

IKK STRATEGY: “ACCELERATE IMPLEMENTATION OF THE STATEWIDE IMMUNIZATION REGISTRY.”

ACTION ITEM 3 WORKSHEET

Action Title: Reduce provider disincentives for KSWebIZ participation

Target: Increase the current number of providers that submit immunization events to KSWebIZ by 60% (an additional 77 providers) by the end of 2008

Description:

Immunization providers who are KSWebIZ users fall into 3 basic groups in the way they access and populate the registry. Identified barriers to KSWebIZ participation will be addressed for each of those groups as follows:

A. One group of immunization providers populates KSWebIZ directly. This group does not have a billing system (Practice Management System) from which immunization data can be extracted. Some vendors for billing systems have communicated to KSWebIZ that either data cannot be extracted from their system, or they are unwilling to create an extract from the provider’s version of the system. These providers must use local resources to manually enter immunization histories on their patient charts. For this target provider population, the strategy is to **reduce the perception of the burden of KSWebIZ data entry.**

1) Educate providers about the “value added” for using KSWebIZ. Demonstrate timesavings from utilizing registry functionality, even if updating demographic information and adding immunization history are required.

- a) Conduct a time study of manual completion of forms versus electronic completion through KSWebIZ by the end of 2007.
- b) Prepare marketing materials that include the time/cost benefit study results by beginning of the second quarter of 2008.
- c) Collaborate with partner organizations (ie. Kansas Chapter of the American Academy of Pediatrics, Kansas Chapter of the Academy of Family Practice, Kansas State Nurses Association) to disseminate information.

2) Issue Requests for Proposals (RFPs) to make funding available for providers to pay staffing costs for historical data entry. Providers receiving funding will be vetted via size of practice and geographic location resulting in targeted saturation.

B. The second group consists of providers whose immunization data are in a system from which the data can be extracted one time or on an ongoing basis and imported into KSWebIZ. KSWebIZ has both public and private providers to which this scenario applies. Their legacy data were loaded via

an electronic extract and KSWebIZ is used for immunization data management. The only histories entered manually are those that appear on a record the patient presents during a clinic visit. For this and the other target provider populations, the strategy is to **reduce the burden of adding patient immunization histories by populating KSWebIZ with electronic data from as many sources as possible.**

- 1) Issue RFPs to make funding available for development of billing/practice management system data extracts. *Target: Develop and complete one-way data extract/interface with 4 private provider Practice Management Systems by 12/31/2008. Systems will be vetted via number of users, size of practices and geographic location resulting in targeted saturation.*
- 2) Access Health Plan data
 - a) Medicaid – this interface has been completed. The one-way interface is ongoing, with all current billing data imported on a regular basis. *Target: Immunizations billed to Medicaid for the last ten years will be imported via HL7 messaging by the end of the 3rd quarter of 2007.*
 - b) Other plans currently participating in the HEDIS advisory group. KSWebIZ has collaborated with this advisory group to define the data set and develop the user agreement. Health plans desiring access to KSWebIZ data for HEDIS reporting purposes must also provide immunization-billing data to the system. *Target: Develop and pilot interface with 1 Health Plan data system by 12/31/2008.*
- 3) School Immunization data – School records are a wealth of information for historical immunization data for preschool through adolescent aged children. School personnel are anxious to access KSWebIZ to retrieve and provide immunization data to and from the registry. Accessing school data will help achieve the Healthy People 2010 Goal of 95% of children under 6 years of age enrolled in KSWebIZ with 2 or more immunizations. Use of KSWebIZ will save immunization provider staff time in producing the Kansas Certificate of Immunizations once schools can access that record directly.
 - a) FERPA requirements regarding the release of school immunization records have been approved by KDHE and KSBE legal staff and have been communicated to school personnel. Schools are currently implementing standardized consent protocols to enable the sharing of school immunization records with KSWebIZ.

- b) A School Nurse advisory group has assisted with the design of the School Nurse Application of KSWebIZ.
- c) The application prototype has been developed and was demonstrated at the Annual School Nurse Conference in July 2007.
- d) *Target: Complete School Immunization Application development, pilot and test with 2 school sites by the second quarter of 2008. Pilot additional 6-8 sites by the end of 2008. Identify one school health data system for development of an interface based on the number of schools using the system by the end of 2008.*

- 4) WIC data – KWIC information system. *Target: Develop and test interface with KWIC system in 3 WIC sites in 2008.*

C. The third group is those providers who use an Electronic Medical Record (EMR) that has varying capacities (depending on the vendor) to do the immunization data management work for the provider. Those capacities may or may not include inventory management and the creation of forms/immunization documents for the patient. These providers see no advantage to using the registry for data management since their local system is meeting their needs. Health departments using PHClinic or QS Insight for billing, appointments, and other functions are an example of this category, as are private providers using systems developed for their use. The motivation for using KSWebIZ is to share records with others and get immunization histories given by other providers that are not on in-house records. Providers in the third group want a real time, two-way interface that will allow direct access to their own system, query KSWebIZ for any history, and update KSWebIZ with any immunization information that is in the provider's system. For this provider population, the strategy is to **target providers utilizing an EMR system with the capacity to electronically store data on all NVAC-approved required core data elements, and establish a real-time two-way HL7 compliant interface to reduce the burden of dual data entry of immunization encounters.**

- 1) Conduct a survey/census of immunization provider practice-management systems currently in use in Kansas
- 2) Target interface development with systems most commonly in use
 - a) Public provider systems
 - 1. QS Insight (health department system in use in 4 of the largest counties). This interface has been completed. The two-way real time HL7 interface is currently operating in the Finney CHD, with a 3 second message exchange time. The initial HL7 historical data load

resulted in 4,095 new registry patients and 35,174 additional immunizations. *Target: Complete data cleansing and interface implementation in Riley, Johnson and Wyandotte counties by the end of 2008.*

2. KIPHS PHClinic (health department system in use in 54+ counties). This interface is currently being tested, with data cleansing still to be accomplished. *Target: Complete interface testing, data cleansing and implementation in 75% (40) of PHClinic users by the end of 2008.*
 - b) Private provider systems. Contact has been made and discussion initiated with two EMR vendors whose systems are in place in a number of provider offices across the state.
- 3) Publicize interface status and functional interface capability for each system *Target: Develop and complete a two-way HL7 interface with two Electronic Medical Record systems by the end of 2008. Systems will be vetted via number of users, size of practices and geographic location resulting in targeted saturation.*

Rationale: Removing barriers will increase provider acceptance of KSWebIZ and facilitate more rapid implementation of the system by users who will add value by populating the registry with immunization data.

Strategies supported (refer to the IKK strategies):

- 1) Expand opportunities for clients of health department programs to obtain referrals to and more easily access immunization services for their children
- 3) Accelerate implementation of the statewide immunization registry

Expected Outcomes:

- KSWebIZ uptake will increase more rapidly, thereby increasing the robustness of data quantity and quality.
- A child's immunization record will be more accessible and complete.
- Immunization rates will be more accurately and easily assessed.
- Efforts may be targeted to areas with the greatest need.
- State and local immunization rates will increase.
- KSWebIZ will make steady progress toward completion of the Healthy People 2010 Goal of at least 95% of children under 6 years of age enrolled in the registry with 2 or more immunizations.

Proposed evaluation methods:

- Stated targets will be met.

- The number of immunization providers populating KSWebIZ with immunization data will be tracked quarterly, with increase documented and reported in KSWebIZ newsletter.
- KSWebIZ usage trends will be monitored for the impact of each of the interventions described.
- KSWebIZ data quantity trends will be monitored for the impact of each of the interventions described.

Challenges:

- Personnel and funding resources must be adequate to support each of the interventions proposed.
- The KSWebIZ project will need advocacy among the provider community and its strategic partners to publicize the removal of barriers and promote the benefits of system use.

Resource Requirements: (Listed by Interventions in Action Step Description)

- A. Assistance with time/cost study design and implementation. Assistance with development of promotional materials. Grant funds for staffing costs for historical data entry.
- B. Funding for costs associated with extracts from the various sources, including evaluation of data quality.
- C. Funding/assistance with survey design and implementation. Funding to support two-way interface development.

Commitments for Implementation:

<i>Participant Organization and Name</i>	<i>Suggested Organization and Name</i>
KDHE KSWebIZ Project	
	Kansas Chapter of AAP
	Kansas Academy of Family Physicians
	Kansas State Nurses Association
	Kansas Health Institute
	Current KSWebIZ Providers

	Health Plans
	Kansas School Nurse Organization
	Practice Management and Electronic Medical Record system vendors
	School Health Record system vendors
	Kansas Health Foundation