Background:
Immunization information systems (IIS) have been in existence for more than 20 years and most professionals within public health are familiar with the term IIS, but may not fully understand what an IIS does and why they are important. This session will describe the basic components of an IIS, interoperability, and the value IIS add to public health.

Setting:
This presentation is relevant to anyone working in the medical or public health setting.

Population:
IIS impact all populations and all populations will be referred to during the session.

Project Description:
IIS are more than just a system for tracking shots. IIS today not only are comprehensive systems that consolidate immunization histories, they can also be used for vaccine ordering and inventory management, outbreak investigation and management, vaccine uptake, coverage assessments, and much more. With the advent of Meaningful Use, IIS were thrust into the national Health IT limelight as a positive example of public health interoperability. However, differences still exist between jurisdictions that impact IIS functionality.

This session will:
• Briefly, define the history of IIS and answer the question, why there isn’t a national IIS.
• Describe the various data sources that populate an IIS.
• Expound on the transition from a primarily childhood focused system to a lifespan system.
• Discuss local policies that impact IIS functionality and data sharing, including cross-jurisdictional data exchange.
• Explain how data moves between an IIS and electronic health record system.
• Discuss interoperability successes and challenges.
• Describe how IIS can be used to improve population health.

Results/Lessons Learned:
As a result of this session, attendees will have a better understanding of the current and future capabilities of an IIS, and the value IIS add to public health.
Learning from Each Other: Best Practices in the IIS Community
Warren Williams, Elaine Lowery, Amanda (Mandy) Harris, Katie Reed, David Lyalin, Beth Parilla, Nichole Lambrecht

Background:
The American Immunization Registry Association (AIRA), in partnership with the National Center for Immunization and Respiratory Diseases (NCIRD) at the Centers for Disease Control and Prevention (CDC), formed the Modeling of Immunization Registry Operations Workgroup (MIROW) in 2005 to develop best practice guidance for operational aspects of immunization information systems (IIS).

Objectives:
Provide guidelines that encourage common operational practices, improving quality, consistency, and usefulness of registry information.

Methods:
The MIROW Steering Committee conducted assessments within the IIS community to determine which operational components were problematic to deploy and could benefit from a collective guidance. For each selected topic subject matter experts with diverse backgrounds analyzed existing practices and developed consensus-based recommendations. The workgroup utilized modern business engineering and facilitation techniques. Surveys and evaluations to determine the usefulness and impact of the best practice guidelines are ongoing since 2007.

Results:
Recommendations have been developed for nine topics including consolidating records, decrementing inventory, and data quality assurance. Evaluations consistently find that the majority of subject matter experts are satisfied with the process and final product. Likewise, MIROW documents are widely used in the IIS community to guide implementation of new enhancements.

Conclusion:
Collaboration and consensus-building in the IIS community, supported by the use of facilitation and business modeling techniques enabled development of common approaches that lead to support of immunization program activities with better IIS information.
Web based Immunization Reports for Public Health Programs
Kim Salisbury-Keith

Background:
KIDSNET, RI’s integrated child health information system, has immunization and other reports available to medical providers. Public health programs that participate in KIDSNET were also interested in having reports available for children enrolled in their programs.

Setting:
Enhancements were made to Rhode Island’s state integrated child health information system

Population:
Rhode Island agencies that have children enrolled in public health programs: home visiting, WIC, Early Intervention, Head Start

Project Description:
Provider reports were replicated for public health agencies: patient list, missing immunizations, and 2 seasonal influenza reports, children due for developmental screening, 3 Lead screening reports, newborn hearing screening, and newborn summary report. Two new reports were developed for Head Start agencies an additional lead report and one with height/weight and hemoglobin results.

Previously developed provider reports utilized MIROW guidance for Provider Active/Inactive status in addition to the specific report requirements. Enrollment parameters or Active/Inactive status for non-Providers needed to be developed and specified by type of agency. Enrolled children were linked to specific agency sites and report criteria was applied.

Authorized KIDSNET users at each agency were then linked to children enrolled and active at their public health program site. Reports for each site were limited to those actively enrolled at that location.

Results/Lessons Learned:
Public health agencies such as WIC and home visiting programs assist with the tracking and provision of public health services such as immunizations and lead screening. The new reports allow these agencies to quickly identify individuals who need follow-up services to support care coordination for their clients.