

# Transcript for Bidirectional Production

April 9, 2021

>> The broadcast is now starting. All attendees are in listen-only mode.

>> Mbungkah: Closed captioning for this presentation is available at the following link: <https://tcc.1capapp.com/event/dshs/>. This link will also be provided in the chat. Today, we are going to discuss entering production for bidirectional data exchange with the Texas Immunization Registry.

Good afternoon, everyone, my name is Eunice Mbungkah. I will be your main presenter today. I am a Program Specialist with the Texas Immunization Registry. I am joined by Yiuliana Rodriguez, an Interface Analyst with the Texas Immunization Registry. For this presentation, if you have any questions, you will see the option for submitting questions at the bottom of your screen.

Please submit your questions there and we will address and answer those questions once the presentation is complete. We will be using abbreviations and acronyms for some of the terminology in this presentation. BiDX will be short for bidirectional data exchange. Registry will be used for the Texas Immunization Registry. Orgs will mean any provider, healthcare entity, or other organization that participates with the registry.

EHR will be used for Electronic Health Records systems. POC stands for Point of Contact, which is the individual authorized to represent and make decisions on behalf of your organization for the registry. And FTP means File Transfer Protocol, which is a secure method for different computer systems to share files and records.

The topics we will cover today include what is BiDX production, production credentials, FTP changes, sending production files, registry consent, monitoring & maintenance, and the ImmTrac2 website. So, what is BiDX Production? Production is the final stage of bidirectional data exchange. When you are in production, your BiDX connection with the registry is live, meaning that you will be exchanging real records with the registry.

There will longer be a need for any test records. You will have a continuous, live connection to exchange records whenever needed. In order to set up your live connection for production, you will need a new set of production webservice credentials. Your production credentials will be



securely emailed to your registered Point of Contact. This email will also include the production webservice URL for your interface team.

At the same time, all of your testing credentials will be disabled. This includes any individual ImmTrac2 testing accounts. Don't worry about your actual ImmTrac2 access. That will not be changed. Once you enter production, you will see a few changes to your FTP, or File Transfer Protocol, account. For new orgs that are starting data exchange with the registry for the first time, you will be given a new FTP account.

FTP is a way for organizations to send files back and forth. It works similar to how you might put a file in a folder on your computer for someone else to find. The easiest way for new orgs to use the registry's FTP is through our FTP website. You'll be given a link to the website when your POC receives the FTP login credentials. In you FTP account, you will see a single folder called "Receive." The receive folder is where you will find a report called the CNF.

CNF stands for Consent Notification File. It contains a list of every patient you sent records for and their registry consent status. It can be used as a tool to help you identify patients that still need registry consent. For orgs that were already participating in data exchange prior to BiDX, you will see a few changes to your FTP account. To begin with, you will need to coordinate with the registry to plan your final file FTP batch delivery date.

This will mark the end of your old data exchange and the beginning of live BiDX. Most of the FTP files you currently have access to will be removed after your final batch file has processed. This includes the HL7-dropoff folder, the Accepted folder, and the DQA Reports folder. You will want to make copies of any files in those folders you want to keep. The only folder you will still have access to is the Received folder. This is where you will continue to find CNF reports. You should continue to monitor your CNF reports regularly.

Confirm your "go-live" date with the registry and communicate if the date changes for any reason. When you go live, you will begin sending query messages as needed. The registry will send you records in response in real time. If you will be submitting new records, you will begin sending immunization record updates in real time for both new and historical immunizations, and those records will be added to the registry in real time.

At the same time as your BiDX go-live, you will also go live with your electronic registry consent. This means that your workflow for collecting and documenting registry consent must be ready to go. You will be expected to send electronic consent regularly. Flat/affirmation file submitters must begin sending affirmation files prior to any vaccine messages. HL7 submitters should begin sending consent with the first vaccine message for each



patient. Please remember that this ask only applies to organization that plan to send new vaccine records, and not for organizations that only plan to query.

Your organization will be responsible for regularly monitoring and maintaining your BiDX connection and messages. Regularly monitor your BiDX activity, make sure messages are being successfully sent and received by your EHR, have a process for reviewing and addressing any errors returned from the registry. You should address data quality issues promptly. Remember that the registry is a shared resource that your patients and other providers in your community depend on for its completeness and accuracy.

If you ever need any assistance addressing errors, please reach out to the registry for help. We'll finish today by reviewing a few uses you'll still have for the ImmTrac2 website even after beginning BiDX. You will still have access to ImmTrac2 and should always make sure that at least one person from your organization has access at all times. Maintaining your access to ImmTrac2 is vital for several reasons.

ImmTrac2 is where you will continue to find a variety of reports, such as custom ad-hoc reports about your patients and immunization records in the registry, and the TIPS report for reviewing your data exchange statistics. You will also use ImmTrac2 to submit your mandatory site agreement renewal every two years, and ImmTrac2 is where you will register any new sites added to your organization. Thank you for your time. We will now begin with the Q & A portion.

>> Rodriguez: The first question is, how can we get a recording of the presentation?

>> Mbungkah: The webinar will be posted on our DSHS website in the coming weeks. Yiuliana, do you have the link you can provide us below on where to go for that?

>> Rodriguez: Yes, I can post it in the chat.

>> Mbungkah: Thank you.

>> Rodriguez: Our next question is, how do we know we need to be bidirectional? Do we as a hospital need to do this if all we normally do is the initial hep B for newborns?

>> Mbungkah: This is a decision that your organization will need to make. Bidirectional is not mandatory for everyone. The only people who must convert over to bidirectional are organizations who are attesting for promoting interoperability attestation. So, if your organization is not trying to meet promoting interoperability needs, you do not need to convert over



to bidirectional. But, again, this is a decision that your organization will need to decide on whether to remain a unidirectional organization and continue to submit through FTP, or if you want to move towards bidirectional.

>> Rodriguez: Okay. And I just posted the link to where the training video will be found in a couple weeks. The next question is, where can we get the information to make this decision?

>> Mbungkah: You can also go to our DSHS website, under forms and documents, and you will see all of the information regarding bidirectional, as well as FTP unidirectional information. So, under our forms and documents page on our DSHS website.

>> Rodriguez: The next question, hi. We have been trying to get DSHS tech folks to contact us about issues. How can we get ahold of them?

>> Mbungkah: So, due to COVID, a majority of our staffs are pretty much -- they have been -- there has been a slower response to the emails. Please reach out again to us at [ImmTracMU@dshs.texas.gov](mailto:ImmTracMU@dshs.texas.gov) and in the subject line put in webinar. That way we know to address your issue urgently.

>> Rodriguez: The next question is, is there a backlog in responses for the DQA reports?

>> Mbungkah: There's not a backlog. So, sometimes systems do happen. Files will process through and the DQA report will not show up. Our IT team is working on trying to figure out what's going on with some of those issues. They don't happen often. But every now and then you will see there is no DQA report.

But we can provide you with a report that will show you the error log. In your receipt folder, you should be able to find files that have a response. At the end they will still show you a list of errors that occurred within those files and that process.

>> Rodriguez: Are there costs associated with this change, and will ImmTrac assist with potential costs from EHR vendors?

>> Mbungkah: We do not charge for any connections, either with bidirectional or unidirectional. The cost will come from your EHR vendor and the registry does not support this additional cost that may arise from your EHR vendor. So, you might want to get in contact with your EHR vendor to see whether or not there will be an associated cost for your organization particularly, and if so, how much those costs will be.

But to connect to the registry, we do not charge organizations.



>> Rodriguez: The next question is, when told that we are not meeting the required 90% acceptability rate, our main error is the no consent on file. And the error applies to patients over 18 years of age. It is my understanding that patients over 18 are not required to send data to ImmTrac and that this error will not work against us when working towards bidirectional capabilities. How do we overcome this as our older patients do not want to give consent?

>> Mbungkah: We will just have to set up a meeting with your organization individually, because it is a case-by-case situation. Because we do know that not everyone is going to want to give consent to be a part of the registry. And that at times can affect your organization's TIPS report ratings statistics. So please email us below at the ImmTracMU@dshs.texas.gov email, so we can schedule a meeting to speak with your organization. And also provide us with your organization's detailed information such as org code, TX IIS ID number, and organization name as well.

>> Rodriguez: We have a couple questions about EHR vendors. One is, are you partnered with EPIC to make it easier to set up? And then, do you know if eClinicalWorks EHR supports bidirectional at this time?

>> Mbungkah: Yes. So, both EPIC and ECW do support bidirectional. We do have a few organizations of theirs that are already live in production with bidirectional. So, every organization will still have to test. So although the process will be seamless with those organizations who have already gone through it, your own organization will still have to test before you can actually move into production just to ensure that your system enhancements are validated as well, from your end and our end, also.

>> Rodriguez: And then we did get a follow-up question about not getting a response from ImmTrac. He's just stating that he hasn't gotten a response to his emails in the last three weeks.

>> Mbungkah: Yes, again, so, our emails are growing a lot due to a lot of COVID providers entering the registry, so we are experiencing backlog. Please email us again at ImmTracMU@dshs.texas.gov and in that subject line, put in webinar. That way we can go ahead and address your questions.

>> Rodriguez: Okay. The next question is, what is the best way to get a training schedule for FTP batch upload, and/or bidirectional upload?

>> Mbungkah: We can -- we don't set up any training. You would have to speak with your EHR vendor for them to train you on that, because the registry does not support the training on how to do that specifically, because that would be something that your EHR or IT team would need to assist you with.



>> Rodriguez: Next question, we are getting emails that we are in testing mode. How do we move from testing mode to actual submission?

>> Mbungkah: If you're receiving an email that you're in testing mode, you're most likely in testing for unidirectional, which is FTP submissions. In order for your organization to move over into production, which is live mode, you would have to submit at least three to five error-free messages. If any rejections occur, you have to resubmit with corrections. The best way to get promoted into production is to submit those 3 to 5 error-free messages.

>> Rodriguez: And then we have a follow-up question in regards to the 90% acceptance rate. It says we have been told that unless we reach the 90% acceptance rate, you will not qualify for bidirectional data exchange. I have emailed ImmTrac and I keep getting different responses.

>> Mbungkah: It's a case-by-case situation, because if your rejections are just due to consent that that can affect your report. So, if someone is looking at those reports and not seeing 90%, it may be due to consent rates. We can set up a meeting with your organization. Email us at ImmTracMU@dshs.texas.gov and we can definitely get a meeting going.

>> Rodriguez: All right. Our next question is, who is required to do bidirectional data exchange?

>> Mbungkah: Organizations who are attesting for promoting interoperability, formerly known as meaningful use, will need to transition over to bidirectional. Everyone else, it's not a requirement. It's optional for everyone who is not attesting for promoting interoperability.

>> Rodriguez: I do want to give it a couple more minutes to see if any more questions come in.

>> Mbungkah: Of course. Okay. Perfect. Thank you all for your time. Hope you guys enjoyed our series of webinars over the past few months. And again, the link for where to find these webinars in the next coming weeks and the ones within the past have been provided in the chat. If you have any questions regarding today's webinar or anything else, email us at ImmTracMU@dshs.texas.gov and in the subject line, put in webinar. Hope everyone has a great weekend. Thank you all for your time.

[End of Session, 1:20 p.m. CT]