

TWG Decisions Made at Spring Meeting

The final vote for each standard, as written in the attached document, is listed in bold. Additional motions and votes related to each standard are also listed.

Standard #1: Electronically store data on all NVAC-approved core data elements

Definition The registry's computer database contains fields for all NVAC-approved core data elements. These elements are: patient name (first, middle, and last); patient birth date; patient sex; patient birth state/country; mother's name (first, middle, last, and maiden); vaccine type; vaccine manufacturer; vaccination date; and vaccine lot number.

Note: The core data elements comprise the basic set of data that registries will exchange with each other. They are designed to standardize a set of patient demographic and vaccine event elements that are considered core to record exchange between registries. The mother's name element refers to current legal mother (who may or may not be birth mother). To receive credit for the patient and mother names, at least a surname and one other name element must be valued.

(Final vote -- 5 in favor/2 opposed)

A motion was made by CIRSET's representative and seconded by AIRA's representative to adopt Standard #1 as written with the exception of changing the scoring method to allow for partial credit in meeting the 25% completeness requirement.

Motion denied. (Final vote – 2 in favor/5 opposed).

AIRA vote on motion to allow for partial credit in 25% completeness requirement: in favor

AIRA vote on Standard #1: opposed

Explanation: The 25% completeness requirement for this standard is not possible for many registries to achieve. Lot number and manufacturer are often not available from billing data, and many registries use claims/billing data as their foundation, and thus will be unfairly penalized if required to have 25% completeness in all fields to receive credit for this standard.

Standard #2: Establish a registry record within 6 weeks of birth for each newborn child born in the catchment area

Definition Identifying information from a population-based data set (e.g., vital statistics) is regularly sent to or retrieved by the registry in a computer file format that requires little, if any, manipulation by registry staff for the data to be entered into the immunization registry. Such information is available in the registry within 6 weeks of birth.

(Final vote – 6 in favor/1 abstention)

AIRA vote: abstained

Explanation: There is general concern that registries do not have control over when birth records are submitted, however this is the time frame that was recommended by registry program directors.

Standard #3: Enable access to and retrieval of immunization information in the registry at the time of encounter

Definition The registry provides a means by which providers can access and retrieve immunization records prior to or at the time of a scheduled encounter.¹

Note: This standard accommodates registries that do not operate continuously (e.g., closed Sundays and holidays) and those that send and receive non-electronic records in order to allow access to users without

¹ The standard as currently defined will serve as the interim minimum during the initial phase of registry certification; however, the standard will change in 2005 to: "Electronically access immunization information in the registry at the time of encounter."

electronic capabilities. For example, providers can request and receive the immunization record(s) needed from the registry prior to the scheduled encounter (can include printed patient lists, flags on charts, fax or phone requests).

(Final vote – 7 in favor/0 opposed)

AIRA vote: in favor

Explanation: There have been no specific issues raised by the AIRA membership in regard to this standard.

Standard #4: Receive and process immunization information within 1 month² of vaccine administration

Definition The registry receives and processes immunization information within 1 month of vaccine(s) administration (e.g., can include fax or phone requests). This will serve as the interim minimum during the initial phase of registry assessment; however, the ideal standard will become the minimum in 2005.³

(Final vote – 5 in favor/2 opposed)

The AIRA representative noted that the 1 month time period will be a difficult standard for some registries to meet due to delays in information submission that are out of the control of the registry.

AIRA vote: opposed

Explanation: AIRA opposed this standard given concerns that the timing of information submission is often out of the control of a registry.

Standard #5: Protect the confidentiality of health care information

Definition The registry has written confidentiality policies and procedures in place and implemented, including administrative and technical practices to protect health care information.⁴ The policies and procedures are consistent with applicable state and local laws, Federal law (HIPAA or other privacy law) when implemented, and with the recommended specifications and guidelines outlined in the updated “*Community Immunization Registries Manual: Chapter II: Confidentiality*,” except where they conflict with applicable legislation.

(Final vote – 6 in favor/1 opposed)

Partial point assignment was removed from scoring this standard in the certification process. The point assignment, as initially proposed, may be used in the registry evaluation process.

AIRA vote: in favor

Explanation: The elimination of partial scoring was supported because certification is being separated from evaluation. Since a registry must meet all criteria for the minimum functional standards to become certified, partial scoring doesn't have any meaning for this process. Incremental weighted scoring will be used when this document is modified for evaluation purposes (see “Introduction” at the end of the Minutes). Additionally, while some concerns about this standard that had been raised by AIRA membership were discussed, the TWG vote was only in regard to the registry's process for implementing the privacy policy. As indicated in the formal recommendations document, NIP will be forming a Confidentiality Working Group (CWG), which will evaluate the content of the privacy policy, and the criteria for this standard are taken directly from the recommended specifications and guidelines outlined in the updated “*Community Immunization Registries Manual: Chapter II: Confidentiality*,” except where they conflict with applicable legislation.

² For the purposes of this calculation, one month equals 30 days.

³ The standard as currently defined will serve as the interim minimum during the initial phase of registry assessment; however, the standard will change in 2005 to: “Receive and process immunization information on the day of vaccine administration.”

⁴ Health care information in this document refers to patient demographics, as well as medical conditions, care or services related to the health of the patient.

Standard #6: Ensure the security of medical information

Definition The registry has written security policies and procedures in place and implemented, including administrative and technical practices and physical safeguards to protect medical information. The policies and procedures are consistent with applicable state and local laws and with Federal law when implemented.

Note: Appendix D of the “Community Immunization Registries Manual: Chapter II: Confidentiality” will serve as the current recommended specifications and guidelines; however, HIPAA implementation may result in a change in the minimum specification.

(Final vote -- 7 in favor/0 opposed)

Partial point assignment was removed from scoring this standard in the certification process. The point assignment, as initially proposed, may be used in the registry evaluation process.

AIRA vote: in favor

Explanation: There have been no specific issues raised by the AIRA membership in regard to this standard. In reviewing and evaluating this standard, the TWG took into account NIP’s indication that Appendix D of the “Community Immunization Registries Manual: Chapter II: Confidentiality” will serve as the current recommended specifications and guidelines; however, HIPAA implementation may result in a change in the minimum specification.

A motion was made to combine Standard #7 (Disaster Recovery) with Standard #6 (Security). The requirements for Standard #7 will be placed under Section #3 (Technical Security).

Motion approved (Final vote – 7 in favor/0 opposed)

AIRA vote: in favor

Explanation: This is a logical reorganization of topics. As registries must meet all criteria for the minimum functional standards to become certified, this change does not affect scoring for the certification process.

All references to “Method of Evaluation” will be changed to “Method for certifying registry function.” All references to “Data required for TWG review” will be changed to “Data required for review.”

Explanation: This change is to further clarify that these recommendations are for certifying registries, not evaluating them.

Standard #7: Exchange immunization records using Health Level Seven (HL7) standards

Definition The registry has a function, at the central level, that creates, receives, and properly processes the HL7 messages, as specified in NIP’s Implementation Guide for Immunization Data Transactions using Version 2.3.1 of the Health Level Seven (HL7) Standard Protocol (Guide), June 1999.

(Final vote -- 7 in favor/0 opposed)

The group agreed that the minimum should be changed to require a registry to process all messages.

AIRA vote: in favor

Explanation: Standard #7 now refers to the HL7 standard. The change to require a registry to process all messages was proposed by the CIRSET representative, Jeff Wiehl, who suggested that registries are unlikely to create this function without the ability to process all messages, as opposed to the incremental approach to creating this function assumed in a previous draft of this standard and criteria for certification.

Standard #8: Automatically determine the routine childhood immunization(s) needed, in compliance with current ACIP recommendations, when an individual presents for a scheduled immunization

Definition The registry has an automated function, accessible at the provider level, that determines needed routine childhood immunizations, in compliance with current ACIP recommendations, given an individual's immunization history to date.

(Final vote -- 7 in favor/0 opposed)

Partial point assignment was removed from scoring this standard in the certification process. The point assignment, as initially proposed, may be used in the registry evaluation process.

The standard requires that a registry meet the ACIP recommendations, but some states have requirements that could possibly conflict. It was decided that a registry should follow the ACIP recommendations, but reviewers will take into consideration any differing state requirements.

AIRA vote: in favor

Explanation: There have been no specific issues raised by the AIRA membership in regard to this standard. Concerns in regard to using ACIP recommendations as the standard were discussed. Consensus was reached that the reviewers will take into consideration any differing state requirements, as noted above.

Standard #9: Automatically identify individuals due/late for immunization(s) to enable the production of reminder/recall notifications

Definition The registry has an automated function that produces a list of individuals who, as of a given date, are due or late for immunizations according to the registry's algorithm (see Functional Standard #8). The output from this function gives the ability to produce reminder or recall notices.

(Final vote -- 7 in favor/0 opposed)

Partial point assignment was removed from scoring this standard in the certification process. The point assignment, as initially proposed, may be used in the registry evaluation process.

AIRA vote: in favor

Explanation: There have been no specific issues raised by the AIRA membership in regard to this standard.

Standard #10: Automatically produce immunization coverage reports by providers, age groups, and geographic areas

Definition The registry has an automated function to assess immunization coverage (e.g., % of children "age-appropriately" immunized) as of a given date for an individual provider's practice, for the registry's entire catchment area, and for subgroups within a practice or the catchment area (e.g., children of a certain age).

(Final vote -- 7 in favor/0 opposed)

Partial point assignment was removed from scoring this standard in the certification process. The point assignment, as initially proposed, may be used in the registry evaluation process.

AIRA vote: in favor

Explanation: There have been no specific issues raised by the AIRA membership in regard to this standard.

Standard #11: Produce official immunization records

Definition The registry has a function that allows authorized users to produce an individual's immunization history that is accepted as an official immunization record.

(Final vote -- 7 in favor/0 opposed)

AIRA vote: in favor

Explanation: There have been no specific issues raised by the AIRA membership in regard to this standard.

Standard #12: Promote accuracy and completeness of registry data.

Definition The registry has developed and implemented a data quality protocol to combine all available information relating to a particular individual into a single, accurate immunization record.

(Final vote -- 5 in favor/1 opposed/1abstention)

A motion was made to revise Standard #12 from "Consolidate all immunization records from multiple providers, using deduplication and edit checking procedures to optimize accuracy and completeness" to "Promote accuracy and completeness of registry data." Members felt that this standard should address data quality in general with deduplication and edit checking as a part of the evaluation. Motion approved (Final vote -- 4 in favor/2 opposed/1 abstention)

AIRA vote: in favor

Explanation: The expansion of this standard to address data quality in general was supported by AIRA, as deduplication and edit checking procedures are really a part of the general topic of data quality. It is also important to note that at this time the criteria for certification remain unchanged, solely addressing deduplication.

Members agreed that the methods for certifying this registry function will be revised at a later date to add specificity. During the initial round of site visits, we will evaluate whether a registry has developed and implemented a data quality protocol to combine all available information relating to a particular individual into a single, accurate immunization record.

Additions to agenda

Alison Chi requested the addition of an agenda item to discuss a preamble to the certification document explaining the purpose of the certification process and the methods for future revision of the process.

Robb Linkins requested the addition of an agenda item to discuss scoring for the NIP evaluation process.

It was agreed that these two items would be added to the end of the agenda and discussed, time permitting.

Preamble to Certification Document

Alison Chi prepared two proposals for preambles to the document describing the certification process. Members reviewed, revised and reached agreement on an “introduction” that describes the purpose of certification and the difference between registry certification and the registry evaluation process that will be conducted on an annual basis by NIP. The agreed upon introduction follows.

Introduction

This document has been developed for the purpose of immunization registry certification of minimum functional standards. To become certified, registries must meet all criteria for the minimum functional standards. Certification is a voluntary process, which will be performed at the request of registries according to their self-determination of readiness. Certification is not evaluation. Certification assesses attainment; evaluation measures progress.

The minimum functional standards and criteria for their assessment may become the basis for a registry evaluation. Evaluation would be distinguished from certification by the inclusion of incremental weighted scoring to accurately reflect and encourage registry development. Registry evaluation by the National Immunization Program (NIP) is intended on an annual basis for federally funded immunization grantees.

Replacement of Non-participating TWG Members

Members agreed the organizations that are represented on the TWG by individuals that have not recently participated in TWG meetings/conference calls should be contacted to determine if a new representative should be appointed. It was also decided that TWG members who miss three consecutive meetings/conference calls, and do not have a representative to fill-in in their absence, will be removed as members.

NIP agreed to send letters to each participating TWG member's organization describing the work of the group and recognizing the TWG member's contribution.

Next Steps

- ?? Jason Goldwater agreed to provide a final review of the TWG recommended certification process.
- ?? NIP will contact non-participating members to determine if they should be replaced as representatives.
- ?? NIP will send letters to each participating TWG member's organization describing the work of the group and recognizing the TWG member's contribution
- ?? TWG will establish standards for revising the existing process.
- ?? TWG will assist NIP in establishing scoring for the annual immunization registry evaluation process.
- ?? TWG will develop formal recommendations for certifying immunization registry ideal functional standards.