

Transcript for FTP Data Exchange Methods

November 16, 2020

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Rodriguez: Closed captioning for this presentation is available at the following link: <https://tcc.1capapp.com/event/dshs>. The link will also be provided in the chat. Hello, everyone. I will be the main presenter today. My name is Yiuliana Rodriguez, and I am an Interface Analyst with the Texas Immunization Registry. Today, joining us for the question-and-answer portion after our main presentation is Jonathan Patterson, an interface analyst. At the bottom of the screen, you will see an option for submitting questions. Please submit your questions there, and we will address and answer those questions once the presentation is complete.

We will be reviewing the third step in establishing a data exchange connection, FTP Data Exchange Methods, for the Texas Immunization Registry. The topics we will cover today include:

- What are FTP Data Exchange Methods,
- The requirements for using FTP Data Exchange Methods,
- Automated Data Exchange,
- Using an FTP client, and
- The FTP website.

What are Data Exchange Methods? FTP Data Exchange Methods are how you can send immunization records to the registry. There are three primary methods of exchanging data with the registry that we will cover in

this presentation:

1. Automated Data Exchange using your EHR,
2. Using a third-party FTP client to exchange data, and
3. Using the Registry's FTP website.

Using the resources provided to you by the registry, you will work with your local IT and your EHR vendor to choose the method that works best for your organization.

To set up a method of exchanging data, you will need the following:

- A data exchange account. This is given to your Point of Contact by the Registry after completing the Registration of Intent (covered in the previous presentation).
- A way to create an immunization record batch file using HL7 version 2.5.1 from your EHR.
- Lastly, the information covered in the Secure File Transfer Protocol Specification guide, which can be found on the Registry's website. Your data exchange account is made of an FTP username and password. The data exchange account is a single shared account for your organization, and your organization is responsible for managing who accesses the account.

The account should only be shared with individuals who will manage your organization's data exchange activity, including your EHR vendor. The FTP password does not have an expiration date but may be changed by your organization at any time on the FTP website. The immunization record batch

files must be named using the following guidelines. Import code, YYDDD.HL7.

The import code is the data exchange account username. YY is the current two-digit year. For example, 2020 would be '20'. DDD is the current Julian date. The Julian Date is the numbered date for that day out of 365 days of the year. Julian Calendars can easily be found on the internet. Please be sure to include any leading zeros. For example, for February 10th you would use '041' for the Julian Date if the files were uploaded on that day.

.HL7 is the file type. These guidelines can be found on page 10 of the Electronic Data. The first method of unidirectional data exchange we will cover is Automated Data Exchange. Automated Data Exchange is a direct connection from your EHR to the Registry. Immunization record files are created by your EHR and then sent directly to the Registry without you needing to move the files.

How automated data exchange works is different from one EHR to another. Some EHRs require you to perform an action, such as clicking a button, to send the files, while others may not. Your EHR vendor must provide you with training on how to manage automated data exchange using their EHR. Training is especially important if your EHR also retrieves error messages from the Registry. You'll need to know where to find those error messages and how to address them.

Your EHR vendor must participate in troubleshooting any problems with your connection to the Registry. In most cases, they should be your first resource when you notice problems. The next unidirectional data exchange

method we'll cover is using a third-party File Transfer Protocol (or FTP) client, such as FileZilla or CyberDuck, to send files to the Registry.

When using a 3rd party FTP client, you will need to begin by creating and downloading an HL7 immunization record file from your EHR. Your EHR vendor should provide you with training on how to create HL7 files for the Registry. Once you have the file, you'll open your FTP client and connect to the Registry using your data exchange account. You'll then open the HL7-Dropoff folder and transfer the file.

The Texas Immunization Registry does not provide third-party FTP client software. Your local IT must provide the setup and ongoing support for third-party FTP clients. Your local IT should provide you with training on how to use your third-party FTP client. Your local IT must also participate in troubleshooting connection problems with your FTP client.

The final unidirectional data exchange method we'll cover today is the FTP website, also known as the web transfer thin client or the WS_FTP website. The FTP website is available for free to all data exchange organizations as a method of exchanging files with the Registry. You can upload files directly to the Registry and retrieve various errors and information files from the FTP website.

The link to the FTP website is sent to your POC along with your data exchange account. As with using a third-party FTP client, you will begin by creating an HL7 immunization record batch file in your EHR. It is important that someone from within your organization (NOT only from your EHR vendor) familiarize themselves with and regularly use the FTP website.

This applies to ALL organizations that exchange data with the Registry, regardless of which method you used to exchange data. The FTP website is where you will find Data Quality reports. Your organization must take ownership of your data quality, and Data Quality reports are your primary tool for doing so. We'll discuss this in more detail in future presentations.

To access the FTP website, you'll log in using your data exchange account. Once you log in, you'll see four folders: HL7Dropoff, Accepted, DQAReports, and Receive. The HL7Dropoff folder is where your organization uploads files directly on the FTP website or remotely via another data exchange method. If you're using the FTP website to upload files, you'll begin by opening the HL7Dropoff folder. Click the Upload button, and then chose the file to upload.

Files in the HL7dropoff folder are moved to the Accepted folder by the Registry for processing. The Accepted folder is where copies of your uploaded data files are stored. This is not a permanent archive, and the Registry will remove older files over time, usually within six months to a year of being uploaded. The DQAReports folder is where Data Quality Assessment reports are located for each data file processed by the Registry. Your organization must check this folder regularly.

The Receive folder is where you will find Consent Notification Files or CNF files listing your reported patients' registry consent status. Support for the FTP website is provided by the Texas Immunization Registry's ImmTrac2 support team. If you ever have any problems with the FTP website, contact the Registry directly. Additional details about using and navigating the FTP

website can be found in the Electronic Data Exchange Resource Guide.

Various resources are available to you for assistance with the Registry. We offer in person training through our local or regional health departments in your area. Staff from these health departments can come to your facilities to provide an overview of how to use ImmTrac2, including how to add patients as registry clients and looking up patients to determine if they are registry clients.

To set up in person training for ImmTrac2, contact us, and we can get those requests out to your local department. Do note that our local and regional staff do not provide training on data exchange, and those specialized trainings are limited to the Interoperability Team. We also have a library of online training videos available on the DSHS Texas Immunization Registry website. These videos are an excellent resource for visual learners or staff needing refreshers on ImmTrac2 features or functions.

Now let's review some of the resources and guides available to you. The Electronic Data Exchange Resource Guide, stock number 11-15231, provides detailed information about navigating the FTP website and naming your data files. The Secure File Transfer Protocol Specifications, stock number 11-15236, contains all the information you and your support team will need to set up a secure FTP connection with the Registry.

To find more information on the Texas Immunization Registry, visit our websites. The ImmTrac2 website is primarily used by health care organizations like yours who use the ImmTrac2 application. This site is where organizations can get registered to gain access to ImmTrac2. Once

granted access, you can look up registry client information, run reports, add immunizations, and much more.

We will also list the link to the website here. The second website is the DSHS Texas Immunization Registry website, our public-facing website. This site provides information on how to opt in or sign up to be a registry client, get a copy of your immunization records, order registry publications or posters, or locate the resources we discussed earlier. We listed the website link here.

You can also email the Texas Immunization Registry. Email is currently the best way to get in contact with the Registry. The Registry has two email addresses. Please email us at ImmTrac2@dshs.Texas.gov for questions about ImmTrac2 access, site registrations, renewals, adding or removing users, training, or publications.

Please email us at ImmTracMU@dshs.Texas.gov for questions on data exchange, promoting interoperability, or data quality reports. Our customer support staff are available to assist you Monday through Friday, 8 AM to 4:30 PM central time. Finally, the last resource available is live support. The Registry has a customer support phone line. The line is currently unavailable due to remote work, but once it is available again, you can reach us by calling 1-800-348-9158, Monday through Friday, from 8:00, am to 4:30 central time.

Choosing option one assists the general public, such as requesting immunization records. Option 2 assists with the ImmTrac2 website, including access. Option 3 assists with data exchange and puts you in contact with the

Interoperability Team. Option 4 assists with site registrations and renewals. We look forward to hearing from you. Thank you. This concludes our presentation on FTP Data Exchange Methods. Thank you from the Texas Immunization Registry.

>> Patterson: Okay. So, we can start digging into your questions. So, our first question -will this slide deck and a copy of this presentation be made available to attendees? So, for that one, yes, we will posting- the slide deck and a recording of this webinar to our ImmTrac2 website in the near future.

So, next question. How can I contact my EHR vendors? So, to get ahold of your EHR vendor is going to depend on who your EHR is. If you don't know their contact information, someone at your organization should. It may be in your IT department, or the informatics departments. You would have to bring that to your leadership or whoever would usually have that information.

Okay. Next question. Is one of the methods of data exchange faster than the others? We've sent an HL7 file to the ThinClient website six weeks ago and still haven't gotten a quality report. So, for FTP, they're all going to be pretty similar. The automated method may be slightly faster because it's automatically happening from your EHR to the FTP website without a manual workaround. But as far as processing times, it's going to be pretty similar.

Files typically take 3-4 days to process once they're delivered, but lately we've been having significant processing delays, which is probably why you haven't seen files returned in six weeks. That's the delay for right

now. We should be having that delay cleared up in the near future, so start expecting to see files before too much longer. So, next question.

Does this mean we can download reports directly from ImmTrac2 into our EHR? So, that's going to really depend on your EHR. Those response files that we mentioned, they can be read by your EHR vendor, but it really depends on what your EHR is capable of, if they're able to reach into those files. That would really be a question you'd want to bring to the vendor. Just let them know their files are available, and if that's something they can pull for you to read in your EHR.

Next question. Is the FTP now bi-directional? So, FTP is not bidirectional. So,- we do have a separate bi-directional interface that you can use. That one is our web services interface. But it is not our FTP interface. FTP is currently only unidirectional. Data flows from your EHR to the registry, but nothing really comes back.

Let me see. We are currently on FTP process and submit files once -what is the requirement to move to direct exchange from our EHR to the registry? So, I believe what you're- talking about there is going to our bi-directional data exchange. The first step for really getting going with bi-directional would be reviewing the bidirectional readiness checklist, which is available on our forms- website.

That will just list the basic requirements you have to meet, make sure you have bi-directional functionality, making sure that you have the most current version of HL7 available, and also making sure that you have some sort of method of using electronic instant affirmation. We're going to be

going into some of those topics in the near future here. And I believe our next webinar is actually going to be going over the bi-directional data exchange. Just keep an eye out for those emails from us letting you know about the next webinar. Let's see.

All right. How does an EHR vendor register for an S FTP service account? So, currently the Texas Immunization Registry does not give FTP accounts directly to EHR vendors. The current interpretation of Texas law is that you have to work through the actual immunization provider. So, it's the provider that registers for an account at ImmTrac, and the provider can provide information to the EHR vendor. But the vendor themselves cannot directly --the account.

We can work with EHRs, with organizations' permission, but that provider always has to be -so- the provider has to initiate all of the requests. Okay. I'm just going to look through a few more of these questions. Is HL7 the only method of submitting files? We do have some older legacy formats called a flat file format.

Some providers are still using that format, but as far as onboarding new providers wanting to set up a new account today, yes, HL7 is currently the only method of data exchange that we support. HL7. So, next question. Is there still a delay in getting DQA reports? It's been more than 3-4 weeks on some of our reports. Yeah. I mentioned earlier, we are still experiencing that delay. I do believe that we are nearly finished resolving that issue. You should be seeing data quality reports in the not too distant future here.

If the county uses TWICES, will both pediatric adult and adult

vaccinations be reported to ImmTrac2? Yes. If you're set up with TWICES, your records should be coming through. If you ever notice any issues with your files, or your records not coming through, just let us know and we can take a look at it for you.

I received an email stating my files are not being uploaded. I have emailed and not received a response. I'm sorry to hear you're having difficulty with that. Make sure you're emailing us at the ImmTracMU, the second email address on there. We'll try to keep an eye out for that. We typically respond within about 2-3 business days.

So, when I try to access the data exchange, I receive a message stating, "your connection isn't secure." What should I do? Yeah, that's actually something that we are aware of and working to resolve as well. For that right now, you can access the site. It is still safe to use the data exchange website. If you're using Chrome, you'll see a button that says enhance. If you click that button, there should be a link letting you connect. That will bring you to the data exchange website. But we are working to remove that error right now.

All right. I'm going to keep scrolling through some of these questions. Okay. So, what happens if we sent vaccine info for a client where the name doesn't match with what ImmTrac2 has? So, when we receive records through data exchange, ImmTrac will review the record, checking the patient's information on the message that you've sent, checking against the registry.

It's going to go through an algorithm to determine the likelihood of a

match between the person you're reporting immunization for, versus somebody in ImmTrac. If the name is different, that does have a pretty significant impact on how likely it is to match. In most cases, if the name is different, it's not going to match that person and it will assume that's a new person.

Because of Texas consent laws, patients have to have consent on file with the registry before we can accept any records for them. And so, the vast majority of the time, it identifies this as a new person. It's going to say we don't have consent on file. You're going to get the no consent error back and you know this person doesn't have consent on file, so we won't accept the record. If they have an account, go into ImmTrac and double check the information in ImmTrac to make sure it matches the information you're sending.

If you see that the information in ImmTrac is out of date, if you have access, you can update that client's chart, update the name, address, or whatever information you see is different. And then you can try to resend those records. Okay. Does a patient need to sign a new consent form with each immunization? Where is the consent form?

So, ImmTrac consent only needs to be signed once for that patient. And that includes all providers. So, they sign once when they are a child -in -that case, their parent or guardian would sign for them and that consent would be valid until their 18th birthday. It would be valid for all immunizations, for all providers in Texas. Once they turn 18, they have to sign one more time as adults. That is valid for the rest of their life. That

applies to any immunization at any provider.

I apologize for the silence. I'm just going to look through the questions for a moment. All right. Okay. Bidirectional is required for meaningful use. So how can we meet that measure with ImmTrac2? So, for that measure, you would want to engage with our bidirectional services data exchange. Mentioned earlier about the bi-directional readiness checklist. That would be your first step to make sure that you meet the qualifications.

Once you are confident that you meet the requirements for the bidirectional data exchange, email us at ImmTracMU. And you would request your registration of intent. We'll email that form back to you, you can fill that out, and that is your initial step towards engagement with us. From that point forward, we'll work with you and email what steps are involved for testing and getting you going for production.

Okay. A few questions just asking to clarify if this presentation is for bi-directional. It is not. This one was just for the unidirectional FTP data exchange. Our next presentation we'll start talking about bidirectional.

Is it required to start using bidirectional data exchange? From the Texas Immunization Registry, it is not a requirement. The state of Texas does not impose any requirement to use bidirectional. You may continue using unidirectional. It's not a requirement coming from the state. However, a lot of providers are participating in promoting interoperability from CMS at the federal level and there are likely some requirements that you may have to meet there. If you have any questions about that, please reach out to CMS and ask for clarification. They'll be able to provide you with guidance on

what your requirements are.

Just waiting for a few more of these questions here. I apologize for the noise in the background. So, a question here. Can we use our own AI system for patient record linking in case of name mismatch? So, I'm actually not familiar with what an AI system is. I'm not sure if anybody else on the call might be familiar with that one. Yeah, I'm not sure off the top of my head. If you want to email us your question, just to give us a little bit more clarification on what you're asking, we can help you out. Send that email to ImmTracMU@DSHS.Texas.gov.

If a school district were to use this system, would that mean each student would need to have a consent form on file in order for the district to use the ImmTrac2 process? Yes and no. So, yes, in order for those records to be in ImmTrac, you would have to have consent for that patient. But no, it doesn't not necessarily need to come from the school district. We would like it if you would collect those consent forms and report them in order to increase the likelihood of patients having records in the registry, and for continuity of care, but you do not necessarily have to have the consent form on file at your school district.

You can look up records for anybody. I apologize. But, you can look them up. You don't have to have the consent on file. Just make sure that if possible, you can collect those consent forms to report them.

Okay. A previous webinar was mentioned during this presentation. How can we access that one? We do plan on posting all of the webinars in the series online. The first webinar in this presentation series, which was the

introduction to data exchange, will be going up pretty soon here. And then each one should be going up shortly after that.

If we have a patient move from another state, in order to have vaccine information match, we would have to log into ImmTrac to create a registry file, HL7, correct? Yes. In most cases, you would probably need to log into the ImmTrac2 website and create that patient's account through the website. There are ways of sending consent electronically through data exchange. And we will have a presentation coming up about that. But if you're not using electronic consent affirmation, then you would have to log into the ImmTrac2 website.

If I have a student and I can't find their immunization records through ImmTrac, is there another search that can be done other than through a quick search? Yes. There is actually an advanced search that asks for a little bit more information. I believe it asks for their address as well as phone number. Just try to give a few more efforts that you can use to try to find that person. That should be covered on our website. We have a lot of videos up there about using the ImmTrac2 website. So, if you just go take a look there, you probably can find something to help you out. If a patient doesn't come up, then in all likelihood we just don't have consent for that person, and so they don't have an account with us.

So, where did you say we could get training on how to use ImmTrac2? So, yeah. The best resources we have available, access right away would be the ImmTrac2 training website. Perhaps one of the people on the call can send a link to that training website for you all. If those training videos aren't

enough, if you still have questions, you can email as at ImmTrac2@DSHS.Texas.gov. Just ask for some training, and we can usually help you out.

So, why does ImmTrac give me a message that I already enrolled in 2013? If you're trying to submit the registration of intent for data exchange, and you're getting that alert, that's just letting you know we already have your registration of intent on file. That registration of intent is only for FTP unidirectional data exchange. If you don't have an interface with us, chances are somebody registered in the past, maybe somebody who left your company. But that registration is still valid. Just email us and ask how you can get going again and we'll help you out. Send that email to ImmTrac2@DSHS.Texas.gov.

Are consents in ImmTrac done through the EHR, or is there a separate process? It depends on your situation. It can be done through EHR, but you would have to have that electronic affirmation process. We do have a video coming up. I believe it might be not the next one, but the one after that, where we'll go over the electronic affirmation process where you can use your EHR to send consent. If you do not have that set up, it would have to be through the ImmTrac website.

All right. For VXU messages, just for everyone else, that's vaccine update messages. That's how you send immunization records through HL7. For VXU messages, can we have real-time- exchange of messages instead of FTP? Yep. I mentioned if you go on our forms website and you like for the bi-directional readiness checklist, just check out that form. Make sure that

you meet all the qualifications, and it will tell you what you need to have in place. Then just email us and let us know you're ready.

We have two locations. Only one keeps getting sent to ImmTrac. How can I get the other location to be sent as well? My EMR tech says that it is set. So, there is a spot in HL7 messages where we identify which site is sending the message. It may be that your messages aren't set up correctly and they're always identifying the other site. Send us an email to that ImmTracMU@DSHS.Texas.gov. Just give us the name of the sites. If you know the username, send that and let us know you're having trouble. We can take a look at it for you and let you know what's going on. In a lot of cases, your EHR will have to fix it for you, but we can at least help you identify the issue.

All right. Is ImmTrac2 for the state of Texas only? Yes. The Texas Immunization Registry uses ImmTrac2. They're one and the same. And it is only for Texas residents. Some providers outside of Texas can access and use ImmTrac. They have to be pretty close to the Texas state border. And they can report immunizations to us, but it has to only be for Texas state residents.

Parents that deny or refuse to have immunizations shared with ImmTrac, does this constitute submitting consent? No. So, if a patient's parent denies or refuses consent, that does not get sent to the registry. You would only report people who actually proactively give their consent. Otherwise, if they refuse to sign, you don't report that lack of consent to us, because it is -that lack of consent is the default state of patients in Texas.

So, if they don't- sign anything, then nothing changes for that person. That person does not have consent on file with the registry, and they would continue to not have consent.

All right. And it looks like we have one last question. I thought bidirectional is to send query out and get response for external vaccinations of a patient. Is that not different from- sending our vaccinations, VXUs, to the registry? So, for ImmTrac for bidirectional data exchange, it is kind of dependent- on your situation, what your provider organization does. If you give immunizations, then you would go live with VXUs, sending the immunization histories to the registry at the same time that you go live with the query, requesting histories from the registry.

If you are an organization such as a school that may not actually give immunizations- perhaps,- you're a school that only checks the patient's chart or students' charts to see if they're up to date on vaccines, --then you could go large with bidirectional data exchange just requesting the history from us. But it really depends on your organization. So,- if you have any questions about whether you would go live just querying or also with querying and VXUs, contact us. If you give and report immunizations to ImmTrac, then more than likely you would be going live with both of those at the same time.

Yeah. A quick follow-up on that question. They state that our organization is live with VXUs in FTP, not in real time. Yeah. So, for an organization like that situation, where you're already engaged with data exchange through FTP, going live with bidirectional, you would switch both.

So,- your current FTP method would go away, and you would start doing vaccine reporting, bi-directional data exchange through the web services, as well as doing the querying to request the patient's histories.

All right. So, I think that's all we have. Thank you all for your questions and for coming today. Yiuliana, if you'd like to sign us out.

Rodriguez: Yes. Thank you.

Patterson: All right. Thank you, everybody, for coming.

[End of Session, 1:44 p.m. CT]