ImmTrac
Texas Immunization Registry

Stakeholders Meeting
Health Plans and Other Payors
MEETING MINUTES
October 28, 2004

TEXAS Department of State Health Services

Attendees:
Tycilla Creeks, Evercare Star Plus
Sharon Jacobson, Texas Children's Health Plan
Roosevelt Alcorn, M.D., Community Health Choice
Sharya Hoptay, BCBSTX
Mary Leah Hodge, Valley Health Plans
Ava Norris, Parkland Community Health Plans
Suzanne Feay, Superior Health Plan
Mary Durst, UIHC
Aron Head, Amerigroup
Paige Alvarado, Firstcare
John Trevino, Community First Health Plans
Gary Young, Health and Human Services Commission (HHSC)
Robert Browning, M.D., Superior Health Plan
Tammy Killebrew, Seton Health Plan
Nadine Haup, Parkland Community Health Plan
Jerold L. Zarin, M.D., Superior Health Plan
Ken Bolyard, Superior Health Plan
Shonnie Conley, Driscoll Children's Health Plan
Janet Berhrem, United Health Care
Christine Wexler, Community First Health Plans
Tim Consodine, Aetna
Julie Munster, Cook Children's Health Plan
Angie Miller, Firstcare
Susanne Brooks, Scott & White Health Plan
Lydia Lozano, Valence Health/Dricoll
Amy Hammer, United Health Care
Steve Nesbit, Unicare (Wellspoint)
Hilda Castillo, Community First Health Plans
Gina Hightower, UTMB Health Plans
Shirley Arizpesa, Aetna
Donna Akin, Principal Life Insurance
Glenda Goolsby, Scott & White Health Plan
Rachael Przybyla, Health and Human Services Commission

Department of State Health Services (DSHS) staff:
Claude Longoria
Adriana Rhames
Ann Grizzard
Robin Scott
Cynthia Pryor
Jack C. Sims
Casey S. Blass
John Gray
Vivian Harris
Carrie Grove
Alan Butler
Lola Davis, EDS (Contractor)
Theresa Veach, EDS (Contractor)

Welcome
Staff & Facilitator Introductions:
Adriana Rhames, ImmTrac Program Specialist, convened the meeting and introduced Casey S. Blass, Director of Disease Prevention and Intervention Section.

Mr. Blass welcomed all participants and presented information on the new structure of the Texas Department of State Health Services (DSHS), formerly the Texas Department of Health. In his discussion of the new agency structure, Mr. Blass briefly discussed the priorities of the Immunization Branch and DSHS. He added that the consolidation of the various health agencies has offered DSHS the opportunity to work more effectively with its partners, allowed the Immunization Branch and DSHS to set priorities for improving childhood and adult immunizations, and acknowledged these to also be high priorities for the Governor's office. Mr. Blass also pointed out that the goal of the meeting was to see how we can raise immunization rates.

Mr. Blass then introduced Mr. Jack C. Sims, Manager of the Immunization Branch; Mr. Claude Longoria,manager of the ImmTrac Group, and Ms. Robin Scott, meeting facilitator.

Participant Introductions
Ms. Scott welcomed all attendees and invited everyone, including DSHS staff present, to introduce themselves.

Purpose and Goals of Stakeholder Meeting: Claude Longoria
After welcoming participants, Claude Longoria announced that the ImmTrac team has been working diligently on implementing new legislation that has provided challenges as well as exciting opportunities for improving ImmTrac. He pointed out that participants had been invited to this meeting to learn more about what the ImmTrac registry is, the new legislation impacting ImmTrac, and most importantly, for their input on the modifications to the system for the purposes of ensuring that ImmTrac can work for them. Mr. Longoria added that he hoped the meeting would result in a good plan for improving ImmTrac in a manner that would work for all payors, communicate to ImmTrac staff ways that ImmTrac could best fit into payors' workload, and form a continuing workgroup to address future improvements.

Raising Vaccine Coverage Rates: Jack C. Sims
Mr. Sims provided an overview of the new organizational structure of the Immunization Branch and introduced attendees to the 5 objectives of the Branch's *Internal Immunization Action Plan (IIAP)*, its benefits, and specific legislative requirements. Mr. Sims encouraged the use of ImmTrac and pointed out its role as the solution to the problems health care providers have in tracking immunizations. Mr. Sims also addressed several questions from participants regarding childhood immunizations, and Texas' ranking in immunization coverage rates in comparison to other states as reported by the National Immunization Survey (NIS).

Overview of ImmTrac: Claude Longoria
ImmTac System (PowerPoint presentation handout provided for participants)
In his overview of the ImmTrac registry, Claude Longoria defined the ImmTrac system and the benefits of the immunization registry to health care providers, payors, and parents. Mr. Longoria presented screenshots of the *ImmTrac Client Detail* (test client record) and a printable immunization history as is produced from the registry application. Statistics showing the increased use of the registry application since its inception were also presented.

The major issues concerning the registry: privacy, security, confidentiality, implementation of legislation (HB 1921) relating to reporting requirements, new verification of consent requirements for DSHS, authorized user access to registry data, and data sources for ImmTrac, were discussed in detail. Mr. Longoria also provided details of new initiatives for registry enhancements such data quality and utility, and existing and near future data integration/exchange interfaces.

Legislative Requirements
New legislative requirements for providers, payors and DSHS were also discussed in detail:

- New reporting requirements for providers and payors
- DSHS responsibility to verify parental consent
- DSHS responsibility to provide notifications to parents and providers
- Extension of registry data access to payors and other entities

Options for Reporting and Access to Data
Mr. Longoria presented all options for reporting data to ImmTrac:
- Online client search and update
- Upload to ImmTrac web server
- Electronic file transfer (ImmTrac Electronic Transfer Standards)
- HHSC – ImmTrac data exchange interface

Various questions were posed and addressed during Mr. Longoria's presentation.

(Afternoon Session)
Questions & Answers
Question: Will ImmTrac have a problem with duplicate data if receiving same data from both providers and payors? Does ImmTrac have a way of identifying the duplicates?
Answer: It was explained that ImmTrac has a client matching and deduplication process in place and enhancements to this process were also implemented earlier this year.

Question: What is your best guess for immunization reporting? Information from immunization sites at fire stations never makes its way to ImmTrac.
Answer: Not all immunizations are being reported to ImmTrac. Private providers have low reporting rates but public health clinics and public health providers are good about reporting. Fire stations can report through the ImmTrac online application or can report through local health departments. When hospitals have special health fairs, it is up to the hospital to report immunizations.

Question: How does ImmTrac interact with other registries?
Answer: There are five local registries in Texas in addition to ImmTrac. Currently, ImmTrac receives data from three: Tarrant County, Brazos County, and the City of Laredo. We are working on resolving legal and technical issues to allow data exchange with registries in Houston and San Antonio.

Question: In the data file, is it required that payors include the vaccine manufacturer and lot number? Payors only have the claims information and that is based on CPT codes.
Answer: It is understood that payors may not receive that information from providers. The law requires that payors report only information that is submitted by providers. Although ImmTrac prefers to have that information, it does not pose a problem if it is not available. ImmTrac will retain the most complete information available.

Question: Where can our technical staff go to get data file standards and reporting requirements?
Answer: The *ImmTrac Electronic File Transfer Standards for Payors* document was provided to participants during the meeting. ImmTrac technical staff will be available to work with health plan IT staff to resolve questions or data transfer errors.
Question: How often would commercial MCOs be required to report?
Answer: ImmTrac rules require health plans to report within 30 days of receipt of the immunization data from providers. (It was pointed out that immunizations are required for infants at 2, 4, and 6 months so the data must be reported within 1 month to allow for the information to be available to ImmTrac users.)

DISCUSSION: Opportunities, Challenges and Issues
(Group discussion facilitated by Ms. Scott)

Issues:

(The following items were identified as issues in the group discussion. The numbers to the right represent the number of participants claiming it as a priority. This system was used to "prioritize" the issues in order to address them in the discussion.)

Data format (3)
Duplication (6)
Provider costs (6)
Provider Usability/Ease (5)
Health Plan Queries (6)
Common Identifiers (8)
Monthly data feeds (5)
Incomplete Administration Data (0)
"Smith/Gonzales" Problem (Matching of common names) (12)
HIPPA (5)
User Requirements (1)
Historical data (8)
Search Fields (1)
Data source (2)
Provider ID (in ImmTrac) (3)
Turn around time for queries (6)
Complex Data queries (1)
Appropriate population (3)
Parental Consent (3)
Mobile Population (1)
"Standard" events reporting (5)
Demographic reliability (7)
Short Implementation Timelines (12)
IT Cap & Interface (8)
Physician office training
Physician support
Reminder coordination-overlap (2) Mobile clinics (1)
System integration

Possible Solutions to the Issues
As a group, participants identified the top six issues for possible resolution.

Data format/Interface & IT capability
Input/Output
Use of Medicaid or CHIP identification number
- Barcode Birth Certificate registration

Minimum necessary requirements for reporting to ImmTrac
Date of Service
Test files sharing timeline
Make formats available ASAP
Error reporting for files and queries submitted by payors

Common Identifiers-Ideas
Availability of historical information
Medicaid – CHIP numbers
Identifying private providers linked with immunizations in the past
Using minimum identifiers (Tiered Ids)
System for inclusion of ???
Add parental identifier (SS#)
Personal ID code (PIN)
TX provider ID #

Provider needs to have ImmTrac ID in patients' record
Tag early for provider
What do other states do? Benchmark

Historical Data
0 – Kindergarten (5 years)
Guidelines (DSHS & stakeholders)
CPT codes

Short implementation Time
(Will payors be able to query in 1/1/05?)
Prioritize Issues
Key dates/Project plan from DSHS
Prioritize what is needed by 1/1/05
Ensure reporting accuracy
Explore capacity for sharing information back
Documentation/Policies and QA
Use existing communications from payors to providers; get the support of the Health Plans to promote ImmTrac

Next Steps: Formation of Workgroup; Timelines

1. Everybody register for ImmTrac access
2. DSHS draft guidelines & marketing piece for providers
3. Prioritize Issues
    a. Health Plans/providers
    b. DSHS
    c. Come together and compare within the structure of the workgroup
4. On-going workgroup

Workgroup Format Suggestions:

- Workgroup by teleconference as possible
- Workgroup and sub-groups by issue
- Do we want more than one workgroup? (Commercial plans are very different from CHIP and Medicaid)

Claude Longoria, ImmTrac Group Manager will be the DSHS Coordinator of workgroup.

Workgroup Meeting Dates Suggestions:

- Set up conference call (2 hours maximum) within 2 – 3 weeks, no later than November 19, 2004
- Local participants may want to convene at DSHS location
- Next face-to-face meeting no later than December 3, 2004 in Austin

Suggested Workgroup Agenda:
Conference call no later than – November 19, 2004; 2 hour maximum time; folks in Austin to meet regarding:

- Data submission
- DSHS guidelines
- Draft Project Plan
- Draft of the Legal Agreement
- HIPPA Data Exchange Agreement - Issues

Other Suggestions:

- DSHS identify contacts from other states' registries that payors may contact
- One participant informed group that she has access to the North Carolina immunization registry – perhaps can provide registration forms or information

Review of Decisions
(Ms. Scott led the group in a review of issues identified, solutions proposed, and decisions made)

Evaluation of Stakeholder Meeting:

Recommendations for Change
Needed clearer expectations – what can Health Plans do to support ImmTrac
Receive DSHS guidelines before meeting
Summary of presentations prior to meeting
Objectives of meeting prior to meeting
Would have liked and expected timeline and DSHS expectations to get started
As much information as possible in electronic format

Things That Worked Well
Attendance and participation
DSHS staff dedication to this project observed
Neutral facilitator
Opportunity to participate more because of HB1921 – have always thought ImmTrac is a great idea
Cookies
Free Parking (suggest arrange to get parking passes ahead of time)
Starting time was good
Length of meeting was good

Closing Comments
Claude Longoria closed the meeting by expressing appreciation to Stakeholders for their attendance and participation. Mr. Longoria felt that the meeting was very productive and that the participants had accomplished a great deal. Mr. Longoria thanked the participants for providing their input, and for their time and commitment to improving ImmTrac.