

Transcript for Bidirectional Readiness

December 11, 2020

The broadcast is now starting. All attendees are in listen-only mode.

Murphy: Closed captioning for this presentation is available at the following link: <https://tcc.1capapp.com/event/dshs>. The link will also be provided in the chat. This webinar content will be uploaded to the DSHS website in the future. Today, we will be discussing Bidirectional pre-requisites and readiness for the Texas Immunization Registry.

Hello, everyone. My name is Suzanne Murphy. I am the main presenter today. I am a Technical Support Specialist with the Texas Immunization Registry. Today, joining us for the question and answer portion after our main presentation is Jonathan Patterson, an Interface Analyst with the Texas Immunization Registry. At the bottom of the screen, you see an option for submitting questions. Please submit your questions there, so we can address and answer those questions once the presentation is complete.

The topics covered in today's presentation include: The Bidirectional Readiness Checklist, requirements for all organizations for bidirectional data exchange, requirements for existing data exchange participants for bidirectional data exchange, and testing qualifications for bidirectional data exchange.

We use abbreviations and acronyms for some of the terminology in this presentation, so let's review what these mean. BIDX is the short term for Bidirectional Data Exchange. Registry is the short term for the Texas Immunization Registry. Orgs refers to any provider, healthcare entity, or

other organization that participates with the registry, and EHR stands for Electronic Health Records systems.

Alright, let's get started. The bulk of this presentation focuses on the bidirectional readiness checklist. The Bidirectional Readiness Checklist contains all the requirements that must be met by Orgs and their EHR vendor to participate in bidirectional data exchange with the registry. The document is available on the registry's Department of State Health Services (DSHS) website, at www.ImmTrac.com, under the Forms and Documents information.

Orgs must review the checklist with their EHR vendor to ensure all requirements are met before contacting the registry about bidirectional data exchange. All requirements must be met before your organization is provided with the Registration of Intent for bidirectional data exchange. The checklist assists you to make sure your organization is in a good position to begin and streamlines the onboarding for bidirectional data exchange with the registry.

Now let's discuss the requirements included in the checklist, beginning with requirements that apply to all organizations. You must have an EHR or similar records software that meets these requirements: It must send bidirectional messages using a webservice connection, which allows sending of patient and immunization data from your systems to the registry in real-time (as they occur).

It must send messages using HL7 version 2.5.1, release 1.5. HL7 is the gold standard for electronic health records messaging and is overseen by the Center for Disease Control and Prevention (CDC). Your EHR must be up-to-date with all relevant system and hardware upgrades. This is particularly important because bidirectional data exchange testing is time sensitive and all upgrades must be in place before approved for onboarding for bidirectional data exchange. If your EHR is not ready during the bidirectional testing, you may be removed from onboarding with the registry and must wait for a later opportunity to onboard.

Do note, the registry staff do ask the org if all these items are met prior to approving an Org for onboarding to mitigate/identify any barriers. Because these requirements all depend on the status of your EHR, you must speak with your EHR vendor or similar IT support to make sure you meet each requirement.

Continuing with requirements that apply to all organizations, it is recommended your organization have a data exchange method of reporting registry consent electronically, via a process called electronic affirmation of registry consent. This means you would have some way of collecting and/or documenting that patients did sign an official registry consent form in your EHR or another similar software and, send the required registry consent elements via affirmation messages through data exchange to the registry.

There are two methods of sending affirmation messages via bidirectional data exchange. Due to the significance of this requirement, we have dedicated an entire and separate presentation where we explore that

topic in depth. Affirmation of consent for bidirectional data exchange will be covered in the Electronic Consent webinar, which is currently scheduled for January 25th and January 29th from 1 - 2pm CST.

Finishing up the requirements that apply to all organizations, your organization must be registered with ImmTrac2. If you have multiple sites, each site must be registered separately. All your sites must also have up-to-date site agreements. Remember that site agreements must be renewed at least once every two years. The site agreements allow your organization to maintain access to its data exchange account.

If you have multiple sites, your parent/child (or headquarters/sub-site) relationships must all be up to date and accurate in ImmTrac2. If you have any questions about registrations or renewals, we offer comprehensive guides for both on our DSHS website.

Let's discuss the requirement if you're an existing data exchange partner using FTP batch files. There is an additional requirement you must meet to be prepared for bidirectional data exchange. Your current data exchange messages must contain no significant data quality errors. This means you must be sending the registry good-quality data. For example, you should not be sending placeholder names such as "baby", "girl," or missing immunization information. And you must not have any recurring formatting errors.

To identify if you have data quality issues or errors, you should review your Data Quality Assurance (DQA) reports that are returned to you by the registry regularly. Data quality issues and recurring errors are indications to

the registry that you are not ready for bidirectional data exchange.

Organizations with no errors and high data quality are prioritized over other organizations.

Now let's go over additional preparation you should begin as soon as you consider engaging in bidirectional data exchange. Please be aware that once approved for onboarding for bidirectional data exchange, the BiDX testing is time-limited. For this reason, you should begin planning for and preparing as many of your resources in advance as possible. Designate a Subject Matter Expert who will oversee the bidirectional data exchange project for your organization now.

Begin identifying any additional testing participants you need. Testing participants must be able to dedicate at least one full week to the testing. Be sure your EHR (or similar software) has technical resourced identified and available. Again, the idea behind the checklist and the prerequisites is to streamline your organization's onboarding.

You should begin to analyze your organization's workflows and plan for how things will change from your current operation/reporting of patient and immunization data to the future with bidirectional data exchange. Internally and with your EHR Vendor, ask: How will we monitor the bidirectional data exchange connection and address any data quality errors? Who will be responsible for identifying and resolving any data quality errors? How will we train and prepare staff for the change?

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 our latest announcements, our contact information, and a wide variety of documents and training materials to assist you with using our system.

As stated previously, our DSHS website offers 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.

Please always check our website regularly, as we have more resources on the way. Also available on our DSHS website are publications that include registry consent forms, registry posters and brochures for patients and providers, and vaccine-related publications. Many items can be ordered and delivered from DSHS to your organization at no cost to you.

The registry offers customer support by phone and email. Phone support is available at 800-348-9158. Unfortunately, our phone line is unavailable at the time of this recording due to remote work safety measures. Email support is available via ImmTrac2@dshs.texas.gov for all registration/renewal or ImmTrac2 access questions.

ImmTracMU@dshs.texas.gov is for all data exchange-related questions.

This concludes our presentation on Bidirectional Readiness. Thank you from the Texas Immunization Registry. Please submit any additional

questions at the bottom of the screen. We will begin by answering questions made during the presentation.

>> Patterson: Okay. So, we did get one question about the COVID-19 vaccines. We're not going to be able to address most of those questions here. But if you have questions about getting enrolled, we have a support email address. I'll go ahead and post that in the chat for everybody. So, any questions you want to ask about how to get enrolled to receive the vaccine, you can send them to that email address.

Okay. So, our first question is, **what is meant by needing a week dedicated to testing?** So, for the bidirectional data exchange testing, we do ask that you have resources available for at least one week. That doesn't necessarily mean they need to be dedicated only to testing data exchange, but they should have availability throughout that week to be able to send test messages, review responses, and if needed, set up meetings with the registry to discuss any problems.

We try to keep it limited to a one-week timeframe. In the past when we didn't have any kind of a timeframe defined, testing could stretch out for a significant period of time, and it was not good for anybody on either side. Okay.

So, next question. **Where do I go to correct error -- informational error, 5.2.1, warning, more than one clinician found to match?** So, there is actually a setting in ImmTrac2, there's a menu. Once you log into the ImmTrac2 website, where you can manage your clinician list, we actually have a guide posted on our training website that actually explains

specifically how to address that error. Usually it just means that you have the same doctor or nurse listed multiple times.

So, you just want to go in, follow that guide to remove the duplicates. It's not going to prohibit your data from being accepted, but it is a minor data quality concern that should be addressed. Okay.

Next question. **How long does it take to get back in the data exchange if you miss the first deadline?** So, that one is kind of going to depend on how many organizations are in line, and also what the severity of the problem was. If it was a minor issue that was holding you up, we can probably get you back into the line pretty quickly. If it was something more significant -- it's going to depend on how many people are in the queue at that point.

Usually, I would say probably not more than a couple of months, but it really just depends on what's going on, what the queue is looking like. Okay. Next question. So, **if you have been set up and everything is supposed to work, and it's not exchanging data, what can we do?** In most cases, that means that there's something wrong with the connection between the registry and your EHR vendor. Those are the sorts of things that we would be looking for during testing.

A lot of times, it's just something the EHR needs to correct on their side. We would work with them to make sure that they have all the information they need to set up the connection correctly. And that might be one of the situations where we would set up a meeting, to get everybody together to talk about what was going on. Okay. Next question.

In regard to meaningful use, is this the first information that has been shared about the bidirectional capability? No. We declared readiness in June. I believe this is the first webinar in the bidirectional data exchange series, though. The next few webinars are going to be dedicated to bidirectional data exchange. Okay. Next question.

How can we confirm if we are on track for bidirectional testing? The best way would be to just email us. If you have questions about where you are, what you need to do next, just email us at the ImmTracMU email address. That's the second one there on the slide. **Can we get a copy of today's slides?** We will be posting the slides and a recording of the webinar on our training website at a future date.

It just has to go through a few accessibility checks first, and then we'll get it up there. At this point, it's averaging about two months between the time we give the presentation and the time we're able to post it online. Okay. So, next question.

Is bidirectional going to be required, or can a practice choose to stay unidirectional? Yeah, so, bidirectional is not a requirement from the state. If you have a working unidirectional FTP interface, then you are free to continue to use it. I do know that the promoting interoperability program at the federal level has requirements for bidirectional. If you're participating in that program, you may want to reach out to them to ask if there are additional requirements you have to meet on that side. But as far as Texas is concerned, we are fine with you staying as unidirectional.

If I have a main site and I need access to reporting, the person in charge of the main location should be involved? Okay. I think I understand your question, yeah. So, if you're at a subsite and you need access to some of the reports, as far as your actual data exchange activity goes, yeah, that would go through your main site. Whoever the point of contact there is, that is the person who you would work with to get information about what your current activity is. And if you have concerns that perhaps your immunization records for your site aren't going through, then yeah, you would want to escalate those concerns to your main site.

We are already enrolled. Do we need ImmTrac to get or give vaccine? So, I believe you're probably asking about the COVID-19 vaccine. And yeah, in that case, just email that email address I posted in the chat. They can answer any questions you have about that.

More questions about unidirectional, already confirmed that if you already have unidirectional, you are welcome to continue to use it. One note on that I do want to add is that we do currently treat the two interfaces as being mutually exclusive, meaning that if you are currently using the unidirectional FTP and you decide you want to start doing bidirectional, bidirectional will replace unidirectional. So, you can't do both at the same time.

Will the presentation be available in PDF to be printed? We will be posting the slides. I believe the slides are posted in PowerPoint format, but you can convert it into a PDF if it's easier for you.

Will we be able to submit if we do not get set up with

bidirectional? If you're talking about COVID-19 vaccine, yes, you can report that through your current FTP interface if that's what you're using. If you do not have an interface at all, you can submit those records through the online website, the ImmTrac2, just looking up individual clients and posting it that way. And we do have training available for using the website. Those are all on the ImmTrac2 training website. I think we can probably get a link to that website posted in the chat for you guys.

Okay. Again, questions about how to enroll for the COVID vaccine will all have to go to the covid-19 vaccine enroll address. That can give you information as to what type of organization you should be registering as.

Here's another question. **We have consistent TIPS report showing activity until suddenly showing no activity as of November. Is there a reason this would happen? How do I troubleshoot this?** More than likely, you were impacted by the processing delays. That did begin roughly around November. Some sites did actually see none of their files process until after the end of November. And so that would impact your TIPS report. In those cases, there's probably not too much you need to do on your side. It's an issue on our side making sure we're getting those files processed.

You should be seeing more activity after November. If you continue to see no activity for your report from December, which will be generating in the beginning of January, let us know. We'll look into the situation and make sure your files are processing. But it's probably not a problem on your side. But if you do have concerns and you want to make sure, you can email us at ImmTracMU@dshs.texas.gov and we can take a look at your account to

make sure everything's set up correctly.

The question is, so, **if we have not completed this task of bidirectional exchange, does that mean we will have to enter COVID-19 vaccines in our EHR and ImmTrac2 separately?** So, if you don't have bidirectional exchange, you might have the unidirectional FTP interface. If that's the case, you would report the COVID vaccines through your current unidirectional interface. If you do not have an interface at all, you would have to document the vaccines a second time in ImmTrac2, yes.

Is bidirectional required for 2021 for MIPS PI reporting? I know that is true for a lot of sites, but unfortunately, we don't really know where you are as far as MIPS timeline goes. Some sites are required this year, others next year. You'd need to talk to them. Just reach out to the MIPS program and ask them what your status is right now, and when your deadlines are.

What type of bidirectional connections are available? HL7 or web? So, we've got the bidirectional interface, it uses HL7. And it is a web service connection. We'll provide you the specifications on how to set up that connection once you guys are signed up. But we are using -- for those of you who are more familiar with the types of HL7, we are using HL7 2.5.1 for bidirectional. We do not allow any earlier version of HL7 or webservice.

So, recently checked on DQA report for the month of November, noted there were no DQA reports, and they were found in accepted files. Does this mean there was no errors? Not necessarily. The same issue impacts the sites with their TIPS reports showing no activity in

November. That could also be impacting your DQA reports. The files in your accepted folder may just still be in the queue for processing.

So, the benefits of bidirectional are that we can upload historical vaccines from ImmTrac through our EHR? Yes. That is one of the big benefits of the bidirectional interface, is that you can actually request the histories from ImmTrac and add them to your EHR that way. That's currently not possible with the unidirectional FTP interface. So that's one of the big incentives for people to start using bidirectional.

Where can we find the slides? When will you post the video for those that missed the webinar? Yeah, right now our timeline is looking like it's usually taking about two months from the time that we give a presentation to the time that it's available on our ImmTrac2 training website.

Okay. And we have one more question. **I have emailed ImmTrac several times regarding logging issues and no one has answered back. Because our user ID and password was changed without our consent.** I'm sorry to hear you're having trouble getting ahold of us. If you -- make sure you're emailing the ImmTracMU@dshs.texas.gov. Emails sometimes get mixed up between the two email addresses. We are working on streamlining those response times.

Yeah, I do apologize that you're not getting any responses, though. Okay. All right. It looks like that's the final question. So, thank you all for coming. Our next webinar, I believe, should be -- I want to say it's the week -- let me pull up the calendar, actually. It should be the week of the

11th, the 11th and 15th. That one is going to be over the registration of intent for bidirectional data exchange, how you request that registration of intent, fill it out, and submit it to us.

If you have any questions, feel free to email us at either one of the addresses at the bottom of the screen, and hope you all have a wonderful holiday.

[End of Session, 1:31 p.m. CT]