

DRAFT Minutes
Immunize Kansas Kids
Registries Workgroup
31 January 2007

The Registries Workgroup meeting convened at 12:45pm. To start, Workgroup members reintroduced themselves.

Following that, Bruce Miyahara (Registry Workgroup team leader) recapped the Workgroup's progress-to-date: Briefly, Bruce described the group's brainstorming that resulted in their commitment to "...accelerate the implementation and use of the Kansas Immunization Registry (KSWebIZ)..." and to "...populate the Registry."

In order to start with a common understand, Paul Stehr-Green (Registry Workgroup expert consultant) proposed a basic definition of a "Registry": *A list that's regularly/constantly updated*. Furthermore, Paul suggested that Registries—whether managed centrally or in a dispersed model—can, and often are, used for a variety of purposes:

- identifying target population
 - measuring vaccine coverage
 - perhaps more importantly, characterizing unvaccinated children
- conducting research (although this may not be the primary use of KS WebIZ)
- assuring quality of care (in the context of the KS WebIZ, this might entail
 - assuring continuity of preventive care for children who see multiple primary care providers
 - simplifying vaccine inventory management
 - maximizing opportunities to vaccinate)
- facilitating reminder/recall systems to notify parents and providers when children are due/overdue for vaccinations.

The Workgroup also discussed challenges to establishing and maintaining a registry: Foremost among the challenges is the cost—both for the initial investment (estimated to be > \$1,000,000 for KS WebIZ) and annual maintenance (estimated to be \$100,000-\$150,000 for KS WebIZ). In addition, the recruitment and retention of private providers will be a challenge because of perceived administrative requirements/costs and need to demonstrate its benefits to providers; however, the consensus among Workgroup members was that providers "...will do almost anything that is good for kids... ."

Sue Bowden and Deb Warren (Kansas Department of Health and Environment) provided an excellent summary of KDHE's Marketing Plan for KS WebIZ. Initially, Sue and Deb described the basic functions and operational processes of the registry, emphasizing the attention that has been paid to assuring strict security of data. However, most of their presentation focused on the varied methods by which KDHE is attempting to enroll participating primary care providers; this strategy comprises:

- identifying key vaccination providers among private clinics, local health jurisdictions, health plans, schools, and (possibly) pharmacies and hospitals
- attracting participation of high-priority providers, based on:
 - VFC participation
 - technical capabilities of provider and KS WeBIZ
 - setting (public versus private providers)
 - volume of vaccinations administered
- communicating with potential participants through:
 - newsletters
 - e-mails
 - conference calls
 - demonstrations
 - website
 - direct-mail information packets
 - help-desk access
- actively recruiting interested providers using:
 - incentives
 - encouragement through third-party partners (e.g., pharmaceutical representatives)
- providing hands-on training for providers' staff
- sustaining the KS WeBIZ with informed, informative support services

Paul laid out the charge to the Workgroup: To develop an action plan by the end of 2007 that will identify partners and their roles in support of the development, implementation, and use of KS WebIZ. Specifically, the Workgroup must define and prioritize the goal(s) of this immunization registry. Then, with these goals in sight, the Workgroup must consider a range of issues that affect the development and implementation of any Registry, including:

- Information technology (i.e., hardware and software)
- Privacy and confidentiality concerns
- Marketing the registry to providers
- Enrollment of providers ('populating the registry')
- Ease of use for providers and registry managers
- Data accessibility and feedback to providers
- Using data for action (i.e., patient-care and public health imperatives)
- Financing/policy development to develop/sustain the registry

In the next few weeks, the Workgroup members must discuss and prioritize the issue(s) which will be the focus of our action plan; the assignment of priorities may be based on

what issues the Workgroup members believe are most crucial to the success of the KS WebIZ, what issues may be underdeveloped/unsupported, what issues IKK partners can most influence, and/or other criteria. To this end, Paul asked the Workgroup members to think about, and be ready to discuss at our next meeting, several questions:

- What do these issues entail?
- How do each Workgroup member's professional activities involve these issues? On what particular issue(s) does each Workgroup member want to work?
- What issue(s) can this Workgroup and our partners affect, and why/how?
- Who else should be involved in this Workgroup?
- What should be the pace of the Workgroups work schedule and how will we measure success?

The action plan will identify specific actions intended to address these priority issues, identify and recruit critical partners for these efforts, define partners' roles and responsibilities in carrying out these actions, and establish timelines and measurable milestones.

In order to meet the goal of developing a draft action plan by September 2007, the Workgroup members agreed to participate in regular meetings. In order to facilitate ease of participation and minimize logistical challenges, the Workgroup members agreed to try various meeting formats, including teleconferencing, web-conferencing, face-to-face meetings, e-mail discussions. Paul will send an e-mail to all Workgroup members listing possible dates/times in order to establish a meeting schedule.

Finally, near the end of the Workgroup meeting, Harry Hull (Private Provider Workgroup expert consultant) joined the Registry Workgroup to suggest areas of common interest between the two workgroups, including:

- recruiting private providers into the registry,
- providing ongoing technical support for participating private providers,
- documenting immunization of children moving across state borders, and
- facilitating providers' access to and use of registry data.

The Workgroup meeting adjourned at 2:45pm.