



TEXAS
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Immunization Quality Improvement for Providers (IQIP) Program Operations Manual for Responsible Entities (REs)

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Overview

The Centers for Disease Control and Prevention (CDC) has nationally launched the new Immunization Quality Improvement for Providers (IQIP) Program. Over the past 10 years, quality improvement visits have been completed across the state through CDC's Assessment, Feedback, Incentives, and eXchange (AFIX) Program which consisted of chart reviews in provider offices to evaluate and assess immunization coverage rates.

The purpose of IQIP is to promote and support the implementation of provider-level quality improvement strategies. IQIP strategies are designed to support health care providers in identifying opportunities to increase vaccine uptake in adherence with the Advisory Committee on Immunization Practices (ACIP) recommended routine immunization schedule and improve immunization service delivery.

The core quality improvement strategies of the IQIP Program will support Texas Vaccine for Children (TVFC) providers are centered around improving immunization appointment scheduling practices and leveraging the reporting functionality of the statewide immunization registry, ImmTrac2.

During the IQIP site visit, consultants will assess the immunization work flow with the provider. Consultants will discuss steps taken at the provider site to prepare for a patient immunization visit and will assess immunization service delivery through the completion of a patient visit. An IQIP Plan will be developed in collaboration between the provider point of contact, and the consultant that will outline the quality improvement strategies selected, supporting action-items, and follow-up activities. Childhood and adolescent vaccination coverage rates will be presented by the consultant at the initial IQIP visit and 12-month follow-up, and coverage goals will be agreed upon for the provider's IQIP Plan.

Vaccination coverage rates will be evaluated based on the vaccine administrations reported to ImmTrac2. *Texas Department of State Health Services (DSHS) Texas Health and Safety Code 161.007 – 161.009 requires all medical providers to report all immunizations administered to clients who are 17 years of age and younger to ImmTrac2 within 30 days.* **Record pulls will not be conducted at the provider office during an IQIP site visit.**

In taking a systems approach to improve performance, the IQIP processes will follow these steps:

- State the problem and desired result
- Use data to understand the problem
- Identify strategies for improvement
- Implement strategies and refine as needed
- Evaluate outcomes

Texas Vaccines for Children (TVFC) Program

The Texas Vaccines for Children (TVFC) Program provides low-cost vaccines to eligible children from birth through 18 years of age. The mission of this program is to remove barriers to immunizations by allowing private providers to immunize eligible patients in their communities at little to no cost to the parent. Today there are more than 3,000 Texas providers enrolled in TVFC. The TVFC Program enables over 4.3 million Texas children to have access to immunizations. This is accomplished through a network of support provided by the Texas Department of State Health Services (DSHS) and with assistance from DSHS Public Health Regions (PHRs) and contracted Local Health Departments (LHDs). These organizations function as Responsible Entities (REs) to ensure compliance with state and federal requirements in their jurisdiction.

ImmTrac2

The Texas DSHS offers ImmTrac2 at no cost to all Texans. The registry is secure and confidential, and safely consolidates and stores immunization records from multiple sources in one centralized system. Texas law requires written consent by individuals to participate in the registry. Written or electronic consent for ImmTrac2 is required for an individual who is 17 years of age or younger is must be obtained once for participation. Consent of the individual's parent or guardian must be submitted to DSHS. After consent is submitted, the individual's immunization information will be included in the registry until the individual is 26 years of age. If consent is not collected during the immunization visit, the individual's immunization administration will not be accounted for when vaccination coverage rates are assessed.

Access to the registry records is for those who have authorization. Authorized organizations include health care providers, schools, and public health departments. The registry is part of the initiative to increase vaccine coverage across Texas. More information can be found at the ImmTrac2 website at <https://immtrac.dshs.texas.gov/TXPRD/portalHeader.do>.

ImmTrac2 Technical Assistance Team

ImmTrac2 Customer Service Team

The ImmTrac2 Customer Service team will work with providers to reset passwords and provide guidance on how to generate the TIPS Report, Patient Active/Inactive List, and Reminder Recall reports in ImmTrac2. For further assistance, please contact the ImmTrac2 Customer Service Team at 800-252-9158, or email at ImmTrac2@dshs.texas.gov.

ImmTrac2 Inter-Operability Team

The ImmTrac2 Inter-Operability Team works with providers to ensure accurate exchange of medical records into the state registry. They serve as direct support to the provider, and will work diligently to assist in identifying, addressing, and resolving technical issues in collaboration with the provider and Electronic Health Record (EHR) vendor. Over the course of 12-months, a representative from this team will work closely with the provider to resolve reporting issues. Contact information for the ImmTrac2 Inter-Operability Team is 800-348-9158, option 3, or email at ImmTracMU.dshs.texas.gov.

IQIP Database

IQIP Consultants and REs will need to be granted access into the IQIP Database. The IQIP site visit will be recorded and documented in this system. The IQIP Database can be accessed by logging into REDCap using <https://rdcp.cdc.gov> or by entering the Secure Access Management Services (SAMS) system at <http://sams.cdc.gov>. Before authorized members can gain access into the system, verification must be completed through CDC's SAMS authentication process which will include a notarized identify proofing. An email will be sent to the registered email address in SAMS with further instructions. For all new staff, a written request for IQIP Database Access is required to be sent to Central Office.

IQIP Database User Guide

The IQIP User Guide provides step-by-step instructions on how to navigate the IQIP Database for recording, managing, and aggregating data. Further instructions are available in the CDC IQIP Database User Guide Version 1.0.

IQIP Documentation Instructions

The IQIP Database is a data collection and analysis tool built on the REDCap platform that is used to promote and support immunization quality improvement activities at the provider level. During the IQIP site visit, information will need to be documented in the IQIP database. The following information will be captured for the IQIP Plan:

- General provider information
- AFIX History
- Vaccination coverage assessment details
- Quality improvement strategies
- The strategy's current implementation status
- Existing gaps/limitations

- Opportunities for improvement in the current implementation of this strategy,
- Technical assistance provided for this strategy (e.g., resources, demos, role-playing, etc.)
- Action items for this strategy (i.e., implementation/improvement steps for the provider and future technical assistance you will provide).

The IQIP Database will not allow consultants or REs to delete provider records but will give you the ability to edit data previously entered. IQIP Plans should be documented at the time of the visit and a copy of the plan should be provided to the signing clinician, vaccine coordinator, back-up coordinator, and any other participating staff through email. If the provider has an adolescent population, information should be documented for this cohort.

A paper copy of the IQIP site visit form should be taken with the consultant during a visit in the event internet connection is not available. If this occurs, the information must be entered into the IQIP Database within 24-hours from the initiation of the visit.

ImmTrac2 Registry Education

All TVFC Providers receiving a site visit will receive IQIP and ImmTrac2 education resources starting in October 2019. These education materials have been developed to provide guidance on how to improve reporting of vaccination administrations into the ImmTrac2, and best practices to increase childhood and adolescent vaccination coverage rates at the provider site.

ImmTrac2 Resource Packet

All TVFC Providers will receive an ImmTrac2 resource packet and hands-on training during their scheduled IQIP visit. The packet will include the following guidance documents:

- 2019 Data Quality Guide
- ImmTrac2 Texas Immunization Provider Summary (TIPS) Report Guide
- Guide to Reminder/Recall Report
- Creating a List of Active Clients with the Ad Hoc List Report
- ImmTrac2 Brochures

2019 Data Quality Guide

The 2019 Data Quality Guide is an overview of common issues identified that result in inaccurate data reported into ImmTrac2. These common issues may explain why childhood and adolescent vaccination coverage assessment rates may not be accurate during the initial evaluation.

ImmTrac2 Texas Immunization Summary (TIPS) Report Guide

The ImmTrac2 Texas Immunization Summary (TIPS) Report Guide is a report that includes the provider's registered organization information listed in ImmTrac2, an overall summary of user activity, online activity, and data exchange activity for the previous month. This data will assist the provider in identifying how many records are being reported to ImmTrac2, accepted, and rejected monthly. Please reference the document at www.dshs.texas.gov/immunize/immtrac/forms.shtm.

Guide to Reminder Recall Report

The Guide to Reminder Recall Report can be generated in ImmTrac2 to help the provider increase immunization levels in their practice. This report gives step-by-step guidance on how to create lists of patients who are due or overdue for immunizations. The reminder recall system also has the capability to create and print mailing labels.

Creating a List of Active Clients with the Ad Hoc List Report

All patients assigned to the provider's organization in ImmTrac2 are included in the initial assessment of the coverage assessment rates. An Ad Hoc List Report in ImmTrac2 allows for providers to review the patients and determine which ones are considered active. For the patients no longer seen at the provider site, providers can de-activate patients in ImmTrac2. This guidance document assists providers with defining filters for specific clients and choosing a sort order for the report to inactive or move or gone elsewhere (MOGE) the clients assigned to the site.

IQIP PIN Selection

The TVFC Program is required by CDC to conduct IQIP site visits on 25% of enrolled providers. This number is determined by CDC annually, and must be conducted by the end of the grant project year. Providers were selected based on the following criteria:

- TVFC Provider Evaluation and Assessment Reporting System (PEAR) Compliance due date
- Patient population
- Vaccination coverage rates

IQIP Immunization Champion

During the IQIP site visit, an Immunization Champion is highly encouraged to be identified to participate in the initial IQIP site visit, and to take lead on immunization activities within their clinics. This individual will be responsible for developing and improving clinic policies, implementing the strategies selected in the IQIP Plan, training and educating staff, and staying up-to-date on vaccine recommendations. During the visit, the IQIP Consultant should reference the Immunization Champion resource document to lead discussions during this portion of the visit. Once the Immunization Champion is identified, the contact information for this person should be collected and documented in the IQIP Database.

Assessing Provider Immunization Workflow

The IQIP Site Visit will begin with a discussion about the provider's immunization workflow. The conversation should involve the provider describing every step of their immunization workflow from the moment the patient enters the clinic through the administration of the vaccines, documentation on the patient's medical record, and scheduling of the next immunization visit. Consultants should use the core strategy discussion prompts to drive the conversation and make notes of specific aspects to explore in more detail when explaining the IQIP strategies. Discussion prompts are provided to the consultant to support the two IQIP quality improvement strategies for providers.

Vaccination Coverage Rates

The coverage assessment parameters for IQIP are different from the AFIX Program. In AFIX, providers were assessed on up-to-date coverage for childhood patients from 24 – 35 months, and adolescent patients from 13 – 17 years of age. IQIP is designed to evaluate on-time vaccination and assess childhood patient vaccination coverage at two years of age, and adolescent patients at 13 years of age. Provider vaccination coverage rates are determined based on all the immunization records reported into ImmTrac2. To ensure providers are in accordance with *Texas Health and Safety Code 161.007 – 161.009*, the vaccination coverage rates will communicate two messages: (1) how well the provider’s EHR is at reporting vaccine administrations into the statewide registry, and (2) how successful the provider is at vaccinating their patient population on-time according to the ACIP vaccination schedule.

Vaccination coverage must be displayed on the provided coverage goal template form and presented to the provider during the initial site visit. The vaccination coverage template form includes areas for entry of vaccination coverage rate for childhood and adolescent series with suggested coverage goals. Consultants should reference the coverage goals suggested on the table provided on the document. There may be times when the suggested goals will not seem attainable by the provider. In these situations, the consultant should document the goals that the providers communicate are attainable in their practice. Once the coverage goals are agreed upon by the provider, the suggested vaccination coverage goal should be entered into the IQIP Plan in the database.

Cohort	Age	Vaccine Series
Childhood	24 months	4:3:1:3:3:1:4 4 DTaP 3 Polio 1 MMR UTD Hib 3 Hepatitis B 1 Varicella UTD PCV
Adolescent	13 years of age	1 Tdap 1 MCV UTD HPV 1 HPV

*UTD = Up-to-date

Please Note: There may be some discrepancies regarding the initial rates pulled due to issues with EHR systems reporting vaccine administrations to ImmTrac2. Action-items outlined to support the *Leveraging the IIS functionality* strategy will help resolve these issues within a 12-month timeframe.

Initial Vaccination Coverage Assessment Rates

Childhood and adolescent vaccination coverage assessment rates are made available to the consultant monthly. Consultants will have the vaccination coverage assessment rates before the initial IQIP site visit and will present the rates to the provider.

Vaccination Coverage Goals

The coverage goals form includes a suggested percentage based on initial coverage rates within a 12-month period. Recommend the default coverage goals to the provider, and if agreed upon, enter the suggested amounts into the IQIP Database.

Post-Vaccination Coverage Assessment Rates

Coverage assessment rates are made available to the REs monthly at **S:\IDPS quarterly reports**. The Public Health Regional Manager will be responsible for distributing the vaccination coverage rates to local health departments (LHDs) in their jurisdiction. At 12-months, the vaccination coverage assessment rates will need to be re-evaluated and documented into the IQIP Database to close the visit.

IQIP Quality Improvement Strategies

IQIP promotes and supports the implementation of provider-level quality improvement strategies. These strategies are designed to increase vaccine uptake among child and adolescent patients in adherence to the ACIP recommended routine immunization schedule.

The quality improvement strategies must be selected in the IQIP Database and will be included on the IQIP Plan. The action-items are assigned during the initial site visit by the consultant and technical assistance will be provided on-site.

Consultants are responsible for reviewing the workflow assessment and jointly discussing the components that impact the IQIP strategies outlined. Action items have pre-defined technical assistance activities to support the provider in implementing the IQIP strategies. The consultant and provider staff should work together to summarize the baseline status of all IQIP strategies.

The consultant records the workflow assessment information concisely in two fields for each strategy on the site visit page of the IQIP Database (or the paper copy of the IQIP Site Visit Form). Please reference the Texas IQIP Quality Improvement Strategies table below. DSHS has selected and standardized the strategies for the first project year.

IQIP Strategies	Provider Action Items for this Strategy	Technical Assistance Provided
<p>1. Schedule the next immunization visit before the patient leaves the office</p>	<ul style="list-style-type: none"> ▪ Train staff on scheduling immunizations ▪ Schedule next visit before patient leaves office ▪ Reminder/recall process in place ▪ Contact parents within 3-5 days of no-show ▪ Ensure patients sign out at front desk before leaving the visit ▪ Update and collect patient contact information in system (phone number, address, and email address) ▪ Offer patients multiple time-slot options ▪ Provide patient with documentation outlining appointment time and date ▪ Call patients before scheduled appointment for reminders ▪ Send patient reminders the day before their appointment ▪ Schedule the follow-up appointment with the parent before the patient receives immunization 	<ul style="list-style-type: none"> ▪ Encourage provider to use reminder recall in EHR or ImmTrac2 ▪ Provide ImmTrac2 Reminder Recall guidance document ▪ Suggest scheduling best practices ▪ Suggest appointment reminder cards for patients
<p>2. Leverage IIS functionality</p>	<ul style="list-style-type: none"> ▪ Routinely measure coverage and share with staff ▪ Report all administered doses in ImmTrac2 ▪ Report previous doses in ImmTrac2 ▪ Review the Patient Active/Inactivate Report to deactivate patients no longer seen in ImmTrac2 at least twice annually ▪ Use ImmTrac2 or EHR to determine which doses are due ▪ Provide contact information for the EHR system being used in the practice ▪ Generate the Texas Immunization Provider Summary (TIPS) Report monthly ▪ Work collaboratively with the ImmTrac2 Inter-Operability Team to resolve data exchange issues 	<ul style="list-style-type: none"> ▪ Provide Texas Immunization Provider Summary (TIPS) Report to provider ▪ Review TIPS Guide with provider And train provider on how to generate TIPS Report in ImmTrac2 ▪ Train provider how to generate Patient Active/Inactive Reports ▪ Provide the ImmTrac2 Inter-Operability Team contact information

Site Visit Types

By signing the TVFC Program Agreement, the signing clinician agrees to allow DSHS or DSHS quality assurance (QA) contractors to conduct site visits at least every other year at their site. In some instances, site visits may be conducted by staff from an LHD. Site visits are conducted using different structures to ensure that each site is being evaluated based on the eligible populations served. The structures are described below:

TVFC Compliance Site Visit

Providers are required to perform vital functions as a participant in the TVFC Program to include: eligibility screening, vaccine storage and handling, and vaccine administration. It is essential for TVFC providers to have a clear understanding of program requirements and how the program operates. Site visits, training, and other oversight measures help maintain and improve a provider's compliance with TVFC Program requirements. Site visits provide an opportunity to identify potential accountability issues with TVFC vaccine and determine whether vaccines are stored, handled, and administered in accordance with the laws and policies governing the TVFC Program. Site visits also provide an opportunity to educate providers on TVFC Program requirements.

Reviewing and evaluating TVFC provider practices involve assessing verbal, written, and visual information encountered during site visits to determine if providers are following the program requirements. More information on the TVFC Compliance Site Visit can be found in the most current [Texas Vaccines for Children \(TVFC\) and Adult Safety Net \(ASN\) Provider Manual](#).

IQIP Site Visit

The IQIP Site Visit includes a TVFC Questionnaire and an Immunization Quality Improvement for Providers (IQIP) visit. A core component of this visit is to focus on assessing provider-level vaccination coverage rates using the data reported to ImmTrac2. During the IQIP site visit, staff at the facility will receive an IQIP Plan that will include quality improvement strategies, ImmTrac2 resources, and instructions on action items to be implemented at the facility. Follow-up activities will occur by phone at 2-months, 6-months, and 12-months by the REs. At 12-months, the provider's coverage assessment rates will be re-evaluated, and the data will be documented in the IQIP Database. Once this portion of the site visit is completed, the site reviewer will transition into the TVFC Compliance portion.

Preparing for the IQIP Site Visit

IQIP Consultants should complete preparation activities prior to conducting an IQIP site visit with the provider. It is key to review general knowledge regarding the provider site in order to have effective dialogue as it relates to assessing the providers clinical process flow, reviewing the provider vaccination coverage, and discussing the implementation of the two core strategies outlined in this operation manual.

An IQIP Preparation Checklist should be reviewed and completed prior to initiating the visit. Consultants must prepare and collect all material needed to support discussions with the provider. A site visit confirmation letter must be sent to the provider in advance of the visit and include details about the site visit date, time, and how long the visit will approximately take. The following documents will be made available to the consultants by DSHS TVFC Program monthly:

- Childhood and adolescent vaccination coverage rates
- Texas Immunization Provider Summary (TIPS) Report

Initial IQIP Site Visit

- I. Introduce yourself and briefly explain the IQIP purpose and process.
- II. Explain that the IQIP site visit selection is determined based on TVFC PEAR Compliance due date, patient population, vaccination coverage rates
- III. Begin the discussion by reviewing the last AFIX Report in the online tool and share results.
- IV. Introduce the concept of an immunization champion. Explain the typical activities an immunization champion may perform and ask if the provider has anyone who functions in that role.
- V. Ask the provider to describe the office's immunization workflow. Make sure the description includes details from any appointment reminders to check-in all the way through check-out. Take notes on the Immunization Workflow Template. Ask probing questions and make mental notes of any workflow gaps or routine practices that might inform strategy selection later.
- VI. Introduce the vaccination coverage report, using the Coverage Goals Form. Keep the time discussing the report to a minimum and emphasize that the report serves

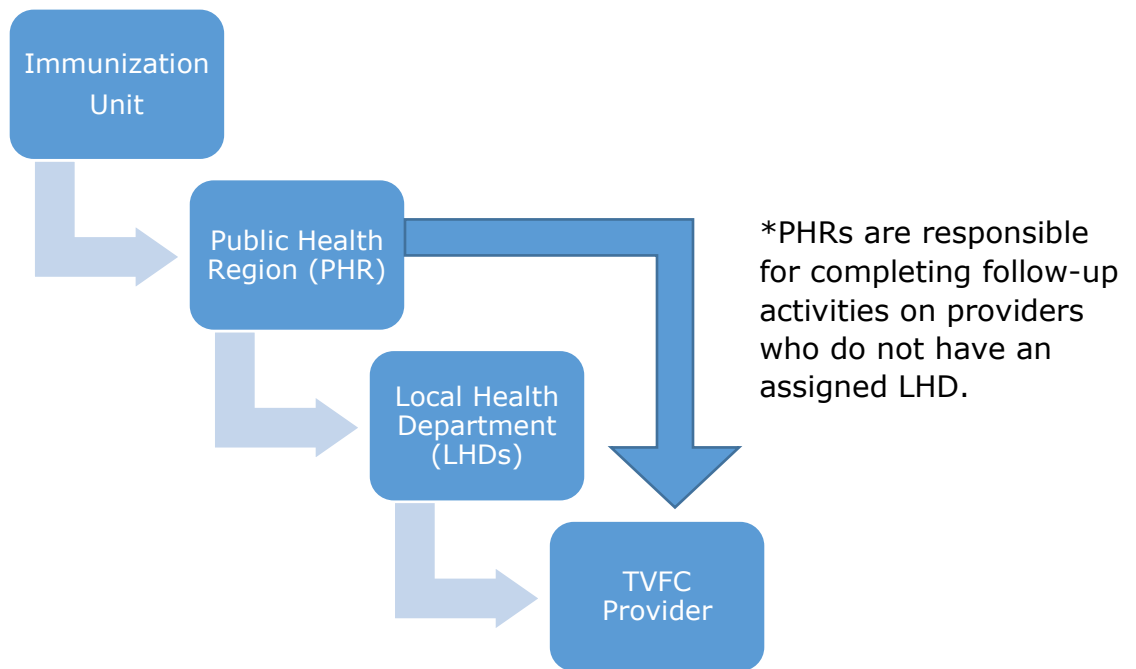
as a baseline for assessing progress made after changes in immunization service delivery.

- VII. Introduce and describe the two IQIP Strategies for selection:
 - a. Schedule the next immunization visit before the patient leaves the office
 - b. Leverage IIS Functionality to support immunization practice
- VIII. Revisit the provider's immunization workflow. Use your notes to drive attention to any gaps and discuss how adoption of one of the strategies could help, if applicable.
- IX. Refer back to the coverage data and discuss how adoption of one of the strategies could help improve rates.
- X. Identify action-items necessary to fully implement the strategy and document in the IQIP Plan.
- XI. Conclude the site visit by discussing next steps in the process. Remind the provider to identify an immunization champion if the role is not currently filled.
- XII. Set tentative dates for the 2- and 6- month check-ins and 12-month follow-up.

Follow-up Activities (Responsible Entities)

The provider’s 2-month, 6-month, and 12-month follow-up dates will be scheduled at the initial site visit. The follow-up activity will be conducted by REs by phone. REs will check-in with the provider to see how well their IQIP Plan is working and document the progress in the IQIP database. At 12 months, another follow-up call will be conducted by REs to reassess the provider’s childhood and adolescent vaccination coverage assessment rates. This data will be recorded by the RE into the IQIP database. After the 12-month follow-up is completed, the provider’s IQIP site visit will be finished for the year.

Follow-up activities should be reviewed monthly. There is a 10-day grace period in which the IQIP follow-up activity should be addressed, resolved, and documented. Please find below the tier order in which follow-up actions should be communicated and resolved.



- I. Log-in to the IQIP Database, locate the site visit using the TVFC PIN, and review the provider’s IQIP Plan.
- II. Contact each provider by phone no later than 10 days of the identified due date in the IQIP database.
- III. Discuss the updated coverage assessment rates with the provider and the Texas Immunization Provider Summary (TIPS) Report with the provider.
- IV. Review the implementation plan with the selected strategies and document the progress as communicated by the provider.

- V. Provide the outlined technical assistance, and document information in the IQIP Database. Review information thoroughly with the provider to ensure a clear understanding of guidance documents.
- VI. Save the updates in the IQIP Database and notify provider of next follow-up activity date.
 - a. If this is the provider's 12-month follow-up, insert the most recent vaccination coverage rates as provided by DSHS.
 - b. Discuss any improvements and inform provider of the outcome of the IQIP Plan.
 - c. Close the site visit in the IQIP Database.
 - d. Send an electronic copy of the IQIP Synopsis Report to the contact person.

IQIP Website

An IQIP webpage is located on the DSHS Immunization Unit website. The information includes an overview of the IQIP program, with contact information for any questions. The webpage can be accessed at <https://dshs.texas.gov/immunize/>.

IQIP Functional Inbox

Email all questions or inquiries to the IQIP functional inbox at IQIP@DSHS.TEXAS.GOV.

Please Note: *The Texas IQIP Operations Manual for Responsible Entities (REs) will continue to undergo changes as we operate in the first year of the program implementation. Updates will be announced, and policy documents will be revised and edited as needed.*