

## SNAPSHOTS

Immunization registry news from the American Immunization Registry Association (AIRA)

Welcome to SnapShots, the American Immunization Registry Association's newsletter (formerly published by All Kids Count) about the progress, best practices, and accomplishments of immunization registries across the country. We invite you to share news about your registry. Email us: [SnapShots@hln.com] or call us at (212) 676-2325 with information about a successful programmatic or technical innovation, major accomplishment, or milestone that your registry has reached. SnapShots is sent to subscribers quarterly by the American Immunization Registry Association (AIRA) and posted on AIRA's web site: [www.immregistries.org](http://www.immregistries.org). Past issues also are available on the All Kids Count web site: <http://www.allkidscount.org>.

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### President's Column

We in AIRA are pleased to be working with CDC, the Association of Immunization Program Managers (AIM), Every Child By Two (ECBT), and CIRSET on implementing the **Immunization Registry Strategic Plan: 2002 – 2007**. I urge you to read the plan, which may be found at [www.cdc.gov/nip/registry](http://www.cdc.gov/nip/registry), and join one of our committees or workgroups to help carry it out. Contact AIRA Executive Director Cindy Sutliff at [csutliff@health.nyc.gov](mailto:csutliff@health.nyc.gov) to learn of opportunities for your participation.

Our goal is to reach the Healthy People 2010 objective: increase to 95% the proportion of children (ages 0 - < 6 years) participating in a fully operational, population-based immunization registry. With funding from CDC to AIRA through a cooperative agreement, we will be implementing key areas of the strategic plan: promoting data exchange between registries and managed care organizations; implementing the PROW Standards of Excellence for registry support of immunization program core functions; documenting registry impact; collecting and sharing of best practices in provider participation, data quality assurance, use of registry data and technical capabilities; and meeting the educational needs of our peers. We look forward to the active participation of all our members.

One final note to those of you working on pre-event smallpox vaccination data capture, AIRA recently launched a Bio-Terrorism Committee. This committee is serving as an important forum for the exchange of information among our peers and with CDC. Contact Paula Soper at [Paula\\_Soper@stchome.com](mailto:Paula_Soper@stchome.com) for more information. (Amy Metroka, AIRA President)

### **IRC 2002—a Well Attended, Collaborative, and Successful Conference**

In its third year as a National Immunization Program conference, the Immunization Registry Conference was attended by over 450 public health professionals from throughout the United States and her territories, as well as Canada, Ireland, and Sweden. This is an 80% increase in attendance from the 2001 Immunization Registry Conference held in Little Rock, Arkansas. The 2002 Immunization Registry Conference debuted an on-line abstract submission system; an on-line conference registration system; and established a conference web page as part of the National Immunization Program's web site. These actions facilitated the expeditious exchange of information among the various conference planners, partners, and sponsors, as well as individual conference participants.

The 2002 Immunization Registry Conference championed the initiative to fully include all of the external partners and sponsors in the planning and organizing process of the conference agenda, rather than allow them to serve customary advisory capacity. To achieve this end, everyone--National Immunization Program, American Immunization Registry Association, Every Child By Two, Philadelphia Department of Public Health, The Task Force for Child Survival and Development, All Kids Count, The Center for Innovation in Health Information Systems, the American Academy of Pediatrics, and the Committee on Immunization Registry Standards for Electronic Transactions--reserved their individual organizational objectives, in a pursuit of unselfish efforts to develop a conference that reflected a blend of programmatic and technical subject matter that would endeavor to serve the best interests of everyone within the larger immunization registry community. Highlights of the 2002 Immunization Registry Conference included a keynote address by Dr. Eve Slater, Assistant Secretary of Health, U.S. Department of Health and Human Services and plenary presentations by Dr. Louis Cooper, Past President of the American Academy of Pediatrics, Linda Wolfe, President of the National Association of School Nurses, Dr. Isaac Weisfuse, Deputy Commissioner, Division of Disease Control New York City Department of Health and Mental Hygiene, and Dr. Raymond Strikas, Director, Smallpox Preparedness and Response Activity, National Immunization Program. (Source: Greg Lanman, CDC NIP)

### **Every Child by Two Partners with AIRA to Help Reach Strategic Plan Goals**

Every Child By Two is thrilled to announce that we will be partnering with AIRA to help accomplish the goals of the Strategic Plan that was developed (with much outside input) by NIP's Systems Development Branch. ECBT recognizes that AIRA's membership has the expertise to facilitate the sharing of data between managed care organizations (MCOs) and registries and we look to you to help us accomplish this important goal. With the support of AIRA's Aurora Oliva, we will continue to build on the relationships established during our July 2002 MCO meeting, and we will reach out to at least 10 additional MCOs by the Fall of 2003. Two of our key objectives are the creation of a MCO data sharing best practice document and a start-up manual to guide MCOs that wish to begin data sharing with registries.

We will work diligently to market and distribute the CD-ROM "Health Care Providers Speak Out on Immunization Registries," which was aired and disseminated at the 2002 Immunization Registry Conference. We strongly encourage AIRA members to have their registries apply for consideration as a pilot project that will include the distribution of the CD-ROMs to private providers in your area. ECBT will work closely with the Health Care Provider Workgroup to evaluate whether the CD-ROM encouraged providers to contact local registries. The results of this evaluation will help us determine whether a mass printing for distribution to providers nationwide would effectively market the benefits of registries and result in increased private provider participation. Please visit our website at [www.ecbt.org/registryform](http://www.ecbt.org/registryform) to provide us feedback on the CD-ROM and to enroll for consideration as a pilot project. (Source: Amy Pisani, Every Child by Two)

### **New Sourcebook on Best Practices in Integrating Health Information Systems**

A new *Sourcebook* describing the key elements considered critical to the success of a public health information systems integration project is now available online at

<http://genes-r-us.uthscsa.edu/resources/HRSAMeeting2002/resources.htm>. The *Sourcebook* was prepared by The Center for Innovation in Health Information Systems as part of a contract with the Genetics Services Branch, Maternal and Child Health Bureau, Health Resources and Services Administration (GSB/MCHB).

The Center for Innovation, home to All Kids Count – a program funded by The Robert Wood Johnson Foundation to foster integration of child health information systems – was tasked with identifying and describing best practices in integrating newborn screening information with other early childhood information and systems. Center for Innovation staff gathered information through site visits to 7 of 17 states that had received GSB/MCHB grants to develop state genetics plans and integrated data collection and services systems: Colorado, Iowa, Michigan, Missouri, Oregon, Rhode Island, and Utah. The site visits focused on identifying and understanding what factors, from the grantees’ perspective, were important for planning and implementation of the integration effort within their states.

The *Sourcebook* describes each of the nine cross-cutting Key Elements and the “best practices” in their implementation as demonstrated by the grantees: Leadership, Project Governance, Stakeholder Involvement, Organizational and Technical Strategy; Technical Support and Coordination, Financial Support and Management, Policy Support, and Evaluation.

The *Sourcebook* provides in-depth case studies of the integration projects underway in Missouri and Utah and presents five lessons learned – over-arching conclusions that states and government agencies should bear in mind as they consider implementing health information systems integration projects. The *Sourcebook* also contains relevant resources and a bibliography for information systems program managers engaged in planning, developing or implementing an integrated child health information system.

For information, contact: Ellen Wild, Center for Innovation in Health Information Systems, [ewild@taaskforce.org](mailto:ewild@taaskforce.org). (Source: Terry Hastings, AKC)

### **A Happy Resolution to the Q Codes Issue**

No, the Q Codes are not part of some spy thriller. They come from the equally arcane world of Medicare documentation. When AIRA was first informed that Medicare intended to change the five CPT codes for adult Hepatitis B vaccine, reducing them to three Q codes, it did not seem to be of concern to registries. After all, most registries have not included vaccinations of the Medicare age group, much less the Medicare end stage renal disease patients to whom this change was targeted. Fortunately, Kay Jewell, a physician in Oregon, who made the initial contact with Jeff Wehl of CIRSET and AIRA, was persistent in following up. Kay was a consultant to SMT, a consulting organization in New Jersey, whose VP, Nevin Whitelaw, attended the Registry Conference in Philadelphia where he met with and informed AIRA members of the real potential consequences of this change.

We then understood that even though these changes would seem to affect a small class of adult patients in dialysis, the use of Medicare codes by their intermediaries and commercial carriers and their adoption by some state Medicaid programs would widen the impact well beyond the original intent. Additionally, such changes would seem to be contrary to HIPAA objectives of simplification, as it would burden provider offices with the kind of coding duplication that HIPAA seeks to eliminate. With the proposed Q Codes already published in the Federal Register for a January 03 effective date, carriers were revising their code sets. The time for action was immediate.

SMT had already scheduled meetings with Tom Grissom, the Medicare Director, and Dennis Smith, the Director of Medicaid and State Operations, to make the case against Q codes for dialysis patients, and they invited AIRA representatives to attend to make the case for registries. Sue Salkowitz prepared

testimony for these meetings and had the opportunity to present in person, while Jeff Weihl and Terry Hughes “attended” via phone. Sue explained that, because registries and other public health reporting rely on information from health care providers, it is important to retain levels of standardization and code granularity in administrative data from claims and encounters. This can also supplement other forms of surveillance data needed in the current bioterrorism preparedness climate. She asked Tom Grissom to consider these public health needs and withdraw the Q code changes. AIRA members and other registry stakeholders were urged to send letters to CMS and NCVHS to press for the Q code change withdrawal. Sue sent one more follow up letter to Tom Grissom.

Tom Grissom replied: “Susan, we intend to stick with CPT codes per your request. We are trying to figure out how to do it as easily and as promptly as possible. Unfortunately, CMS is left with this sticky issue of separate vaccines, different doses, different costs, etc. But we are trying to administer the program in a way that balances out all stakeholder interests and you have made us aware of yours.” It appears that AIRA’s advocacy for registries was very influential. We owe thanks to Mr. Jan Wolters and Swami Nathan of Merck & Co. and SMT for orchestrating these meetings and providing us the opportunity to make our case to the key decision-maker. (Source: Susan Salkowitz)

### **Benefits of a Registry: Vaccine Recall – A Case in Point**

One of the touted benefits of immunization registries is the ability to easily identify affected individuals in the event of a vaccine recall. This registry feature was recently put to the test. In October 2002, four lots of Menomune®, a quadravalent meningococcal vaccine, were voluntarily recalled by Aventis Pasteur when the company identified a potency failure of one of the components. In addition, the company voluntarily withdrew another 79 lots of Menomune® due to a possible loss of potency. While the company recommended revaccination only for travelers to certain parts of the world, it was important to identify patients who had received the affected lots and offer them revaccination if indicated. Several immunization registries around the country sprung into action and assisted health care providers who had administered this vaccine.

Montana, for example, used their statewide registry to provide local health departments with a list of those individuals who received the recalled lots of Menomune®, thereby facilitating the notification and scheduling of those patients needing revaccination. Washington State’s immunization registry, CHILD Profile, produced similar lists for 7 local health departments--- within 24 hours, over 2,000 affected patients were identified and address lists sent to the appropriate clinics for follow-up action.

In California, the Central Coast Immunization Registry was able to retrieve a list of 150 clients who received the affected lot numbers at three travel clinics, and the Kern County registry produced a similar list, mailed letters to all affected individuals, and used the system to track individuals who had the option to receive another dose of the vaccine. In southern California, Kaiser Permanente, a long-time proponent of immunization registries, was able to use its registry to identify 139 patients that received the 4 recalled lots and another 6,000-plus individuals who received the other 79 withdrawn lots.

Kidsnet, the Rhode Island registry, sent out general information about the recall in their monthly newsletter to participating providers. In addition, in late October each provider was mailed a list of children in their practice who received meningococcal vaccine during the time period of the recall. Even without lot numbers, the lists were seen as a valuable tool by providers.

Immunization registries provide accurate information on each vaccine a child receives, often including the vaccine manufacturer and lot number, as well as up-to-date demographic information about the child. Thus, when a vaccine recall occurs, rare though it may be, registries can provide a valuable service to providers. They save providers many hours of staff time in research and record review, and ensure the identification of all patients needing notification. (Article by Sherry Riddick)

Sources:

James Aspevig, Montana Department of Public Health and Human Services  
Sherry Riddick, CHILD Profile, Washington State  
Lin Glusac, Ventura County Public Health  
Kirt Emery, Kern County Health Department  
Steve Tannenbaum, MD, Kaiser Permanente  
Kim Salisbury-Keith, Kidsnet, Rhode Island Department of Health  
Aventis Pasteur, Vaccine Recall Letter, 10/18/02

**CIRSET Starts 2003 with Partnership**

CIRSET, the Committee on Immunization Registry Standards and Electronic Transmissions, started the calendar year with a flourish of activity. Most importantly, the membership voted to accept a proposal that CIRSET partner with AIRA to become the Immunization Standards Committee for AIRA. This partnership unites their experience and expertise in evaluating and advocating for technical and data exchange standards with the strength, scope and commitment of the American Immunization Registry Association. A Letter of Agreement to work out the details of that partnership is now in process. Further, CIRSET will embark on new initiatives including Vendor Recruitment and a redesign of its Web page as a knowledge base that can offer immediate benefits to registry staff and partners.

The CIRSET membership holds teleconferences each month and welcomes new state, regional and local registry representatives and registry partners and vendors. CIRSET offers a diverse and exciting set of work and focus groups to address real time issues. For more information about joining CIRSET, contact Dennis Michaud at 617-983-6838 or by e-mail at [dennis.michaud@state.ma.us](mailto:dennis.michaud@state.ma.us). (Source: Dennis Michaud, CIRSET)

**New AIRA Committees Launched**

AIRA is pleased to announce the formation of the new Provider Participation Committee. This committee will be responsible for the development of marketing strategies, resources, and tools to support provider recruitment and retention. It will work closely with the Education Committee, as well as with the CDC Healthcare Provider Workgroup, to identify and communicate provider participation “best practices” and encourage the exchange of ideas. One activity will be the development of a “Marketing Strategies” workshop for the 2003 Immunization Registry Conference. The Committee is chaired by former AIRA Board Member Sherry Riddick; CDC’s designated Stewards for this group are Janet Kelly and Amanda Bryant. The committee will meet every one or two months. All are welcome to join this committee. If you are interested, please contact Sherry Riddick by e-mail at [sherry.riddick@metrokc.gov](mailto:sherry.riddick@metrokc.gov). (Source: Sherry Riddick, CHILD Profile, WA)

The Bioterrorism Committee is another new AIRA Committee, which was formed during the Immunization Registry Conference in Philadelphia last October. The Co-Chairs are Karen Nikolai (Hennepin County Community Health Department, MN) and Paula Soper (Scientific Technologies Corporation). The Bioterrorism Committee is responsible for identifying issues, disseminating information and advocating for the use of registries in bioterrorism preparedness activities. It will work closely with the Education Committee on the communication of these issues and trends, as well as in identifying and communicating best practices. The co-chairs can be contacted at [Karen.Nikolai@co.hennepin.mn.us](mailto:Karen.Nikolai@co.hennepin.mn.us) and [Paula\\_Soper@stchome.com](mailto:Paula_Soper@stchome.com). (Source: Karen Nikolai)

**Upcoming Conferences**

Note: You can find links to information on the following conferences and others at:

<http://www.centerforinnovation.org/events.html>

- **Centers for Disease Control and Prevention**  
37th Annual National Immunization Conference  
March 17-20, 2003  
Chicago
- **Fifth National Immunization Coalition Conference**  
May 28-30, 2003  
Westin-Kierland Resort and Spa  
Phoenix-Scottsdale, Arizona  
Note: Abstracts due November 1, 2002.  
Contact Tracey Ryan at [tryan@hsc.usf.edu](mailto:tryan@hsc.usf.edu)
- **American Medical Informatics Association**  
Annual Symposium  
November 8-12, 2003  
Washington, DC

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We hope you will forward this e-mail to others who may be interested in receiving SnapShots. TO SUBSCRIBE, please go to <http://www.immregistries.org/>. This information will remain confidential and will not be sold or passed on to other parties.

COMMENTS, PROBLEMS, OR QUESTIONS, PLEASE CONTACT US AT:

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