

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

ACTION ITEM 4

Action Title: Provide incentives 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:

A. Develop a targeted program of incentives for vaccination providers needing one-time assistance to make a long-term commitment to participation in KSWebIZ. Incentives include:

- Funding for computers for provider use in data entry. *Target: Computers will be provided to 25 new providers during 2008.*
- Funding for printers for KSWebIZ generated forms. *Target: Printers will be provided to 20 new providers during 2008.*
- Funding for service fee for internet access for additional computer. *Target: 5 providers will be assisted with internet connectivity service fee during 2008.*
- Funding to immunization providers for fees charged by billing system vendors for one time data extract of legacy immunization data for import into KSWebIZ. *Target: 5 providers will be provided funding for legacy data extract during 2008.*
- Funding to immunization providers for fees charged by Electronic Medical Record (EMR) system vendors for software upgrades that would facilitate two-way HL7 data exchange with KSWebIZ. *Target: 5 providers will be provided funding for HL7 EMR software upgrades during 2008.*

Providers receiving funding will be vetted via size of practice and geographic location resulting in targeted saturation.

- B.** Develop a comprehensive plan to retain existing KSWebIZ participants. Retaining current KSWebIZ participants is as important as soliciting new KSWebIZ participants. In order to assure the continued participation of current KSWebIZ users and to maximize the use and usefulness of the database, efforts must be ongoing to:
- 1) Provide effective and efficient training approaches for providers on managing and using KSWebIZ.
 - 2) Expand end-user groups to discuss their uses of the registry, identify problems, and advise KDHE on problem-resolution and ongoing

development of the KSWebIZ. *Target: User conference calls will be held quarterly.*

- 3) Continue the distribution of a newsletter to end-users. *Target: Newsletter will be distributed once each quarter.*
- 4) Continue to solicit and incorporate user requests into future updates of KSWebIZ.
- 5) Convene an ongoing advisory group of stakeholders to review KSWebIZ use and advise on ongoing KSWebIZ development. *Target: KSWebIZ Advisory group will meet at least quarterly, with ongoing written communication.*
- 6) Continue annual user satisfaction/suggestion surveys, reporting results and resulting action plans to all current/potential end-users.
- 7) Monitor KSWebIZ HELP desk usage to insure that KDHE has adequate staffing to address end user requests.
- 8) Explore and implement technology solutions to help KSWebIZ users convene and share experiences/solutions/uses through list-servs, teleconferences, web conference etc.
- 9) Provider accounts will be assessed biannually for frequency and quantity of data submission, with follow-up with those providers not adding immunization data during the previous period. *Target: 95% of all provider accounts will remain in active status.*

C. Facilitate use of KSWebIZ data by strategic partners.

- 1) Assure completeness, timeliness and accuracy of data in KSWebIZ. *Target: KSWebIZ staff will work with system vendor to 1) define measures of completeness and develop query to quantify, 2) develop report that documents the length of time between vaccine administration and data submission by provider or geographic area, 3) develop method for evaluation of de-duplication efforts by end of 2008.*
- 2) Measure registry participation saturation by geographic area to determine statistical significance of geographically measured immunization rates. *Target: Report will be developed by May 2008.*
- 3) Survey immunization providers without direct KSWebIZ access to determine reporting needs for immunization information.
- 4) Survey public health users of immunization data to determine the types of data reports needed for Community Health Assessments and other public health activities. Specifics will include data elements, report formats, and electronic formats needed for export.
- 5) Facilitate data reporting based on survey/suggestions/requests while legally protecting confidentiality and ensuring security of medical information.

- 6) Establish public access to aggregated geographic reports on immunization registry participation and coverage rates thru the Kansas Information for Communities website. *Target: Report contents will be defined by March 2008. Collaboration with KSWebIZ and KIC will produce report access by July 2008.*
- 7) Work with KSWebIZ vendor and KDHE GIS to build interface between KSWebIZ and GIS system by the end of 2008.

Rationale:

- A. Strategic providers would be identified based on type and geographic location of population covered, and number of historical records introduced into the registry. Giving a one-time monetary incentive could be a catalyst to bring additional records into the registry, with expected long-term commitment to participation. All providers who agree to accept an incentive must commit contractually to participation in the registry for a specified time period.
- B. End user retention and satisfaction is essential to continue to populate the registry with up to date and accurate information.
- C. Proposed activity will assist KSWebIZ in meeting three of the National Vaccine Advisory Committee functional Standards for Immunization Information Systems:
 - Protects the confidentiality of medical information
 - Ensures the security of medical information
 - Automatically produces immunization coverage reports by providers, age groups and geographic areasAccess to statistically significant immunization data reports will encourage immunization provider participation in KSWebIZ and would help county health departments fulfill their function as a local public health agency.

Strategies supported (refer to the IKK strategies):

- 3) Accelerate implementation of the statewide immunization registry.
- 4) Promote policies, regulations and environmental changes that increase access to and utilization of immunization services.

Expected Outcomes:

- A. Additional providers will participate in the registry, bring valuable history to populate it and commit to an ongoing update of immunization records to the registry.
- B. Progress will be made towards CDC stated target of 100% participation of immunization providers in KSWebIZ.
- C.
 - Providers will utilize data from KSWebIZ for analysis and improvement of their immunization services.

- Parties interested in community health assessments will be able to access community health data.
- Local health departments will analyze aggregated de-identified community level data to improve their community's health.
- Local health departments will work within the suggested framework of NACCHO's Operational Definition of a Functional Local Health Department and CDC's National Public Health Performance standards to monitor health status of their community.

Proposed evaluation methods:

- Stated targets will be met.
- 100% of providers receiving incentives will continue contributing data for at least one year after enrollment.
- 95% of all Provider user accounts will remain in active status over a one-year period.
- Report usage statistics will be documented annually, with trends monitored long term.
- Conduct KSWebIZ user satisfaction survey annually to identify areas for improvement or additional development; communicate results to KSWebIZ users.

Challenges:

- Personnel and funding resources must be adequate to support each of the interventions proposed.
- Provider perception of contractual demands placed on receipt of incentives may result in resistance to KSWebIZ implementation.
- KDHE Immunization Program staff time required to monitor agreements and address provider contract non-compliance will be a challenge given the current limited staff resources.
- Assembling functional and committed Advisory group to help guide KSWebIZ development

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

A.

- Funding for listed incentives
 1. Computers: 25 @ \$1200ea = \$30,000
 2. Printers: 20 @ \$500ea = \$10,000
 3. Internet service installation fee: 5 @ \$360 = \$1800
 4. Data extract fee: 5 @ \$10,000 = \$50,000
- HL7 Software upgrade fee: 5 @ \$10,000 = \$50,000
 - Total \$141,800

B.

- Funding to support end user convening activities (expenses related to onsite meetings, teleconferencing, web-conferencing expenses steering committee meeting expenses).
- Funding for cost of token renewal.

C.

- Funding for costs associated with conducting provider survey/focus groups regarding needed reports.
- Funding for developer costs associated with enhanced reporting capability.

Commitments for Implementation:

<i>Participant Organization and Name</i>	<i>Suggested Organization and Name</i>
IKK Steering Committee	Kansas AAP Chapter
KDHE KWebIZ Project	Kansas AAFP Chapter
	Local Health Departments
	Kansas State Nurses Association
	Kansas School Nurse Organization
	KWebIZ end users
	EMR/PMS/CMS vendors
	Health Plan Representatives

References

CDC/National Public Health Performance Standards Program. Essential Public Health Services. Available at <http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>

National Association of County and City Health Officials (NACCHO). Operational Definitions of a Functional Local Health Department. Washington, DC: NACCHO; November 2005. Available at <http://www.naccho.org>

CDC National Immunization Program. “2008-2012 Immunization Program Operations Manual (IPOM).” Available at <http://www.cdc.gov/nip/policies/ipom>