

Texas Immunization Registry - Navigating Change and Growth Through Innovation and Stakeholder Involvement

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ABSTRACT

Legislative mandates relating to ImmTrac, the Texas immunization registry, resulted in significant changes to business processes and reporting requirements. Change offered potential for improvement in Registry participation and data quality, but also offered significant challenges. The ImmTrac Group established two Stakeholder working groups to identify issues, concerns, and needs of health care providers and health plans. Working with these groups and other ImmTrac users, valuable input was obtained and high-leverage actions to achieve goals were identified and prioritized. The ImmTrac Team applied technological innovation to address the needs and challenges identified by Stakeholders, including implementation of ease-of-use improvements, operational improvements, enhancements to facilitate immunization reporting and data utilization, and strategies to enhance promotional activities. The Stakeholders became involved as partners to resolve challenges, implement solutions, and encourage Registry participation. During this period of change, ImmTrac experienced significant growth in provider and health plan participation and improvement in Registry data population and quality indicators.

CONCLUSIONS

- Stakeholders became involved to resolve challenges, identify and implement solutions, and encourage Registry participation.
- Implementation of a Stakeholder relations program can be valuable and beneficial to overcome resistance to change.



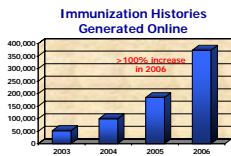
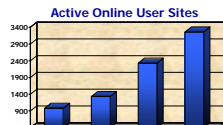
LEGISLATIVE MANDATES

Effective January 1, 2005:

- DSHS must **verify** parental consent for registry participation
- A parent may **grant or deny** consent during birth registration process
- DSHS must maintain evidence of consent and acknowledge consent decision
- All providers must report all vaccines administered
- All health plans/payers must report all vaccines for which a claim is paid
- Health plans are authorized to access Registry data

EFFECTS OF LEGISLATION

- Provider resentment, confusion and resistance
- Birth Registrar confusion and resistance
- Health Plan resistance to reporting

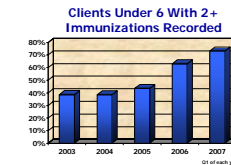
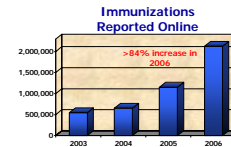


RESULTS — CHANGE AND GROWTH

- Increase in provider participation (use and reporting)
- Increase in payor participation
- Improved birthing center performance on newborn consent process
- Increase in overall use of Registry
- Growth in Registry performance indicators

ImmTrac Snapshot: Feb 2007

- 61.5 million immunizations recorded
- 5.4 million Texas children
- 2 million children under age 6
- 3,300 active online user sites
- 32,000 immunization history reports generated per month (avg)



INNOVATION AND STAKEHOLDER INVOLVEMENT

The ImmTrac Group launched several initiatives to overcome resistance to change, address user and Stakeholder objections, and improve utility of the Registry:

ImmTrac Health Plan/Payor Working Group (HPPWG)

FORMED: October 2004 by DSHS

PURPOSE: To inform and educate Texas health plans/payers about ImmTrac and reporting requirements; obtain input on operational and technical improvements

MEMBERSHIP: Comprised of representatives from Texas health plans, HMOs, health insurance companies, Medicaid, and ImmTrac staff

FOCUS AREAS/OBJECTIVES:

- Health plan/payor reporting requirements
- Health plan/payor access to ImmTrac data
- Technical implementation of electronic data exchange
- Operation and technical improvements to improve utility of ImmTrac and ImmTrac data

Birth Registrar Education Initiative

PURPOSE: To educate and provide technical assistance to birth registrars and hospital administrators regarding ImmTrac newborn consent process.

OBJECTIVES:

- Educate birth registrars about ImmTrac and importance of Registry to child's health
- Emphasize birth registrar's critical role in the newborn consent process
- Recognize high-performing birthing centers

STRATEGIES:

- Shared "best practices" learned from high-performing hospitals
- Implemented recognition program; presented ImmTrac Award for Excellence
- Produced articles and ads to recognize birth registrars' contribution to health of Texas children
- Collaborated with Stakeholders for dissemination of performance results

ImmTrac Award for Excellence Recipients	2005	2006
Exemplary (97%)	10	40
Recognized (95%)	11	34
Commendable (90%)	22	50
Total	43	124



ImmTrac Provider Working Group (IPWG)

FORMED: August 2005 by DSHS in partnership with Texas Medical Association (TMA) and Texas Pediatric Society (TPS)

PURPOSE: To obtain input from Texas physicians and other private healthcare providers on collaborative education, marketing, and development plan to increase physician participation in ImmTrac

MEMBERSHIP: Comprised of Texas physicians, representatives from medical practice manager and nurses organizations, and ImmTrac, TMA, and TPS staff.

FOCUS AREAS/OBJECTIVES:

- Identify provider target groups and develop effective strategies for educating them about ImmTrac and reporting requirements.
- Establish partnerships and collaborative efforts to implement education and marketing plan
- Review ImmTrac system and offer input on a development plan for future enhancements and improvements

Registry Technical Development Initiative

PURPOSE: To implement "ease-of-use" enhancements to Registry, facilitate reporting by providers and health plans, and improve utility of Registry data

ENHANCEMENTS and IMPROVEMENTS: (Based on Stakeholder input)

- Improved report formatting; data entry shortcuts; enhanced instructional information
- Security enhancements; improved client search capability
- Image processing enhancements using barcode technology to streamline consent form processing
- Enhanced integration with the DSHS public health client encounter system
- Electronic Data Translation capability to allow providers to submit immunization information electronically in virtually any format
- Electronic interfaces to facilitate health plan/payor reporting and access to Registry data
- Implementation of HL7 standards for data exchange



For additional information, visit:
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