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# CIIS Stakeholder Priorities Recap

## Stakeholder Meeting

March 13, 2014



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of Public Health  
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*Immunization Section*

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# Background

- CCIC received a grant from the Colorado Health Foundation to convene stakeholders to identify the top priorities for the Colorado Immunization Information System (CIIS).
- Developed an “As Is” paper documenting some of the history and the current state of CIIS.
- Conducted a series of four meetings with core stakeholders focused on:
  1. An overview of the CIIS system and programs, a general look at national IIS systems, and a presentation on Michigan’s IIS.
  2. Identifying the top priorities for CIIS in the next 5 – 7 years.
  3. Determining information technology needs for each priority.
  4. Determining operational needs and challenges (money, people, time, policy/regulation) for each priority





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# Today's Agenda

- Review each of the 6 priorities identified by the stakeholder group and recap:
  - Status (e.g., nearly complete, in progress, just started, not planned, etc.)
  - Information technology needs and challenges
  - Operational needs and challenges
  - Political and policy needs and challenges
  - Estimated cost (IT + operations) to implement = Low, Med or High
    - Low = < \$100,000
    - Medium = \$100,000 to \$500,000
    - High = +\$500,000
- The tables for each priority are meant as a way to view the information collected through the stakeholder meetings
- This will inform the final “To Be” paper documenting the stakeholder’s



# Priority #1: Optimize CIIS Performance



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The stakeholder group identified the items below as specific optimization needs, in addition to general performance improvements:

- Address underuse for adults and pregnant women
- Fix problems such as time delays, wait list, improve use of outreach tools
- Ensure consistent performance for bi-directional messaging

# Priority #1: Optimize CIIS Performance



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IT (do not correspond directly to each Operations need)	IT Status	Operations (do not correspond directly to each IT need)	Operations Status	Policy/Regs	Estimated Cost (IT + Operations) Low/Med/High
*New iSiIS Vision contract final; better contact management, onboarding project management, HL7 testing suite *CIG Replacement RFP soon to be posted for vendor to build new, secure real-time portal; easier for providers to connect and still have secure data transmission *Forecasting algorithm updates; part of Envision's ongoing updates *Full inventory management for electronic submitters *Billing module for Medicaid (like in Boulder County) *Vaccine Ordering Module rollout; allows VFC clinics to order public vaccine via CIIS *SNS inventory management module; allows CDPHE to track vaccines and other inventory items in emergencies	*Just started  *Just started  *Ongoing  *Not started  *In progress  *In progress  *In progress	General operations support needed for this priority:  *Training and project management resources  *Help Desk, web-based training, technical assistance  *Promotion of new functionality  *Identify inefficiencies in current interoperability processes and strategically prioritize providers on interface waiting list  *Money (budget allocated)	*Ongoing for each	*No new needed for <u>this priority</u> .  *Would need to request additional funding through the legislature to fully support all IT and operations. May also be opportunities to explore private/public partnerships to fund IT and operations to support this priority  *Would be useful to have internal department policy on how new IT updates & customizations are fit into the queue and operationalized	*iSiIS Vision costs = Medium  *CIG replacement costs = Medium  *Forecasting algorithm updates are built into annual M&S = Low  *Inventory management for electronic submitters costs = Low  *Medicaid billing costs = Medium  *Vaccine ordering module = Medium  *Costs for SNS-related work are covered by the Office of Emergency Preparedness

# Priority #2: Newborn Screening/Newborn Hearing



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Need/function identified by stakeholder groups:

- NBS/H data collected by CDPHE and made available to users through CIIS

IT (do not correspond directly to each Operations need)	IT Status	Operations (do not correspond directly to each IT need)	Operations Status	Policy/Regs	Estimated Cost (IT + Operations) Low/Med/High
*Most of the functionality is built	*Nearly complete	*Training and project management resources	*Nearly complete for implementation.	*CDPHE already has authority to collect NBS information; however it does not have authority to collect NBH information	*NBS/H functionality costs = Medium
*Need to standardize data collection and definitions	*In progress	*Promotion of new functionality among users	*Not started		
*Ongoing updates/upgrades	*Ongoing	*NBH/S staff to approve user access and CIIS staff to manage user access	*Not started	*May need to request funding through the legislature	
*Functional web service that can handle and hold successive calls would enhance this	*Complete	*Develop selection process for who should have access to this module	*Not started		

# Priority #3: WIC Connectivity Enhancements



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Need/function identified by stakeholder groups:

- Giving WIC staff access to registry and adding WIC enrollment

IT (do not correspond directly to each Operations need)	IT Status	Operations (do not correspond directly to each IT need)	Operations Status	Policy/Regs	Estimated Cost (IT + Operations) Low/Med/High
*Most of the functionality is built	*Nearly complete	*Invitations have been sent to WIC offices	*Complete	*CIIS MOU with WIC  *WIC has already changed some of its workflows and processes	*WIC functionality costs = Medium
*Software to help de-dupe records (WebIZ has this logic, also have ClientSolv)	*Complete	*WIC has some of its own resources to support	*Ongoing for all other	*CIIS staff to manage user access  *Could CIIS give WIC access to NBS/H data also  *Link to larger CDPHE goals and initiatives	
*Canned reports in CIIS (there but not displayed to end user yet)	*Not started				



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# Priority #4: Timely Electronic Death Records



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Need/function identified by stakeholder groups:

- Currently CIIS gets a monthly file for deaths among 0 – 18 year olds; this change would create a daily record feed similar to the daily birth record file

IT (do not correspond directly to each Operations need)	IT Status	Operations (do not correspond directly to each IT need)	Operations Status	Policy/Regs	Estimated Cost (IT + Operations) Low/Med/High
*Need to make sure the new electronic records can link to CIIS	*Not started	<p>*Process should work the same as for the electronic birth records daily file</p> <p>*Patient matching may be challenging, especially for older kids and those not born in CO</p>	*Not started	<p>*CIIS has authority to use birth certificate to establish records in CIIS, but no explicit authority for death certificates; may need legislation</p> <p>*May need to request funding through the legislature if additional functionality needed</p>	No new money required for implementation at this time.



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# Priority #5a: Use and Accuracy of Data – EHR Data



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Need/function identified by stakeholder groups:

- Ensuring data collected from EHRs is consistent and accurate
- Standardized data elements and definitions for all reporting providers
- Accuracy of and updates to non-IZ data (e.g., patient demographic info)
- Links to priority #1**

IT (do not correspond directly to each Operations need)	IT Status	Operations (do not necessarily correspond directly to each IT need)	Operations Status	Policy/Regs	Estimated Cost (IT + Operations) Low/Med/High
*HL7 format can help standardize data submitted by providers (see Priority #1)	*In progress	*Training and project management resources  *Help Desk, web-based training, technical assistance	*Ongoing for each	*No new regulations or policies needed for <u>this priority</u>  *Would need to request additional funding through the legislature to fully support all IT and operations (see Priority #1)	*See Priority #1
*Bi-directional connectivity to CORHIO (contingent on CIG replacement, Priority #1)	*Not started				
*CORHIO and others are collaborating on standardizing some common data elements	*In progress (outside of CIIS)				



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# Priority #5b: Use and Accuracy of Data-What/How Collected



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Need/function identified by stakeholder groups:

- Surveillance and statewide analytics to support program investments, help providers and communities, etc.
- Links to priority #1**

IT (do not correspond directly to each Operations need)	IT Status	Operations (do not necessarily correspond directly to each IT need)	Operations Status	Policy/Regs	Estimated Cost (IT + Operations) Low/Med/High
*CDPHE has software to help de-dupe records; still requires manual work	*Completed	*To use data for immunization coverage estimates would require more quality assurance staff support (now only one person, full-time on EHR data, could use at least one more FTE Data Quality Analyst)	*Ongoing for each	*Would need a legislative mandate to ensure all immunizing providers submit timely data to CIIS  *May need to request funding through the legislature	*Ongoing salary and benefits costs for additional FTE = Medium  *Ongoing (annual) costs for access to/use of APCD = Low
*Reports that could be run from CIIS; but there are currently significant data gaps that could result in misleading information	*Not distributed at this time				
*Would need to better understand link to other state agency data systems, such as HCPF's		*Annual claims data from All Payer Claims Database could provide CIIS with denominator for immunizing providers by county and specialty			
*Need a standard set of data elements and a standard data dictionary (such as what CORHIO and others are working on, see Priority #5a)	*Not planned				
	*In progress (outside of CIIS)				



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# Priority #6: Functionality for Schools



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Need/function identified by stakeholder groups:

- Includes schools and childcare/pre-schools
- Focused on public schools and licensed childcare/preschool providers
- Could include more private schools, as well as unlicensed childcare/preschool providers at some point

IT (do not correspond directly to each Operations need)	IT Status	Operations (do not correspond directly to each IT need)	Operations Status	Policy/Regs	Estimated Cost (IT + Operations)
*Schools and child care providers can get read-only access to CIIS now; some school users also enter historical shot information into CIIS	*Completed	*FERPA issues  *School staff time/resources to use currently available technology in CIIS	*Ongoing for each	*Would be helpful to have consensus among departments on FERPA interpretation  *May require legislation, depending on direction taken  *Inter-departmental MOUs (CDPHE, CDE, HCPF, DHS) may be useful or necessary to facilitate coordination	*Costs for connectivity to schools' systems = Medium to High
*Send/receive data from systems like Infinite Campus	*Not planned	*School time/resources for new technology			
*Connection to a wide variety of systems for school districts and child care providers	*Not planned	*Use existing school data that is public; CIIS resources to support school needs  *Support for local pilots (e.g., DH/DPS)			



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# Next Steps

- Draft “To Be” paper based on the information from each of the stakeholder meetings and these 6 identified priorities.
- Work with the Steering Committee to revise and finalize the “To Be” paper.
- Distribute the final draft “To Be” paper to stakeholders.
- Create the final “To Be” document for CCIC and CIIS.



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# Questions?



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