

# **Transcript: Introduction to Data Exchange with the Texas Immunization Registry**

**>> Patterson: Closed captioning for this presentation is available at the website listed on the slide.**

**A link will also be provided in the chat.**

**Introduction to Data Exchange with the Texas Immunization Registry.**

**Hello, everyone, my name is Jonathan Patterson. I will be the main presenter today. I am an interface analyst with the Texas Immunization Registry. Joining us today for the question and answer portion after our main presentation is Angela Herrera, our Interoperability Team Lead and Jerry Peterson, a Continuous Quality Improvement Analyst. If you have any questions you would like to ask during this presentation, you will see an option for submitting questions at the bottom of your screen.**

**Please submit your questions there and we will try to answer as many as we can at the end of this presentation.**

**In this presentation, we will discuss how to establish a data exchange connection with the registry, as well as resources you can use and contact information.**

**Before we dive into setting up a data exchange connection, let's talk about the types of data exchange offered by the registry. The first and oldest option available is batch FTP. FTP stands for file transfer protocol.**

**Batch FTP is unidirectional, meaning records move in one direction, from your Electronic Health Records software or EHR to the registry. But not from registry back to your EHR. There's also a processing delay for batch FTP. You would only upload records about once a week in batches, hence the name batch FTP, and then there would be another delay of about a few days before those records show in ImmTrac2. It does offer a lot of flexibility in how you send records.**

**You can use the registry's FTP website, your own FTP software or your FTP connection set up by your EHR vendor. It's important to note this method no longer meets interoperability reporting requirements.**

**The second option for data change with the registry is bidirectional data exchange. This option just recently became available when the registry declared readiness on June 26th. This is the option that you would want if you are pursuing promoting interoperability.**

**Bidirectional data exchange, as the name would imply, allows records to be shared back and forth between your EHR and the registry.**

**Bidirectional data exchange occurs in real-time without any significant delay, allowing you to look up records in the registry as you need them and for your records to appear in ImmTrac2 soon after documenting them. All of this is done from within your EHR, so there is no need for additional software or websites to change records.**

**Once you have chosen a method of data exchange, the first step to**

**getting connected is site registration and renewal. Make sure that all of the sites in your organization are registered are in ImmTrac and that their site agreements are up to date. This step is crucial to ensuring that all of your organization's information is accurate and up to date with the registry before you can begin to establish a data exchange connection.**

**As a reminder, site renewals must be completed once every two years or whenever there are changes to your organization's point of contact, POC, the business name, or when you need to add more than five new users.**

**Once completed, registrations and renewals make take the registry between 10 and 14 business days to process.**

**If you need any assistance with the registration or renewal, refer to the website at [www.ImmTrac.com](http://www.ImmTrac.com).**

**For the site registration guide, if new to Immtrac 2 or the site renewal guide if already registered in ImmTrac2. You can also register by calling 800-348-9158, option 4 or emailing [Trac2@dshs.texas.gov](mailto:Trac2@dshs.texas.gov). Please be aware that our phone support is currently unavailable due to our staff working remotely.**

**For Step 2, you must fill out and complete the recommendation of intent or ROI. The ROI indicates your organization is interested in participating in data exchange with the registry.**

**It captures key information about your organization and EHR vendor.**

**Such as who your EHR vendor is and what staff from your organization will be participating in the data exchange connection.**

**If you are part of a large organization, with multiple sites, your parent site or headquarters is the only site that can submit an ROI. As the ROI is used at an organizational level.**

**This means that organizations with multiple sites will establish one data exchange account with the registry for the entire organization.**

**The ROI for batch FTP can be submitted in ImmTrac2, simply log into ImmTrac2, click the registration/renewal tab at the top of your screen and then select registration of intent.**

**The bidirectional ROI is not in ImmTrac2. Instead you will begin by reviewing the bidirectional readiness checklist found in the ImmTrac forms and documents page. Once you have reviewed the checklist and meet all of the requirements, email the registry at [ImmTracMU@dshs.texas.gov](mailto:ImmTracMU@dshs.texas.gov).**

**State that you have reviewed the checklist and are ready to start bidirectional data exchange.**

**The registry will review your request and if approved then email the ROI form to your organization's point of contact.**

**Simply fill out the form and then email it back to the registry.**

**The third step is to set up your organization's data exchange connection for testing. After your ROI has been accepted your**

**organization's POC will receive useful information about the account via email, this includes the log in credentials, such as the user name and password for the data exchange account and resources of how to set up and manage the data exchange account, including data quality management.**

**If you are setting up a bidirectional connection, you will also receive a testing plan to follow. Your data exchange credentials are only for data exchange and are different from those used by clinical staff to log into the ImmTrac2 website. The data exchange credentials are assigned to organizations and not individuals, must be shared at the discretion of the POC. Again, this is an organizational account, not an individual account. Because of this, the POC may share the data exchange credentials with anyone in the organization who maintains or supports either data exchange or the quality of data sent to the registry. This usually includes the EHR vendor staff and internal or external IT personnel.**

**Another useful resource you should review while preparing for data exchange is the Data Exchange Resource Guide. Much of the information is currently geared towards Batch FTP, but it can help with some questions that may come up during bidirectional data exchange as well.**

**We will discuss where to find this and other guides later in this presentation.**

**Data exchange. After your data exchange connection is set up, the**

**next step, Step 4 is testing. The registry requires all organizations perform and pass testing to ensure their data exchange setup is configured to state standards. Testing allows you to make sure your connection with the registry works correctly and you are able to successfully send data, identify and resolve any data quality or technical issues that would prevent your data from being accepted by the registry, familiarize yourself with new data exchange processes such as accessing and reviewing data quality errors, and to identify training needs for your staff.**

**It is important to note that information sent to the registry during testing is not added to the ImmTrac2.**

**A helpful tool you should use during testing and later in production is the Texas Immunization Registry, HL7 2.5.1 error guide.**

**It explains errors and provides guidance for resolving them.**

**Another topic to address during your testing is registry consent. The registry consent process is often one of the most significant hurdles for organizations new to data exchange with the registry. It could have significant data quality and legal ramifications.**

**For this reason, it is very important that organizations give special attention to registry consent and review your organization's registry consent process.**

**State law requires individuals to give written consent before the records can be stored in the registry. The registry has its own official**

**consent forms for individuals to sign, to sign up or opt in, to the registry.**

**To have their personal immunization information stored in the registry.**

**Registry consent is optional for patients. Meaning that they are not required to participate. It is also important to note that this is different from other forms of patient consent, such as consent to share.**

**As I mentioned, patients must sign an official registry consent form available on our website before the registry may store the patient's immunization records. Any records sent to the registry for patients without registry consent on file will not be stored in the registry.**

**Additionally, your organization must add the patient to the registry as a client. So how does your organization add patients as registry clients?**

**Affirming that the client has consented to be in the registry can be done in one of two ways. One way is online via the ImmTrac2 website. This is the same method used prior to the data exchange. Often called the manual affirmation process.**

**Information on how to perform this task is available on our website. This method is only available for batch FTP exchange. If you choose bidirectional data exchange manual affirmation is not an option. The second way is electronically via data exchange. This method requires additional set up and testing by your organization but it's best to be done in the steps we are discussing here, Step 4, testing.**

**If you choose to add patients at registry clients via data exchange, be sure to communicate that early on with both the registry and your EHR vendor. Electronic affirmation is required for all bidirectional connections. Providers must retain the original consent form and save it to the patient's medical record. Please don't send the consent to the registry unless requested to do so by the registry. If you have any questions about registry consent and affirmation you can reach out to the Texas Immunization Registry for guidance.**

**During testing you will primarily be examining your organization's data quality. To do this, use your new data exchange account, too, set your connection and send example immunization records to the registry. You may want to submit real examples of patient that you see so you and the registry can evaluate how your data will come across and identify any data quality issues or errors. Remember that none of the records submitted during testing will be added to the registry.**

**To review and correct data quality or technical issues, it is your responsibility to manage your organization's data quality to ensure patient immunization data is of good quality. Data with errors or issues will not get uploaded to the registry and may impact the patient's continuity of care.**

**You will likely need to work with your EHR vendor and our interoperability team to resolve errors.**



**You're responsible for troubleshooting and resolving issues on your organization's side. For assistance on resolving issues, we suggest involving your EHR vendor, your organization's internal IT support team and registry's interoperability team at the DSHS State Office.**

**Take the lead with your EHR vendor and establish a good relationship with them. It's important that you drive the process and make sure that your expectations are being met.**

**Note that our local and regional staff do not provide training on data exchange. Those specialized trainings are limited to the interoperability team.**

**After testing has been successfully completed, the fifth step is production. Your organization is now ready to add patient records to the Texas Immunization Registry via data exchange. From this point forward, any records sent to the registry that are error free will be added to ImmTrac2. If you are using bidirectional data exchange you will also be able to begin looking up your patient's records as well. Records that you send will be reviewed for data quality issues and you will continue to receive error responses when appropriate.**

**Only error free data is accepted by the registry. So, remember to check your errors regularly while in production. An email will be sent to everyone on your data exchange contact list, letting them know you have been promoted to production.**

**To improve the quality and completeness of your patient's records in ImmTrac2, we recommend sending any historical immunization records that have not previously been shared with the registry.**

**Contact the registry if there are changes in the Electronic Health Records such as a new vendor or a new EHR program, a change in your organization's point of contact, or testing of any new system upgrades that may impact data exchange.**

**The final step in establishing a data exchange connection is the ongoing submission of data. On an ongoing basis, your organization must submit immunization records to the registry at regular intervals, be responsible for the quality of your data sent to the registry, review your data quality on a regular basis to identify any errors or issues, work with your EHR vendor to correct any errors that do arise, and contact the registry any time you need assistance and support.**

**Let's recap. The six basis steps for setting up a data exchange connection with the Texas Immunization Registry are: 1, ensure all of your sites are registered and with up to date site renewals; 2, submit a registration of intent; 3, set up a data exchange connection; 4, perform data exchange testing; 5, enter production; and 6, have an ongoing submission of data.**

**Now let's review some of the resources and guides available to you.**

**Electronic data exchange resource guide, stock number 11-15231.**

**Which provides detailed steps and information on how to establish a data exchange connection with the registry. The Data Quality Guide, stock number 11-15232, which provides guidance on the most common data quality issues organizations face and how to correct them.**

**The secure file transfer protocol specifications, stock number 11-15236.**

**Which contains all of the information you and your support team will need to set up a secure FTP connection with the registry.**

**The Texas Immunization Registry HL7 2.5.5 implementation guide, stock number 11-14872, contains detailed descriptions of the HL7 customizations needed to transmit HL7 records to the registry. This document is intended to be used as a companion to the CDC's standard HL7 2.5.1 Implementation Guide.**

**HL7 2.5.1 error guide, stock number 11-15703.**

**Which provides guidance on all of the data quality errors our system produces and detailed instructions on how to resolve the errors.**

**This resource should be one of the primary go-too tools in your data exchange toolbox.**

**The Texas Immunization Registry consent overview, stock number 11-15702, provides information about what registry consent is and how it works. This is a non-technical document that non-IT individuals can easily read and answers most common questions about consent.**

**ImmTrac2 Site Registration Guide stock number 11-15175, provides detailed steps and useful information about how to register new sites with the Texas Immunization Registry.**

**The ImmTrac site Renewal Guide stock number 11-15252 provides detailed steps and information on how to submit an ImmTrac2 site renewal. Lastly, we also have a library of online training videos available. These resources and more can be found on the DSHS Texas Immunization Registry website.**

**The registry has a customer support phone line, the line is currently unavailable due to remote work. Once it is available again you can reach us by calling 800-348-9158, Monday through Friday, from 8:00 AM to 4:30 p.m. Central Time.**

**Choosing Option 1 provides assistance for the general public. Such as requesting immunization records.**

**Option 2 gives assistance with the ImmTrac2 website, including access.**

**Option 3, provides assistance with data exchange and puts you in contact with the interoperability team.**

**Option 4 gives assistance with site registrations and renewals.**

**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. Smile us at**

**Trac2@dshs.texas.gov for questions about ImmTrac2 access, site registrations or renewals, adding or removing users, trainings or publications. Smile email us at ImmTracMU@dshs.texas.gov for questions about data exchange, promoting interoperability or data quality reports.**

**To find more information on the Texas Immunization Registry, visit our websites. The ImmTrac2 website is primarily used by healthcare organizations like yours who use the ImmTrac2 application. This site is where organizations can get registered to gain access to the ImmTrac2. Once granted access, you can look up registry client information, run reports, add immunizations and more.**

**We 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, how to get a copy of your immunization records, and how to order registry publications or posters or locate the resources we discussed earlier.**

**We list the website link here. This concludes our presentation.**

**Thank you from the Texas Immunization Registry.**

**So, before we begin our Q&A, I would like to mention this is actually the first in a series of webinars that we plan to hold. We do not have any dates for future meetings just yet, but please keep your eyes and ears open because we will be announcing them soon. Okay?**

**So what questions do we have?**

**>> Kennedy: Okay. Is the bidirectional available for all EHR's?**

**>> Hi, this is Angela with the Texas Immunization Registry. The bidirectional data exchange is an option available to all providers and I believe that all EHR vendors are able to support that. You would have to contact your individual EHR to see where they are in their ability to support bidirectional data exchange.**

**>> Kennedy: We currently send immunizations via FTP. To be able to attest to promoting interoperability for 2020, at what stage of bidirectional readiness do we have to be at?**

**>> Herrera: So, to attest for promoting interoperability, that is typically determined by our partners at CMS, so I would highly recommend that you contact them to see what stages you have to be at. The registry does provide [indiscernible] documentation at the time that a provider is wanting to attest. So, we [indiscernible] via email at well [Poor audio quality].**

**>> Kennedy: Will patients automatically be added to ImmTrac via**

**the exchange if consent is affirmed.**

**>> This is a little bit more complicated situation because affirmation of consent through data exchange, there are two routes to do it and it kind of goes in-depth. But when all of the right fields and data is populated as they should be, in either -- in either format that the data is sent, the data will come over and it will create an electronic record in the registry for them. Like you currently do today when you are entering the data online, the only difference is it's being submitted by the data exchange. I would highly recommend you contact us with the ImmTrac MU so we can further discuss this.**

**>> Kennedy: Which EHR's have bidirectional interface, we have [indiscernible]**

**>> This is a great question. We have worked with a handful of organizations that are already doing bidirectional data exchange with organizations with us. Just to mention a couple, we have done organizations that use Epic and Cerner, just to name a few.**

**>> Kennedy: How do we initiate BIDX when our POC cannot log in and hasn't received a response from ImmTrac2 support?**

**>> Good question. So, we will take down your name and your email address and we'll -- we will reach out to you after the webinar. But technically you would email us, and we would look and try to resolve any user issues that your staff or -- are having. If it's where they don't have access, we can create that access for them and they are able to log in, fits, again, a password reset -- if it's a password reset issue, we can definitely troubleshoot that with you. We can contact you after the webinar.**

**>> Kennedy: Is this available for school districts as well?**

**>> Herrera: So, the only option for data exchange that's available for school districts would be a bidirectional interface. That would allow your school to query or to search for your students in the registry to see if they are registry clients. And if they are, then it would retrieve back their immunization history.**

**If your school does immunize students, then you could also report immunizations that you administered.**

**So, again, it's only bidirectional interface that you would have to be available for. We don't do batch FTP data exchange at school.**

**>> [Indiscernible] errors like NK 1 impact the bidirectional**



**interface. It will reject the entire data exchange for that period or how will it impact if staff make an error in the future once the bidirectional interface is established?**

**>> Herrera: Yeah. So, this is a great question. It's a little bit more technical. So, I'm going to refer you to our website and I'll drop it in after I respond, into the chat. I would go to our website and look up the HL7 error guide. That kind of gives you guidance on how to resolve errors. But ideally when an organization is moving into bidirectional data exchange, you want to have all of the different types of errors, whether they are considered hard errors or soft errors. And again, the error guide breaks that down for you on what the differences are between errors. You want to have them resolved because you want to have good [indiscernible] quality. Again the idea behind bidirectional data exchange is that you are exchanging that data real-time with other providers, other providers are submitting their data to the registry, you want to make sure that you are doing good data quality into the registry so when they retrieve data on maybe some of your mutual patients, they are retrieving the most robust data so in general everyone can provide the best care for the patient.**

**>> Kennedy: Does bidirectional automatically include electronic affirmation of consent or is this another process?**

**>> Herrera: So bidirectional data exchange there is a hard requirement that we made, that can be found in the bidirectional readiness checklist, that affirmation of consent is required.**

**The goal as a whole of the registry is to try to increase the number of records within our system and the number of patients and so if you aren't familiar with the Texas Immunization Registry, we are an opt in state. Meaning that individuals have to sign specific registry consent forms to have their data stored and again to kind of meet that goal of overall and increased patient care, you want to be able to ensure that the records that you are submitting for the patients are -- are in the registry by that consent.**

**>> Kennedy: If our site currently does batch FTP, does shifting to bidirectional affect current data exchange?**

**>> Herrera: So, when you are on boarded from FTP to bidirectional data exchange, ourselves and your organization at the time will discuss the continuing of your regular submissions. In the meantime, while we move you. For the most part it's a business practice in the IT world if you are an existing method of transferring data that it stays intact until this new one is built. That's how it works typically on our side as well.**

**>> Kennedy: How do we complete the two registrations required to participate in bidirectional exchange?**

**>> Patterson: If you are referring to the site renewals and the site registration, those guides are available on our website. For the ROI the registration of intent, you would email us after you review the checklist online.**

**>> Kennedy: If we are currently submitting data under FTP, do we need to register for the bidirectional?**

**>> Herrera: Correct. And so, as we -- as we briefly covered in the webinar, each -- the move to bidirectional data exchange does require a registration of intent to be submitted so that we know that the organization is ready for that type of data exchange. As mentioned in the webinar, the ROI or registration of intent, for bidirectional data exchange is currently housed by State Office only, so once you have met all of the requirements indicated in the bidirectional readiness checklist, you would contact us at ImmTrac, the new email address listed on the website or on the slide, sorry, and we would then determine if the organization is ready and then determine on boarding. During the on boarding phase you would**

**get the registration of intent.**

**>> Kennedy: Do health plans fall under bidirectional or unidirectional data exchange?**

**>> Herrera: Well, health plans can fall under either/or. Right now, we do have organizations do unidirectional or FTP data exchange. We are getting ready to retire that type of data exchange for health plans only. Because the format that they use to do data exchange is basically like a legacy standard. Just an older way of exchanging data and so bidirectional is the gold standard for that. It would allow health plans to retrieve data for their health plan members in real-time and at a faster pace than they are currently doing right now with FTP batch.**

**>> Kennedy: Our ROI list that's we did this in 2013, should we contact you to reinitiate this since we aren't bidirectional at this time?**

**>> Herrera: Correct. I would highly recommend you review the bidirectional readiness checklist on our website and determine if you are ready and at that time if you meet all of the metrics listed on the checklist, then email us and we can definitely assist you with the next steps.**

**>> Patterson: Yeah, the ROI for bidirectional is separate from the FTP ROI. So, if you are already bidirectional -- I'm sorry, if you are already using the FTP, you will need to submit a new ROI for bidirectional.**

**>> Kennedy: What stage is the [indiscernible] at now regarding Epic consent integration with the state?**

**>> Herrera: So, I'm not specifically sure what you are referring to, but we are having regular conversations with the Epic collaborative organization, which is basically all of the sites in Texas that use Epic for the most part, to address any data quality issues or issues they might have with -- with the registry as far as that goes. So, if you could email us and maybe ask a more specific question, we can definitely answer that question.**

**>> Kennedy: It seems like consent will still have to be completed on the state side. Is my understanding correct?**

**>> Herrera: I don't fully understand your question. Let me just elaborate. A patient comes into your office and if they want to sign up for ImmTrac2, you would then offer them one of the ImmTrac2 consent forms. And they would fill it out, send it out, sign it appropriately and then**

**you can either enter it online through our ImmTrac2 web portal or you can -- if your organization is set up to do affirmation of consent through data exchange, then you would send that data that way. Either way, whether online or through data exchange, the system then creates a record for them in the system that you retain -- but you retain the original consent form in their medical record.**

**>> Kennedy: Is there any information on using HTTPS web services for the bidirectional interface?**

**>> Herrera: So, the web service information is still not available on our website, that is a resource that we are looking at developing and publishing soon. So that organizations like yourselves that have more technical specifications for bidirectional data exchange will have a resource to look at.**

**>> Kennedy: Is there anywhere to look which compares the advantages of both options the FTP batch upload versus bidirectional data exchange?**

**>> Herrera: No, currently we don't have a resource that shows you the pros and cons or the benefits, I guess, of either/or. That is something**

**that we could take back and develop. In general, bidirectional is just the gold standard. Right now. If you think about it, like Jonathan indicated in the webinar, you are submitting data maybe once a week and it's taking a couple of days to process and if all of that data is good data, then it's entered into the system for those patients who are registry clients.**

**So, again, it can take anywhere from, you know, three days to a week for it to actually be entered into the system. And you are not retrieving anything from the system, you are just reporting data to it. With bidirectional data exchange, you are actually reporting in real-time, it's going to be added if it's all good data to the registry client record instantly and then you will be able to also pull data back from our system to say, hey, what does John Smith have on file as far as immunization history.**

**>> Kennedy: Will patient consent then only in Epic be sent to the state?**

**>> Herrera: Yeah, so that's another Epic related question. I would definitely email us at ImmTracMU so we can address more intimately how -- to understand how you are referring to that question. But in general, EHR vendors capture consent. We are talking about registry consent at this level. And so, if they capture registry consent, they can then -- they should be able to then send it to the registry so then you can**

**report that that person has signed an ImmTrac2 consent form and the system can then appropriately create a record to store that data. Again, that seems more like an EHR specific question. I would definitely email us.**

**>> Kennedy: We've been doing user acceptance testing monthly and they have been 100% accurate for years. Do you think it would be okay to have that removed since we are having consistent 100% accuracy every month for years now?**

**>> Herrera: This is also another specific question that I guess to your organization. I'm not familiar with the user acceptance testing that you are referring to. So, we'll take your name and email them to kind of follow up with you a little bit further. In general, we don't do user acceptance testing with organizations. There is testing as part of on boarding to establish a connection, so I would just need to look more specifically into your organization and what you are referring to.**

**>> Kennedy: What does the plan to retire the health plans for FTP?**

**>> Herrera: So, health plans will not retire FTP, but they will retire the type of files that they are doing, which are known as immunization history query files or IHQ files. That will be retired June of 2021 we have**



**made communications with all of the managed care organizations that we know of that -- that access data from our system, as well through monthly -- quarterly meetings with MCOs through our HHS partners as well.**

**>> Kennedy: At what point do you reach out to your vendor to initiate bidirectional exchange? After the checklist is complete?**

**>> Herrera: Correct. Yeah, that's part of the bidirectional readiness checklist is that you have to contact your vendor to see if they are able and ready to do that, so yeah.**

**>> Patterson: That would be part of your process.**

**>> Kennedy: Do you offer CEUs for this webinar?**

**>> Herrera: Unfortunately, we do not.**

**>> Kennedy: If a new patient is already active in ImmTrac through a previous provider, do we need to document a new consent in our practice?**

**>> Herrera: So, again, patient consent is a little bit different in EHR.**

**So if an individual is signing a new Texas Immunization Registry consent form, but they haven't changed -- in the example of a mother - if a mother signs her child up for ImmTrac2 today and they come in again and -- sorry, today you sign and you add them to the ImmTrac2 registry today and you create a record for them and you store their consent form, in the future, if she signs another consent form, you would still need to check in ImmTrac2 to see if there are -- if they are still registered because it is known that our -- as I mentioned before, our registry is opt-in. So, at any point a patient or in this case a legal guardian or parent of a minor could remove themselves through a withdrawal process. And so, we're really wanting to be cautious about patients being added as registry clients when they didn't really sign a new consent form.**

**So, you only -- you would only add the consent again if you -- if you didn't find them in the system and truly you do have a new consent form for that date that you are adding them.**

**It's a little bit more complex. But again, we have a lot of resources on our website specifically the Texas Immunization Registry consent overview, that kind of gives more details on this and, again, I would highly recommend contacting us. Because registry consent, and consent in general, is one of those heavy topics and actually one of the webinars that we're working on to present to y'all to have a deeper understanding of what is necessary for when it comes to registry consent.**

**>> Kennedy: For hospitals immunizations are given as part of patient care. Will we still require hospital staff to complete an ImmTrac consent form with the patient?**

**>> Herrera: So, yes, again goes about a being to registry concept. If they sign -- if you are going to offer the registry consent form to them, again offering the form is not mandatory. At least right now if you are moving over to bidirectional data exchange and we are asking that you capture registry consent at that point that you are in production of the bidirectional data exchange, that way we know that you are basically increasing the number of patients and data in the registry. But if they do sign that form, again you do have to take action on it. You do have to add them into the registry or [indiscernible] electronically do one of those affirmation of consent files.**

**>> Patterson: It's possible to have different workflows for how they collect that form. Doesn't always have to be the nurse but should be offered.**

**>> Kennedy: We submitted data exchange back in 2015, do we need to resubmit?**

**>> Herrera: Again, I want to clarify that for bidirectional data exchange, there is a separate registration of intent that is required from any previous registration intent that you did for unidirectional or FTP data exchange. So yes, you will have to do a operate ROI. You do not have to resubmit your data, if you already have an existing data exchange account with us.**

**>> Kennedy: [Indiscernible] files each week from the unidirectional, but where can we find our percentage of errors in the FTP website?**

**>> Herrera: So, the FTP website doesn't offer the error percentage. You really have to look at your monthly Texas immunization provider summary report, also known as the TIPS report. It's a monthly report generated on the first of the month and it shows data from the last or from the previous month.**

**When you log into ImmTrac2, you can actually access this on the left side portal or menu by clicking the report, I think generate report section. We will drop information in the chat box on how to get to that report. We actually have a guide on our website under the user training portion of our website that is basically the TIPS guide, it's called the TIPS guide, tells you what all is included in the TIPS guide, ways to improve your**

percentages or quality, metrics that are captured and then you even have to -- to just navigate in general through the TIPS and the ImmTrac tutorial.

>> Kennedy: Any recommendations on what constitutes regular error checking? In other words, how often should error checking take place?

>> Herrera: Yeah. If you are submitting data on a weekly basis, you need to be checking your files shortly after that submission has been processed.

So -- so, again, providers are the owners of the data being submitted to the registry and so, again, we talked about the timeframe that it takes for a file to process and be uploaded. I would be checking anywhere three to five days after you submit a weekly file to ensure that you are adding those data quality metrics. You have to keep in mind that anything that has an error, a hard error, so clients, immunization or message error, didn't make it into the registry, so it basically got stopped because it doesn't have all of the data or necessary information it needed to be entered.

So, it's your responsibility to go through using the resources we are providing to you to address those data quality issues, work with your EHR

**vendor. Once they are resolved to resubmit that data that is now corrected. If you are in a bidirectional interface with us, it's more real-time. You are submitting that data really time and so -- so that's part of the checklist is having a team that's going to be set up or designated that's going to be addressing those issues as they are happening live and that's usually coordinated between your IT and your vendor internally.**

**>> Kennedy: What was the age cut off for a new consent for minors to transfer over for continuity?**

**>> Herrera: So, our state law does indicate that an individual who has consented as a minor by their legal parent or guardian has up until the 26th birthday to consent using an adult consent form to have their information continued for their lifetime. So, we do make two attempts at -- between that age of 18 and 25 to reach the now adult member or adult individual. To say, hey, your data is stored in the registry, please sign an ImmTrac2 consent form. Adult consent form to basically continue that data that to be stored.**

**>> Kennedy: Did I hear correctly that bidirectional is not available to schools?**

**>> Herrera: No. You did not hear correctly.**

**Batch FTP or unidirectional is not available for schools.**

**Bidirectional is available for schools.**

**>> Kennedy: This -- this question -- um ... one moment. Does this apply for daycare centers as well?**

**>> Herrera: So, are yeah, daycares and schools and universities kind of fall in the same category. If you are not eligible for FTP, unidirectional, or batch data exchange, you are eligible for bidirectional data exchange. Again, I would work with your -- it's a little bit different if you don't have an Electronic Health Records vendor, you probably have like a school records vendor that supports all of the data of your immunizations. So, I would work with them to see if they offer and are able to support bidirectional data exchange.**

**>> Kennedy: We anticipate that the bidirectional interface will reduce the error that we are seeing more often which is immunization records exist since our system -- we are sending and receiving the same date, immunizations, because we are checking ImmTrac and entering them in our records system, this goes to ImmTrac but it's already there. Do you anticipate this will be corrected with this bidirectional method?**

**>> Herrera: Yeah. So, the error that you are referring to, the immunization already exists is happening because either one of two things. You kind of mentioned that your staff are entering the data. If you have a data exchange account set up, your staff should not be entering data into ImmTrac2. For whatever is reported in the data exchange. So, if you report an immunization administered to a patient in your electronic file, you don't want to go in and double entry that in ImmTrac2 because it defeats the purpose of the electronic data exchange. So, let the data exchange file do what it's supposed to and then address any errors that may populate. But that error exists because someone is reporting the data quicker than you could have. As the owner of the administration. That usually happens a lot with health plans because you have to remember the registry is receiving data from multiple types of entities, you know, we are getting it from the providers who have administered it or from the health plan who provides the insurance plan to that patient. So, again, just keep in mind that yes, the idea is that bidirectional would address that pretty quickly because as soon as you administer it, your organization would then be able to report it so then you would see a reduction in that error.**

**>> Patterson: If your staff are logging into ImmTrac2 to create those client accounts to add the consent, they should continue to do that.**



**But they should stop putting in the immunizations if they are doing that because that's what your data exchange is for.**

**>> Kennedy: Is there a timeline for when the web service [indiscernible] document will be available, I heard sometime soon but is there anything more definitive?**

**>> Herrera: No. Our goal really is to have it up and running within the next couple of months. But we have a lot of -- of publications that we're working on to try to produce and this is the number one that we are trying to get ready to get out there. in the meantime, your staff can email us, and we will provide you the documentation or, you know, what's needed via email. It may not be in a pretty again published version, but we will provide you the specifications or whatever is needed.**

**>> Kennedy: Jonathan, that's all that we have for now.**

**>> Patterson: All right. Well, in that case, thank you all for coming. It's been great being able to get this information out there and hear the kind of questions that you guys are bringing back to us.**

**If you do think of any other questions, please feel free to email us either at ImmTrac2 anything related to site registrations or renewals or**

**anything like that or at ImmTrac MU but any kind of data exchange related questions, we are always happy to answer those questions, like we mentioned we do have more webinars coming, but we don't have any dates just yet. Just keep an eye out for that. Thank you all for coming.**

**[End of webinar].**