

A Sure Shot



USING THE MASSACHUSETTS
IMMUNIZATION
INFORMATION SYSTEM (MIIS)
ACROSS THE LIFESPAN



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Disclosure

I, Shari Davis, have been asked to disclose any significant relationships with commercial entities that are either providing financial support for this program or whose products or services are mentioned during my presentations.

I have no relationships to disclose.

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Agenda

- Background
- MIIS Overview and Benefits
- Update on System Usage
- New MIIS Functionality
- Onboarding with the MIIS
 - Legislation and Regulations
 - Clinical Integration
 - Technical Integration
- Resources



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An Outbreak of Measles in an Undervaccinated Community

abstract

Measles is readily spread to susceptible individuals, but is no longer endemic in the United States. In March 2011, measles was confirmed in a Minnesota child without travel abroad. This was the first identified case-patient of an outbreak. An investigation was initiated to determine the source, prevent transmission, and examine measles-mumps-rubella (MMR) vaccine coverage in the affected community. Investigation and response included case-patient follow-up, post-exposure prophylaxis, voluntary isolation and quarantine, and early MMR vaccine for non-immune shelter residents >6 months and <12 months of age. **Vaccine coverage was assessed by using immunization information system records.** Outreach to the affected community included education and support from public health, health care, and community and spiritual leaders. Twenty-one measles cases were identified. The median age was 12 months (range, 4 months to 51 years) and 14 (67%) were hospitalized (range of stay, 2–7 days). The source was a 30-month-old US-born child of Somali descent infected while visiting Kenya. Measles outbreak in several countries, and cases in the United States were reported to have measles and are considered to be part of a large, ongoing outbreak linked to an amusement park in California*.

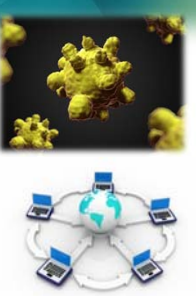
KEY WORDS: measles, measles transmission, measles outbreak, measles-mumps-rubella vaccine, vaccine-preventable disease, vaccine hesitancy, immunization information system, immunization coverage assessment, and exposure prophylaxis, voluntary isolation and quarantine, undervaccinated subpopulation

ABBREVIATIONS: CDC—Centers for Disease Control and Prevention; IIS—immunization information system

Gahr P, DeVries AS, Wallace G, Miller C, Kenyon C, Sweet K, et al. An outbreak of measles in an undervaccinated community. *Pediatrics* 2014;134:e220–e8. <http://pediatrics.aappublications.org/content/early/2014/06/03/peds.2013.4260.abstract.html#icited-by>

Background

“When our body is infected with a virus or bacterium, our immune system will identify, target and often prevent the invading organism from flourishing and making us ill. While our biological immune system fights off infections to keep us healthy, our nation is also defending against disease outbreaks and keeping us as a population protected. **Our nation's immune system, however, is not biologic, it is electronic and it has a name: Immunization Information System (IIS).**”



<http://shotofprevention.com/tag/immunization-information-system/>

Overview of the MIIS



Vaccine Management



Immunization Registry



Reports



Resources

For Patients:

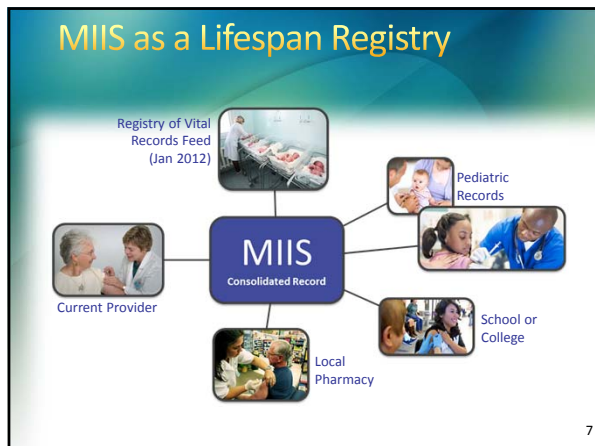
- Secure, confidential, web-based system with capabilities for electronic data exchange or direct data entry
- Consolidated immunization record over a patient's lifespan

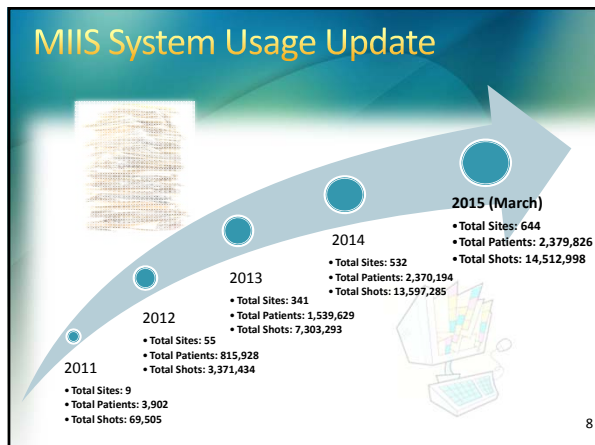
For Providers:

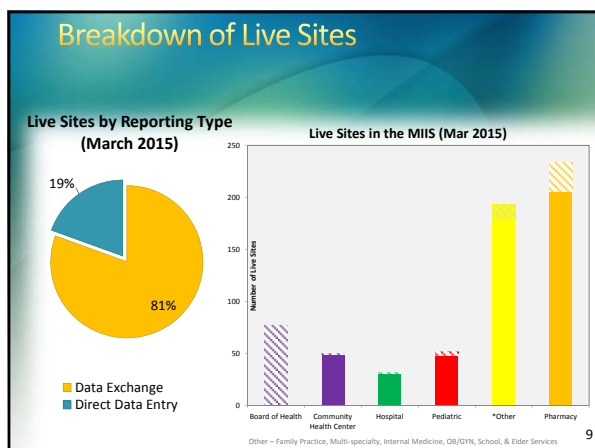
- Online vaccine ordering & inventory decrementing
- Electronic temp logs and vaccine usage reports
- Immunization Forecasting
- Coverage & Reminder Recall reports
- Patient certificates, VAR, Immunization Forecast

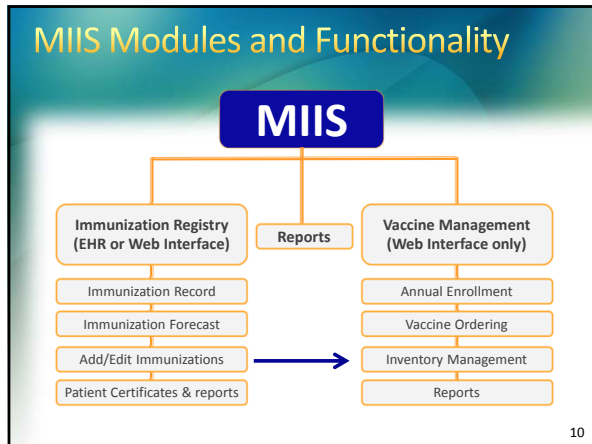
For Public Health:

- Identify pockets of un-immunized children and adults, preventing over- or under-immunization
- Provides infrastructure for tracking essential information during public health emergencies









Immunization Registry Module

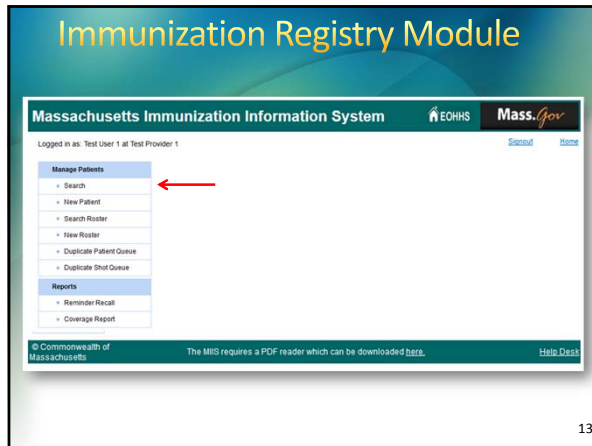
- **Access consolidated patient immunization records**
- **Access patient immunization forecast**
- **Print patient immunization certificates/vaccine administration records**
- **Run reminder/recall reports**
- **New Functionality:**
 - Coverage Reports
 - Manual Patient/Shot Deduplication
- **Coming Soon:**
 - *Roster Entry Enhancements*



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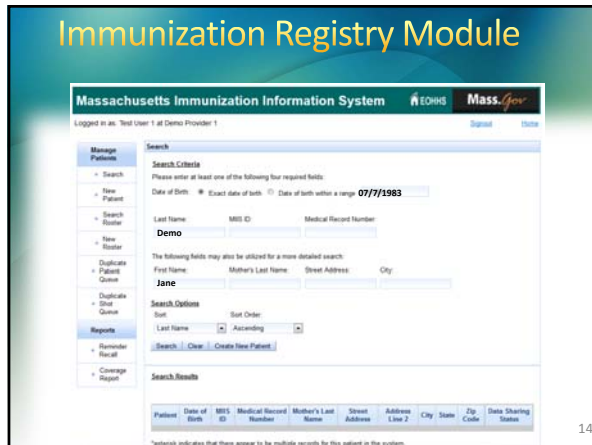
Immunization Registry Module

Immunization Registry Module



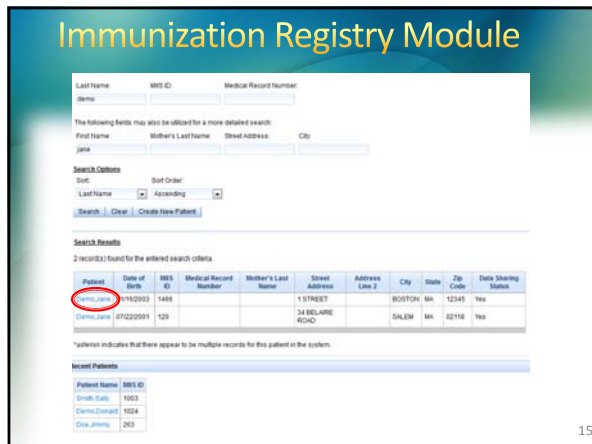
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Immunization Registry Module



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Immunization Registry Module



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Immunization Registry Module

Birth Date: 01/10/2003 Age: 11 y 8 mo Gender: Female MMR: Not MMR ID: 1488
 Jane Doe: 1 Street, Boston, MA, 02140 Phone: (555) 555-5555
 VFC Status: VFC Eligible, American Indian/Alaska Native Insurance: No Data Sharing Status: Yes

Immunizations

Patient Demographics

First Name: Jane
 Last Name: Doe
 Middle Name: Jane
 Suffix:
 Race: American Indian or Alaska Native
 Date of Birth: 01/10/2003
 Gender: Female
 Date of Death:
 Ethnicity: Not Hispanic or Latino
 Select as many as apply by holding Control:
 Race: American Indian or Alaska Native
 Black or African American
 Home Phone: (555) 555-5555
 Work Phone:
 Mobile Phone:
 Email:
 VFC Eligible: VFC Eligible, American Indian/Alaska Native
 VFC Status: VFC Eligible, American Indian/Alaska Native
 Insurance: Selected Insurance
 Contact Method: Select Contact Type

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Immunization Forecast

Logged in as: Test User 1 at Test Provider 1

edit shot details

Historical

Vaccine Group: HepB Vaccine Given: 01/10/2003
 Trade Name: Select Trade Name: AZ245
 Dose: Select Dose: 0.5 mL
 State: State: RI
 Admin By: Admin By: Betty White, RN
 Date added to MIS: 03/19/2014
 VFC Status: VFC Eligible, Medicaid/Medicaid Managed Care
 Deleted Immunization from MIS

Manufacturer: Merck & Co., Inc.
 Route: Intramuscular
 Site: Left Arm
 VSD Given: 01/10/2003
 VSD Publication Date: 01/10/2003
 Dose Validity: Valid
 Change Dose Validity

Reminder: Clicking on an existing immunization will open up the Edit Immunization popup screen.
 Coverage: History: 01/10/2003 03/19/2014 01/10/2003 History

Reports: Immunization Forecast, Add Certificate of Immunization, Public Certificate of Immunization, Update Immunization Record

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Forecast Report

Non-Routine Vaccines	Defects Given
Influenza-1181	10/23/2013(NV)
Vaccine Fever	05/04/2007
Typhoid	03/19/2014

Clinical Comments

Clinical Comment Category	Clinical Comment Description
Contraindications	None noted
Precautions	None noted
Interactions	Clinical history of Varicella (chickenpox): 11/02/1981
Special Indications	None noted
Exemptions	Medical exemption to Varicella (chickenpox): 11/02/1981
Refusals	None noted

Immunization Forecast Considerations:

DTaP: For those with encephalopathy within 7 days of previous dose of DTaP/DT, only give DT or Td for subsequent doses.

MMR: For MMR will not forecast if when the following clinical comment is selected "Allergy (Severe reaction (anaphylaxis) after previous dose of any influenza vaccine or to a vaccine component including egg protein)". However, Flu/SD may be given to individuals 18-49 years of age that have history of severe allergy (anaphylaxis) to eggs.

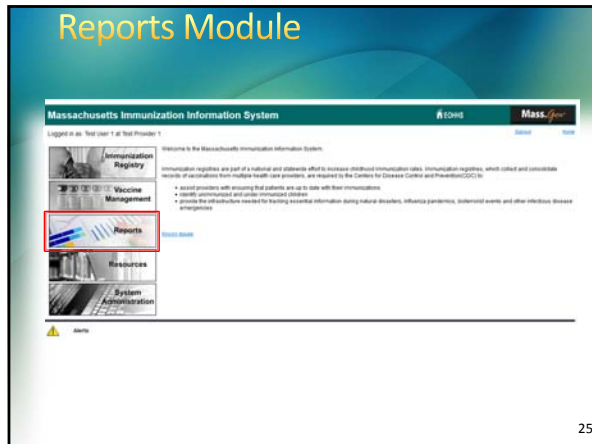
HepA: The PIV does not recommend specific flu formulations. However when both LAIV and IV are available, the ACP recommends that LAIV should be used for healthy children age 2-8 years.

MCV: MCV For persons with a Clinical Comment indicating high risk for meningococcal disease, the Earliest Date appears as 9 months however vaccine is transfered for use and will be considered valid by the MIS down to 2 months of age in high risk infants.

Important Note: Immunization recommendations are complex. In addition, the MIS recommendations are based on the recommendations recorded in the MIS, so the completeness of the record also affects the recommendations. We have made extensive efforts to provide high quality immunization recommendations and are committed to continually improving that quality. Therefore, please use the

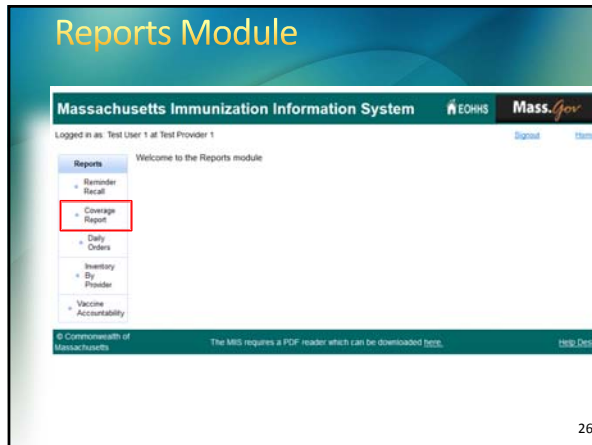
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Reports Module



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Reports Module



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Coverage Reports

- Standard Adolescent Coverage Report
- Standard Childhood Coverage Report
- Custom Coverage Report



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Standard Adolescent Coverage Report

Coverage Report Input parameter screen

Report Type: Standard Adolescent Coverage Report

Report Name: ABC Healthcare

Reference Date: 03/16/2015

Limit Report By:

VFC Eligibility Status: American Indian/Alaska Native
Insured (covers all recommended childhood and adolescent vaccines)
Medicaid (includes MassHealth and Medicaid-managed care plans)

Patient Race: American Indian or Alaska Native
Asian
Black or African-American

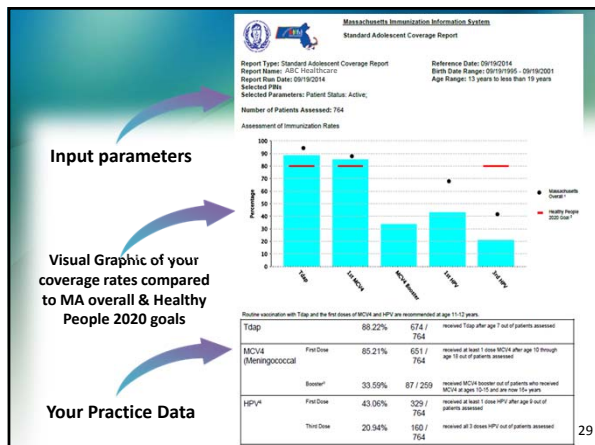
Patient Ethnicity: Hispanic or Latino
not Hispanic or Latino
Unknown

Patient Status: Active
Inactive-Deceased
Inactive-Lost to Follow up

City:

Submit Cancel

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Standard Adolescent Coverage Report

Additional Coverage Criteria

Additional Coverage Criteria	Count	Percentage
Missing Antigens		
Tdap (n=1)	675	88.77%
MCV4 (n=1)	469	61.39%
MCV4 (n=2)	262	34.31%
1st HPV (n=1)	267	34.95%
2nd HPV (n=2)	723	94.63%
Complete	2	0.26%
Under assessment	1138	148.95%
Mixed Opportunities	813	106.41%

Additional Coverage Criteria

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Custom Coverage Report



Massachusetts Immunization Information System
Custom Coverage Report

Report Type: Custom Coverage Report
 Report Name:
 Report Run Date: 03/27/2015
 Selected PINs:
 Selected Parameters: Patient Status: Active;

Reference Date: 03/27/2015
 Birth Date Range: 03/27/1989 - 03/27/1996
 Age Range: 19 Years to 26 Years

Number of Patients Assessed: 269

Vaccine Groups	Count	Percentage	Number of Doses Evaluated
HPV	71	26.39%	≥ 2 Human Papilloma Virus
All Antigens	71	26.39%	Receipt of all the doses listed above

Additional Coverage Criteria

Missing Antigens	Vaccine Groups	Count	Percentage
	HPV (<2)	198	73.61%
One Dose Away		28	10.41%

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Vaccine Management

- **Order state-supplied vaccine**
- **Manage state and private inventory**
- **Vaccine Management reports**
- **Submit annual provider re-enrollment**
 - Reporting aggregate usage (Influenza)
- **New Functionality**
 - Temperature log upload
- **Coming Soon!**
 - *Temperature Log Updates*

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Tips for Online Vaccine Ordering



- **Allocate time**
 - Try to start and finish order in one session
 - Be aware of 30 minute time out
- **Be prepared!**
 - Have fridge counts & usage prepared ahead of time
- **Accept all orders into your inventory once received**
- **Remember to *save* throughout your order**
- **Upload your temperature logs**
- **Call the Vaccine Unit for any questions/issues**

MDPH Vaccine Unit: 617-983-6828

Compliance Schedule

- 9/1/2015** Providers that do not use electronic health record systems and will enter data directly into the web interface
- 12/1/2015** Providers that administer more than 1,000 doses of vaccine per year that use electronic health record technology and will report immunization information through electronic data exchange.
- 6/1/2016** Providers that administer less than 1,000 doses of vaccine per year that use electronic health record technology and will report immunizations through electronic data exchange

Clinical Integration Steps

- ☐ Identify 'Clinical Champion' for coordination
- ☐ Complete site and user registration
- ☐ Develop plan to inform *patients about the MIIS
- ☐ Develop objection (or withdrawal) workflow
- ☐ Decide on best approach for training



*Parents/Guardians if patient is under 18 years of age

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MIIS Legislation (M.G.L. Chapter 111, Section 24M)

"Licensed health care providers administering vaccinations shall discuss the reporting procedures of the immunization registry with the persons receiving the vaccinations and their parents or guardians, when appropriate, and advise them of their right to object to the disclosure of such information as set forth in this section."

- **Provider's Duty to Inform** *patients their data is being reported to the MIIS.
- ***Patient's Right to Object to Data Sharing** across providers reporting to the MIIS.

*Parents/Guardians if patient is under 18 years of age

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Duty to Inform *Patients

- Each *patient must be informed that their data is being reported to the MIIS
- Recommended materials:
 - MIIS Factsheet (several languages)
 - MIIS Posters (English and Spanish)
 - Sample language for blast emails, newsletters, websites, registration forms, etc.



*Parents/Guardians if patient is under 18 years of age

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*Patients' Right to Object to Sharing Data

- Each *patient has the right to limit who can see their immunization data in the MIIS
- *Patient can choose to object or withdraw a previous objection any number of times
- Recommended process:
 - Complete an Objection (or Withdrawal of Objection) Form
 - Update data sharing status in the MIIS
 - Fax completed form to MIIS Help Desk
 - File completed form with patient record



*Parents/Guardians if patient is under 18 years of age

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Data Sharing Status in the MIIS

•**Yes** – *patient informed about the MIIS and access to all immunizations shared with all providers.

•**No** – *patient informed about the MIIS and access to immunizations limited to reporting provider(s). Est. to be less than 1% of patients.

•**Unknown** – *patient not informed about the MIIS, provider(s) reported only historical immunizations and access to immunizations limited to reporting provider(s).



*Parents/Guardians if patient is under 18 years of age

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Data Sharing Status in the MIIS

[Patient Demographics](#) | **[Data Sharing](#)** | [Addresses](#) | [Caregivers](#) | [Provider Information](#) | [Birth Information](#) | [Immunizations](#) | [Clinical Comments](#)

Data Sharing

Declaration:

All data in the MIIS is available to the Massachusetts Department of Public Health for disease prevention and control.

A "Yes" status indicates that this client's immunization record may be shared with Massachusetts health care providers, schools, and other agencies as described in M.G.L. c. 111 s. 244A ([§ 244A](#), [§ 244B](#), [§ 244C](#), [§ 244D](#), [§ 244E](#), [§ 244F](#), [§ 244G](#), [§ 244H](#), [§ 244I](#), [§ 244J](#), [§ 244K](#), [§ 244L](#), [§ 244M](#), [§ 244N](#), [§ 244O](#), [§ 244P](#), [§ 244Q](#), [§ 244R](#), [§ 244S](#), [§ 244T](#), [§ 244U](#), [§ 244V](#), [§ 244W](#), [§ 244X](#), [§ 244Y](#), [§ 244Z](#), [§ 244AA](#), [§ 244AB](#), [§ 244AC](#), [§ 244AD](#), [§ 244AE](#), [§ 244AF](#), [§ 244AG](#), [§ 244AH](#), [§ 244AI](#), [§ 244AJ](#), [§ 244AK](#), [§ 244AL](#), [§ 244AM](#), [§ 244AN](#), [§ 244AO](#), [§ 244AP](#), [§ 244AQ](#), [§ 244AR](#), [§ 244AS](#), [§ 244AT](#), [§ 244AU](#), [§ 244AV](#), [§ 244AW](#), [§ 244AX](#), [§ 244AY](#), [§ 244AZ](#), [§ 244BA](#), [§ 244BB](#), [§ 244BC](#), [§ 244BD](#), [§ 244BE](#), [§ 244BF](#), [§ 244BG](#), [§ 244BH](#), 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244ZX](#), [§ 244ZY](#), [§ 244ZZ](#)

By changing a client's data sharing status, the MIIS user acknowledges that he/she has provided the MIIS Fact Sheet to the person receiving the vaccinations, or their parent/guardian, and has received a signed [Objection or Withdrawal of Objection Form](#) indicating a desire to change their or their child's data sharing status in the MIIS. The MIIS Fact Sheet and Objection (or Withdrawal of Objection) Form can be downloaded at [MA's MIIS Information for Parents and Patients webpage](#).

Data Sharing Allowed

Changing the data sharing status will open up a confirmation popup screen.

☒ Yes
 ☐ No
 ☐ Unknown

Effective Date: 07/03/2014 12:37 PM

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Training Approaches

•Self-paced training

•Train the trainer

•Resources

- Training Videos ***Updated**
- Recorded or Live Webinars
- Training Website
- Quick Reference Guides
- User Manual



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Technical Requirements

- ☐ Confirm EHR is capable of HL7 2.5.1
- ☐ Review HL7 specifications
- ☐ Review Flat file specifications if performing optional one-time historical upload
- ☐ Complete and submit HL7 checklist
- ☐ Establish connection with MA Hiway
- ☐ Comprehensive end-to-end testing



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MA Health Information Highway (HIway)

- “A secure network for efficiently sharing electronic health records and other similar technologies that allow records populated with standardized data to be shared and integrated, effectively freeing vital data from information silos.”
- The data exchange transport channel for public health applications, including the MIIS
- For more information visit www.masshiway.net



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EHR Data Exchange Progress

•Currently transmitting data to the MIIS:

- athenaClinicals
- Cerner
- CPSI
- EPIC*
- GE Centricity*
- Meditech
- LMR (Partners Healthcare)

•In progress:

- Allscripts
- e-ClinicalWorks

*Customization Required



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Meaningful Use (MU)



•Electronic data exchange with the MIIS meets the public health objective for *meaningfully using your EHR*

•Through MU attestation, providers and hospitals are eligible for federal reimbursements from CMS under the 2009 HITECH Act

•MU Stage 1: send a HL7 2.5.1 test message to the MIIS

•MU Stage 2 core requirements:

- Register your intent within 60 days of your EHR reporting period
- Accept invitation to on-board within 30 days of receipt
- Achieve on-going submissions of immunization data to registry
- 2014 only: 90 days of on-going submissions to the MIIS

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ContactMIIS Resource Center

- Available at www.contactmiis.info
- Complete registration for the MIIS
- Complete registration of intent for MU2
- Access technical and clinical resources
- Access training videos, quick reference guides and sign-up for in-person/webinar trainings
- Submit support tickets online

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What can you do now?

- Ensure your site is registered for the MIIS
- Ensure your MIIS users have completed Use Registration
- Contact your IT staff or vendor to determine the ability for your system to interface with the MIIS.
- Review materials for onboarding and training resources
- Contact the MIIS Help Desk for more information on coming on board with the MIIS



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Questions?



MIIS Contact Information

MIIS Help Desk

–Phone: (617) 983-4335
–Fax: (617) 983-4301
–Email: miishelpdesk@state.ma.us
–www.contactMIIS.info | www.mass.gov/dph/miis



MDPH Vaccine Unit

–Phone: (617) 983-6828
–Fax: (617) 983-6924
–Email: dph-vaccine-management@state.ma.us
–www.mass.gov/dph/imm

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