

VISTA Community Meeting
Day Two: January 15, 2011
Afternoon Session

Topic: IMMUNIZATION REPORTING

Presenters: Nancy Anthracite, John McCormack, and Greg Woodhouse

Ms. Anthracite led off the session with some discussion of the issues around immunization reporting. The VA facilities have limited capability to report immunizations; they currently create a basic report using a template. Meaningful Use (MU) requires immunization reporting, and eventually will require two-way reporting.

There is a legal requirement to disclose to patients the latest risks and benefits. The expiration date and lot number need to be reported. None of these things are easy to track in VISTA, so there were a lot of kludges.

Indian Health Services (IHS) uses a service at \$250,000 per year that provides information about what immunizations got done. There are other vendors that would provide a similar service.

WorldVistA's immunization file has four fields in it; the IHS file has about 25 fields. Both files probably need a lot of the same information. VA has taken the forms from the IHS number space, and made some changes to them, but WorldVistA could probably still adopt them.

The initial phase for MU is not too difficult. There's a website from the National Institute of Standards and Technology (NIST) that will test to see if an organization's message meets the requirements. Right now, systems just have to pass a minimal message stating that an immunization has been given, using HL7 format. More messages and more complexity will be required in future.

Some shots include up to five components, and the Electronic Health Record (EHR) needs to be able to show the provider both the immunization and the individual components. Some require the manufacturer and the code. IHS's Resource and Patient Management System (RPMS) doesn't have the code, but the Centers for Disease Control (CDC) provides it.

In short, there is quite a bit of work to do in the area of immunization reporting., but there are also ways to attack it. An important first decision is what files to take in.

Besides all the files that have all the components required for MU (mother's maiden name and so on), the messages are coded to HL7 specifications, so there are additional tables that need to be added. WorldVistA has been working to add this information, although it's possible that VA will decide to add it to VA VISTA.

Q: Are there different rules for each registry? We have to be able to enter manually for each registry.

A: Yes, that's an example of what I saw. There are programs that can do that; interface with a GUI, and the information gets pulled off and entered.

Ms. Anthracite then turned the discussion over to Mr. McCormack, who has been working on this

issue for WorldVistA.

In HL7 there are lots of tables; some where HL7 has specified the contents, and some that are user-defined. Or there's a mixed one where HL7 defines it but the user can add to it. There's a structure to them and they can be referenced in the code. A local term can be introduced, which points to information in one of the HL7 tables. Mr. McCormack demonstrated one of the tables he has been working on.

Ms. Anthracite added that namespacing these tables was important, so that they wouldn't inadvertently step on another package. The current plan calls for using the WorldVistA namespace, but that does not preclude somebody else from making use of them. There is, however, a strong possibility of stepping on other files, because the names are so close. IHS, in particular, has files with very similar names. There's also the possibility that WorldVistA could simply use or adapt the IHS files.

There was some discussion about the challenges of information being stored as different codes by different systems, or even being given different terms (cell phone number and mobile phone number, for example). There was general agreement that synonyms need to be employed so that the end user can find the information they are looking for.

Ms. Anthracite moved on to the next step. HL7 tables can be used to create HL7 messages, but users also need to be able to record immunizations. VISTA does have the capability to record immunizations, and the recording function can be customized for local clinics. However, the form cannot be customized to add (for example) manufacturer or lot number. Since this is part of CPRS, a developer would have to use Delphi to change the form. Even so, there's no place in VISTA to store information such as manufacturer and lot number, which is a problem.

Some sites are storing manufacturer and lot number as a health factor, which at least stores it, but it is not searchable. The group agreed it would be nice to have a Lot Number file, so that when lots of vaccines were received, the lot numbers could be entered into the file, and the nurses could pick them from a pick list (lot numbers tend to be long, so if nurses are required to enter them manually, there is a high probability of error).

Ms. Anthracite's assessment is that current MU requirements could be satisfied with a simple message. Looking to the future, however, WorldVistA is planning to do a little more than that.

Q: Has there been any indication from CDC whether they're willing to collaborate in this process?
A (Anthracite): Judging from past experience, we're already lucky that CDC is providing files with CVX codes and keeping them updated. And they're providing the implementation guides free of charge.

Mr. Woodhouse added that the implementation guides are well-written with lots of examples, and he found them very helpful.