

Transcript for Bidirectional Registration of Intent

January 25, 2021

>> 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 below. Closed captioning for the presentation is available at the following link: <https://tcc.1capapp.com/event/dshs/>. This link will also be provided in the chat. Today we will be discussing the Registration of Intent, or ROI, for bidirectional data exchange. 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 Suzanne Murphy and Jonathan Patterson, both Interface Analysts 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.

The topics we will cover today are:

- What is the bidirectional ROI,
- Completing the ROI, and,
- Processing of the ROI.

We will be using abbreviations and acronyms for some of the terminology in this presentation:

- BiDX will be short for bidirectional data exchange,
- ROI will mean the registration of intent,
- Registry will be used for the Texas Immunization Registry,
- Orgs will mean any provider, healthcare entity, or other organization that participates with the registry, and
- EHR will be used for electronic health records systems.

What is the bidirectional registration of intent?

The ROI is a form that allows organizations like yours to inform the registry that they are ready to begin participating in real-time bidirectional data exchange. It captures key information about your organization and EHR vendor, such as the names of individuals that will participate in testing your new interface.

It also allows you to identify which bidirectional features your organization will use. Importantly, the ROI also provides for your

organization's agreement to follow all registry policies for data exchange.

The bidirectional ROI is an entirely new form. If you previously participated in unidirectional (also known as batch file) data exchange, the ROI you submitted back then does not apply to bidirectional data exchange.

You will need to submit a new ROI. The bidirectional ROI must be completed and signed by an authorized representative of your organization's parent or stand-alone site. It is entirely up to your organization to decide who that individual is for you, but it should be someone who will also participate in setting up and testing your new interface.

Now, let's review how your organization needs to complete the BiDX ROI. The bidirectional ROI has six sections that must be completed:

- Organization information,
- Primary contact person,
- Secondary contact person,
- Bidirectional exchange readiness,
- Query and reporting immunizations, and,
- The electronic signature.

Organization information: in this section, you'll be identifying and describing your organization. You'll begin by providing the name and address of your organization. If your organization has multiple sites, this will be the name and address of your parent site or headquarters.

One of the pieces of information you will need to provide is the site's TXIIS ID number. If you are unsure what the TXIIS ID number is or which site is your parent site, contact the registry for support and we can provide you with that information.

Next, you'll say if you plan to report for multiple facilities. This is a simple Yes or No question. If your organization is stand-alone and doesn't have any other sites, then your answer should be No. If, however, you do have multiple sites that are linked to each other in ImmTrac2, then your answer should be Yes.

The next section of the ROI is the primary contact person. You'll need to provide the name and contact information for the main person from your organization that will be leading your BiDX setup. This person must be:

- An employee of your organization,
- Meaning that they do not work for your EHR vendor or any other third-party IT support, and,
- They must actively participate in all BiDX setup and activity with the registry. Ideally, this person should be the registered Point of Contact that was identified on your last ImmTrac2 site agreement.

Next, you'll identify the secondary contact person. This is the individual who will act as a backup for the primary contact person. This person must be:

- An employee of your organization,
- Participate in all BiDX setup, and
- Be ready to take lead of the project if your primary contact person becomes unavailable for any reason.

A good choice for this role might be the individual that was identified as your primary registry contact in your last ImmTrac2 site agreement. If this is the same person as the POC, then consider who else within your organization would be a good choice for this role.

The next two sections cover your readiness for bidirectional data exchange and which features you plan to use. The readiness section asks a number of questions about your technical capabilities. You will likely want to review with your EHR vendor before answering them. The first question is: are you currently sending HL7 files to the registry? If you are participating in unidirectional file data exchange, then your answer to this question should likely be Yes. Otherwise, answer No.

Is your facility and EHR ready to participate in BiDX? You should only answer "Yes" if:

- You have all the necessary technical capabilities for BiDX in place,
- Your EHR has all of the necessary updates installed, and
- You are able to send and receive SOAP messages.

If, for any reason, your answer would be NO, hold off on submitting your ROI until you can truthfully answer "Yes".

Which method of BiDX will your organization use? This is the question where you identify which BiDX features you will use. Your options are:

- query only, or
- query and reporting.

Query Only:

- Allows your organization to request records and forecasts from the registry in real time.
- Your organization would NOT be able to report new or historical immunization records to the registry.
- Query Only should only be chosen by organizations that do not administer immunizations, like some schools or health plans.

Query and reporting provides:

- All of the functionality of query only, like real-time history

- forecasting requests,
- As well as the ability to report new and historical immunization to the registry in real time, and
 - The ability to add new patients to the registry or update existing patients' demographics.

The final section of the bidirectional ROI is the electronic signature. The ROI may be signed electronically, or printed, signed, and then scanned as a PDF. The ROI should be signed by the primary contact person or another individual authorized to do so by your organization. This signature secures your confirmation that the information provided is accurate and your organization's agreement to follow all registry policies for data exchange.

The finalized and signed ROI must be emailed to ImmTracMU@dshs.texas.gov. Once received, the registry will begin processing your signed ROI. Processing is typically completed within 3-4 business days. The registry may reach out to your primary contact person with follow-up questions, so they should be prepared for communication. Once the ROI has been processed, the registry will reach out the primary contact person to provide them with instructions on next steps and timeframes for testing.

Now, let's finish by reviewing some of the resources that are available to you from the registry. The ImmTrac2 website is where you can submit and check the status of your site registrations and renewals. The DSHS website is where you can find all of our latest announcements, as well as a wide variety of documents and training materials.

We offer guides, training videos, and webinars covering the following topics: how to complete a site registration or renewal in ImmTrac2, how to run or retrieve reports in ImmTrac2, how to add and manage clients and immunizations in ImmTrac2, identifying or addressing data quality issues in ImmTrac2, and identifying or addressing data quality errors in HL7 messages. And we have more resources on the way.

Publications we offer include registry consent forms, registry posters and brochures, and vaccine-related publications. Many items can be ordered and delivered from DSHS at no cost to you. The registry offers customer support. Phone support is available at 800-348-9158. Unfortunately, our phone lines are currently unavailable at the time of this recording, due to a majority of our staff working remotely. Email support is available via ImmTrac2@dshs.Texas.gov for all registration/renewal or ImmTrac2 access questions.

ImmTracMU@dshs.Texas.gov for all data exchange-related questions. Thank you for your time. The next scheduled presentation, we'll hold on Monday February 8th and Friday February 12th, and will cover electronic

consent. We will now begin with the Q&A portion.

>> Patterson: Okay. So, our first question is, is this presentation related to integrating between ImmTrac and our EMR?

>> Mbungkah: Yes, it is for organizations trying to integrate with the registry through a bidirectional interface through SOP.

>> Patterson: Okay. Next question. Where do we access the ROI? The website under the registration and renewals tab in ImmTrac2 has an ROI, but says this registration is not for bidirectional data exchange.

>> Mbungkah: The bidirectional ROI is only kept in-house for now. It is not online. So if your organization feels as though they're ready to move forward with bidirectional and they have met all of the requirements of our readiness checklist, which can be found online on our ImmTrac website, our DSHS website, then once you submit your intent to the registry, we will then go through and make sure your organization meets all the requirements. And once the registry deems that you have met all the requirements, we will then release the ROI to you to fill out and then submit that to the registry.

>> Patterson: Okay. So, next question. So, this one states that they've emailed the registry to request a TX IIS ID number, but they've had difficulty getting a response. What else can they do to get their ID number?

>> Mbungkah: Right now we've been having a large influx of emails coming in due to COVID and everything else going on, so our email response times have been a little bit slower than normal. Go ahead and also email again once more today please for your question regarding the TX IIS ID number, and in the subject line if you could please put webinar, and then we can go ahead and get that to you today, hopefully. Sorry about that delay in responses.

>> Patterson: Okay. Next question. So, what do you consider a SOAP communication?

>> Mbungkah: Can you repeat that, Jonathan?

>> Patterson: What do you consider a SOAP communication?

>> Mbungkah: A SOAP communication would be web services, the way an EMR would send data to the registry in real time.

>> Patterson: Okay. Let's see. Let me read this real quick. Okay. So, we have a person here. They state they submitted an ROI by email but they have not gotten a response back within four business days.

>> Mbungkah: And again, this could be due to the fact that we are receiving a large influx of emails coming in due to COVID and everything else. So if you could please go ahead and follow up, send another follow-up email. And in the subject line, also do put in webinar so we can go ahead

and get to your question as soon as possible.

>> Patterson: Okay. So, another question here states that the FTP site for data submissions has been down since early this month. It's not really a question, but it's more of a statement.

>> Mbungkah: The URL, I believe, was changed as well during earlier this month. So also, go ahead and email us and we can provide you with the new URL. Communication was sent out as well when the URL change occurred, so most likely you probably did not receive the communication that went into details about the new URL. So email us and mention webinar FTP, and we can provide you with the new URL for that FTP site.

>> Patterson: Okay. So, the next question is, what is the difference between this and entering patients' immunizations through ImmTrac2?

>> Mbungkah: The difference would be what you're doing currently, which is entering immunization into ImmTrac2 is a more manual process. So, with your organization moving over to bidirectional, you would be able to do everything through your EMR, versus having to do everything manually by going into ImmTrac and searching for patients, or reporting immunizations. Everything would be done simultaneously through your EMR.

>> Patterson: Okay. This question here, we use the immunization records for HEDIS. Normally we get monthly files. Is this intended for MCOs, too?

>> Mbungkah: I believe that it's for -- I think HEDIS is organizations who do IHQ files. Yes, this could be for you guys as well. With bidirectional, you would be able to do everything in a more real-time manner, versus submitting things and having to wait a longer time for your request to process. Once your organization transitions over to bidirectional, everything you do will be in a more real-time manner. So if you're querying the system, you'll be able to query the system, which isn't an option for organizations doing FTP. With bidirectional, you would be able to query our system in real time, which means you'll be able to look up any patients that are in the ImmTrac system and see their immunizations, if they have any.

And you would also be able to report their immunizations and have those immunizations reflect in ImmTrac2 instantaneously, versus with FTP submitters, if you report the immunization, it could take a couple days to show up in ImmTrac2. The benefit of bidirectional data exchange is that everything is able to be done in a more real-time manner.

>> Patterson: Okay. So, we have another question asking if we can give more details about what SOAP is.

>> Mbungkah: SOAP is pretty much, I guess, Jonathan, I don't know how to explain it better. I think it's just the web services. SOAP so is just the

way that you will be able to connect to the registry and transmit those messages over to the registry, hose HL7 files over to the registry in a real-time manner.

>> Patterson: Yeah. With bidirectional data exchange, because you're going to be sending your records in real time, every time you document something you're going to send a message rather than waiting to document all at once. The SOAP -- think of it like an envelope. Your message will be -- if you're familiar with HL7, the record would be the HL7 message. And SOAP would be like the wrapper, the envelope that message goes in to be sent to the registry. It's something that your EHR or your local IT would be focused on setting up for you.

All right. Let me check and see what our next question is. So, when we report data to ImmTrac2, does it suffice CDC reporting requirements? Do I need to report separately to the CDC?

>> Mbungkah: If you're referencing for regular non-immunizations, it should be okay. I'm not sure if you're referencing for non-COVID immunizations or for COVID immunizations. Can you clarify?

>> Patterson: All right. Next question. How long will it take to complete the bidirectional interface? I assume they're asking about everything from submitting their ROI to testing and completion.

>> Mbungkah: Okay. So, once the ROI has been submitted and your organization has been brought on board for the testing, testing can be anywhere from four to six weeks depending on how ready your organization is. So, some organizations who only do query are able to do it in four weeks or less. Organizations who are doing both query and reporting, it can take up to six weeks simply because you will be doing two different kinds of testing. You'll be doing testing for query and submitting the messages as well for the test patients. So, honestly, it can be anywhere from four to six weeks.

>> Patterson: Is bidirectional reporting optional or required?

>> Mbungkah: Bidirectional is optional for organizations, but if you're an organization who is trying to meet CMS -- I just went blank, CMS requirements, then you would have to transition over to bidirectional. But you would have to ask them specifically what the deadline for you to do that transition would be.

>> Patterson: Is it possible to merge the accounts for two clinics? The same tax ID is shared between clinics, but we are located in two different counties.

>> Mbungkah: If you're in two different counties then you would want to keep those two sites separate. What you can do is you can establish a

parent-child relationship where one of those sites is the main site and the other one is a subsite. That way your organization can report through one data exchange account versus two separate data exchange accounts. Normally if we merge an account, it's because one site is a duplicate. But if both clinics are physically located in two different counties, it doesn't count as a duplicate. And what we can do is just make those sites a child and parent relationship.

>> Patterson: Okay. We use Avatar. Is it compatible?

>> Mbungkah: We're able to interface with a lot of different EHR vendors. You would have to speak with your vendor to see if they meet the requirements of being able to transmit HL7 and bidirectional messages to the registry.

>> Patterson: Okay. Next question, is there a WSDL?

>> Mbungkah: Yes. There is a WSDL. We can also provide that to you as well. When we start bringing you on board in initial meetings, we also provide you the link to the WSDL, also. But our WSDL is the exact same one that the CDC uses.

>> Patterson: Okay. Next one. My question is, what consent is needed from the patient other than the paper consent?

>> Mbungkah: That would be the only consent. So you want to make sure that you're actually providing them with our actual Texas or ImmTrac consent, because we have them on our website. So in order for us to legally retain anyone's immunization records in Texas, they have to give a consent. If it's an adult, they have to give consent themselves. Once they give consent to the appropriate registry, you would have to make sure that you send that to the registry. You can manually log into ImmTrac2 and consent those patients once the paperwork has been signed. Or if your organization is able to electronically send it over, an affirmation with that patient's information to the registry to also add that into ImmTrac2.

>> Patterson: Yep. And our next webinar -- our first webinar next month is going to be entirely dedicated to consent and affirmation, and explaining what all is involved there. Okay. So our next question -- I believe this is a follow-up to the question that was asked about reporting to the CDC. And they are clarifying their question is related to COVID-19 vaccine reporting.

>> Mbungkah: I believe that -- I don't think they have to report it to the CDC as well. I might be mistaken.

>> Patterson: Unfortunately, I am not as familiar with CDC reporting, either. From what I understand, any reporting requirements the CDC has as far as if they give you their own web page to report it, that is separate from

reporting to ImmTrac and to the state registry. Okay. So, let's see. Next question here. Okay. So, another question about delays are ROI. They're saying they submitted their ROI over a week ago and haven't heard anything. Is there a delay due to the COVID situation? If so, what is a realistic timeline right now?

>> Mbungkah: Yes, there is a slight delay with COVID because a majority of our staff is assisting with COVID. Honestly, we are onboarding the organizations as we speak right now. So to give you a timeline of when to onboard you, I won't really be able to give that timeline. Probably like in February or March simply because right now we have a lot of other organizations that we're already working with to onboard. I would say also go ahead and send over a follow-up email with that ROI just so that we can make sure that it was actually received and make sure that we have you on -- in our system to be slated for onboarding for bidirectional.

>> Patterson: Okay. So, next question. Regarding the electronic consent presentation, can you please repeat what dates those presentations will be on?

>> Mbungkah: Yes. That would be February -- Monday, February the 8th and Friday, February the 12th. That is two weeks out. So exactly two weeks from today will be the first consent webinar.

>> Patterson: And I don't believe the registration links for those ones have gone up just yet, so just keep an eye on your emails. They should be coming in the next few days. Next question. Is the interface between ImmTrac2 and Qualtrics available?

>> Mbungkah: I would speak with your vendor, but as long as they're able to send over HL7 messages to the registry, there shouldn't be any problem being able to connect to the registry. So, just check with your EHR vendor.

>> Patterson: Okay. Next question. Can we submit immunizations through FTP and have query response using the web services running in parallel?

>> Mbungkah: No. You're only able to do one. So it would be either your organization will strictly stick with FTP submissions. And with FTP submissions, you don't have the option to query the system. Or you fully transition over to web services where you would be able to query the system. Right now our system isn't able to do both, so you're not able to submit files through FTP and then query the system through web services. You would have to select whether or not you want to stick with FTP where you are unable to query the system, or fully transition over to web services, where you can do both.

>> Patterson: Okay. Next question. School nurses enter many

immunization records. And the question is, they phrase it as a statement, but end with a question mark. School districts are only using -- are only to use query only? Question.

>> Mbungkah: So, there are a few exceptions. So, there are some schools who are -- who do have nurses who administer immunizations. So for those schools, you would be able to do both query and submit the messages. But a majority of the schools only do query because they don't have anyone who administers vaccines. But if you are an exception to the rule where you do administer vaccines, then your organization, when you're filling out the ROI, will state you're going to be doing both querying the system and reporting immunizations.

>> Patterson: Okay. Next question. Since this is still in process, do we get an exemption for 2020 performance year for bidirectional requirement for ImmTrac or MIPS?

>> Mbungkah: There's no exceptions for 2021. If your organization is already ready, go ahead and email us and we can go ahead and start, I guess doing the research into your organization to see if you've met all the requirements, and then have you do the ROI and work towards onboarding your organization for bidirectional. But as of 2021, we actually do not have any more exceptions.

>> Patterson: Is having a 90% or greater acceptance rate still a requirement for the bidirectional interface?

>> Mbungkah: It depends. There's exceptions to every rule. If your organization doesn't really have hard rejections -- by that I mean, all of your messages aren't failing or you're only receiving informational errors, which can also affect your data quality scores, then we can look into also bringing you on board. But the reason we say 90% is because a majority of the time whenever we see people who are below that, they're very low below that in the 40s or 30s. If your organization is that low, you would need to work towards bringing your score up at least. But, again, it's a case by case basis. If your organization is close enough to the point where you only have informational errors, and not a lot of hard rejections, then you would be able to qualify to move forward with bidirectional.

>> Patterson: How would we know if we have SOAP capabilities?

>> Mbungkah: You would have to speak with your EHR vendor to determine that.

>> Patterson: Is it better to implement FTP batch or the bidirectional interface? IPSEC site to site. I'm not familiar with that.

>> Mbungkah: I don't know either. Me personally, I would say the best one would be bidirectional, simply because everything you do is in real time.

So you're able to look up patients in real time without having to log into ImmTrac2. And you're also able to submit those immunizations in real time as well. That way if an immunization rejects, you can resolve an issue within the same amount of time versus having to send your files in and wait for those files to process, and then once your files process, you read the report to see whether or not all of the files went through, and then have to resubmit those files, and then wait a couple of days. So I feel like web services or bidirectional is a better option for pretty much everyone else simply because you're able to do everything in a real-time manner and you're able to catch any failures in real time and resolve those a lot quicker.

>> Patterson: Can you email us the slides?

>> Mbungkah: We cannot email the slides. The slides will be available on our website in the next few weeks, I think. But we cannot email the slides. But the slides will be on our website soon.

>> Patterson: Will manual registration of patients into ImmTrac2 still be required for sending patient immunizations via the bidirectional interface?

>> Mbungkah: So, everyone's organization will be different. So, if you are in bidirectional and you want to keep submitting consent manually, that's up to you. But what we've seen with a lot of other organizations who are live with bidirectional, they're affirming patients or adding patients to the registry through Webservices, through their EMR. And how they're doing that is through the affirmation, which they're able to do through SOAP as well, through the envelope. And we'll touch more on this as well in the next two weeks, in the next webinar regarding -- I believe it is February 8th. So, Jonathan will be the one hosting that presentation, and he'll go more into that as well regarding the different types of ways to consent or affirm patients into ImmTrac.

>> Patterson: Okay. So, this question is saying, I am already enrolled, but I am having trouble opening the FTP files. Should I have to download any particular app?

>> Mbungkah: Can you repeat that question? They said they're having trouble opening the FTP file or website?

>> Patterson: It sounds like they're having difficulty opening the FTP files and they're asking if they need a specific program to open them.

>> Mbungkah: We use Notepad++ here at the registry to view those files, but I don't think there should be anything preventing you from opening those files. Go ahead and email us at the registry so we can look into that and see what's going on.

>> Patterson: Yeah, usually with those, you'd want to use either Notepad++ or PFE. The registry doesn't provide either of those programs.

That's something you have to work with your local IT to make sure you're able to download and install. And you need to work with them to make sure it's set up to open the files in FTP folders. Next question, my EMR vendor is eClinicalWorks. Can we get the bidirectional interface once we do the ROI?

>> Mbungkah: Once you have completed the ROI, we will work with you and your vendor to start the whole process. Once that ROI has been completed and it's your turn to start onboarding with the registry, we'll have weekly meetings with you, your vendor, and any other people involved from the organization to work towards establishing that connection or that web services connection with the registry.

>> Patterson: What is the deadline for bidirectional registration?

>> Mbungkah: There is no deadline for bidirectional registration, but if you are someone who is attesting for promoting interoperability you might have a deadline and you would have to speak with CMS. If you are not participating in promoting interoperability, there is no deadline for you to switch over to bidirectional.

>> Patterson: I have already submitted a site agreement, so the next step would be the TX IIS ID number?

>> Mbungkah: If you submitted a site agreement, all you're doing is enrolling, so you should already have a TX IIS ID number. If you are submitting a new registration, yes, you should be receiving communications with your TX IIS ID number. I think it takes anywhere from 12-14 days for those to be processed once you submit that form. If you just submitted, give it at least 12-14 days for those files to be processed in the registry site.

>> Patterson: Okay. Next question here. If we already have a bidirectional interface with ImmTrac and our EHR, do we need to do an ROI or simply register our new department and then have our EHR just map our new TX IIS ID number?

>> Mbungkah: If you already have an established connection with the registry, you do not need to submit another ROI. You should have submitted the ROI before your testing phase. If you have a new site that you want to register with ImmTrac2, register that new site in ImmTrac2 and make sure when you do the registration you link it to your parent organization as well. And once you do that, also, once you provide the TX IIS ID number, provide that to your EHR vendor so they can add that into the system for you as well.

>> Patterson: If we have ROI, do we still have to enroll for HL7 or CSV?

>> Mbungkah: The registry -- we do not support CSV. If you submitted an ROI for unidirectional, your organization should be reporting

HL7 files, or HL7 messages to the registry, but we do not support CSV files.

>> Patterson: Yeah. And if you're one of our legacy sites that are using the old flat file format for sending records, you don't have to submit a new ROI to switch to HL7, but please contact us, because we want to test with you a little bit to make sure the switch over to HL7 goes smoothly.

Okay. How do we find out what EMRs are compatible to do ROI?

>> Mbungkah: So the ROI is just a form that states your intentions to exchange data with the registry. You would have to contact your EMR specifically to know whether or not they're able to connect with the registry. We support a vast majority of EHR vendors, so I can't give you the names, because we work with a lot of big ones and smaller EHR vendors. So honestly, you would have to speak with your EHR just to see if you're able to connect with the registry specifically.

>> Patterson: What if our EMR already uploads our immunizations to ImmTrac2? Is this something that is different?

>> Mbungkah: If your EMR already submits files to ImmTrac2, you're probably doing it through FTP. For bidirectional, to find out whether or not your organization is a bidirectional site, go ahead and email the registry and we can let you know whether or not you are an organization who submits through unidirectional or bidirectional.

>> Patterson: Okay. So, we have a question here about COVID data quality issues. We are giving COVID vaccines. We upload to ImmTrac via our FTP, via our EMR. Some patient's shots are not being uploaded. We have sent a few emails to ImmTrac2 with no response. How do we fix this?

>> Mbungkah: Okay. So, one thing you want to make sure you're doing is checking your data quality errors or your folder. So your DQA folder is an analysis of the files you submitted. If you're seeing the majority of your COVID data is not being uploaded into the system, most likely it's due to some kind of data quality error. And by checking your DQA report, you'll be able to see specifically why those files are failing. Go ahead and email us at the ImmTracMU inbox and type in webinar question in the subject line and we can respond to you as soon as possible regarding that specific issue.

>> Patterson: Okay. Somebody is clarifying about the confusion with SOAP. I see what they're saying. They're pointing out in the clinical space, SOAP is an acronym that's used for their handoff reports.

>> Mbungkah: Oh.

>> Patterson: In this case, we're not talking about clinical SOAP, we're talking about SOAP -- it's a technical messaging standard. Apologize for the confusion. All right. So, next question here. School nurses -- I think they're trying to say, school nurses enter immunization records. School

nurses -- they're just repeating. School districts are only to use query-only and not query and reporting? We actually already answered that question, but, yeah. If there are entering immunizations, then we can work with them.

So, do we start with ImmTrac, or should we reach out to our EHR vendors first?

>> Mbungkah: The best thing to do would be to start with checking the bidirectional readiness checklist on our website and going through this checklist just to make sure that you meet all of the requirements in the system. And then once you've gone through that checklist, speak with your EHR vendor to determine whether or not they're able to submit HL7 2.51 messages and whether or not they have capabilities -- whether or not your organization has the necessary upgrades for bidirectional as well. And then once you've confirmed all of those, you can go ahead and reach out to the registry then.

>> Patterson: How long will it take to get resources from the state assigned to this project?

>> Mbungkah: I'm guessing you're asking how long it will take for your organization to be onboarded. And again, it just depends on the number of organizations we're onboarding at the time. Due to COVID, we're able to onboard -- well, not as many as normal. But we're still working right now with organizations to onboard for bidirectional. But probably right now we have organizations onboarding for bidirectional. So if your organization is looking to move forward with bidirectional, most likely we will not be able to start onboarding you until late February or sometime in March.

>> Patterson: Okay. Next question. We're mainly interested in bulk uploading immunizations. Would bidirectional be a good fit for this, or is there another utility that we would use?

>> Mbungkah: If you're looking to do bulk, you'd probably -- FTP would be your best bet, because FTP goes with batch submissions. But the problem with that is the fact that it does take a little longer for the files to process through when you do submit through FTP versus bidirectional. But if your organization would like to remain submitting your files through batch submissions in FTP, then it's up to you to make that decision.

>> Patterson: So we have a question kind of asking for clarification about manual entry. If I do manual entry, can I just do it at the subsite, or should it be done at the parent site?

>> Mbungkah: If you're doing manual entry, you want to do the manual entry for where it's happening. So let's say that you have a patient who comes and you're seeing them specifically at the subsite location. You want to log into your ImmTrac account for that subsite and do the manual entry. You don't want to log into the parent organization if a patient is being

seen at the child location. So you want to pretty much manually enter those information based on where you are, or based on the site that you're working at.

>> Patterson: Okay. For COVID immunizations, without bidirectional data exchange, is there a way to formulate the data to upload into ImmTrac2 with a simple data file?

>> Mbungkah: Yes. With COVID immunization, you would still continue to submit those files through your FTP account. So any COVID immunization that your organization is performing, submit files through FTP. You would continue to submit those COVID immunizations or files, HL7 files, through your FTP account, through the same FTP account. If your organization does not have an FTP account, then you would have to manually report those COVID immunizations in ImmTrac2.

>> Patterson: Okay. If you have a parent-child organization, do both have to fill out the ROI, or just the parent?

>> Mbungkah: Just the parent. The parent would cover all of the subsites. And this is for any upcoming -- so this would also cover any subsite that you bring on in the future as well.

>> Patterson: We have another person here asking if you can provide them with the link to our WSDL.

>> Mbungkah: Yes. If you can email us, and in the subject line, put webinar WSDL, and then we can definitely provide you with a link to that WSDL. The WSDL that we do use is the same one as the CDC's, again.

>> Patterson: Okay. Let's see. We're setting up S FTP. We need to know the format we need to follow for the file and fields. We can't seem to connect to your SFTP site.

>> Mbungkah: So if you can go ahead and email us at the ImmTracMU inbox, we can provide you with resources we have on our website regarding the SFTP. It will have the end point that you would use to connect. So email us at the ImmTracMU@dshs.texas.gov and we can provide you with some more resources.

>> Patterson: Okay. I actually just posted a link to our training WSDL in the chat.

>> Mbungkah: Okay. Thank you.

>> Patterson: Okay. So -- and actually, back to the previous question about the SFTP. If you don't have our connection information, it's actually on our forms page. There's a document in there called Secure File Transfer Protocol Specifications Guide that has all the information you need to establish a connection. But you will need an FTP account, and that requires

the FTP ROI to be completed first.

Okay. Let me just find another question here. Is the ROI needed to be complete before the CDC decides about the COVID vaccine allotment to the individual physician practices?

>> Mbungkah: No. The ROI has nothing to do with your allocations for COVID. That's two separate things.

>> Patterson: Okay. Another question here regarding consent. Just for clarification, a company cannot modify the COVID-19 administration consent to include a statement saying that they consent to be entered into the ImmTrac2 registry. The original ImmTrac2 consent has to be used. Is this correct?

>> Mbungkah: Okay. So, for COVID immunizations, when you're administering the COVID immunization vaccine, they don't have to give consent for COVID, specifically because COVID is considered a disaster-related event. So anyone who is being administered the COVID vaccine, they don't really have to give consent. Because what happens is, our system will create a profile for those who do not give consent. And we will be able to store information for them, I believe it's up to five years.

And if those patients want to stay in the registry, they have to sign their consent form within that five years. Or if they do not, then their record is purged from the system after five years. So I guess long answer short is, short answer long, yeah. COVID immunizations or anyone receiving a COVID vaccine, they do not really have to give consent to be part of the registry for us to still accept and process those immunizations.

>> Patterson: Yeah, and we do have a disaster consent form that they can sign that will allow us to retain the records for more than five years. To your question, no. You really can't integrate that consent form into your other consent forms. You can create an electronic copy if you want to integrate it into your EHR. But the caveat is it has to retain all the same legal information from consent form, and it has to collect a unique signature. It can't be a combined signature with other forms.

Do you send error response files as part of the bidirectional feeds?

>> Mbungkah: Yes. So, with bidirectional, you should be able to also receive the errors of any files that I guess are rejected. And this would also heavily weigh in on how your EHR vendor sets that up for you as well. But you should be able to receive our unique, I guess, error codes in the system to let you know specifically whether or not a file went through successfully or was rejected, and for it to show you why that file got rejected. So it just depends on how your vendor sets that up to reflect on your end.

>> Patterson: What is the process to report the VAOS on the

bidirectional interface?

>> Mbungkah: You would report normally as well. So whatever allocations that you receive, you would still report it as you're given them. So for bidirectional, if you give an immunization to a patient that comes in, you would report that immunization being administered in real time as they come in as well.

>> Patterson: Is there a manual batch upload we can use per site for uploading not just the demographics roster, but also the actual vaccine administration?

>> Mbungkah: For a website, I believe you can -- well, manually would just be you putting the patient in ImmTrac2 and reporting under patient information. I don't think there's a massive way that you can do multiple uploads in ImmTrac2. The only other way to do that would be through FTP, through batch submissions. And if you want to report demographic information for a patient, you would need to send over affirmations for your patients before those messages.

>> Patterson: Unfortunately, ImmTrac2 doesn't support the mass vaccine upload like it did in past events. So the only other option would be the batch upload, like Eunice said. Our EHR is charging a fee for HL7, question mark. Does this vary depending on EHR?

>> Mbungkah: Yes. It would vary. We here at the registry do not charge for a connection with the registry, but there may be a fee associated with your EHR vendor for the upgrade to bidirectional. And it definitely can vary from vendor to vendor, because it's not the same company. So you would need to reach out to your vendor just to see what that fee would be.

>> Patterson: How do we know if we already set up ROI?

>> Mbungkah: You can just email the registry to determine whether or not you've set up a bidirectional ROI, and we can let you know whether or not your organization completed one in the past. If you're referring to an ROI for unidirectional, which is FTP data submission, you can also check that online at ImmTrac2 by going to registration and renewals and clicking the hyperlink that says registry of intent. That would let you know whether or not you submitted an ROI for unidirectional. But for bidirectional, you would need to email the registry and we can let you know.

>> Patterson: Is there a real-time SOAP VXU submission only option without querying?

>> Mbungkah: We can do that for your organization if you would like. We don't have an organization currently who only submits VXU, but if that's what your organization would like to proceed with, we can work with you on that as well.

>> Patterson: Okay. This one isn't really a question, it's more of a comment. They're pointing out the phone number currently listed on the screen is not available, which is correct. That number right now is down.

What's the difference between ImmTrac2 and bidirectional?

>> Mbungkah: ImmTrac2 is our public-facing website where providers are able to log into ImmTrac2 and pull up patient information or report immunizations manually, while SOAP or bidirectional would be organizations actually reporting and being able to query the system through their EHR vendor rather than having to log into ImmTrac2 itself.

>> Patterson: Okay. So, we are actually just about out of time.

>> Mbungkah: All righty. Thank you all for your time today. If we weren't able to get to your questions, please go ahead and email us at ImmTracMU@dshs.texas.gov so that we can follow up with you and your questions. And we are having the same webinar on Friday. So if you have any staff or members who weren't able to see today's webinar, they can definitely come back on Friday at the same time for the same webinar as well. Hope everyone has a great week. Thank you.

[End of Session, 2:00 p.m. CT]