

## Immunization Information System (IIS) Design Group

### IIS Design Group Session 2 Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
July 13, 2017	11:30 am – 1:00 pm ET	<b>Webinar link:</b> <a href="https://zoom.us/j/132443323">https://zoom.us/j/132443323</a> <b>Telephone:</b> (646) 558-8656 <b>Meeting ID:</b> 132 443 323

Design Group Members					
Thomas Agresta, MD, MBI	X	Deirdre Gruber, MSN, FNP-BC	X		
M. Alex Geertsma, MD	X	Hyung Paek, MD			
Design Group Support					
Christina Coughlin, CedarBridge	X	Sarju Shah, HIT PMO	X	Nancy Sharova, DPH	X
Pete Robinson, CedarBridge	X	Vanessa Kapral, DPH	X	Nancy Barrett, DPH	X
Wayne Houk, CedarBridge	X	Kathy Kudish, DPH	X	Diane Fraiter, DPH	X
Carol Robinson, CedarBridge	X				

Summary	
<b>Approve Session 1 Meeting Summary</b>	Design Group members approved the Session 1 Meeting Summary.
<b>Value Proposition Discussion</b>	<p>Design Group members talked about the value of an IIS to various stakeholders, starting with providers. There was a suggestion to divide the provider category into clinicians, staff, and organizations (i.e., Accountable Care Organizations, Integrated Delivery Networks, and practices). It was noted that Federally Qualified Health Centers may have a unique value proposition from other organizations.</p> <p>It was discussed that having a single source of reliable data that can be presented in a uniform way would be very valuable for providers, organizations, and school nurses. At this time, based on the experience of the Design Group members and conversations with school nurses, the reports coming out of different electronic health records (EHRs) can be very confusing and challenging for school nurses to reconcile. In addition, it was noted that the ability to be able to forecast, and especially to have support that helps with problem-solving when patients come in with incomplete immunizations and need a catch-up schedule, would be very valuable. The Department of Public Health (DPH) staff noted that this functionality is available in the Connecticut Immunization Tracking and Registry System (CIRTS). Design Group members requested screen shots or a demo of this functionality. DPH staff offered to provide screen shots to show current functionality. It was noted that this functionality is part of the Centers for Disease and Prevention Control (CDC) standards, and will be available in the new platform, as well.</p> <p>It was noted that data usability, including the possibility of dashboards that could run reports by practice to support proactive outreach, would be beneficial to organizations.</p> <p>Design Group members were asked to continue to think about any stakeholder groups that should be added, and this conversation will continue at the next Design Group meeting.</p>
<b>Review of CDC Functional Standards</b>	An overview of the 2013-2017 CDC Functional Standards, as well as the draft 2018-2022 CDC Functional Standards was provided. A question was asked about what is required of states to meet these standards, and the expected timeframe for meeting these standards. It was clarified

## Immunization Information System (IIS) Design Group

	<p>that states are expected to meet the standards, and that there are several vendors in the space that each work with a consortium of states to meet the standards.</p>
<p><b>CIRTS Gap Analysis</b></p>	<p>Continuing the discussion about standards, it was explained that CIRTS went into production in April 2012, and the next year the current standards (2013-2017) were finalized. Since then, there have been six new releases to move towards meeting the standards, but the current CIRTS does not yet comply with all the standards. Since Connecticut was not meeting the current standards, CDC suggested the third-party gap analysis that was completed earlier this year. The gap analysis offered two options: either continue to build out the current IIS to meet the standards, or purchase a new IIS platform that already has the required functionality. There was an explanation of what is currently in CIRTS that meets the standards, and where gaps remain (slide 19.) Given the results of the gap analysis, and a review of the options, DPH is pursuing the procurement of a new IIS. Two major benefits of this approach will be the ability to access the subject matter experts of the consortium of states, and the opportunity to leverage the financial resources of participating states to extend functionality. Design Group members expressed that joining an existing consortium seemed like a good option.</p> <p>In response to a question at the last meeting, DPH reviewed some of the current statistics beyond age 6. There are adolescents and even a few adults in the CIRTS, but a very small number have immunizations being added (slide 20.) It was explained that interoperability with EHRs needs to be in place before additional use cases can be added. It was noted that even though other work on CIRTS functionality has been put on hold, the EHR pilots are continuing. It was explained that this would be foundational work that can be transferred to the new IIS when it is in place.</p> <p>It was noted that inter-state data-sharing may be a future use case that could add value.</p>
<p><b>Issues and Gaps</b></p>	<p>The Design Group began to discuss key issues that will need to be addressed for successful implementation. Two issues identified by the group were:</p> <ol style="list-style-type: none"> <li>1. <b>The capacity the state needs to support a transport layer that will enable widespread interoperability between providers and the IIS should be clarified.</b> This has been an ongoing challenge for DPH and at this time. It was noted by DPH that the Department of Administrative Services, Bureau of Enterprise Systems and Technology (DAS-BEST) is only able to support the Public Health Information Network Messaging System (PHIN MS), not Simple Object Access Protocol (SOAP), which is the industry standard. It was explained that this has to do with a lack of adequate state resources.</li> </ol> <p>It was noted that DAS-BEST can support cloud-based services, however there is a banking statute that addresses breaches that can raise questions with vendors during contract negotiations. It was noted that the statute put the burden of breach notification on the vendor in a way that is not the industry standard.</p> <p>It was noted that DPH has talked with the Association of Public Health Laboratories (APHL) about the possibility of building a platform to handle the connections to the IIS, but it is an expensive option and would require maintenance funding.</p> <p>The Design Group commented that solving this issue could also offer a solution for other kids of registries, and could have implications for advancing other public health</p>

## Immunization Information System (IIS) Design Group

	<p>initiatives. It was noted that this is a possible area for alignment with HIE planning, because it might support other provider and HIE registry initiatives.</p> <p>It was noted that the technology issue is critical, and will probably need to be addressed by another group, but the current Design Group should raise it in the final report and recommendations.</p> <p>2. <b>Robust technical assistance/education and training for the provider community is an essential need.</b> A suggestion was made to have a few interesting and high-value use cases that could be used to educate a large number of people quickly and onboard them to the new IIS.</p> <p>Other potential issues include sustainable funding, the timing of running both CIRTS and the new IIS platform in parallel, and necessary legislative updates. The Design Group will continue to explore these issues and others as they emerge at future meetings.</p>
<b>Meeting Wrap-up and Next Steps</b>	<p>It was noted that the next meeting is Thursday, July 20 from 11:30 am – 1 pm ET, in which the conversation about value propositions will continue. It was noted that CedarBridge will build out the table with stakeholders and potential values, and distribute that for Design Group review prior to the next meeting.</p>

Action Item	Notes	Due Date
Continued research on DAS-BEST support of SOAP	CedarBridge Group/HITO	Ongoing
Screen shots of IIS reports / missing immunizations	DPH	COMPLETE
Refined value propositions	CedarBridge Group	Wednesday 7/19/17
Prepare information on IIS best practices of other states	DPH/CedarBridge Group	Wednesday 7/19/17
Review of value propositions	Design Group Members	Thursday 7/20/17