

The fifth ImmTrac Provider Working Group (IPWG) meeting has been scheduled for **Friday, March 9th, 2007** from **2:00 p.m. to 3:30 p.m. via conference call**. The agenda includes discussion of this report with the opportunity for you to ask questions and offer input. Members calling in for the meeting should dial **(866) 456-0016**. When prompted to enter a conference room code, please enter ***5284183***. (You must enter the asterisk before and after the number.)

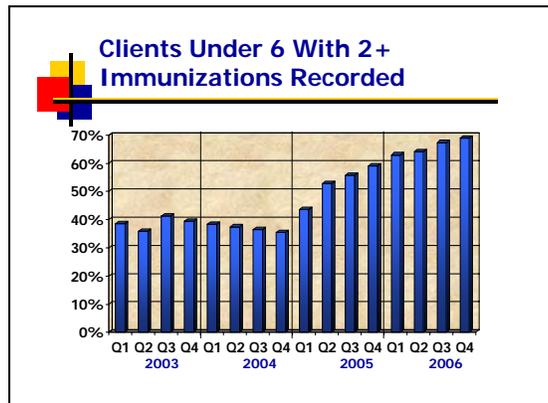
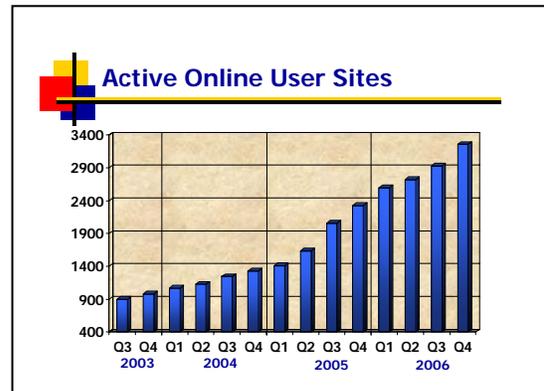
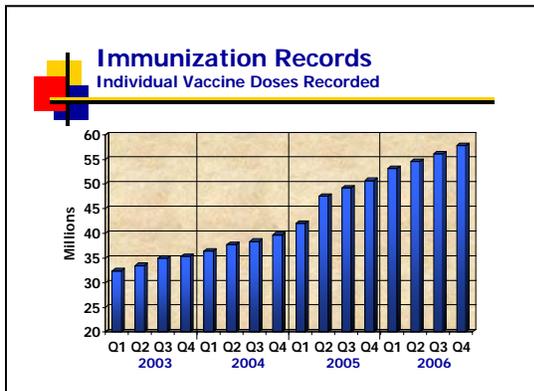
PROGRAM HIGHLIGHTS

Significant growth in the areas of usage measures, user participation, and provider registrations continues for ImmTrac:

Snapshot as of mid-February 2007

- 61.5 million immunizations recorded in ImmTrac*
- 5.4 million Texas children
- 2 million children under age 6
- 3,300 active online user sites
- 32,000 (average) immunization history reports generated online per month

* In late January 2007, the ImmTrac Group received current and historical immunization data from Blue Cross/Blue Shield of Texas for the first time. The data import resulted in the addition of over 2.5 million immunizations to ImmTrac for 365,000 Registry clients. On average, approximately 7 immunizations were added to each ImmTrac client history updated.



LEGISLATIVE UPDATE

As of March 1st, five legislative bills relating to ImmTrac have been filed.

- SB 204 (J. Nelson – proposes requirement for electronic medical records to offer ImmTrac reporting capability)
- HB 1895 (D. Howard – proposes conversion of ImmTrac to “opt-out” registry for persons under 18 years of age)
- HB 1896 (D. Howard – proposes conversion of ImmTrac to “lifetime” immunization registry)
- HB 1897 (D. Howard – proposes creation of “opt-in” immunization and screening registry for persons under 18 years of age)
- SB 892 (J. Zaffirini – proposes creation of immunization and screening, “opt-out”, “lifetime” registry)

PROMOTION & EDUCATION UPDATE

- Health Plan/Payor Working Group (HPPWG) – A HPPWG conference call meeting will be scheduled in mid-April.
 - 39 health plans are currently registered to report to ImmTrac
 - In late January, 2007, Blue Cross/Blue Shield of Texas reported current and historical immunization data to ImmTrac for the first time. The import resulted in the addition of over 2.5 million immunizations to ImmTrac for 365,000 Registry clients, reflecting an average of approximately 7 immunizations added to each ImmTrac client history updated.
- Texas Immunization Stakeholders Working group (TISWG) – The January 2007 scheduled TISWG meeting was rescheduled for March 22, due to Legislative priorities.
- Promotional Efforts
 - Texas Obstetrician and Gynecologist practices have responded well to ImmTrac’s invitation to disseminate the Registry’s brochure for parents to expectant women and women planning a family. The invitation was sent in collaboration with the Texas Association of OB/GYNs via their annual newsletter last Fall.
 - ImmTrac users (primarily private and public physicians) who have accessed the Registry application within the past two months were mailed an *ImmTrac ID* pre-inked stamp to be used as a tool for effectively using ImmTrac. Users have responded positively and many are requesting additional stamps for use by other staff members.
- Articles and Publications
 - A March 2007 issue of ImmTrac’s *For the Record...* newsletter will be released in mid-March. The issue will address ImmTrac’s most recent enhancements plus a feature interview with Driscoll Children’s Health Plan and Parkland Community Health Plan regarding their use of Registry data.
 - The ImmTrac Group has purchased ad space in the Texas Academy of Family Physicians *Texas Family Physician* magazine’s April/May/June, July/August/September, and October/November/December issues. The ad promotes effective use of the ImmTrac registry to providers.
 - The ImmTrac Group has also purchased ad space in the 2007 March/April, July/August, and November/December issues of the Texas Hospital Association’s *Texas Hospitals*. The ad in the March/April issue thanks birth registrars for their

contribution to the health of Texas children by implementing the *ImmTrac newborn consent process*. The ad also refers readers to the ImmTrac website, where *ImmTrac Award for Excellence* recipients are recognized.

- National Immunization Conference (NIC) participation – The ImmTrac Group submitted a poster on Stakeholder relations for display at the NIC. The poster, entitled *Texas Immunization Registry – Navigating Change and Growth Through Innovation and Stakeholder Involvement*, addressed 78th Texas Legislature mandates (current law), impact of such legislation (change and growth), and Stakeholder involvement (IPWG and top priorities identified, HPPWG), and the ImmTrac Group's activities to improve Registry ease-of-use and utility.
- Samples of the two ads and NIC poster will be added to the ImmTrac website (www.ImmTrac.com) the week of March 4.
- Presentations and Exhibits
 - ImmTrac's Program Coordination Team conducted an in-depth day-long training for DSHS Health Service Region (HSR) staff. Included in the training was a "best practices" session in which HSR staff discussed with their counterparts successful promotional and educational activities conducted and training tips. Approximately 50 staff members participated.
 - Upcoming conference participation for ImmTrac includes the Texas Association of Obstetricians and Gynecologists in Houston on April 12 – 14, and the TEXMED conference in Dallas on April 26 – 28. ImmTrac will offer a display at both conferences.

PROGRESS ON IPWG HIGH-PRIORITY ACTIONS

1. Educate Birth Registrars to improve Newborn Consent Process

- ImmTrac's Program Coordination Team, in collaboration with HSR staff, will continue technical assistance visits to low-performing hospitals and birthing facilities in the 2nd and 3rd Quarters of 2007.
- "Health Education" staff at high-performing hospitals and birthing facilities are being identified and educated on the benefits of ImmTrac, the newborn consent process, the birth registrar's key role, and being provided with educational materials and ImmTrac literature holders to encourage ImmTrac education of expectant women through the hospitals.
- HSR staff has been trained to educate birth registrars on the ImmTrac newborn consent process and other aspects of this birth registrar educational initiative.

2. Develop enhancements to facilitate reporting through EMRs and billing data

- **Electronic Data Translation (EDT) Pilot Project**
 - ImmTrac has successfully completed implementation of the Electronic Data Translation capability and the enhancement is in final testing. ImmTrac is now able to accept and import data files in virtually any electronic format, including:
 - Data extracts from EMR systems
 - Text files ("flat" files, fixed width, and delimited files)
 - Spreadsheet and database files (e.g., Excel, Access)
 - Billing files ("NSF" files and HIPAA-compliant "837" files)

- EDT allows ImmTrac staff to “map” the data fields of an incoming data file type to the appropriate fields of the ImmTrac standard import file. The initial review and mapping of incoming data file types requires staff time for processing. A template is then created to allow for automated processing of future submissions of the same file type.
- Pending the hiring of additional staff members to work with EDT data files, ImmTrac will coordinate a phased roll-out of EDT functionality in the 2nd and 3rd Quarters of 2007, working through IPWG and DSHS HSRs to identify and recruit potential EDT data submission partners.
- Targeted partners for EDT include large provider groups, hospitals and clinics that utilize an electronic practice management or medical records system. The system must be capable of generating a standard electronic data extract containing client demographic information (for ImmTrac client matching) and immunization information.
- **Implementation of HL7 data exchange capability**
 - Implementation of the HL7 “batch” data exchange capability has been completed and ImmTrac is prepared to begin work with pilot sites.
 - CDC guidelines, for registries and software vendors involved in immunization data exchange, define the HL7 message structure in detail and the core client demographic and immunization data elements needed. The CDC guidance provides for certain data fields that are considered optional and allows for flexibility in some areas.
 - ImmTrac is completing the proposed *ImmTrac HL7 Message Transfer Specifications*. The ImmTrac HL7 “profile”, which is compliant with HL7 protocol and CDC guidelines, defines the client demographic data and immunization-specific data required for successful client matching and data exchange, and the format for VXU (vaccine update) batch data transfer under the HL7 protocol.
 - The ImmTrac HL7 profile also defines some areas that are either undefined or considered optional under HL7 protocol, and provides additional guidance to specify field format and data fields that are required by ImmTrac to successfully match a client and update a client record.
 - In early March, ImmTrac will release the proposed HL7 profile and request input from Stakeholders, including CDC, out-of-state and local registries, EMR vendors, and provider entities that have expressed an interest in participating in ImmTrac’s HL7 Pilot Project.
 - The HL7 pilot project with data exchange partners is expected to begin by late March. Initial data exchange functionality will be via HL7 batch mode. ImmTrac intends to proceed with development of “real-time” HL7 transactional capability using experience gained from pilot studies and incorporating input from pilot partners.

RECENT TECHNICAL ENHANCEMENTS

- “QUICK SEARCH”
 - Offers users three quick record searching options:
 - ImmTrac Client ID # - allows retrieval of client’s record based on client’s unique ImmTrac identification number.

- Social Security (SS) # plus date of birth (DOB) – the combination of these two numbers can retrieve a record if the SS # is recorded in the child's ImmTrac record. (ImmTrac is encouraging providers to document client's SS # in ImmTrac if available.)
- Medicaid # - allows retrieval of client's record based on client's unique Medicaid number

- *"Filtered by Your Site's County"* Feature
 - Offered through the BASIC SEARCH function of ImmTrac.
 - Enables users to produce "filtered" client list displaying only clients residing in the same county as the requesting user's site/location.
 - User has the option of removing the "county filter" by simply clicking the "Remove County Filter" button.

- "REQUEST CLIENT ADD" process
 - Improves and facilitates automated processing of consent forms for new clients.
 - Incorporates use of bar-coding technology.
 - Allows users two options for requesting addition of new clients into ImmTrac.
 - If ImmTrac SMART SEARCH does not find a client record, the user is prompted to respond either "yes" or "no" to whether or not the parent has manually completed and signed an ImmTrac consent form.
 - Selecting "yes" offers the user a **unique number** with instructions to hand write the number in a designated box on the manually completed consent form.
 - Selecting "no" offers the user the option to generate a pre-filled, bar-coded, ImmTrac-produced consent form to offer the parent for signature.
 - Barcode technology allows for expedited new client record creation by DSHS staff, upon receipt of the ImmTrac-produced consent form.

For additional information, please contact:

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