

**IKK Registry Workgroup  
DRAFT Minutes  
May 8, 2007**

Because the participation of private providers is so crucial to the successful expansion of WebIZ, we decided to focus much of the time during this meeting on identifying barriers and brainstorming initiatives to recruit and retain providers—especially private providers.

To start, we discussed the barriers that impede the participation of providers—private and public, alike—including:

- lack of knowledge/awareness among providers
  - IIS, in general
  - WebIZ, in particular
- differences in medical care organization as a potential factor as to why local health departments provide such a large proportion of immunizations
- technical (i.e., software incompatibilities that inhibit the establishment of linkages)
- costs (VERY IMPORTANT)
  - vaccine purchase, storage, administration
  - purchase/maintain registry-compatible record-keeping systems
  - operational costs
    - training for registry enrollees' staff
    - data entry
    - data quality assurance

The Workgroup discussed at-length a two-pronged strategy to efficiently use time and KDHE's scarce professional and financial resources. The first component of this strategy is to identify and focus their highest-priority efforts on enrolling 'clusters' of providers, by prioritizing KDHE's enrollment/development efforts based on several key characteristics:

- geographic proximity,
- population density,
- similar practice size (small) and setting (non-urban),
- similar practice type (pediatricians versus family practice)
- similar practice-management software, and
- similar linkage requirements.

Second, create 'virtual medical homes' for patients in practices that don't fit this profile by creating close working relationships with local health departments to refer/coordinate vaccination services. All these activities can and should proceed simultaneously.

Several possible action items for KDHE and its partners arose as an outgrowth of this discussion—all of which need further discussion and development:

1. More completely flesh out the software standards already developed by KDHE and discuss them with software vendors and users of practice-management systems so as to facilitate the implementation of linkages with WebIZ.

2. Develop a more comprehensive and detailed WebIZ implementation plan that would help clarify additional resource needs. Of note, although there appears to be a high need for additional trainers, this is a complicated issue as other skill-sets may also be needed—e.g., data cleansing capacity, provider education, etc. (As a case in point, in most instances, KDHE will perform data cleansing for providers who connect to the Registry via the WebIZ interface—meaning that they only access the registry through WebIZ from that point on; however, providers who connect to the Registry with HL7 as the primary way to exchange information must cleanse their own data.)
3. Develop effective and efficient training approaches on managing and using WebIZ interfaces for providers' staff.
4. Educate and increase targeted providers' awareness of the benefits of participating in WebIZ, with particular attention to potential cost savings. (Chris Steege from the Kansas AAP Chapter will follow-up with her constituents to identify barriers for enrollment and the best education approaches. Similarly, Chris will ask Carolyn Gaughan from the Kansas AAFP Chapter to undertake similar discussions with her constituency.)
5. Gather more information on the different practice management systems currently in use in Kansas through administrative review of the 2006 IKK clinic questionnaire and/or a more detailed survey/census of providers (e.g., via postal mail or the survey monkey website).
6. Develop a targeted, comprehensive program of incentives for vaccination providers to participate in WebIZ; these may include:
  - paying for historical data extractions in the short-term if it contributes to long-term participation in the registry;
  - developing interfaces so that participation would be more seamless from the providers' perspective;
  - hiring data entry folks to reduce/eliminate backlogs of vaccination histories; and
  - providing computers or printers, when needed, to encourage long-term participation in WebIZ.
7. Develop policy and programmatic measures to reduce disincentives (especially related to costs of vaccine purchase, management, and administrative) for private providers to offer vaccination services and to participate in WebIZ. (Although this is the primary focus of the IKK Access Working Group, this issue affects efforts to expand and expedite the implementation of the WebIZ; therefore, the IKK Registry Workgroup emphasized the need for and commitment to working closely with the IKK Access Working Group to reduce disincentives for private providers to offer vaccination services.)

**Our next meeting will be a teleconference on Wednesday, May 16, 2007 at 9:00 AM CDT.** At this meeting, participants will report back to the Workgroup on their progress on assigned tasks (see above). Then, we will continue with these discussions aimed at fleshing out these action items (see above) and, as appropriate, developing additional action items.

