

# The Immunization Partnership

Panel 3: Interim Charge Testimony

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THE  
IMMUNIZATION  
PARTNERSHIP

IMMUNIZE. PREVENT WHAT'S PREVENTABLE.

# Billy Cary vs. H1N1



# Interim Charge

Assess the state's ability to track and record H1N1 vaccinations through the ImmTrac registry, and review statutes governing ImmTrac to increase the effectiveness and efficiency of immunization information systems.

# **Responding to a Pandemic (or outbreak):**

## **Protect and Contain**

- Goal 1: **Protect** the public health with vaccination, anti-virals and other non-pharmaceutical interventions (e.g. hand washing, social distancing etc.)
- Goal 2: **Contain** the spread of disease by employing all methods of information gathering in order to design plans to limit the spread of disease.

# Using Immunization Information Systems in Pandemics

(IIS or 'Registries')

## Protect

- Identify priority groups for immunization
- Save resources by identifying and targeting pockets of need
- Improve medical care by ensuring booster doses are administered and anti-virals are distributed
- Monitor vaccine safety and adverse events

## Contain

- Provide information to families about immunization histories.
- Target vaccine doses to priority communities
- Track vaccine inventory in real time, including during disasters
- Provide timely reports to officials to use in decision making

# Michigan: A Case Study

Function	Michigan	Texas
Lifespan Registry	Yes	Yes
Electronic Interfaces and ability to pre-populate EMRs	Many	Limited
Consent	Implied	Opt-in (unless Disaster)
Inventory and ordering management	Yes	No
Link to Medicaid Data to identify high risk populations	Yes	No
Provider level reports	Yes	No
Management level reports	Yes	Unknown
Mass immunization tools (scan sheets, rapid data entry, etc)	Yes	No
Data Quality Improvement	Yes	No
Seamless interface with CRA	Yes	No
Recall capabilities	Yes	Yes, but not accurate

# Necessary Technical Enhancements to ImmTrac to Increase Effectiveness

- Electronic Interfaces with Electronic Medical Records (EMRs)
- Timely updates to incorporate new vaccine recommendations
- Aggregate reporting to the Countermeasure and Response Administration (CRA)
- Increase Data Quality (e.g. reducing duplicate and incomplete records)
- User friendly data entry
- Provide best-practice tools for physicians
- Bi-directional data sharing with Electronic Medical Records (EMRs) to backload existing information.
- Linkages with other child health screening records
- Ability to run reports for provider to improve quality of care
- Rapid data entry methods for mass immunization clinics

# Reducing Cost and Increasing Efficiency of ImmTrac

## Current Policy

- Texas must consent 95% of the population who wishes to be included in ImmTrac
- Privacy not ensured due to state verification regs
- Incomplete data, inhibits response to emergencies and outbreaks
- Management of consent consumes vast resources
- **Cost: \$25,764,000**

## Proposed Reform

- Automatically include 95% of the population and exclude 5%
- Privacy ensured due to data filter
- More complete data for public health emergencies and outbreaks
- Existing resources can be used to improve data quality
- **Cost: No New Cost**



# Protecting Privacy

- ✓ Participation **NOT** mandatory. Proposed system mirrors the conscientious objector rule and many other state databases
- ✓ New Encryption technology can protect data
- ✓ New HITECH rules for HIPAA broaden sanctions to business associates
- ✓ TX law already imposes penalties for disclosure of Protected Health Information
- ✓ Filter can be placed on the system so that individuals who opt out never enter the registry (differs from current system)

# Legislative Opportunities

## 1. Move from an opt-in model to an opt-out model

(45 states have opt-out model).

- Provide greater protection of privacy
- Improves efficiency and effectiveness
- Cuts administrative and financial burden of managing consent

## 2. Prepare Immunization information Systems for complete integration with Electronic Medical Records (EMR)

- Ensures that immunizations are a vital part of the electronic medical records
- Improves quality of care
- Provides for maximum protection during outbreaks and public health disasters

# Questions?



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