

Texas Immunization Registry: Bidirectional Readiness Checklist

Thank you for your interest in bidirectional data exchange of patient and immunization data with the Texas Immunization Registry, also known as ImmTrac2.

Providers should complete the pre-requisite qualifications below prior to contacting the registry about onboarding for bidirectional data exchange. The registry will verify with your organization that the following pre-requisite qualifications have been completed prior to onboarding for bidirectional data exchange.

Registry Qualifications

- Ensure that your organization's information is on file with the registry and that critical staff at your organization have been identified. All items below must be completed. Your main headquarters or stand-alone facility is registered or renewed with the registry. Renewal of location information is required every two (2) years.
- All your associated facilities are registered as sub-sites of your main organization (i.e., not as separate or stand-alone facilities) with the registry. *If your organization has multiple facilities, each facility that administers immunizations must be registered with the registry.* Additionally, they must be properly linked as a sub-site to the main organization. Your staff have active ImmTrac2 user accounts to log into the registry. Each facility within your organization must have designated staff who have an ImmTrac2 user account. The lead contacts and/or team for the bidirectional exchange implementation at your organization have been identified. These staff will collaborate with the registry to ensure successful onboarding. Suggested staff include but are not limited to: staff who oversee other types of data exchange for your organization, senior or lead clinical staff, subject matter experts, trainers, or IT support staff.

- Review the registry's data exchange webinars to understand the onboarding process and expectations of bidirectional data exchange. These webinars are available on the [User Training Webpage](#).

For assistance with ImmTrac2 registration or renewals of locations or user accounts, contact the registry's Customer Service at 1-800-348-9158.

Readiness Qualifications

To engage in bidirectional data exchange, the provider must submit Health Level Seven (HL7) 2.5.1 Release 1.5 files to the Texas Immunization Registry. This pre-requisite is considered complete once all items below have been accomplished.

Organizations with Existing Data Exchange Accounts

- Your organization currently submits batch immunization files to the registry. Batch files means data is combined into one file that is submitted on a daily, weekly, bi-weekly, or monthly basis.
- Your organization's batch files do not have data quality issues or errors. Based on the data quality reports the registry returns to your organization, your files have no errors with the patient information and immunization data being submitted.

NOTE: *If your organization has data quality issues or errors, they must be resolved prior to participating in bidirectional data exchange with the registry.*

All Organizations

- Your organization can send patient immunization information in HL7 format. For bidirectional exchange, data must be sent to the registry in an HL7 Version 2.5.1 Release 1.5 message. Speak with your electronic health records (EHR) vendor to identify if your organization's systems are upgraded to send data in this format.
- Your EHR vendor has functional capabilities for bidirectional data exchange. Speak with your EHR vendor to identify if their systems and staff are capable to perform bidirectional data exchange.

- Your vendor has had all required system upgrades to perform bidirectional exchange completed and they are ready for testing. Speak with your EHR vendor.
- Your organization and EHR vendor can send affirmation of registry of consent data via web services. Screening patients for registry participation and adding patients to the registry who sign the official registry consent form is strongly recommended for bidirectional data exchange in Texas. Refer to the **Texas Immunization Registry HL7 2.5.1 Implementation Guide** on the registry's [Forms & Documents Webpage](#).

Bidirectional Testing Qualifications

Bidirectional testing involves submitting a series of patient queries to the registry to test the organization's system and ensure the organization's readiness for bidirectional data exchange.

Your organization must identify adequate internal resources needed to perform bidirectional testing with the registry. This pre-requisite is considered complete once all the items below have been accomplished.

- Your organization has identified adequate internal resources to perform bidirectional testing with the registry.
- Your organization has a designated person as a Subject Matter Expert (SME) or site specialist to oversee, perform and complete user acceptance testing (UAT) with the registry.
- Your organization has ensured that staff participating in UAT will be able to dedicate at a minimum, a week's worth of activities and can devote their time fully to UAT.

Staff participating in UAT will be involved in testing, meetings, and collaboration with the registry to ensure UAT is completed in a timely manner, and all issues (if any arise) are addressed immediately. Any delays in addressing issues may result in discontinuance of UAT.

The timeline for UAT will be provided later, but the registry needs to ensure staff can make testing a priority.

- Your organization has identified or developed how it's entire organizational staff will be trained on Registry Consent, how to identify if a patient is a registry client, and how to add patients as registry clients in accordance with state law: [Texas Administrative Code Rule §100.4](#).



Screening patients for registry participation and adding patients to the registry who signed the official registry consent form will prove beneficial with bidirectional data exchange. Refer to the **Texas Immunization Registry – Consent Overview** on the [ImmTrac Forms & Documents Webpage](#).

- Your organization has identified or developed how it's entire organizational staff will be trained with this new functionality. Additional UAT test staff have been identified or the SME's participating in UAT will provide training to staff. Examples of additional staff may include: clinical managers, administrators, IT support, etc.
- Your EHR vendor has technical resources and personnel to technically support your organization and engage in bidirectional testing and analysis with the registry. Speak with your EHR vendor to identify if they will be available to support your organization and how they will support your organization (calls, emails, etc.).

Registration of Intent for Bidirectional Exchange

Entities who have previously completed a registration of intent (ROI) with the registry to submit data via File Transfer Protocol (batch) submissions must complete a new ROI for bidirectional exchange.

Once an entity has successfully completed this checklist, only then should the entity contact the registry for additional guidance and information on how to register their intent to engage in bidirectional data exchange.

Important Information

When an organization submits the bidirectional data exchange ROI and is approved by the state registry for onboarding for bidirectional data exchange, the organization is confirming that they have already completed all necessary hl7 interface development and are ready to complete the required testing. The required testing and onboarding consists of connecting to the registry's web services, submitting hl7 messages (QBP/VXU), identifying ImmTrac2 generated errors, making corrections to hl7 messages and resubmit hl7 messages to pass the testing.

Please note that state registry staff support data exchange and HL7 needs that relate to ImmTrac2 generated errors after HL7 files have been submitted. State immunization registry staff do not support HL7 interface development prior to or after HL7 files being submitted.

Resources

The following resources and more can be found at the registry's [Forms & Documents Webpage](#):

- [Texas Immunization Registry HL7 2.5.1 Implementation Guide](#)
Provides specifications for providers to send patient and immunization information to the registry from their Electronic Health Records (EHR) vendor using Health Level Seven (HL7) standards.
- [Texas Immunization Registry HL7 2.5.1 Error Guide](#)
Aids healthcare entities and EHR vendors in understanding HL7 data analysis, how to identify HL7 errors and data quality issues, and how to identify solutions for HL7 errors.
- [Texas Immunization Registry - Consent Overview](#)
Assists healthcare providers, clinical staff, and technical staff (such as EHR vendors) in understanding the difference between registry consent and other types of consent, state and federal laws pertaining to registry consent, and frequently asked questions related to consent.
- [Electronic Data Exchange Resource Guide](#)
Provides an overview on how to establish and maintain a data exchange connection with the registry.
- [Informational Guide on Bidirectional Data Exchange](#)
Provides an overview on bidirectional data exchange and what is involved in the onboarding for this type of data exchange.
- [Affirmation of Registry Consent via Health Level Seven](#)
Provides an overview on how registry consent can be captured using HL7 and requirements associated with reporting registry consent accurately.

Check the [Forms & Documents Webpage](#) regularly for new resources as more are coming soon.

Registry Contact Information:

For more information or questions, please contact the registry's Interoperability Team.

Email: ImmTracMU@dshs.texas.gov

Phone: (800) 348-9158, press Option 3