

DRAFT Minutes
Immunize Kansas Kids
Registries Workgroup
11 April 2007

The Registries Workgroup meeting convened at 9:05 am CDT.

Attendees

Chris Begay
Dennis Cooley
Martha Froetschner
Brian Huesers
Kathy Kroupa
Sunnee Mickle
Howard Rodenberg
Michael Runau
Norma Jean Schaefer
Debra Warren
Paul Stehr-Green

KDHE sent out letters to all former members of the WebIZ Steering Committee last week thanking members for their contributions and encouraging them to join the continuing efforts of the IKK Registry Workgroup. It's still too early to have received any replies, but KDHE will share them with this Workgroup in future meetings. Also, KDHE has offered to share the list of former Steering Committee members' e-mails with KHI and this Workgroup.

Howard Rodenberg reported on relevant events that have occurred during the current legislative session:

- Expanded funding to support the KDHE immunization program has been reduced to ~\$200,000; as a result, KDHE has been forced to make the difficult choice to support the expansion WIC/immunization linkages—but, unfortunately, at the expense of an additional registry trainer position. (In response, Debra Warren and others expressed their disappointment, citing continuing staff shortages as a significant impediment to the expansion of the WebIZ implementation.)
- The bill to expand the role of pharmacists in vaccinating children has been scaled back; in its current form, the bill would only expand the authorization to pharmacists and supervised staff to administer vaccinations to 18+ year olds.

To start the discussion of 'Howard's list' of outstanding issues affecting the expansion of WebIZ, KDHE staff provided a comprehensive summary of the history and current status of efforts to deal with these issues. Specifically, with regard to determining needs for linkages (i.e., what's out there we need to link to?), they shared the information that:

- Development of a ‘universal’ data-exchange agreement is continuing, incorporating input from web-designers/managers, providers, and legal (confidentiality) counsel.
- To this point, development of a ‘real-time’ HL7 interface has focused on public health departments, with ~50 involved so far.
- ‘One-way’ data exchange (i.e., batch processing of records) is in a late-testing stage; this method of input./access will be especially useful for non-traditional providers, such as schools.
- Development of software and recruitment/enrolment of providers (both public and private providers) using direct-entry continues (so far, ~80 providers have been enrolled); however, significant barriers remain due to:
 - different (incompatible?) practice management systems;
 - widespread lack of electronic medical records;
 - marginal economic value of vaccine administration (coupled with myriad technical difficulties) mitigate against private providers enrolling in WebIZ.
- Although enrollment of vaccine providers in atypical settings (e.g., ‘doc-in-the-box’, Wal-Mart vaccine clinics) needs to be considered, these providers need to be more fully enumerated and recruited, and associated technical challenges (if any) need to be identified and resolved.
- Similarly, although contacts have been made with staff responsible for neighboring states’ registries, administrative, legal (confidentiality), and technical challenges need to be identified and resolved.

We began to brainstorm and discuss specific actions that Workgroup members can undertake to aid KDHE in better understanding and, ultimately, resolving, these issues; initial ideas included:

- Pass the word about the registry to stimulate enrollment of private providers.
- Work with software manufacturers to develop and incorporate standard interfaces.
- Work with private providers to get them to request and buy compatible practice management systems with desirable features.

During our next meeting (25 April 2007 at 9:00am CDT), we will continue this discussion to focus on identifying and developing specific action steps that Workgroup members (and their respective organizations) can undertake to further these interests. In addition, as time permits, we will begin to similarly address other outstanding issues from ‘Howard’s list’, including:

- Converting "paper and pencil" systems to registry-linked (incentives for private providers?)
- Looking at atypical settings (e.g., "doc-in-the-box," Wal-Mart vaccine clinics, pharmacies)
- Cross-border issues
- Policy options (e.g., immunization requirements for daycare attendance)
- Other ideas?

Finally, we hope to plan an agenda for our face-to-face meeting in Topeka in May and to set an overall timeline for Workgroup activities.

The Workgroup meeting adjourned at 10:03 am CDT.