

SNAPSHOTS

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

Welcome to SnapShots, the American Immunization Registry Association's newsletter about the progress, best practices, and accomplishments of immunization information systems across the country. We invite you to share news about your registry. Email us at aira@immregistries.org 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 and posted on AIRA's web site: www.immregistries.org.

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President's Report

As the new President of AIRA, I would like to take this time to thank Bill Brand for his years of service being AIRA's President Elect from 2001 to 2003, AIRA President from 2003-2005, and now in his new role of Past President. During Bill's presidency, AIRA had incredible growth and accomplishments. Bill was the face of PROW. He shared his knowledge and experience on the MIROW/ MOGE project and on the Education Committee's IIS Research and Evaluation agenda. He presented all over the country promoting IIS. Bill's humor, dedication and insight guided AIRA members and stakeholders into the new era of the Electronic Health Record. Thank you Bill for a job well done!

While reading this issue of snapshots keep in mind the preparedness activities that are needed to enhance your IIS for data collection and reporting of antivirals and influenza vaccine during a pandemic flu situation. Partner with your Emergency Operations Centers or Bioterrorism Units and inquire about funding for the enhancements needed for your IIS system to meet reporting requirements to CDC during a pandemic flu crisis. Check the AIRA websites for updates on

pandemic flu preparedness activities that are being coordinated in the IIS community. Enjoy this latest issue of Snapshots!

Therese Hoyle, AIRA President

AIRA at the 2006 National Immunization Conference

AIRA Pre-Conference Workshop at the 2006 NIC

This year, for the first time at an NIC, AIRA held a pre-conference workshop. The workshop took place on Sunday and was entitled “Pandemic Flu: Preparing Your Immunization Program and IIS for Potential Outbreaks – Are We Ready?” Threat of a pandemic flu outbreak has highlighted the importance of coordinated efforts for achievement of a national state of readiness and quick response to this threat. Pandemic flu preparation and response planning is underway at the federal, state and local levels. This workshop provided information on these planning efforts and discussed Immunization Program and IIS models that have emerged through this process and how to get involved.

Dr. Ray Strikas gave the federal overview as he discussed the HHS Pandemic Flu Plan. Cindy Vinion, CRA Systems Analyst, gave an overview of the CDC Pandemic Flu Plan. And an overview of state and local models, Montana, New York City, and Wisconsin, was presented. Areas covered included vaccine procurement and distribution, prioritization groups, data collection, and vaccine safety. Thirty-three people attended the workshop and it was extremely well received.

The PowerPoint presentations from the workshop will be posted on the AIRA web site.

AIRA Holds Ad-Hoc Meetings at NIC

AIRA held five ad-hoc meetings at the NIC. Several were open information sessions: Provider Participation Best Practices, Meet the MOGE Expert, and Data Exchange Standards. These sessions were informative and provided an opportunity for IIS stakeholders to meet and discuss issues relevant to them. AIRA also held a Strategic Planning session attended by the AIRA Board and representatives from our partner organizations (PHII, AIM, and CDC/NIP/IRSB). And the Education Committee met with invited Subject Matter Experts (SMEs) to prioritize content areas for the Education Implementation Plan.

All the ad-hoc meets were very productive. Many who attended stated that they were the most valuable and informative sessions of the entire conference! Thanks and kudos go to all the committee and workgroup chairs that conducted these meetings and the participants that joined them.

AIRA Awards Reception and Program

On Tuesday evening, March 7, AIRA held an Awards Reception and Program. A wonderful program entitled “NHIN—Challenges and Opportunities for Health Information Technology” started off the event. Moderated by Dr. Alan Hinman, this program focused on progress being made on the development of a National Health Information Network and the role of IIS in this new and exciting initiative. Keynote speaker was Dr. Scott Young, Director of Health Information Technology for AHRQ (Agency for Healthcare Research and Quality). Respondent was Amy Zimmerman, Chief, Office of Children’s Preventative Services, Rhode Island DOH.

Dr. Hinman’s and Ms. Zimmerman’s PowerPoint presentations will be available on the AIRA web site.

The program was followed by the presentation of AIRA's 2006 Recognition Awards:

The AIRA Partnership Award went to the **Association of Immunization Managers (AIM)** in recognition of their strong and continuing support for Immunization Information Systems.

AIRA Volunteer Service Awards were presented to:

Sherry Riddick, CHILD Profile Immunization Manager, Washington, for her tireless commitment to the advancement of the Healthy People 2010 goals through her leadership as Co-Chair of the AIRA Provider Participation Committee.

Janet Kelly, Public Health Analyst, CDC/NIP/IRSB, for her ongoing support of AIRA, its Board of Directors, and the activities of the AIRA committees and workgroups.

PROW Center of Excellence Award went to the **Houston-Harris County Immunization Registry (HHCIR)** for truly implementing the PROW Standards of Excellence in support of their immunization program in the aftermath of Hurricane Katrina.

AIRA Special Recognition Award were presented to

Dr. Julie Boom, Director, Texas Children's Hospital Immunization Project, and the Houston-Harris County Immunization Registry Staff, for their outstanding efforts on behalf of the children and families displaced to Houston by Hurricane Katrina through their work to connect the Houston-Harris County Immunization Registry to LINKS (Louisiana Immunization Network for Kids Statewide).

The **Louisiana Immunization Network for Kids Statewide (LINKS)** for their excellence of service in the face of extraordinary circumstances during Hurricane Katrina. With thousands of families homeless and displaced to other states, some as far away as Alaska, the LINKS staff worked tirelessly to make sure the data in their system was available to registries around the country.

AIRA Outgoing President Award was presented to Bill Brand, President of AIRA from 2003 through 2005, years of incredible growth and accomplishment for AIRA. Bill was acknowledged and thanked for his enormous contribution to AIRA and its members.

HELP WANTED – AIRA Committees Need Your Help

Education Committee – Be in the Know

The AIRA Education Committee is working on a variety of activities that help to keep the registry community up to date with activities across the nation. Through the creation and distribution of SnapShots, you have an opportunity to engage with the registry community and stakeholders in developing news articles for your colleagues. Our new initiative to work on reviewing and evaluating the Website and other modes of education material distribution brings Education Committee members in touch with registry work across a wide array of topics and helps to identify the best and most effective ways of communicating to our peers. Additionally, we are in the midst of preparing an Education Plan that will cover the next 2 – 3 years in terms. This plan will focus on identifying specific educational opportunities in response to the Education Survey and other assessments that were conducted in the past. This is just an example of the exciting work that this committee is undertaking in the upcoming year.

AIRA Provider Participation Committee

The Provider Participation Committee is charged with the responsibility of identifying best practices and successful strategies that registries employ to facilitate recruitment efforts and promote high levels of provider participation in their respective registries.

In 2004 -2005, a key activity of the AIRA Provider Participation Committee was to develop a survey tool directed towards immunization registry staff and immunization program staff. The objective of the survey was to identify projects that had successfully overcome any of the identified barriers to provider participation in immunization registries.

In 2005 – 2006, activities were focused on documenting actual examples of best practices and successful strategies. A report titled, “Participating in Immunization Systems, Turning Barriers into Opportunities, Survey and Best Practice Report” was finalized for distribution to registry partners.

For the current year, the committee is charged with developing recommendations to the AIRA Board of Directors regarding how best to monitor and report member progress towards achieving the Healthy People 2010 IIS objective. The committee will also continue to collect and share examples of IIS best practices and successful strategies.

Help Wanted: People with PROWness!

Do you like to think about how your IIS can be better integrated into your immunization program? Would you like to think about being a part of the process to measure the impact of your IIS on your IZ program? If so, we want you to be a part of the ground-breaking AIRA PROW committee to help: develop PROW Emergency Preparedness standards of excellence and identify other program areas that can lend themselves to a PROW-like assessment; keep the PROW Assessment Tool and instructions up-to-date and relevant to IIS and IZ program needs; be a part of the discussion with the CDC to incorporate PROW standards in the IPOM and CDC 317 grant guidance; develop performance indicators for IIS data use by IZ programs. Join us to get PROW in the tool chest of immunization and registry managers alike!

The Data Definitions Work Group (DDWG) is documenting immunization registry related code sets. Members of the committee contribute to describing the purpose of each field. The DDWG is also working with the CDC to document how new CVX codes are created. Finally, we are working to define a process for submitting new code sets and data elements. The DDWG coordinates with the other data exchange work groups to support their need for new or expanded code sets.

The Transport Layer Protocol Group (TLWG) deals with the mechanics of moving immunization messages. Our aim is to study the protocols in use, provide an education resource to registry developers implementing protocols, and to make recommendations on which protocol(s) should be supported.

The Modeling of Immunization Registries Operations Workgroup (MIROW) will be tackling its next topic on vaccine level de duplication. The meeting will be held May 8-10 in Washington DC. The group hopes to produce a guideline document on how immunization information systems or immunization registries should best address procedures and rules for de duplicating multiple shot histories for patients. The result of the groups previous efforts which proposes a best practice on the Management of Moved or Gone Elsewhere (MOGE) Status and Other Patient Designations in Immunization Information Systems can be found on the AIRA web page:

http://www.immregistries.org/docs/MIROW_MOGE_Chapter_Final_122005.doc

If you are interested in joining or learning more about any of these committees, contact Ina Kichen at ikichen@immregistries.org.

National Immunization Program Welcomes New Director

The CDC recently welcomed its new Director of the National Immunization Program (NIP), Dr. Anne Schuchat. Dr. Schuchat brings years of experience to her new position, having begun her CDC career in 1988 as an Epidemic Intelligence Service Officer and most recently serving as the Acting Director of the National Center for Infectious Diseases. In 2001 Dr. Schuchat worked on emergency response activities in response to the anthrax bioterrorism threat and in 2003 was dispatched to Beijing China where she led the epidemiology team for the World Health Organization (WHO) during the severe acute respiratory syndrome (SARS) outbreak. Dr. Schuchat graduated with honors from Dartmouth Medical School. She served as resident and chief resident in internal medicine at New York University's Manhattan VA Hospital before beginning her public health career at CDC.

NIP Launches Redesigned IIS Web Site

On February 1, 2006, NIP launched its new IIS web site, which has been updated with an audience-focused structure. In addition to its new look, the site now has home pages for its top three audiences: parents, providers, and grantees. Each of these home pages consolidates topics of interest to these audiences, provides valuable information and answers their most commonly asked questions.

We welcome any feedback or suggestions for additional content. Please visit the new site at <http://www.cdc.gov/nip/registry/> and send any comments via e-mail to siisclear@cdc.gov.

ECBT to Promote Registries in an Effort to Decrease Immunization Disparities

The United States boasts all-time record immunization rate of 81%. Although this is encouraging news, it still means that 19% of U.S. children are not receiving all their vaccines in a timely manner and according to the 2005 National Immunization Survey (NIS), there are still disparities between immunization rates for white, Hispanic and African American children. According to the 2005 NIS survey's 4:3:1:3:3 standard, among children 19-35 months of age, white children have the highest recorded immunization rates at 85%, while Hispanics are trailing slightly behind at 81%. Non-Hispanic African American children have the lowest rates of only 76%.

To help decrease these immunization disparities, in 2006, Every Child By Two (ECBT) will be conducting an immunization outreach initiative in four cities across the country. We will coordinate our efforts with the health department and immunization registry in each city/state we visit. Through this project, ECBT will target our efforts towards African American mothers, expectant mothers and VFC providers.

Before beginning this initiative, ECBT convened a National Advisory Committee of experts in the area of minority health and immunization to help us locate the research that has been done in this arena and to pinpoint successful interventions so we can duplicate them and/or promote them to the immunization providers in each city. So far, through our research, we have learned that missed opportunities are one of the main reasons that minority populations are not getting all the immunizations they need in a timely manner, and that reminder/recall strategies are extremely useful in raising rates. We have learned that physicians participating in the Vaccines For Children (VFC) Program are a prime target in our efforts to reach underserved populations, as opposed to focusing only on direct outreach to families behind in their children's shots.

Since ECBT knows that reminder/recall is a function that can be executed by most immunization registries, we will promote the use of registries and their reminder/recall function to VFC providers in each of the targeted cities. We will also promote registries to parents, empowering them with the message that they need to become active participants in their children's health care and always ASK if their child is up to date on their vaccines and included in the immunization registry.

We look forward to working with advisory committees in each of the targeted cities to create enduring programs that will result in reduced disparities among African American children.
(Contributed by Every Child By Two, Jennifer Zavolinsky, MHS, CHES)

Business Processes Project Defines Work of Public Health

Local public health departments (LHDs) across the country struggle to develop information systems – including immunization registries and surveillance systems – that assist them in doing their work, let alone provide interconnectivity to state departments of health, meet emerging data and communications interoperability standards established by other state and federal agencies, and interconnect with the health care delivery sector.

To address this problem, a collaboration of the Public Health Informatics Institute (the Institute), the National Association of County and City Health Officials (NACCHO), and representatives of 11 local health departments began last fall to define the business processes for local health departments, that is, the work that supports the major goals of a health department.

The project is the first step in a long-term strategy to define the requirements for information systems that meet a majority of individual local health department needs, making it unnecessary for every LHD to recreate the wheel when it comes to defining their information system needs. The project, co-sponsored by the Institute and NACCHO, is supported by The Robert Wood Johnson Foundation.

The Institute has used the same methodology to assist local public health laboratories to define requirements for laboratory information management systems. That project, sponsored by the Association of Public Health Laboratories (APHL), produced requirements definitions and a logical design for LIMS that are now being used by public health laboratories across the country to purchase or develop their systems.

Designing, implementing and using information technologies in a manner that leads to improved local health department capability has proven to be a difficult challenge, especially given LHDs' broad mission. LHDs' responsibilities range from support of community health initiatives through health promotion and health marketing to environmental interventions to active disease surveillance for infectious agents and, more recently, to preparedness for global disease pandemics and terrorism.

Information systems have become and will continue to be a mission-critical support tool for LHDs to carry out their work.

The Solution: Collaborative Requirements Development

The Institute has developed a two-step methodology to assist public health agencies with their information systems needs: first, define the business processes, then define the system requirements, that is, statements of what an information system must do to support specific health department programs and functions.

Although the term “business process” has been widely used in industry to describe the way in which organizations conduct their activities and achieve specific goals and objectives, the term is not used broadly within the public health arena. A business process can be defined as a collection of tasks that are performed for the purpose of achieving some specific set of business purposes or objectives. Although most industries and organizations can articulate the set of business processes required to support their goals and objectives, public health business processes are not clearly understood.

The Institute of Medicine’s (IOM) Assessment-Policy Development-Assurance model, the Ten Essential Services, and most recently, NACCHO’s Operational Definition of Public Health all articulate a conceptual framework for public health activities. In addition, many state and local health jurisdictions have their own frameworks through which to organize their work.

The LHD business processes collaboration will establish a common vocabulary for discussing the work of LHDs – business processes – at a level of specificity that will allow those who do the work to see the commonalities of what they do across all programs in an LHD, rather than only in the context of a program. For example, the delivery of immunizations (immunization program) shares many of the same sets of tasks as nutrition education and referral (i.e., WIC program). Both programs/services include scheduling, consultation and referral activities.

Benefits: Collaboratively defined and used business processes produce a number of benefits:

- The ability to review each others’ approaches for carrying out core business activities, a first step in doing process re-engineering and quality improvement.
- A commonly defined IT framework that can be used by NACCHO, on behalf of its members, to paint a consistent and thorough picture of LHD needs to the vendor community.
- Semantic consistency in terminology and meaning of information needs.
- Information system application functionality defined in a way that allows each LPHA to examine its capabilities (i.e., gap analysis) and to develop strategies for addressing its needs.
- The ability to prioritize phases of future IT work.
- Finally, and most importantly, requirements enable LHDs to justify a long-term funding initiative that builds and sustains information infrastructure needed to support mandated activities.

The product of the LHD business processes project will be a document demonstrating that the business processes of LHDs can be described collaboratively, i.e., in a manner that all LHDs can use them; a detailed description of a representative sub-set of LHD business processes; and a framework demonstrating how the master list of all LHD business processes fits within the Ten Essential Services and other conceptual frameworks. The document will also describe how this project sets the stage for future activities in information systems requirements development for LHDs. (Contributed by: Public Health Informatics Institute Contact: Terry Hastings thastings@phii.org)

100 Million Combined Vaccination Records Reached

The eight state registries and one regional registry that employ STC immunization management software have recorded a combined 100 million vaccination records! Visit the STC web site to read the details: http://www.stchome.com/media_pr_2006-0301.html.

Upcoming Conferences

Third Annual Connecting Communities Learning Forum and Exhibition

Sunday, April 9 – Tuesday, April 11

<http://ccbh.ehealthinitiative.org/ccbhconference/default.msp>

Institute 2006 - America's Health Insurance Plans' (AHIP) Institute (annual conference)

Wednesday, June 7 to Friday, June 9

<http://www.ahip.org/links/institute2006>

7th National Conference on Immunization Coalitions

Wednesday, August 9 to Friday, August 11

<http://www.seeuthere.com/event/m2c666-455170415278>

4th Annual Public Health Information Network (PHIN) Conference

Monday, Sept. 25 to Wednesday, 27, 2006

<http://www.cdc.gov/phin/06conference/index.html>

3rd Health Information Technology Summit

Monday, Sept. 25 to Wednesday, 27, 2006

<http://www.hitsummit.com/>

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