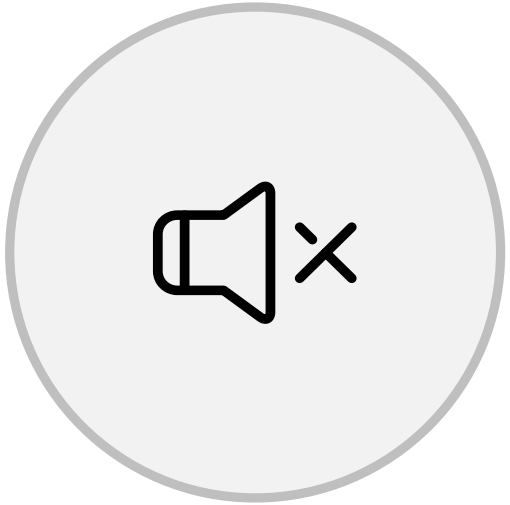
AIRA Webinar Series

- Each Tuesday
- Now through September 22, 2020
- 3-4 PM ET
- Join Us!

Webinar Series at a Glance

Week 1	CDC Panel Discussion: Advancing IIS Together
Week 2	The Immunization Gateway Portfolio
Week 3	Data Quality
Week 4	Data Use
Week 5	Working with End Users
Week 6	IIS Operations
Week 7	Global Perspectives
Week 8	Measurement and Improvement

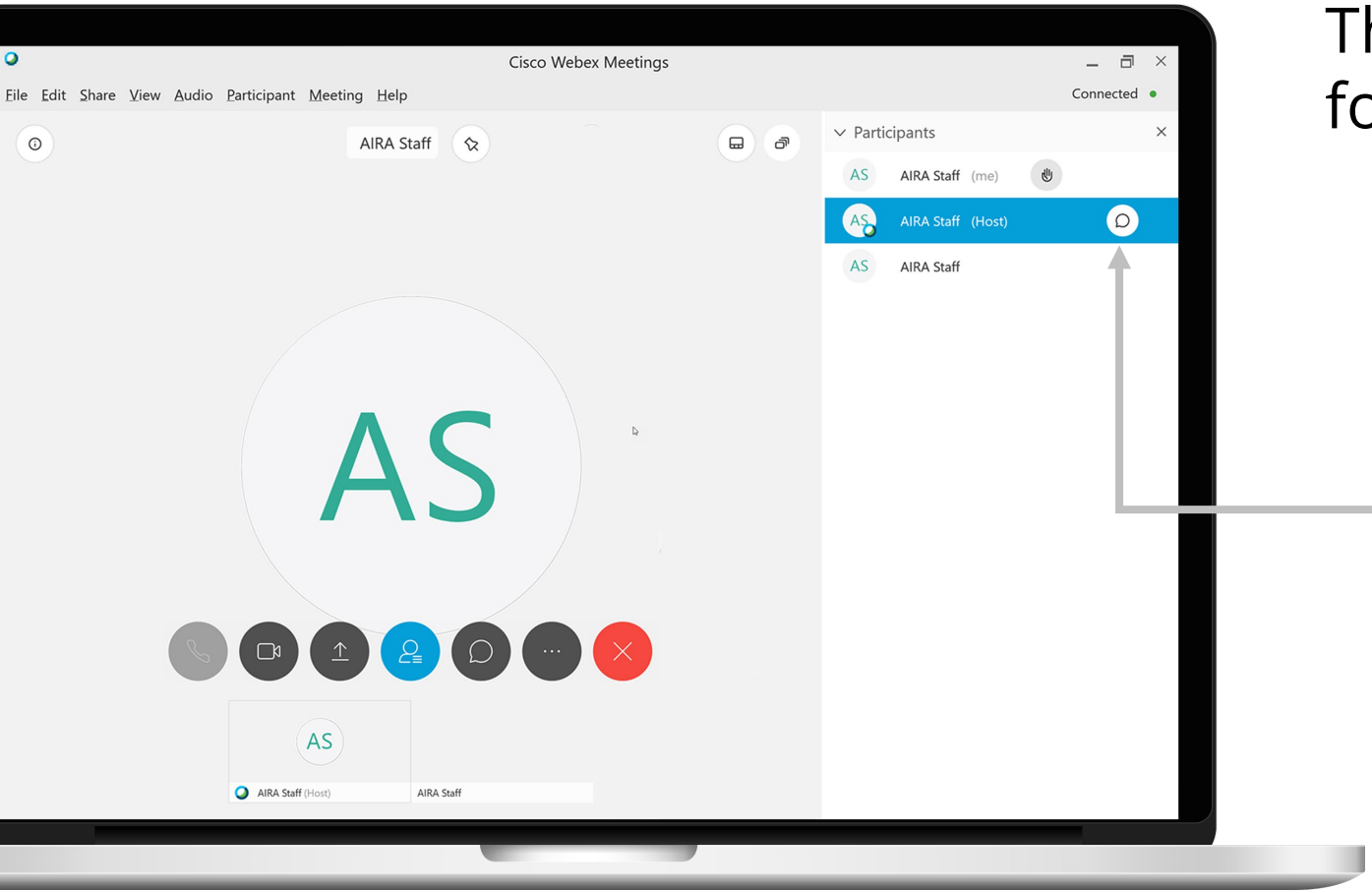
Before We Get Started



All phone lines
are muted

This meeting is being recorded
and will be posted on the
AIRA repository

Question & Answer



How do I ask a question?

There will be time allotted for Q&A following the presentation.

Send an e-mail to:
info@immregistries.org

Select the chat icon next to the host and type question into the chat box.

Today's Speakers

- **Nancy Sharova, MPH**, IIS Coordinator, and **Loretta Rivera**, IIS DQ Lead, Connecticut Department of Public Health
- **Mary Woinarowicz, MA**, NDIIS Manager, North Dakota Department of Health
- **Erin Corrigan**, Operations & Policy Analyst, Oregon Immunization Program

It's Your Best Shot!
CT WIZ
Connecticut
Immunization Information System

Data Quality You Can "Plan" On

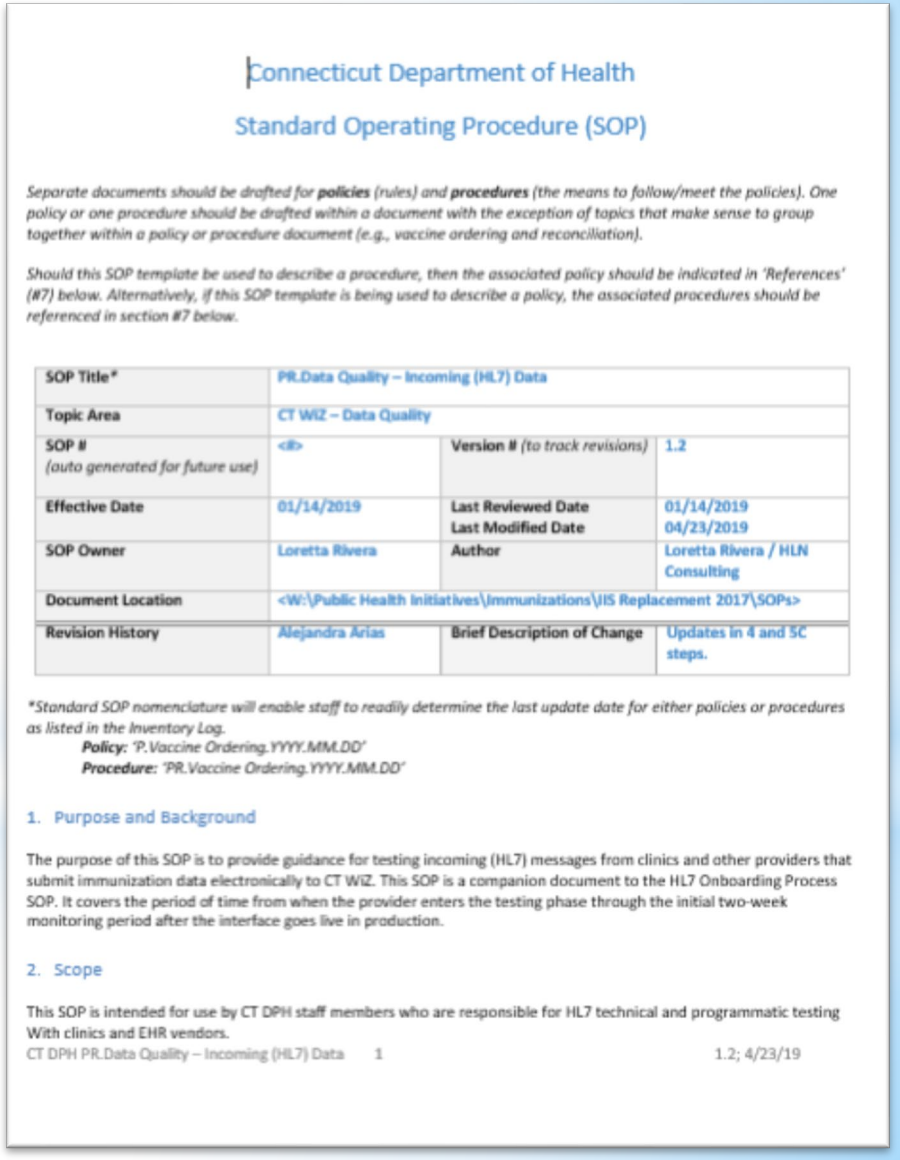
Presented by:

Nancy Sharova, MPH, CTDPH Health Program Supervisor Nancy.Sharova@ct.gov

Loretta Rivera, CTDPH Health Program Associate Loretta.Rivera@ct.gov

Connecticut's Presentation

- Determining data quality priorities
- Developing custom queries for baseline measurements
- Establishing target goals
- Identifying strategies
- Visualizing progress to share
- Applying interventions



Connecticut Department of Health

Standard Operating Procedure (SOP)

*Separate documents should be drafted for **policies** (rules) and **procedures** (the means to follow/meet the policies). One policy or one procedure should be drafted within a document with the exception of topics that make sense to group together within a policy or procedure document (e.g., vaccine ordering and reconciliation).*

Should this SOP template be used to describe a procedure, then the associated policy should be indicated in 'References' (#7) below. Alternatively, if this SOP template is being used to describe a policy, the associated procedures should be referenced in section #7 below.

SOP Title*	PR.Data Quality – Incoming (HL7) Data		
Topic Area	CT WIZ – Data Quality		
SOP # *(auto generated for future use)*	<#>	**Version #** *(to track revisions)*	1.2
Effective Date	01/14/2019	**Last Reviewed Date** **Last Modified Date**	01/14/2019 04/23/2019
SOP Owner	Loretta Rivera	**Author**	Loretta Rivera / HLN Consulting
Document Location	<W:\Public Health Initiatives\Immunizations\IIS Replacement 2017\SOPs>		
Revision History	Alejandra Arias	**Brief Description of Change**	Updates in 4 and 5C steps.

**Standard SOP nomenclature will enable staff to readily determine the last update date for either policies or procedures as listed in the Inventory Log.*
***Policy:** 'P.Vaccine Ordering.YYYY.MM.DD'*
***Procedure:** 'PR.Vaccine Ordering.YYYY.MM.DD'*

1. Purpose and Background

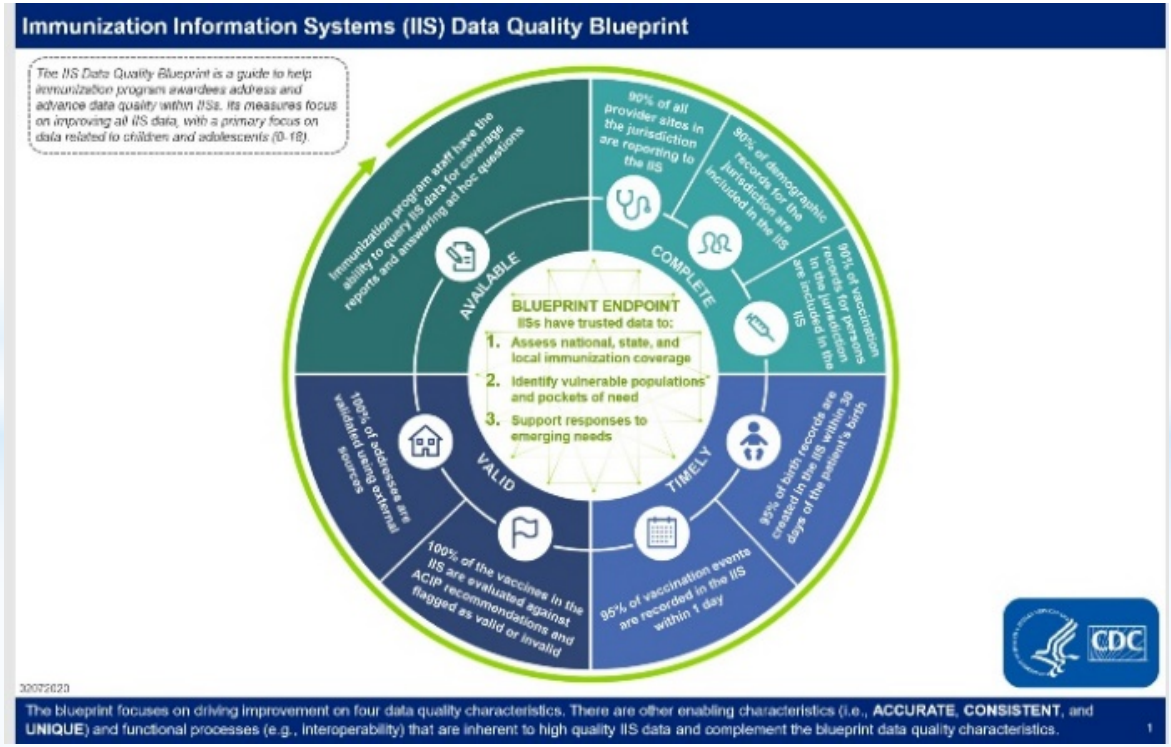
The purpose of this SOP is to provide guidance for testing incoming (HL7) messages from clinics and other providers that submit immunization data electronically to CT WIZ. This SOP is a companion document to the HL7 Onboarding Process SOP. It covers the period of time from when the provider enters the testing phase through the initial two-week monitoring period after the interface goes live in production.

2. Scope

This SOP is intended for use by CT DPH staff members who are responsible for HL7 technical and programmatic testing With clinics and EHR vendors.

Prioritizing DQ Metrics

- AIRA and MIROW resources
- IIS Data Quality Blueprint
- IISAR
- CT WiZ DQ Reports
- Internally developed DQ onboarding tool
- SOPs



DQ Onboarding/Feedback Tool

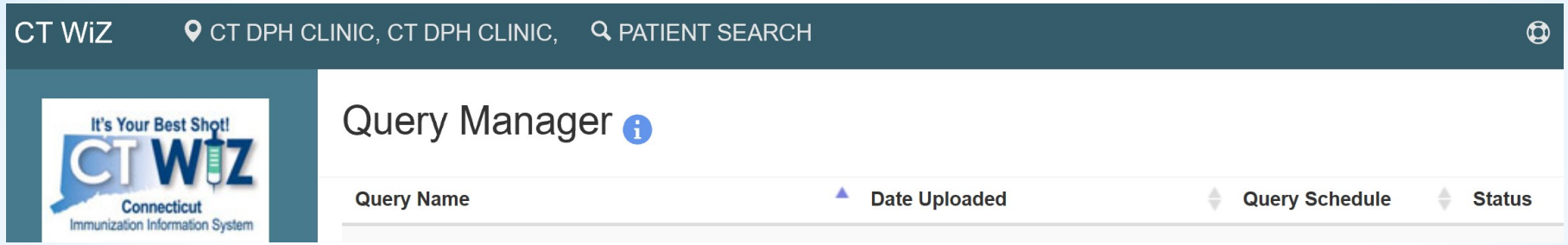
CT WIZ HL7 ONBOARDING DQA FEEDBACK

Generation Date:	
Start Date of Generation:	
End Date of Generation:	
Clinic Name:	
EHR Clinic Status	
General Comments	
Total Messages Received:	*Please verify that the counts match with the total of messages that your clinic sent in the selected period.*
Total Patients:	*Please verify that the counts match with the total of patients that your clinic sent in the selected period.*
Total Immunizations:	*Please verify that the counts match with the total of immunizations that your clinic sent in the selected period.*

Category	Description	Status	MRN Examples	DPH Comments	Vendor/Clinic Comments
Completeness	Measures how many required and expected fields have been received in CT WiZ. **Completeness of the demographics** **- Required "R" Fields:** Patients with MRN Patients with First Name Patients with Last Name Patients with DOB Patients with Gender Patients with Address 1 Patients with City Patients with Postal Code Patients with State				
Duplicate shots	Identifies the patients that have multiple vaccinations within the specified number of days within the same vaccine group that were sending by the EHR system.				
Lot Number with issues	Identifies patients that have one or more invalid lot numbers (same lot number for different brands).				
Revision of the VFC	Identifies patients that have: - One or more invalid vaccine funding source (invalid code or it is missing) - Vaccine funding program eligibility and Vaccine Funding source are populated. - Vaccine funding program eligibility and Vaccine Funding source are populated with the codes that CT WiZ allows to use. - The "V00" Vaccine funding program eligibility code is not used for the patients with less than 19 years old. - Vaccine funding program eligibility Code is not the same for all patients that were sent it.				
Shots before DOB	Identifies patients who have a vaccination before their DOB				

Timeliness	Measures the number of days between the date a record was created in CT WiZ and the administered given date of the vaccination indicated.
Historical Immunizations	Identifies that the EHR system is sending the historical immunizations that were created in the daily basis in the EHR System, for example if a patient arrives at your clinic, where he is given a vaccine that is entered into your system with all the information as current immunization, but also your staff identifies that other vaccines were applied to the patient in another clinic and your staff performs the creation of these vaccines in your EHR system, these vaccines should be sent to our system as historical vaccines.
Immunizations with updates and/or deletes	Identifies the immunizations that were updated or deleted in the EHR System, this information should be sent to CT WiZ to have both systems in sync, to determine the type of the update, the EHR system should use the "Action Code" element, located in the RXA segment position number 21. A=Add U=Update D=Delete
Completion Status of the immunization	Identifies how the immunization was administered to the patient, this information should be sent to CT WiZ to have both systems in sync, to determine the type of the administration, the EHR system should use the "Completion Status" element, located in the RXA segment position number 20. Acceptable values in the incoming message are: - CP for (Complete) Vaccine - PA for (Partially Administered) Vaccine - NA for (Not Administered) Vaccine - RE for Refused Vaccine
Misc.	Other clinic level issues.

Baselines and Goals



- Developed queries to determine numerators/denominators
- Query Manager in CT WiZ to run on demand by staff with access
- Obtained baseline measurements
- Set ambitious but attainable goals
- Re-ran queries to re-assess measurements
- Set new goals as needed

Priority Metrics

Increase completeness of patient records in IIS for:

- patient records <19 years by 10%
- vaccination record with 2 + vaccinations by 10%
- demographic record with Name, DOB, Address to 100%
- <19 years with phone number to 100%

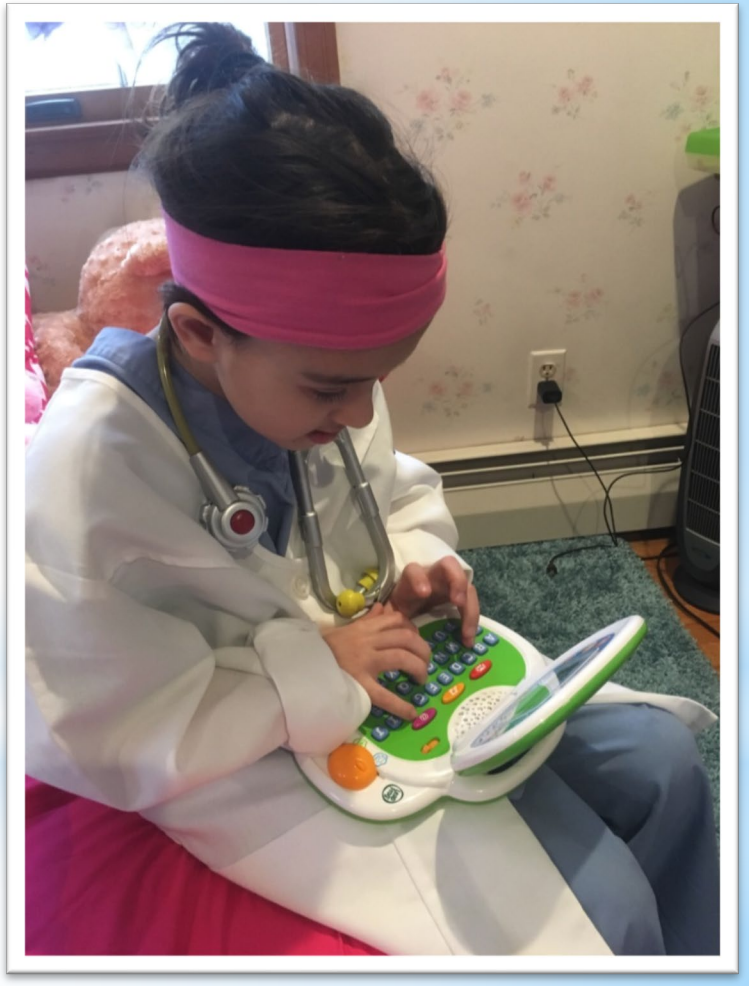
Increase completeness by 5% of administered vaccinations in IIS with:

- Lot Number, Dose Level Eligibility, Funding Source

Priority Metrics (cont')

Increase % of timely electronic reporting in IIS of:

- vaccinations reported to IIS within 14 days of administration by 5%
- vaccinations reported to IIS at >30 days following administration by 5%
- providers with an HL7 interface or direct data entry into CT WiZ by 25%



Priority Metrics (cont')

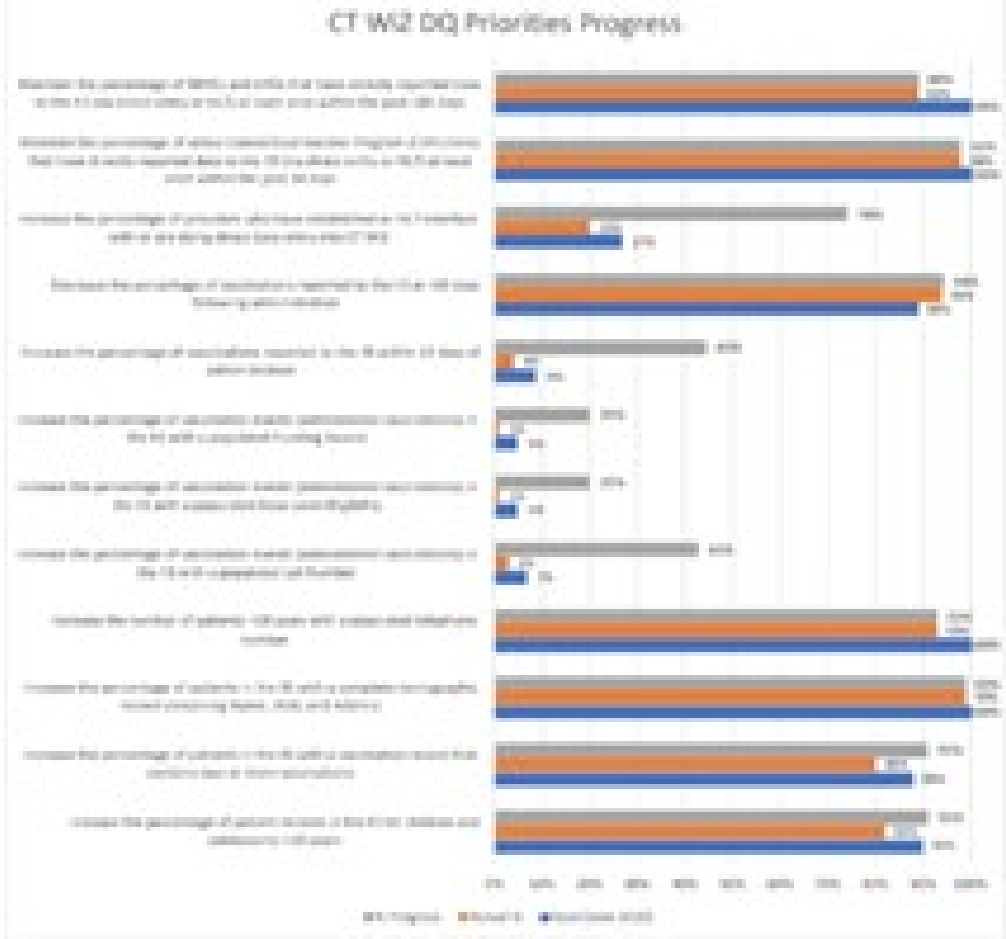
Maintain % of active and ongoing reporting by all provider types of:

- active VFC clinics that directly reported data to the IIS at least once within past 30 days at 100%.
- SBHCs and LHDs that directly reported data to the IIS at least once within past 180 days at 100%.

Immunization records from multiple healthcare providers and pharmacists

Visualizing Progress

Measures/Objectives	Baseline(July 2019)	Actual	Improvement	Goal (June 2020)	Progress	STATUS
Increase the percentage of patient records in the IIS for children and adolescents <19 years	80%	82%	2%	90%	91%	In Progress
Increase the percentage of patients in the IIS with a vaccination record that contains two or more vaccinations	78%	80%	2%	88%	91%	In Progress
Increase the percentage of patients in the IIS with a complete demographic record containing Name, DOB, and Address	99%	99%	0%	100%	99%	No Changes
Increase the number of patients <19 years with a populated telephone number	94%	93%	-1%	100%	93%	Need to be reviewed
Increase the percentage of vaccination events (administered vaccinations) in the IIS with a populated Lot Number	2%	3%	1%	7%	43%	In Progress
Increase the percentage of vaccination events (administered vaccinations) in the IIS with a populated Dose Level Eligibility	0%	1%	1%	5%	20%	In Progress
Increase the percentage of vaccination events (administered vaccinations) in the IIS with a populated Funding Source	0%	1%	1%	5%	20%	In Progress
Increase the percentage of vaccinations reported to the IIS within 14 days of administration	4%	4%	0%	9%	44%	No Changes
Decrease the percentage of vaccinations reported to the IIS at >30 days following administration	94%	94%	0%	89%	94%	No Changes
Increase the percentage of providers who have established an HL7 interface with or are doing direct data entry into CT WiZ	3%	20%	17%	27%	74%	In Progress
Maintain the percentage of active Connecticut Vaccine Program (CVP) clinics that have directly reported data to the IIS (via direct entry or HL7) at least once within the past 30 days	100%	98%	-2%	100%	98%	Need to be reviewed
Maintain the percentage of SBHCs and LHDs that have directly reported data to the IIS (via direct entry or HL7) at least once within the past 180 days	100%	89%	-11%	100%	89%	Need to be reviewed



Applying Interventions to Goals

CT WiZ Training

This page consists of training materials for CT WiZ users.

- Find out the latest news on CT WiZ.
- Review "How do I" documents with written instructions and screen shots.
- Missed a webinar? Watch the video at your convenience.

Quick Links Technical Support EHR Data Exchange (HL7) Healthcare Provider Login

News and Webinars	CT WiZ Training Resources
CT WiZ NEWS Clinics that have re-enrolled directly in CT WiZ can make Clinic updates (staff, address, training) in CT WiZ. Log in with your username and password. No need to submit a paper form anymore.	**CT WiZ "How do I" Documents** • User Account (Login, Username, Passwords) • Patient Management (see topics under videos) • CVP Vaccine Inventory Management • School Nurses • Technical Support • Meaningful Use/Promoting Interoperability
Training Webinars Are you ready to go "live" with CT WiZ? Register for a Direct Data Entry training webinar and start using CT WiZ right away. • Same day data entry of patient-level information on all CVP doses administered. • View "Recommender" to see due/overdue/invalid doses to prevent under or over-vaccinating. • Run your own Reminder/Recall Report to find patients that are not up to date. • Order CVP vaccines, track and accept vaccine orders and manage your inventory all in one system. • Ability to run and assess your clinic's	**Training Videos** These training videos walk you through the steps for managing your patients and vaccine inventory. Direct Data Entry Patient Management (17 mins) • Search for and add patients (00:18) • Update patient demographics (02:58) • Update patient status/clinic ownership (04:00) • Add historical immunizations (07:00) • Add/Administer current immunizations (11:25) • Run appropriate reports for your clinic (14:38)

https://portal.ct.gov/DPH/Immunizations/ALL-ABOUT-CT-WiZ

Website offers centralized and efficient support

CT WiZ Technical Support

Quick Links CT WiZ Training EHR Data Exchange Healthcare Provider Login

Issues with an existing HL7 interface with CT WiZ

Please try the following steps:

- Verify that your EHR system is working and sending the correct HL7 messages (contact your own IT Helpdesk if you are not sure).
- Verify that you have connection to Internet.
- Restart your services.

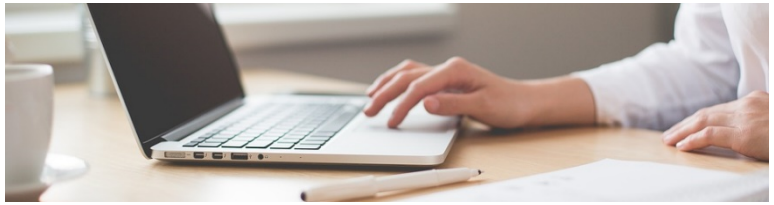
NORTH Dakota | Health

Be Legendary.™

Using Outside Data Sources to Update Patient Records in the North Dakota IIS

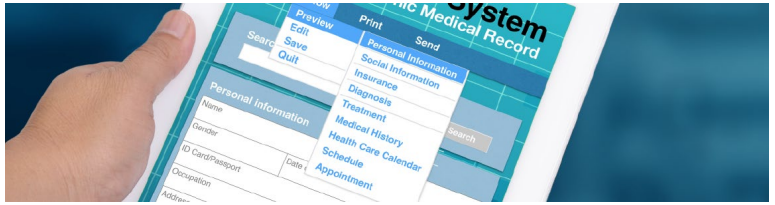
Mary Woinarowicz, MA
Carmen Martinez, MPH

NDIIS Background



- Established in 1988
- Current web-based system developed in 1996
- Grantee-developed system
- Hosted and supported by Blue Cross and Blue Shield of North Dakota (BCBSND)

- Lifespan system
  - 100% of adults in NDIIS
- Mandatory reporting requirement for kids 18 and younger
- 99% of doses entered within 30 days
- 91% entered within 1 day



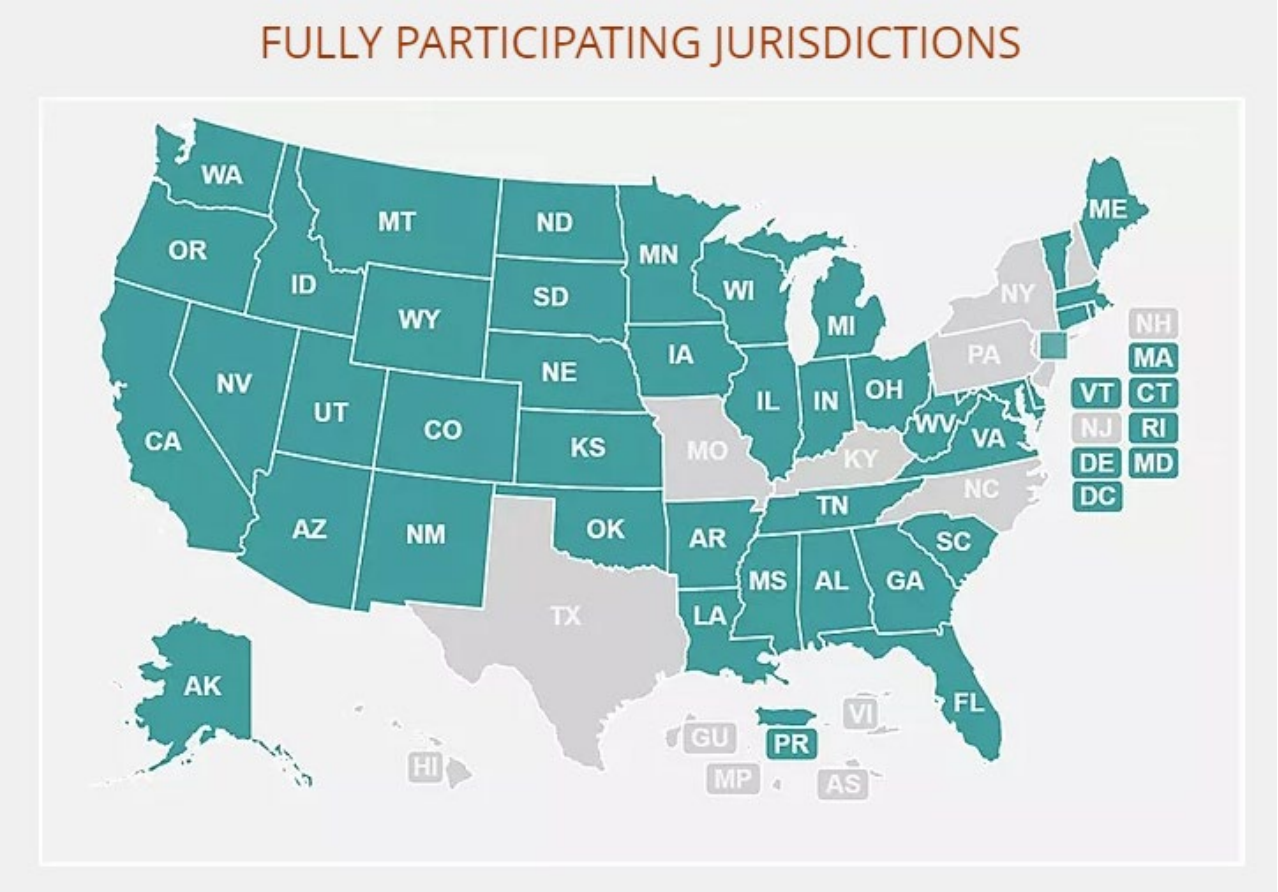
- 408 individual provider sites submitting data via HL7
- 75% connected through statewide HIE
- 100% submitting data real-time
- 77% fully bi-directional
- 80% of data comes in electronically

CURRENT DATA QUALITY IMPROVEMENT PROJECTS

- ✓Electronic Verification of Vital Events (EVVE) Fact of Death (FOD) System
- ✓Department of Transportation data
- ✓Use of SmartyStreets to improve reminder/recall mailings
- ✓Data accuracy regarding doses after exemptions

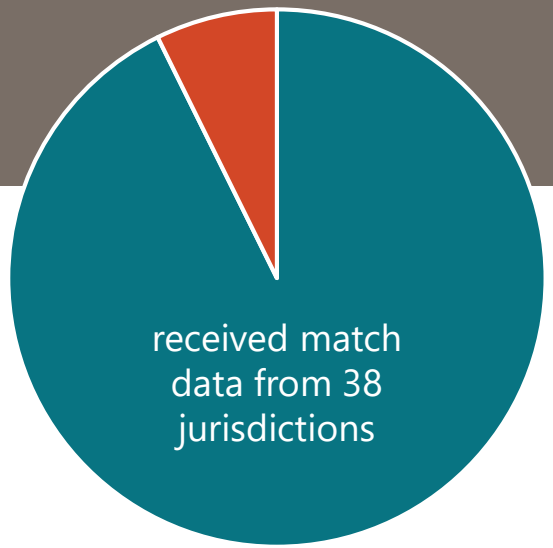
ELECTRONIC VERIFICATION OF VITAL EVENTS (EVVE) FACT OF DEATH (FOD)

- EVVE FOD is managed and maintained by National Associate for Public Health Statistics and Information Systems (NAPHSIS)
- EVVE FOD system allows users to submit batch data files to match against death record data from 41 participating state and jurisdiction Vital Records.



EVVE Fact of Death

DATE SUBMITTED	# OF RECORDS	# MATCHED	% MATCHED	# UPDATED	% UPDATED	query parameters
1/22/2020	1,334,700	9	0.001%	9	100%	exact match on first name, last name and birthdate
1/24/2020	1,334,804	54,379	4.1%	28,008	51.5%	exact match on birthdate, fuzzy match on first and last name
4/16/2020	1,313,958	23,384	1.8%	3,222	13.8%	exact match on birthdate, fuzzy match on first and last name
6/25/2020	941,488	20,763	2.2%	428	2.1%	exact match on birthdate, fuzzy match on first and last name



NORTH DAKOTA DEPARTMENT OF TRANSPORTATION (NDDOT)

- In 2019, the immunization program reached out to the North Dakota Department of Transportation to request that they share driver's license data.
- NDDoT provided an initial data file of all current driver's license data.
- Since June 2020, the NDDoT has sent a daily file of address and name changes filed by licensed North Dakota drivers.

NDDoT Drivers License Data

- The daily NDDoT files includes:
  - individuals who have moved out of North Dakota,
  - individuals who have a new address in North Dakota,
  - and individuals who have changed their name.

Month	Updated Addresses	Status Updates (Moved or Gone Elsewhere)	Name Changes
June 2020	1620	294	104
July 2020	4675	729	359

SMARTYSTREETS SUBMISSIONS FOR REMINDER/RECALL MAILINGS

- The immunization program started submitting reminder/recall files through SmartyStreets prior to each mailing.
- Improved mailing success by avoiding mailings to invalid addresses.

DATA ACCURACY REGARDING DOSES AFTER EXEMPTIONS

- The NDIIS forecaster will no longer recommend a vaccine once an exemption has been entered into the patient's NDIIS record.
  - If a patient previously claimed an exemption but is now being vaccinated, it is important that the exemption be removed from the NDIIS.
- Records are evaluated quarterly to find any patients with a documented exemption who have been vaccinated since the exemption was first documented.
- Exemptions removed are tracked closely.

DOSES AFTER EXEMPTIONS DATA

- Initial clean-up was done in Q3 2019
  - Discovered some of our IIS reports had trouble handling records who had doses and exemptions.
- Each quarter, the number of records that need to be cleaned up decreases.

Quarter	Records Updated
Q2 and Q3 2019	2,237
Q4 2019	270
Q1 2020	77
Q2 2020	57

THANK YOU

Mary Woinarowicz: mary.woinarowicz@nd.gov

Carmen Martinez: ccardenas@nd.gov

VFC Provider Accountability in IIS: It is Data Quality!

AIRA 2020 National Meeting Presentation

August 18, 2020

Erin Corrigan, MPH

oregon vaccines for children

ALERT IMMUNIZATION INFORMATION SYSTEM

Oregon Health Authority

How can an IIS support the VFC program?
How can the VFC program support an IIS?

Oregon Health Authority

How can an IIS support the VFC program?
How can the VFC program support an IIS?

Oregon Health Authority

VFC and IIS Require Quality Data

- VFC needs accountability
- IIS provides transparency
  - ➢Vaccine Accountability Report!

Policy Support for Data Quality

- Oregon's Vaccine Stewardship Law
  - Report all doses within 14 days
  - Use IIS inventory module
  - Dose-level accountability

Many Options Existed

Birth Date	Patient First Name	Patient Last Name	Vaccination Date	Vaccine	Vaccine Lot	Vaccine Eligibility	Historical Immunization	From Inventory
10/19/2016	[redacted]		1/23/2018	Hib-OMP	M032149	B	No	Yes
8/22/2001			1/4/2018	Polio-Inject	N1F181M	B	No	Yes
12/11/2012			1/26/2018	MMR	M045391	M	No	No
9/4/2003			1/9/2018	HPV9	N007931	M	No	No
6/1/2016			1/2/2018	HepA-Ped 2 Dose	334PA	M	No	Yes
11/16/2006			1/31/2018	Tdap	7Y29Z	M	No	Yes
6/12/1959			1/26/2018	Flu quadrivalent injectable	77R93	B	No	Yes
5/28/1952			1/5/2018	Flu quadrivalent injectable	77R93	B	No	Yes

Billable Vaccination Detail Listing

Quarter: 07/01/2019 - 09/30/2019

Parent VFC PIN	Vaccine	Trade Name	ALERT IIS ID	Vaccination Date
AL7000	Tdap	Adacel	8080552	07/02/2
AL7000	Tdap	Adacel	8080539	08/21/2
AL7000	Tdap	Adacel	8080555	08/21/2
AL7000	Tdap	Adacel	8080558	09/11/2
AL7000	Tdap	Boostrix	8080543	07/31/2

Vaccines for Children

For Dates Between 08/01/2019 and 08/01/2020

Report run on: 08/12/2020 3:07

Organization: MULTCO PC HSC - 00025Z

Key: Vaccine Eligibility Code		
M - Medicaid, OHP	U - Underinsured, not FQHC	B - Billable/Not Eligible
N - No Insurance	C - Insured, Co-pay Unaffordable	L - Locally Owned
A - Am. Indian/AK Native	O - Other State Supplied	S - Special Projects
F - Underinsured, FQHC	R - Unknown Insurance Status	G - IG only
		NS - Not Specified

Vaccine	M	N	A	F	U	C	O	R	B	L	S	G	NS	Total
HepA	1	0	0	0	0	0	0	0	69	0	0	0	0	70
HepB	0	0	0	0	0	0	4	0	217	0	0	0	0	221
HPV	0	0	0	0	0	0	0	0	177	0	0	0	0	177
Influenza-seasnl	0	0	0	0	0	0	0	0	1	756	0	0	0	757
Meningo	1	0	0	0	0	0	0	0	181	0	0	0	0	182

Accountability Report Simplifies Things

- Calculates % based on Inventory Transactions

+ Starting Inventory	+ Doses Received and xfer In	-Doses Reported	- Doses Expired	- Doses Spoiled	- Doses Wasted	- Doses xfer Out	+ Ending Inventory	Accounted for Doses	Accounted for %
1	2	3	4	5	6	7	8	9	10

1 - Inventory units on-hand at begin date of report (active non-expired):first time report is run. Thereafter uses ending Inventory from prior report run

2 - Doses Received, transfers in and '+' error correction

3 - Doses Administered less Doses Deleted as recorded in the IIS with a valid eligibility code

4 - Expiration reported by Provider (system inventory transaction)

5 - Spoilage reported by Provider, Failure to store properly on receipt by Provider, Refrigeration failure report by Provider

6 - Other not usable by Provider, doses recalled, and '- 'error correction

7 - Doses Transferred Out

8 - Inventory units on hand at end date of report (active, non-expired): per system

9 - Accounted for Doses = |(3+4+5+6+7)|+8

10 - Accounted for Doses / Total vaccine units |(3+4+5+6+7)|+8/ 1+2

i.e., total accounted for transactions + ending inventory / total theoretical units available

Oregon Health Authority

VFC Use

- Prior to each Compliance Site Visit

Detailed Accountability by Vaccine Group and Lot

Vaccine Group	Lot Number	+ Starting Inventory	+ Doses Received	- Doses Reported	- Doses Expired	- Doses Spoiled	- Doses Wasted	- Doses Transferred Out	+ Ending Inventory	Accounted for Doses	Accounted for %
DTP/aP-Hib	UA90424	192	400	330	10	1	5	0	180	526	88.85%
DTP/aP-Hib	UA88342	88	100	132	2	1	1	3	35	174	92.55%
DTP/aP-Hib	UA88123	93	100	122	5	3	1	0	3	134	69.43%
DTP/aP-Hib	UB01211	140	112	180	25	4	3	10	28	250	99.21%
DTP/aP-Hib	**ALL**	**653**	**824**	**944**	**67**	**13**	**13**	**23**	**274**	**1334**	**90.32%**
HepA	AHAVB892AB	16	40	45	0	0	0	0	10	55	98.21%
HepA	AHABB492BA	32	50	205	0	8	16	0	20	49	59.76%
HepA	AHABB492BA	27	120	125	2	0	0	10	2	139	94.56%
HepA	AHBVC142AA	55	20	30	0	10	3	0	30	73	97.33%
HepA	AC14B151AA	25	80	45	10	0	14		28	97	92.38%
HepA	AC14B166AB	72	30	0	0	0	7	10	13	30	29.41%
HepA	**ALL**	**227**	**340**	**450**	**12**	**18**	**40**	**20**	**103**	**443**	**78.13%**
IPOL	H1587-1	0	80	22	0	0	11	0	40	73	91.25%
IPOL	H1598-1	25	80	45	8	0	14	10	10	87	82.86%
IPOL	H1604-1	12	150	97	10	0	14	10	20	151	93.21%
IPOL	H2012-1	88	240	88	0	0	9	0	200	297	90.55%
IPOL	**ALL**	**125**	**550**	**252**	**18**	**0**	**48**	**20**	**270**	**608**	**90.07%**
...											

This feature is only available when running the report for an individual organization.

Oregon Health Authority

ALERT IIS Use

- Identifies when DX has failed
  - Missing eligibility codes?
  - Inventory decrementing issue?
  - No data at all?

Oregon Immunization Program

Vaccine Accountability Report - All VFC Orgs Statewide

Oregon Vaccines for Children

Report timeframe: Quarter 1, 2020 Report date: 04/29/2020 Vaccine Funding Source: Both

This report only reflects data reported to ALERT IIS during the report timeframe and does not include influenza vaccine.

Accountability Data By Vaccine Group

VFC PIN	Organization Name	County	Vaccine Group	+ Starting Inventory	+ Doses Received	- Doses Reported	- Doses Expired	- Doses Spoiled	- Doses Wasted	- Doses Transferred Out	+ Ending Inventory	Accounted for Doses	Accounted for %
P00666	MedZone 1	Multnomah	ALL	0	0	0	0	0	0	0	0	0	0.00%
P00587	Clinic Z	Lane	ALL	309	102	-142	0	0	-20	0	110	272	66.18%
00008B	Clinic A	Curry	ALL	73	0	0	-23	0	0	0	48	71	97.26%
P00049	Clinic D	Jackson	ALL	1,604	5,275	-4,361	-2	0	-61	-99	2,174	6,697	97.35%
P00559	PHYSICIANS GROUP	Clackamas	ALL	2,417	6,081	-3,165	-36	-2	-1,308	-60	3,706	8,277	97.40%
000108	Clinic B	Yamhill	ALL	669	1,020	-844	0	0	-8	-50	770	1,672	98.99%
00170A	Doctor C	Jackson	ALL	151	36	0	-17	0	0	-169	0	186	99.47%
P00708	Friends Peds	Coos	ALL	388	365	-281	-3	0	0	0	469	753	100.00%

Oregon VFC Clinics Achieving Excellence

Vaccines for Children (VFC)

VFC Program Overview

Oregon VFC Program Enrollment

Immunization Billing Resources for Public Clinics

Immunization Billing Resources for Private Clinics

Managing Short-dated Vaccine

Required VFC Training

Training Resources

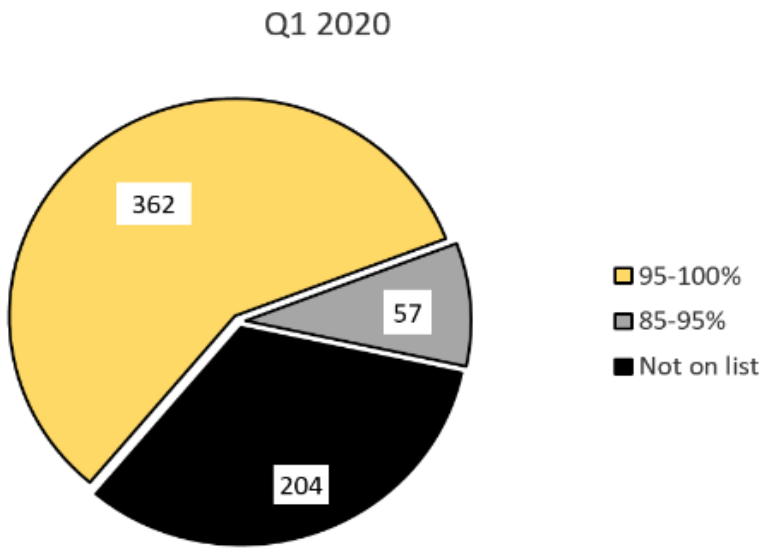
Oregon VFC Clinics Achieving Excellence

Oregon Immunization Program VFC Orientation

Contact Us

Vaccine Accounting Excellence Recognition

CONGRATULATIONS to the clinics who made the list this quarter for achieving vaccine accounting excellence. To acknowledge the hard work of those clinics that are close to meeting the requirement, we report two lists: a gold and a silver category. The gold category lists clinics who have met or exceeded the 95% inventory accountability standard. The silver category lists those clinics who met 85-95% accountability. Your effort improves patient immunization records and assures our federal partners that vaccines are getting to the patients who are entitled to them.



Thank you!

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Oregon Health Authority

Questions?

- Join us on Mentimeter! www.menti.com
- Use the code: 82 80 95 7
- Submit your questions
- Scroll and vote (👍) for the questions you want answered
- Click the chat icon (💬) to submit a question in WebEx

Week 4: Data Use

Tuesday, August 25, 2020, 3 – 4 p.m. ET

Identifying Exposed Persons for Recruitment into the Flint Registry

- Hannah Peng, University of Michigan

Enhancing IIS to Assess Refugee Vaccination Coverage

- Heather Roth, Colorado Department of Public Health and Environment

Improving Immunization Rates Among Children & Pregnant Women on Medicaid

- Jill Rosenthal, The National Academy of State Health Policy

The Importance of Comprehensive Immunization Data for Quality Measurement

- Kaitlyn Whiton and Courtney Barbera, Discern Health