Texas Immunization Registry: Bidirectional Readiness Checklist

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

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

Registry Qualifications

☐ Ensure that your organization's current information is on file with the registry and that critical staff at the organization have been identified. All items below must be completed. Your main headquarters or stand- alone facility must be registered or renewed with the registry.

☐ Site Registration Guide Link:ImmTrac2 Site Registration Guide.

☐ Site Renewal Guide:ImmTrac2 Site Renewal Guide. Site Renewals are required every two years. Organizations site renewal cannot expire within 90 days of starting the onboarding process.

☐ All your associated facilities are registered as sub-sites of your main organization (i.e., not as separate, or stand-alone facilities) with the registry. *If your organization has multiple facilities, each facility that administers immunizations must be registered with the registry.* Additionally, they must be properly linked as a sub-site to the main organization. Staff must be active ImmTrac2 users to log into the registry. Each facility within your organization must have designated staff who have an ImmTrac2 user account. The lead contacts and/or team for the bidirectional exchange implementation at your organization have been identified. These staff will collaborate with the registry to ensure successful onboarding. Suggested staff include but are not limited to staff who oversee other types of data exchange for

your organization, senior or lead clinical staff, subject matter experts, trainers, or IT support staff.

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

For assistance with ImmTrac2 registration or renewals of locations or user accounts, contact the registry's Customer Service at 1-800-348-9158 or at Immtrac2@dshs.texas.gov, ATTN: Reg/Renewals.

Readiness Qualifications

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

Organizations with Existing Data Exchange Accounts

☐ Does the organization currently submit batch immunization files to the registry? Batch files means data is combined into one file that is submitted on a daily, weekly, bi-weekly, or monthly basis.

☐ Does the organization's batch files have data quality issues or errors? Based on the data quality reports the registry returns to your organization, your files have no errors with the patient information and immunization data being submitted.

All Organizations

☐ Does the organization's electronic health record (EHR) vendor have functional capabilities for bidirectional data exchange? Speak with your EHR vendor to identify if the system and staff are capable to perform bidirectional data exchange.

☐ Does the organization have the capability to send patient immunization information in HL7 format? For bidirectional exchange, data must be sent to the registry in an HL7 Version 2.5.1 Release 1.5 message. Speak with your (EHR) vendor to identify if your organization's systems are upgraded to send data in this format.

□ Does the vendor have all required system upgrades to perform bidirectional exchange completed and is ready for testing? Speak with your EHR vendor.

□ Does the organization and EHR vendor have the capability to send affirmation to the registry of consent data via web services? **Screening patients for registry participation and adding patients to the registry who sign the official registry consent form is strongly recommended for bidirectional data exchange in Texas**. Refer to the *Texas Immunization Registry HL7 2.5.1 Implementation Guide* on the registry's Immtrac2 Forms and Documents Webpage.

Bidirectional Testing Qualifications

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

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

□ Organization has identified adequate internal resources to perform bidirectional testing with the registry.

□ Organization Point of Contact (POC) has a designated person as a Subject Matter Expert (SME) or site specialist to oversee, perform and complete user acceptance testing (UAT) with the registry?

□ Organization has ensured that staff participating in UAT will be able to dedicate at a minimum, a week's worth of activities and can devote their time fully to UAT.

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

□ Organization has identified or developed how its entire organizational staff will be trained on Registry Consent, how to identify if a patient is a registry client, and how to add patients as registry clients in accordance with state law: Texas Administrative Code Rule §100.4.

Screening patients for registry participation and adding patients to the registry who signed the official registry consent form will prove beneficial with bidirectional data exchange. Refer to the **Texas Immunization Registry – Consent Overview** on the ImmTrac2 Forms & Documents Webpage.

☐ Organization identified or developed how its entire organizational staff will be trained with this new functionality. Additional UAT test staff have been identified or the SME's participating in UAT will provide training to staff. Examples of additional staff may include: clinical managers, administrators, IT support, etc.

☐ Your EHR vendor has technical resources and personnel to technically support your organization and engage in bidirectional testing and analysis with the registry. Speak with your EHR vendor to identify if they will be available to support your organization and how they will support your organization (calls, emails, etc.).

Registration of Intent for Bidirectional Exchange

Organizations who previously completed a registration of intent (ROI) with the registry to submit data via File Transfer Protocol (batch) submissions <u>must complete a new ROI for bidirectional exchange within Syntropi</u>.

Once the organization successfully completes this checklist, only then should the organization contact the registry and request the Bidirectional Data Exchange widget activation.

Important Information

When an organization submits the bidirectional data exchange ROI, the organization is confirming that they have already completed all necessary HL7 interface development and are ready to complete the onboarding process. The required testing and onboarding consist of submitting three HL7 messages in pretesting, then connecting to the registry's web services, submitting HL7 messages (QBP/VXU), identifying ImmTrac2 generated errors, making corrections to HL7 messages, resubmit HL7 messages to pass the testing and submitting a Query or VXU test plan.

Please note that the DSHS Interoperability staff support data exchange and HL7 needs that relate to ImmTrac2 generated errors after HL7 files have been submitted.

DSHS Interoperability staff do not support HL7 interface development prior to or after HL7 files are submitted.

Resources

The following resources may be found at the registry's Forms & Documents Webpage:

- Texas Immunization Registry HL7 2.5.1 Implementation Guide
  Provides specifications for providers to send patient and immunization information to the registry from their Electronic Health Records (EHR) vendor using Health Level Seven (HL7) standards.

- Texas Immunization Registry HL7 2.5.1 Error Guide

  Aids healthcare entities and EHR vendors in understanding HL7 data analysis, how to identify HL7 errors and data quality issues, and how to identify solutions for HL7 errors.

- Texas Immunization Registry - Consent Overview

  Assists healthcare providers, clinical staff, and technical staff (such as EHR vendors) in understanding the difference between registry consent and other types of consent, state and federal laws pertaining to registry consent, and frequently asked questions related to consent.

- Electronic Data Exchange Resource Guide

  Provides an overview on how to establish and maintain a data exchange connection with the registry.

- Informational Guide on Bidirectional Data Exchange

  Provides an overview on bidirectional data exchange and what is involved in the onboarding for this type of data exchange.

- Affirmation of Registry Consent via Health Level Seven

  Provides an overview on how registry consent can be captured using HL7 and requirements associated with reporting registry consent accurately.

Check the Forms & Documents Webpage regularly for new resources as more are coming soon.

Registry Contact Information:

Interoperability Team
Email: ImmTracMU@dshs.texas.gov or Phone: (800) 348-9158, Option 3.