

## Immunization Information System (IIS) Design Group

### IIS Design Group Session 4 Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
July 27, 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	X		
Design Group Support					
Christina Coughlin, CedarBridge	X	Carol Robinson, CedarBridge	X	Nancy Sharova, DPH	X
Pete Robinson, CedarBridge	X	Greg Petrossian, CedarBridge	X	Nancy Barrett, DPH	X
Wayne Houk, CedarBridge	X	Sarju Shah, HIT PMO	X	Vanessa Kapral, DPH	X
				Kathy Kudish, DPH	X

Summary	
<b>Approve Session 3 Meeting Summary</b>	Design Group members unanimously approved the Session 3 Meeting Summary.
<b>Discuss Identified Issues, Emerging Recommendations, and Possible Prioritization</b>	<p>There were several questions from Design Group members about the ecosystem of Immunization Information Systems (IIS) solutions, the IIS consortiums which have been mentioned previously, and the apparent decision by the Department of Public Health (DPH) to move forward with a specific vendor before the Design Group concludes its recommendations. It was explained there are several options within IIS solutions:</p> <ul style="list-style-type: none"> <li>• Homegrown/standalone</li> <li>• An open source option built on a platform from Wisconsin where each entity has its own version</li> <li>• One of two commercial options which work through consortiums made up of states, territories, as well as some local immunization registry programs</li> </ul> <p>It was explained DPH looked at the two vendors which meet the national functional standards; those two vendors work through consortiums. It was also explained that some vendor options are also on a General Services Administration (GSA) schedule, including the one DPH has selected. It was explained each consortium is the group of states or other entities which use that vendor IIS platform. Those entities can share financial and subject matter expert resources. It was explained in some cases, states have been with the vendor for a long time, and in other cases, they are new to the vendor, but there is collaboration and the consortium meets regularly to work together.</p> <p>There was a question from a Design Group member about whether it might make sense to slow down the decision about the IIS platform to ensure alignment with the health information exchange (HIE) services planning which is currently happening. DPH explained their thinking about moving forward more quickly, in that there are currently funds available from the Centers for Disease Control and Prevention (CDC). Because the funding is time-limited, it is possible the funds would not be available at a later date, so the Public Health Commissioner told staff to move forward. It was also explained by DPH staff that only two vendors meet the requirements, and both would meet the functionality that has been discussed by the Design Group to-date. .</p>

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It was further explained by DPH staff that there was a process of due diligence to select a vendor, with the plan for Year 1 to be to replace the basic functionality, and Years 2 and 3 to add modules and any other additional items identified through this Design Group, as well as integration with HIE services as they are available. The advantage of the consortium was explained by DPH as the opportunity to collaborate with states already working with the preferred vendor; this is the same collaborative model with other states used in the surveillance system.

There was a comment made in response to the DPH explanation that it is important to take advantage of what the HIE services can do to move these efforts forward, particularly in areas such as identity services and connecting provider organizations, and that it is important to think these issues through carefully and not prematurely lock the state into decisions.

It was suggested, because of the concern raised about losing the CDC funding if there was a delay in moving forward, it could be helpful to have a discussion with CDC, the Office of the National Coordinator for Health Information Technology (ONC), and the Centers for Medicare and Medicaid Services (CMS), about the opportunity to align the projects Connecticut is working on across the federal agencies. It was explained by consultants to the HIT PMO, that the projected timing for pilot HIE services is late Q1 or early Q2 2018. It was suggested by the facilitator, it might be helpful for a conversation to take place between DPH and the Health Information Technology Officer (HITO) to look at the state's priorities, and to let the Design Group know any outcomes of the conversation. It was mentioned DPH has a number of programs around public health reporting, and it is important for the HIE planning group to understand what DPH does. There was a suggestion that perhaps a joint planning effort would be helpful to leverage resources.

The Design Group began to develop recommendations to be including in the Final Report and Recommendations, beginning with the categories below:

### **Move to new IIS platform**

- The Design Group agreed to support DPH's decision to move off of the current CIRT platform to a new IIS platform as long as the new platform can provide the enhancements and value propositions the Design Group has discussed.
- The consortium model that has been described seems the best option for sustainability to the Design Group, but it needs to meet what the Design Group is requesting. There was a request from the Design Group for additional information about the consortium, which will be provided at the next meeting. It was explained by DPH that each vendor has about 15 entities, a combination of states, cities, and territories. There was a question from a Design Group member about whether it would be helpful to be in a consortium with neighboring states. The facilitator also shared that a question came up during stakeholder conversations about working with other neighboring states. It was explained by DPH that each consortium is vendor based, and New York, Massachusetts, and Rhode Island have three different systems. DPH also explained the consortium does not share one IIS, each state has its own, and sharing information is through HL7 message exchange, not a direct look-up into a single repository.

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### **Provider onboarding/education and technical assistance**

It was discussed that provider technical assistance needs to be split into two separate pieces, one focused on IIS training and the other around connectivity and integration with HIE services:

- Education and technical assistance for IIS functionality, building outreach and education around high-value use cases.
- Support for providers to work with their EHR vendors around connecting to the IIS, either directly or through HIE services

In further discussion, Design Group members shared several thoughts including:

- The focus of this effort should not just be on technology. Parents should not be the transport mechanism in the future. There needs to be support for sharing immunization information more efficiently.
- A question was raised about whether schools would continue to have read-only access, and who would have log-in capability. It was stated that this would be part of the planning and legislative updates.

There was also discussion about the intermediary system that needs to be in place between providers' EHRs and the IIS, and whether HIE services can play that role. There was a comment by a Design Group member that it would be helpful to have more information about what DPH's requirements are for HIE services. It was explained by DPH that there is a national implementation guide, and then there will need to be a local guide for HIE services. The national guide is based on HL7 2.5.1, and the standards include bi-directional exchange (query and response.) It was stated by DPH that more information can be provided next week. There was a question from a Design Group member about whether there was a role for data transformation services at the HIE level that would support DPH, and a response from DPH that this would be a great idea to explore. There was a comment from the facilitator that the more that can be articulated about local requirements for the Design Group report the better, particularly around bi-directional exchange and support from HIE services.

### **Required IT infrastructure and Alignment with HIE services**

Building on the earlier conversation, the Design Group agreed with the importance of aligning with HIE planning efforts and recognizing that the IIS should be integrated with HIE services. The Design Group agreed that priority HIE Shared Services should support transport mechanism (SOAP), patient and provider identification, and the infrastructure to support attribution. It was suggested by the Design Group that planning between DPH and HITO was critical.

It was also noted by a Design Group member that to provide a standardized view within EHRs, there may be value in creating a SMART on FHIR application which could be run within EHRs to display effectively in the EHR. The recommendation might be before HIE services, in collaboration with DPH, to create a reusable infrastructure for EHRs. Examples will be shared with the group by email.

There was a question about whether individual practices will be connecting to the IIS directly, or through HIE services. It was explained by DPH that this is part of the phased approach. When HIE services are available, DPH would have providers connect through those services. It was stated by a Design Group member that larger organizations will have the resources and money to work

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	<p>on the interfaces from the EHR to the IIS or HIE services, but perhaps the suggestion about using SMART on FHIR would eliminate the hardship of connecting from the EHR to the IIS platform for smaller practices without those resources. It was explained by DPH that there will always be web access where providers can directly log in.</p> <p><b>Sustainable funding</b> Design Group members agreed maximizing Implementation Advance Planning Document (IAPD) funds from CMS, aligning with and leveraging shared HIE services, and participating in a consortium with other states to leverage resources (financial and subject matter expertise) are key elements for sustainable funding.</p> <p>It was stated by the facilitator more information on consortiums will be shared next week. It was explained that currently, the IIS is 100% federally funded, and there have not been state dollars. It was explained some states receive state funding, some do not. It was suggested the Design Group could make a strong recommendation to solicit funds for something specific such as analytics to reduce health disparities. The importance of spreading the value proposition for the IIS across many stakeholders are stated as a priority. It was stated the work being discussed fills an infrastructure need similar to roads. A comment was made by a Design Group member, stating we need this type of technology in place in order to keep the state of Connecticut population healthy.</p> <p><b>Legislative updates</b> There was a discussion about timing around legislation, including an expansion to a lifetime registry and reporting from all vaccine providers including pharmacies. There was a suggestion by the Design Group around coordination with the legislative representatives on the Health IT Advisory Council on legislative next steps. There was a comment from a Design Group member about the importance of considering a gradual approach as interfaces are put in place to minimize the needs for manual entry. There was a suggestion by a Design Group member to submit legislation in 2018, and for the legislation to promote a graduated approach so when the EHR functionality is available, the IIS will receive the data. At that point, the EHR should send data for all age patients, with the goal of building a lifetime registry.</p>
<b>Meeting Wrap-up and Next Steps</b>	<p>The schedule was shared by the facilitator for the development of the Design Group's Final Report and Recommendations. A shared document with the report outline will be shared with the Design Group for their review and additions prior to the next meeting. The next meeting will focus on recommendations. After the August 3<sup>rd</sup> meeting, the following schedule will be used to compile the Final Report and Recommendations:</p> <ul style="list-style-type: none"><li>○ August 4: Distribute report for review by email</li><li>○ August 7 – 9: Individual calls with Design Group members</li><li>○ August 10 – 11: Final review by Design Group members</li><li>○ August 14: Send report to Health IT Advisory Council</li><li>○ August 17: Health IT Advisory Council presentation</li></ul> <p>Design Group members were asked to check their schedules and see if they would be available to attend the August 17 Health IT Advisory Council meeting.</p>

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Action Item	Notes	Due Date
Continued research on DAS-BEST support of SOAP	CedarBridge Group/HITO	Ongoing
Provide additional information on IIS Consortiums	DPH	Thursday, 8/3/17
Provide Design Group with outline of the Report and Recommendations document	CedarBridge Group	COMPLETED
Review Report and Recommendations outline and update	Design Group members	8/3/17