and password which are emailed to the user. Users must reset their passwords every 60 days. One CIRTS staff maintains requests for activations and deactivations of usernames in CIRTS. Password management support is provided by CIRTS IT staff.
- **Training Materials:** CIRTS staff develop trainings and quick reference guides, which must be updated with each new release/enhancements (there have been 7 releases since 2012). CIRTS program and IT staff conduct user acceptance testing, implementation, and revision of training materials.
- **Provider On-Site Trainings**: Two CIRTS staff and the eleven IAP Coordinators conduct hands-on CIRTS training for new users at provider offices. Initial trainings take one hour and include viewing and updating patient and immunizations records. Ongoing training is provided by CIRTS staff.

**CIRTS has limited staff to manage access, and develop and conduct training.**




# CIRTS Staff
## (100% CDC federally grant funded)

**Number of Full-Time Employees at DPH**

- 1 CIRTS/IAP Supervisor
- 2 IT Analysts
- 1 Outreach Coordinator
- 2 Data Quality Staff
- **1 Data Entry Staff**

**Number of Full and Part-Time Contractors**

- 3 Temporary Data Entry Staff
- 1 Outreach Coordinator
- 1 Subject Matter Expert for Vaccine Forecasting rules and testing
- 11 IAP Coordinators located throughout the state

# CIRTS Online Users

**In addition to DPH CIRTS Staff**, online CIRTS users include:

- 120 Public and Private Practices
- 16 Local Health Departments
- 12 School Based Health Centers
- 282 School Nurses

DPH continues to recruit and train providers to use CIRTS online.

# Vaccinations Captured in CIRTS

"Shots" Entered in 2016:

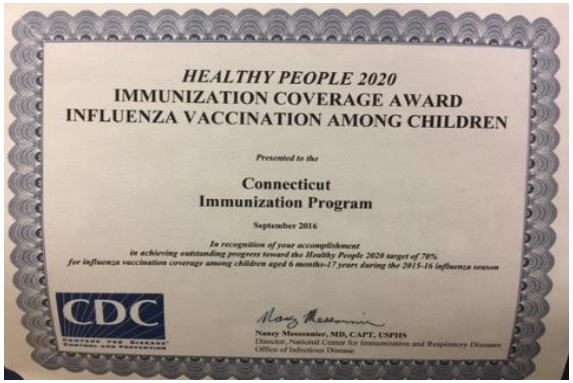
- 92% entered by DPH Staff = 794,688
- 8% entered by Providers = 73,488
  - Some providers don't want to do double data enter into their EHR and into CIRTS – thus EHR electronic reporting is crucial.
  - Many providers use CIRTS to look up immunization records and view vaccine forecasting for clinical decision making.

# Connecticut Has Consistently High Immunization Rates

## Up-To-Date By Age Two for the ACIP Recommended Schedule 4:3:1:3:3:1:4

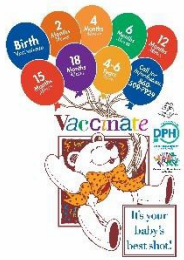
(Valid Doses of 4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B, 1 Varicella, 4 PCV):

- 84% = Immunization Action Plan (IAP) Areas*
- 83% = CIRTS Statewide*
- 72% = U.S. (CDC's National Immunization Survey)**
- 80% = Healthy People 2020 Objective


*IAP and CIRTS rates by age two for the 2013 Birth Cohort Schedule 4313314.

**CDC National Immunization Survey based on Schedule 4313314 UTD by age 19-35 months.

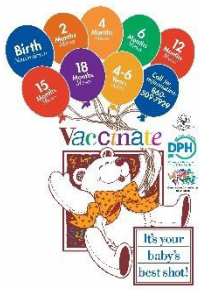



# CIRTS Partnerships

## CIRTS collaborates with many partners within and outside of DPH:

- CT DPH State Vital Records
- CT Department of Social Services (DSS) and Community Health Network (ASO for the DSS Medicaid Program)
- CT State Department of Education (SDE) and School Nurses
- CT Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- CT Chapter of the American Academy of Pediatrics (AAP)
- Local Health Departments/Districts
- CT Birthing Hospitals
- Public and Private Pediatric Providers
- Parents and the Community
- Electronic Health Record (EHR) Vendors
- Office of National Coordinator (ONC)
- Centers for Disease Control and Prevention (CDC)
- American Immunization Registry Association (AIRA)
- Childhood Vaccine Advisory Council (CVAC)
- Various Maternal and Child Health Community Organizations

**Various programs within/outside of DPH utilize our CIRTS Provider/Facility lists, receive education from CIRTS and collaborate on outreach efforts.**

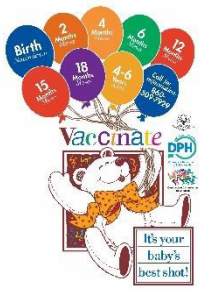



# National 2013 –2017 IIS Functional Standards

**These six standards** have been developed by the Immunization Information Systems Support Branch, CDC/NCIRD*, through a consensus process involving input from a variety of IIS managers and technical and provider community experts from across the U.S.

- In recognition of the growing importance of IIS to the broader Health Information Technology landscape, the 2013-2017 revised standards are intended to lay a framework for the development of IIS through 2017.
- These standards are revised every five years. The 2018-2022 Standards are currently in draft form.

*CDC National Center for Immunizations and Respiratory Diseases.

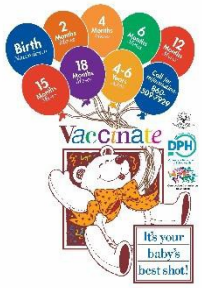



# National 2013 –2017 IIS Functional Standards, Cont.



## 1. Support the delivery of clinical immunization services at the point of immunization administration, regardless of setting.

- The IIS provides individual immunization records accessible to authorized users at the point and time where immunization services are being delivered.
- The IIS has an automated function that determines vaccines due, past due, or coming due ("vaccine forecast") in a manner consistent with current ACIP recommendations; any deficiency is visible to the clinical user each time an individual's record is viewed.
- The IIS automatically identifies individuals due/past due for immunization(s), to enable the production of reminder/recall notifications from within the IIS itself or from interoperable systems.
- When the IIS receives queries from other health information systems, it can generate an automatic response in accordance with interoperability standards endorsed by CDC for message content/format and transport.
- The IIS can receive submissions in accordance with interoperability standards endorsed by CDC for message content/format and transport.

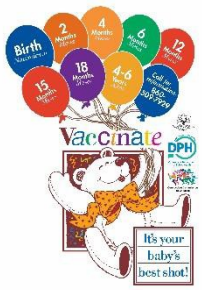



# National 2013 –2017 IIS Functional Standards, Cont.



## 2. Support the activities and requirements for publicly-purchased vaccine, including the Vaccines for Children (VFC) and state purchase programs.

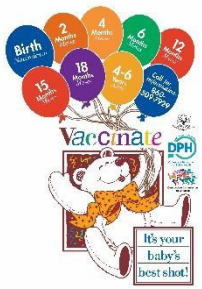
- The IIS has a vaccine inventory function that tracks and decrements inventory at the provider site level according to VFC program requirements.
- The IIS vaccine inventory function is available to direct data entry users and can interoperate with EHR or other inventory systems.
- The IIS vaccine inventory function automatically decrements as vaccine doses are recorded.
- Eligibility is tracked at the dose level for all doses administered.
- The IIS interfaces with the national vaccine ordering, inventory, and distribution system (currently VTrckS).
- The IIS can provide data and/or produce management reports for VFC and other public vaccine programs.




# National 2013 –2017 IIS Functional Standards, Cont.

## 3. Maintain data quality (accurate, complete, timely data) on all immunization and demographic information in the IIS.

- The IIS provides consolidated demographic and immunization records for persons of all ages in its geopolitical area, except where prohibited by law, regulation, or policy.
- The IIS can regularly evaluate incoming and existing patient records to identify, prevent, and resolve duplicate and fragmented records.
- The IIS can regularly evaluate incoming and existing immunization information to identify, prevent, and resolve duplicate vaccination events.
- The IIS can store all IIS Core Data Elements (see Appendix B).
- The IIS can establish a record in a timely manner from sources such as Vital Records for each newborn child born and residing at the date of birth in its geopolitical area.
- The IIS records and makes available all submitted vaccination and/or demographic information in a timely manner.
- The IIS documents active/inactive status of individuals at both the provider organization/site and geographic levels.

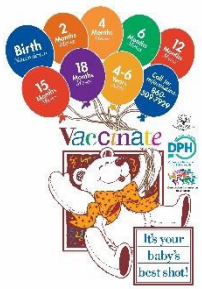



# National 2013 –2017 IIS Functional Standards, Cont.

Connecticut Department of Public Health

## 4. Preserve the integrity, security, availability and privacy of all personally-identifiable health and demographic data in the IIS.

- The IIS program has written confidentiality and privacy practices and policies based on applicable law or regulation that protect all individuals whose data are contained in the system.
- The IIS has user access controls and logging, including distinct credentials for each user, least-privilege access, and routine maintenance of access privileges.
- The IIS is operated or hosted on secure hardware and software in accordance with industry standards for protected health information, including standards for security/encryption, uptime and disaster recovery.




# National 2013 –2017 IIS Functional Standards, Cont.

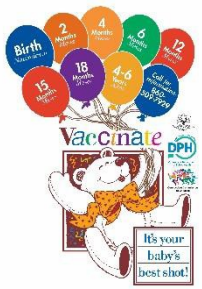


## 5. Provide immunization information to all authorized stakeholders.

- The IIS can provide immunization data access to healthcare providers, public health, and other authorized stakeholders (e.g., schools, public programs, payers) according to law, regulation or policy.
- The IIS can generate predefined and/or ad hoc reports (e.g., immunization coverage, vaccine usage, and other important indicators by geographic, demographic, provider, or provider groups) for authorized users without assistance from IIS personnel.
- With appropriate levels of authentication, IIS can provide copies of immunization records to individuals or parents/guardians with custodial rights.
- The IIS can produce an immunization record acceptable for official purposes (e.g., school, child care, camp).

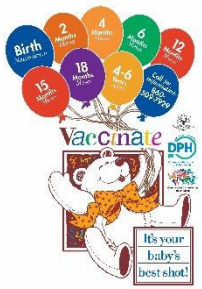
## 6. Promote vaccine safety in public and private provider settings

- Provide the necessary reports and/or functionality to facilitate vaccine recalls when necessary, including the identification of recipients by vaccine lot, manufacturer, provider, and/or time frame.
- Facilitate reporting and/or investigation of adverse events following immunization.



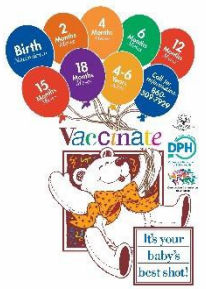

# CIRTS IT Environment

- The CIRTS application and database is hosted at the CT Department of Administrative Services Bureau of Enterprise Systems and Technology (BEST).
- BEST only supports CDC's PHIN MS as the secure public health transport.
- Nationally, the recommended secure public health transport for immunization data exchange is SOAP Web Services using the WSDL that CDC supports.
- Nationally, most vendors prefer Web Services.
  - In CT, athenahealth is on hold because we cannot offer this as a transport option.
  - This is a large barrier for setting up electronic data exchange.
- A Health Information Exchange (HIE) might help support CIRTS with secure data exchange.



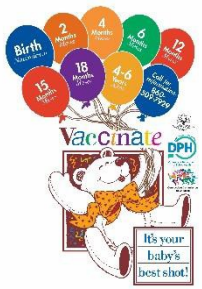

# Electronic Health Record (EHR) Electronic Reporting to CIRTS

- EHR reporting:
  - Is based on required national HL7 Standards.
  - Will reduce manual data entry and enable us to capture timely data beyond age two.
- CIRTS team must help set up the secure transport with each EHR vendor individually and assist them through the phases needed to electronically report to CIRTS and attest to Meaningful Use.
  - Preparation, Readiness, Testing and Implementation Phases.
  - Phases involve intense CIRTS and Vendor staff time.
- CIRTS team is currently in the Testing Phase with pilot practices using the following EHR vendors: EPIC-Yale, Allscripts, NextGen, Greenway Health.
- Practices using the following EHR vendors are On Hold:
  - eClinicalWorks due to vendor availability.
  - athenahealth due to the transport option (Web Services needed).




# CIRTS is the Core of the Immunization Program

- **Consolidated and accurate vaccine records.**
  - CIRTS provides this on children up through age two.
- **Assessment** Coverage Reports for providers to run.
  - CIRTS pulls data out of CIRTS to run coverage reports for providers.
- **Bi-directional exchange** with EHRs using published CDC standards.
  - CIRTS is currently working with pilot sites on uni-directional exchange.
- Support of **Forecasting** of due/overdue/invalid vaccines (also known as Clinical Decision Support for Immunizations (CDSi).
  - CIRTS currently provides vaccine forecasting.
- **Vaccine Ordering/Inventory** within CIRTS
  - This is currently a separate system from CIRTS operated by CDC.




# Expanding the Age Range Captured in CIRTS – A Phased Approach

While CIRTS is *capable* of capturing vaccines given throughout the lifespan (children, adolescent, adults), below are some things we need in place before we can expand the age range captured:

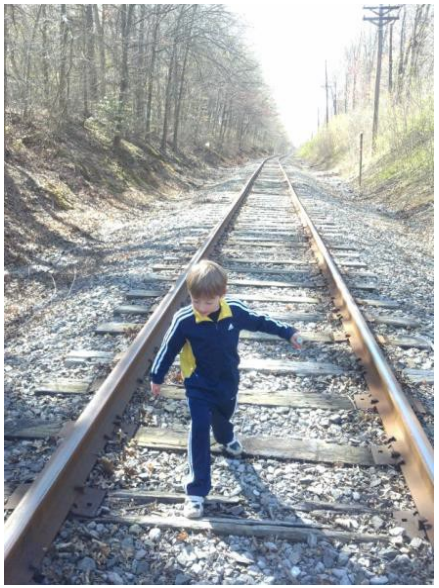
- Timely electronic EHR reporting to reduce data entry.
- Amend State Statute/Regulations to expand age range through age 18.
- Staff and other resources to enroll additional patients beyond age 6 (current regulations).
- Staff resources to enroll additional providers and monitor reporting.
- Staff to conduct **Quality Assurance** on the additional data (which will be available to providers and parents).

# Connecticut IIS Roadmap

A CDC supported third party gap analysis of CIRTS to identify functionality gaps was completed in March 2017. Acquiring a new IIS was recommended.

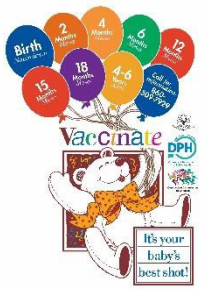
**Steps to acquiring a new IIS:**

- Assess and select a replacement IIS -- by late 2017.
- Secure additional funding (DPH has initial funds but will need additional funds to complete full implementation of the new IIS) – late 2017 to mid 2018.
- Procure the replacement IIS – initial purchase early 2018.
- Complete customization to meet CT needs and complete data migration from current to new IIS – finish in 2020.
    - Work to be done in a phased approach.



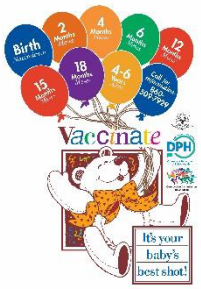
**Next steps:**

- Submit legislative request to amend CT statutes/regulations 19a-7h-1 through 19a-7h-5 to expand age range up through age 18 (this process can take up to 24 months).
- Integrate with HIE (once available).




# IIS Implementation and New Modules

- **The new IIS will be an existing market vendor solution,** but will require additional work for customization and implementation. We will follow standard best practice application life cycle development phases and project management.
- **IIS Modules that DPH needs** in addition to the base Immunization Registry with Data Conversion:
  - Provider Registration and Management
  - Vital Records Interface
  - Vaccine Forecasting
  - Reports (Assessments and Data Quality)
  - Support for Bi-directional HL7 Electronic Data Exchange and Onboarding
  - Vaccine Ordering and Inventory Management
  - Perinatal Hepatitis B Management
  - Mass Immunizations
  - Public Access Portal
  - School Nurse Access




# Meaningful Use Information

## DPH website – Featured Links – Meaningful Use

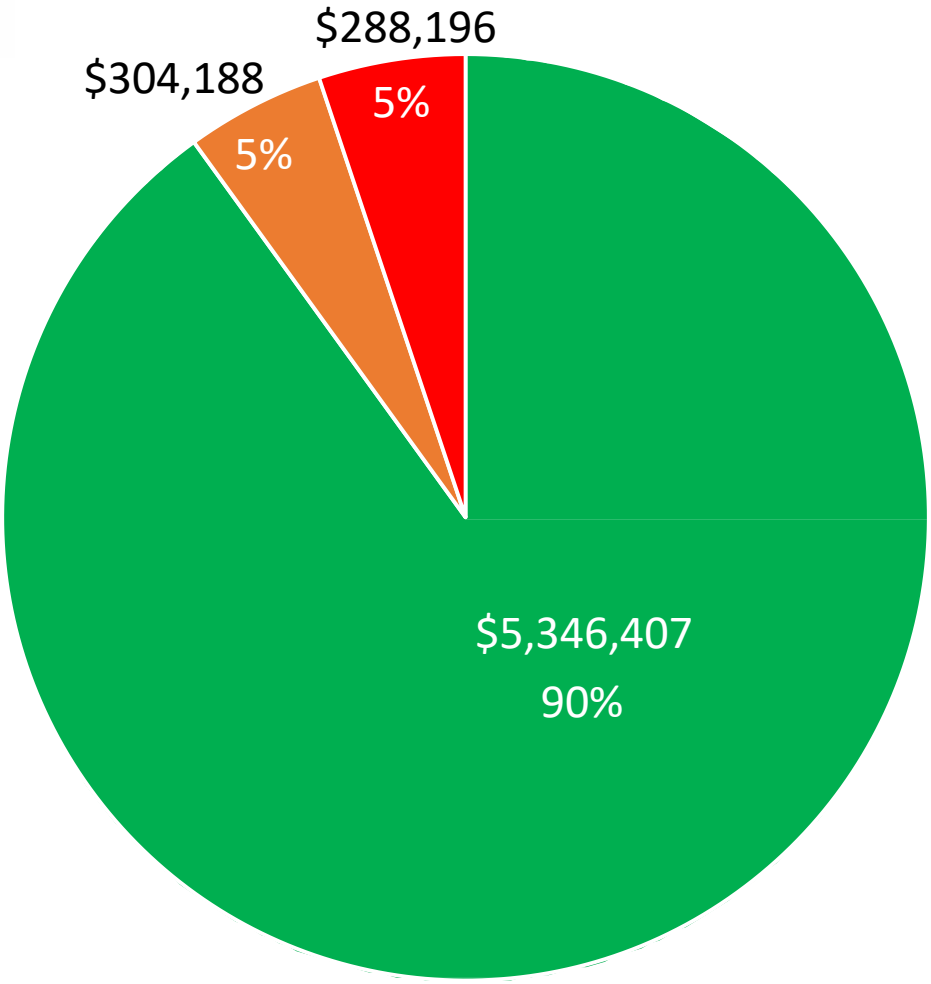
- **01/22/16** - Program Year 2016 Meaningful Use Public Health Measure Update
- **12/13/16** - Program Year 2017 Meaningful Use Public Health Measure Update

## Advancing Care Information (ACI) Public Health Reporting

Click here for the ACI Requirements for the Transition Year (from CMS):

- ACI Category Score = Base + Performance + Bonus
- Base score (required) is worth 50% (up to 50 points)
- Performance Measures (not required; up to 90 points)
  - Immunizations enter 'yes/no' to earn points (10 points if yes; 0 points if no)
- DPH, as the Public Health Agency for MU, sets the jurisdictional parameter for their MU readiness as it applies to eligible Medicare and Medicaid providers.
  - Eligible Providers (EPs) for Immunization are based on state IIS regulations.
- ACI maximum score is 155, but the score is capped at 100.

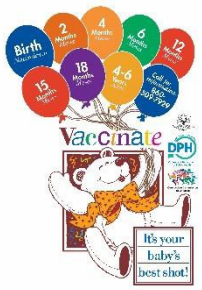
# Immunization Program Funding* 2016




**NOTE:**
**Insurance assessment and State funds support Surveillance and Vaccine Ordering personnel.**

**CIRTS is 100% federally funded.**

*excluding vaccine purchase and other competitive grant funds (PPHF)




# IIS (CIRTS) Funding

**Currently 100% federally grant funded from:**

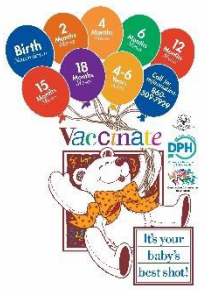
- Cooperative Agreement from the CDC – base funding renewed annually.
- Additional Competitive CDC grant funds (PPHF) – usually one time funding:
  - EHR Interoperability through 09/28/2018
    - Being used for development on the IIS for pilot EHR reporting.
    - Balance will be used toward a replacement IIS.
  - AFIX-IIS through 08/31/2017 (submitted a no cost extension request)

**Plan to seek additional funding to implement new IIS:**

- DPH will apply in late 2017, through DSS, for IAPD 90/10 match funds from CMS.
- The Association of State and Territorial Health Officials will provide a consultant to assist with this application.

**Concern/Risks:**

- Sustainability for IIS annual maintenance and ongoing development needed to meet new national functional standards.
- Staffing levels need to be sustained or increased to meet new requirements.




# CONTACT INFO

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# Value Proposition Introduction

# Value Proposition Overview

- A value proposition is the assumed benefit to be provided to stakeholders.
- Individual stakeholder groups often have their own lens with which they define value. While there may be some overlap between groups, it is important to identify value propositions by stakeholder groups.
- Value can refer to financial incentives and/or cost savings, improved quality, administrative efficiencies, benefit to society, and more.

# Value Proposition Exercise

| | Efficiencies | Quality Improvement | Population Health | Cost Savings | TBD |
|---|---|---|---|---|---|
| **Consumers** | Streamlined access to records | Ability to track immunizations<br><br>Ability to inform more accurate records | More up-to-date immunizations leading to healthier populations | N/A | |
| **Providers** | | | | | |
| **Public Health** | | | | | |
| **Schools** | | | | | |
| **TBD** | | | | | |

# Next Steps

## Next meeting (July 13, 2017)

- Review CDC IIS functional standards and overall services (Review slides 34 through 39)
- Identify issues, obstacles, and gaps
- Discuss value propositions


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