

CALL TO ACTION MEETING  
SEPTEMBER 13-14, 2006

**IMMTRAC-WHAT IS WORKING**

- Explain ImmTrac to parents completely. Provide presentations to Head Starts. Nurse from Head Start gets consent then enters records in ImmTrac. (flip chart 1)
- Campaign with provider to promote ImmTrac. Training included.
- Guide line (written) for new employees who answer the phone (reference tool).
- Power Point presentation for ImmTrac.
- School now has access to ImmTrac. (flip chart2)
- Birth Registry at local hospitals.
- More private providers are using ImmTrac.
- Immtrac presentations include information for: schools, day-cares, physicians, enrollment, packets included.
- County health departments enter shot records.
- Promote ImmTrac at all trainings. (flip chart 3)
- One-on-one in physician's office. Let them know "it's the law".
- Update immunization record at each visit.
- ImmTrac packet given to parents at health fairs.
- Most parents consent (100%).
- Ask parent to ask physician why shot record is not in ImmTrac.
- Promote ImmTrac to those who request ImmTrac look-ups.
- Useful for large number of foster parents; used to try to track down foster children. (flip chart 4)
- Promote at immunization workshops.
- Promote at new provider training and new staff turnover.
- Have a person at local health department designated to handle ImmTrac. Staff promotes updates.
- Concentrate on and promote through parents.
- Use TWICES (TWICES and ImmTrac information doesn't match.) (flip chart 5)
- Didn't know ImmTrac generates reports.
- Sent out a massive mailout to all their providers; let them know that they would train them on ImmTrac; 90 percent of private providers are on ImmTrac. (flip chart 6 )
- Time frame - 1 year.
- Nothing positive, inputs data, more information now. (flip chart 7)
- Promote ImmTrac with Private providers; use in their clinics.
- Immunization Nurse promotes ImmTrac with provider. Some providers don't have the internet to use ImmTrac in their clinics.
- Recruit schools. (flip chart 8)
- Head Starts are receptive, providers are not. Catch them in WIC and refer back to the local health department.
- Take ImmTrac brochures to Vital Statistic area. Wish there was something simpler to understand. Trifold brochure does not seem to be real clear.
- Free is big selling point. Incorporate into training/presentations.
- One-on-one with schools, day-cares, Head Starts, and physicians to be a point of contact.
- Targeted 3 highest risk zip codes – provided educational information, pamphlets, and referrals. (flip chart 9)

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- Senior volunteer agencies go into hospitals and deliver pamphlets to parents of newborns.
- Nurses jump at the chance to get CEU's.
- Give all shots. If you want to choose what shots you get, you can go to your private provider.
- Have packets given to birthing centers and OB/GYN offices with ImmTrac information.
- Going to community and selling ImmTrac (Bell County).
- Immunization outreach in day-cares. Teach read records brochures, education sign up. Parent and provider brochures.
- WIC/Head Start – ImmTrac sign in – every opportunity at every Outreach clinic.
- Selling tool during Katrina.
- Selling point for day-care licensing audits.
- Partnerships with local area Walgreen's, CVS's, Polo shirts-incentives, teaching opportunity. (flip chart 10)
- Birthing Centers, missing information lead to populating ImmTrac.
- Multiple training-invite may pharmaceuticals, etc. help promote, offer ongoing training.
- Booklet-reasons why shots are needed. Refused-send to private provider (medical director).
- Day-cares and schools are in ImmTrac. (flip chart 11)
- New providers are targeted for ImmTrac.
- Promoting ImmTrac for new VFC providers at sign-up.
- New patient at sign-up for immunizations.
- Importance of having all records in one registry.
- Community relations specialist markets ImmTrac at same time as VFC to providers.
- Hospitals have ImmTrac for Hepatitis B.
- Team-work works! (flip chart 12)
- Very few new providers.
- Providers marketed at VCF sign-up (19 out of 21 are signed up.)
- Registered homes at meeting (yearly).
- Providers do not have computers.
- Providers only "look up" – do not enter information, say that it takes too much time.
- School nurses do not always "look-up".
- How would you implement ImmTrac if resources available. (flip chart 13)
- Financial incentives for providers.
- Providing electronic equipment to providers, schools, day-cares, etc.
- Sharing data or local health departments entering on ImmTrac.
- MAR's system.
- Interface with ImmTrac-schools.0
- Providers with TWICES
- Links-National Registry.
- Agreement-with a free computer.
- Assessment-providers-rewarding with high data entries-records-tied with incentives.
- Marker 2 registries. (flip chart 14)
- Initially client will sign forms, nurse will explain and update forms.
- Posters, pamphlets.

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- Works with providers and enters child's records so history will be entered.
- When providers enroll-local health department coordinates.
- Works with region to promote to school nurse.
- Uses stamp – “ImmTrac” means they are entered already.
- Initial contact staff-know of ImmTrac.
- Working with UTMB to look for records and promote the ImmTrac entries. (flip chart 15)
- Redundant – TWICES, consent faxed, shot record, time consuming, ImmTrac.
- Histories-in order to vaccinate child.
- History very valuable, good, needed.
- Local providers on ImmTrac are very beneficial.
- Provide consent to client as soon as they are in with other paperwork-up front.
- School has ImmTrac and can search for child's record.
- When signing up new providers, educate them on ImmTrac procedures. (flip chart 16)
- To send out letters about ImmTrac-“original” letter to new/potential providers.
- Billing interface that works with ImmTrac and eliminates double work.
- Using the drug reps to promote ImmTrac (and local registry) to private providers.
- Using assessment team to find out why they are not using registry. (flip chart 17)
- Enroll them in ImmTrac when you enroll them in VFC (mandatory).
- Must be active participant in ImmTrac to be eligible for “Excel” award.
- Gives a consent form with every dose given. (flip chart 18)
- Uses “wireless” technology so information could be put in immediately.
- Information packets for Vital Statistics and New Mother packets.
- Concern-many children entered without complete immunization histories-lag time (flip chart 19).
- Difficulties recruiting providers.
- Push parents to promote use of ImmTrac among their own private provider.
- Unique situations with city registries (Houston).
- Difficult to perform recall function-need more training to utilize ImmTrac-Lag time problem. (flip chart 20)
- Schools use ImmTrac-school based. Medical clinics-on site immunizations administered.
- Private providers PDA use.
- Providers have no time/staff/resources to use ImmTrac.
- Training is showing ImmTrac as valuable asset and tool for providers.
- Issue-need to improve real-time function in ImmTrac. (flip chart 21)
- Opt in/Opt out.
- Delay in registration process-locals need ability to register providers.
- Consent maintenance – need local ability to verify consent to reduce lagtime.
- Need notification system to alert requestors that patients they've faxed consent for has been added.
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- Concern for security/ability to edit/change other provider immunization history entries. (flip chart 22)
- What improvements are wished for? Electronic signature ability to eliminate paper fax hassle; need more uniform system; need one system (ImmTrac/TWICES); need real-time capabilities-better selling point to physicians and providers.

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- Best Practices: (flip chart 23)
  - Elementary school-rural area.
  - Back to school clinics
  - Open to any school age or younger
  - Twice per month
  - Door-to-door practices and advertisement
- Special clinics for back to school – luncheon –provides updates.
- School district health administrators collaborate with the Medical Health Society Newsletter – use them to provide information. Contractor for early Head Start-how to immunize, read charts.
- Council of Governments – network with others who are doing the same thing. (flip chart 24)
- HEB – gives immunizations.
- WIC – reminder/recall
- U.S.A.A. – provide money to buy flu vaccine to give to the public.
- Aetna/Blue Cross Insurance – provide assistance
- Alamo Dome – Back-to-School is a huge event.
- San Antonio Spurs.
- Rotary Club – help at clinics, advertisements.
- Community collaborations (flip chart 25)
- Nursing Schools
- Church announcements (bulletin)
- Store receipts (HEB) advertise on the back
- Immunization schedule
- Walmart In-store clinic
- McDonald’s tray liners – immunization schedule.
- JC Penney’s/Walmart photo department-have them pass out immunization information (picture placed on a magnet with immunization schedule.
- Utility company-messages/schedule inside of the envelope-or newsletter.
- County judge-juvenile doing graffiti-have them doing a positive service with immunization advertisement.
- Formed ImmTrac strategy (flip chart 26)
- Committee looking for ways to improve the use of ImmTrac and the promotion of the Registry.
- Quarterly updates for providers as well as individual training and support.
- Doing telephone surveys to check on providers to see what they know about the Registry.
- Sending out annual letters about ImmTrac. (flip chart 27)
- Promote ImmTrac at annual meetings for providers.
- Pushing ImmTrac at “new” provider training. Enrollment is addressed at that time.
- Send out ImmTrac packets with new baby cards.