Immunization Information System (IIS) Design Group

IIS Design Group Session 3 Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
July 13, 2017	11:30 am – 1:00 pm ET	**Webinar link:** https://zoom.us/j/132443323 **Telephone:** (646) 558-8656 **Meeting ID:** 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	X

Design Group Support					
Christina Coughlin, CedarBridge	X	Greg Petrossian, CedarBridge	X	Nancy Sharova, DPH	X
Pete Robinson, CedarBridge	X	Michael Matthews, CedarBridge	X	Nancy Barrett, DPH	X
Wayne Houk, CedarBridge	X	Sarju Shah, HIT PMO	X	Vanessa Kapral, DPH	X
Carol Robinson, CedarBridge	X			Kathy Kudish, DPH	X
Chris Robinson, CedarBridge	X				

Summary	
Approve Session 2 Meeting Summary	Design Group members unanimously approved the Session 2 Meeting Summary.
Review Best and Innovative Practices	The Design Group had requested a presentation on IIS best practices and innovative practices in other states at the kick-off meeting. There was an explanation of some of the guidance documents that the Centers for Disease Control and Prevention (CDC), the Modeling of Immunization Registry Operations Workgroup (MIROW), and the American Immunization Registry Association (AIRA) have developed. It was explained that Connecticut participates in webinars every week on how to meet recommended functional standards. It was noted that CDC, MIROW, and AIRA resources are very important for the Department of Public Health (DPH). There was a high-level overview of several states that are considered to be innovative in their IIS practices (slides 7 – 10.) It was noted that some of these activities are pilots, and many are in larger states that have better funding, especially through 90/10 Implementation Advance Planning Document (IAPD) funds. There was a discussion by the Design Group that it will be very important to utilize 90/10 matched funds as much as possible to fund the IIS and supporting infrastructure to support innovation and best practices. It was stated that Connecticut has an open slate to move forward and everything should be considered. It was shared that in the past, it has been difficult to get the state match, but now is the time to broaden the conversation and make sure that all elements (such as master patient index, master provider directory, and other components) will support the future IIS platform in a way that will meet stakeholder needs. The Design Group was updated on the stakeholder engagement process and the Summer Roundtables being held the week of July 17. The focus of the Roundtables was next steps on putting together health information exchange (HIE) services in Connecticut. It was explained that the Health Information Technology Officer, Allan Hackney, is moving this forward with the support of the Lieutenant Governor's office, the State Innovation Model Program Management Office, and the Health IT Advisory Council. It was shared that priority use cases have been identified, and the IIS and public health reporting use cases are a top priority. It was stated that the stakeholder engagement overview and recommendations can be distributed to the Design Group before the next meeting.

	It was noted that the IIS and HIE services should be set up in such a way that they are interoperable with EHRs. There was a discussion about HIE services that included the following thoughts/statements: • EHRs have to utilize HL7 for messages at the practice level, but the HIE services can provide the routing of the HL7 messages using Simple Object Access Protocol (SOAP). • States that have had the most success are ones in which the HIE does not just act as a pass-through, but ensures that the data is structured in the proper format, and provides message validation. This is something that could be provided through HIE services. • Strong IT infrastructure is needed, especially to support best practices and innovative use cases. There was a question about whether pharmacists are prohibited from reporting to the IIS. A number of states actually mandate pharmacists to report if they give vaccines, but Design Group members and support staff were not aware of any states that prohibit pharmacists from reporting. It was shared that it would be a best practice for pharmacists to report, especially for adult vaccines including pneumococcal, flu, and zoster. It was explained that pharmacies have contacted DPH to report electronically, but DPH did not have the resources to include them, although they have been in communication with Walgreens and CVS.
Value Propositions Discussion	The Design Group reviewed the draft Value Propositions document, confirmed the stakeholder groups listed in the document, added several new stakeholders, and continued to refine the value propositions. The conversation covered the following topics which will be integrated into the document: • Consumers 　o It was confirmed that this value proposition is about having access, ability to track, and increasing population health. • Clinicians 　o It was suggested that more details be added to the value proposition about the primary goal of being as interactive as possible with EHRs, with a focus on functionality that allows for clinicians to problem-solve around certain issues (i.e., missing immunizations or different brands of vaccines that have different requirements). 　o It was noted that it is important to emphasize the quality of data, and that once there are a couple of issues with data quality, people will not trust the system going forward, so data quality from the beginning is critical. • Clinic Staff 　o It was confirmed that this value proposition should focus on the efficiency of patient visits and allowing people to operate at the top of their license. 　o It was noted that clinic staff orders immunization vaccines, and this should include supporting the prediction of how many vaccines need to be ordered to support "just in time" ordering to avoid over- or under-supply. The integration of the IIS and EHRs could provide an administrative report of how many vaccines are needed for the coming month.

- Provider Organizations
    - It was suggested that a bullet be added to this value proposition about capacity to do quality review, as well as education, especially when there are new vaccines or changes to existing vaccine schedules.

- Walk-in Clinics
    - There was a discussion about whether "walk-in clinic" is the best term for this stakeholder category. It was stated that "walk-in clinic" is the generic term, and that urgent care (for example) is a specialty within the category. It was noted that travel clinics may be another category to consider.
    - It was noted that the use of walk-in clinics runs contrary to the principles of the American Academy of Pediatrics. It was noted that it is not the optimal outcome to have patients utilizing walk-in clinics instead of their pediatrician's office, but having access to the information is important, since people go to these clinics for sports, college, and other physicals. It was noted that the Connecticut Immunization Registry and Tracking System (CIRTS) is set up with a medical home model, and that the goal is always to get patients back to their medical homes.
    - It was noted that it is important to match reality and create an opportunity to foster best outcomes.
    - It was also noted that an attribution methodology may be a shared HIE service to consider.

- Regulatory Agencies
    - It was discussed and decided that this category should be called "Federal and State Government," rather than "Regulatory Agencies."
    - Specific agencies such as CDC (federal) and the Department of Social Services, the Department of Education, and DPH (state) were proposed to be listed in the document.
    - There was a reminder that some local public health departments provide vaccines. It was notes that local public health is listed as a separate stakeholder.
    - There was some discussion about legislation and how to spread best practices, and that the Design Group could include what might be helpful to have in place in terms of legislation in their final report and recommendations.
    - It was suggested that inter-state interoperability be added to this value proposition.
    - It was noted that federal and state governments are payers and would therefore benefit from healthier populations, and that this should be added to the Medicare/Medicaid category.

- Pharmaceutical Companies
    - It was suggested that the support of production and enhancements of vaccines be added to this value proposition.

- The following new stakeholder categories were proposed:
    - Incarcerated youth;

	- Refugee population; - Families at domestic violence shelters; and - Homeless shelter population.
Review High-Level Implementation Roadmap	The DPH team reported that they have finished the initial analysis and interviews of IIS vendors, and are starting the contracting process. They explained that they will be meeting with the consultant who will be helping them develop the IAPD request, which cannot be submitted until October. They explained they would not start legislative updates until later in the process. There was a request to understand if there are modules or functionality that could move forward quickly to demonstrate the value of the IIS. DPH explained that they follow an IT life cycle to roll out a system and will go through all the phases to write requirements, testing, implementation, production, training, and continual releases. It was explained that DPH included a two-year range (2018-2020) based on the experience of other states. DPH explained that they are still working out the timeline and how much money they have for procurement. DPH noted that they are not able to provide more specific information about the timing for different modules or use cases at this time.
Meeting Wrap-up and Next Steps	It was noted that the next meeting is Thursday, July 27 from 11:30 am – 1 pm ET, in which the group will talk about issues and gaps, and the creation of the final report.

Action Item	Notes	Due Date
Continued research on DAS-BEST support of SOAP	CedarBridge Group/HITO	Ongoing
Distribute stakeholder engagement overview and recommendations to Design Group	CedarBridge Group/HITO	Tuesday, 7/25/17
Review refined value propositions	Design Group Members	Thursday, 7/27/17