SnapShots

IMMUNIZATION REGISTRY NEWS *from* AMERICAN IMMUNIZATION REGISTRY ASSOCIATION (AIRA)

Welcome to *SnapShots,* AIRA's newsletter about the progress, best practices, and accomplishments of immunization information systems (IIS).

We invite you to share news about your registry. Email aira@immregistries.org or call us at 202-527-7000 with information about a successful programmatic or technical innovation, major accomplishment, or milestone that your registry has reached.

SnapShots is sent to subscribers every four months and posted on the AIRA website. Please share *SnapShots* with others who may benefit from a reliable source of immunization registry news and information. **TO SUBSCRIBE,** send an email to aira@immregistries.org. Your information will remain confidential and will not be sold or passed on to other parties.

SnapShots is produced by the AIRA Education Committee.

Editor: **Katie Reed, NY**

TABLE OF CONTENTS

PRESIDENT'S REPORT

Happy New Year to all! After a quick look at this latest *SnapShots* edition, I think it is safe to say that 2013 has started off with a bang for all of us working within the IIS community. Many of us came home from the AIRA IIS meeting in Saint Paul in September 2012 with new ideas, fresh perspectives and new or renewed connections to leverage to help us accomplish our goals. I echo the comments in the next article in expressing thanks to our sponsors, to our amazing AIRA Board and staff, to our meeting planners, and to each one of you who contributed to the meeting's success through sharing your knowledge and expertise.

2013 promises to bring new and expanding directions for our work. Scannable 2D barcodes, dose-level eligibility tracking, and functionality to allow individuals direct access to their immunization record are just some of these new directions discussed in this issue of *SnapShots*. Partnerships will continue to be a significant theme in our community as we move forward. Articles about the Pan American Health Organization (PAHO) and Latin America shed light on how our peers to the South are solving some of the same issues we are grappling with locally. For many IIS, additional grants through the Prevention and Public Health Fund (PPHF) are getting off the ground, and a new 2013-2017 Cooperative Agreement between the Centers for Disease Control and Prevention (CDC) and States/Municipalities will guide much of our work in the months and years ahead.

As we all juggle our priorities and objectives, AIRA, too, is evolving and growing in its commitment to support our community. AIRA launched a new website in the fall, designed to allow for easier navigation and referencing of key guidance documents, publications and materials. We had a record turnout for our most recent elections for AIRA's Board of Directors, demonstrating our community's investment in moving forward collectively. Our recent membership drive has been very successful, and we have engaged more new IIS staff, vendors, and partners than ever before. If you haven't yet joined, it's not too late! Just visit our membership page at www.immregistries.org/membership.

Now more than ever, we need to support each other with tools, knowledge, and collective wisdom to accomplish all the work that lies ahead. Together, we will continue to forward AIRA's vision for "A healthy, fully immunized community supported by the electronic sharing of information."

All the best –
Mary Beth

— Mary Beth Kurilo, AIRA President
IIS Manager, Oregon ALERT IIS

AIRA 2012 IIS Meeting - *Editor's Note*

Having been a member of the IIS community since 1998 and therefore AIRA since its inception, I just want to take pause and say how overwhelmed I was by the success of the 2012 IIS meeting in Saint Paul, Minnesota. I can remember sitting in a hotel room in D.C. (or was it Rhode Island?), getting old I suppose, as people convened to discuss the creation of AIRA. **Paula Soper, Amy Metroka, Sue Salkowitz, Ayesha Gill, Barbara Canavan** are just a few of the names and faces I remember out of a room full of motivated individuals wanting to see this organization created. The back-and-forth brainstorming and consensus building on our purpose, the agony over what would we call ourselves, what would our structure be, to be incorporated in Washington, D.C., Delaware or not…. good memories.

Fast forward 14 years and I can tell you that I never expected back then to be standing in the back of so many packed rooms over the course of two days in September 2012, looking out and seeing members of our community, many of whom were in those first meetings, sharing experiences with people from all over the U.S. and around the world. More than 250 of you attended the first IIS meeting in more than eight years, including 22 international participants. Attendees came from eight countries, six American Territories and 44 States. In a meeting executed so brilliantly by AIRA, it was just a really proud WOW moment.

To see how the passion continues and to see how this community has become such a prominent member in discussions at all levels is just darn cool. So as Editor of *SnapShots* I would like to congratulate the AIRA Board and staff, participating members and sponsors, on pulling off such a phenomenal meeting. ∎

— *Katie Reed, HP*

AIRA 2012 IIS Meeting Sponsors
A special thank you to our sponsors. Their support and participation ensured the success of the IIS Meeting.

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IIS Meeting
AIRA — AMERICAN IMMUNIZATION REGISTRY ASSOCIATION — 2012
Immunization Information Systems for a New Era

Thank you!

PAHO and IIS's in Latin America

PAHO/WHO provides guidance on basic functionalities for countries starting registry development.

Pan American Health Organization (PAHO) is an international public health agency with more than 100 years of experience in working to improve health and living standards of the countries of the Americas. PAHO serves as the Regional Office of the World Health Organization (WHO) for the Americas, and provides technical assistance to all countries and territories in the Western Hemisphere. However, most of PAHO's technical cooperation is targeted to countries of Latin America and the Caribbean.

Recently, PAHO/WHO has been working with Latin American countries to define best practices on registry development, implementation and use, and to provide guidance on basic functionalities for countries starting registry development. PAHO/WHO is also working to facilitate exchange of experiences between countries, mainly through visits between countries, workshops, virtual seminars, and face-to-face meetings.

In 2011, a workshop to discuss issues related to the development and implementation of national computerized nominal immunization registries (NIR) in Latin America took place in Bogotá, Colombia. Participants in the workshop included immunization and information systems (IT) representatives from twenty countries, as well as representatives from partner agencies such as the United Nations Children's Fund (UNICEF), the Program for Appropriate Technology in Health (PATH), the Centers for Disease Control

At right, representatives from Latin American countries presented their findings and experiences during the AIRA 2012 IIS Meeting in Saint Paul, MN. (L to R:) Lourdes Mendoza, Honduras; Fernando Arrieta, Uruguay; Gary Urquhart, CDC; Kristen Forney, NYC DOHMH; Samia Samad, Brazil; Carolina Danovaro, PAHO-Washington DC; Patricia Arce, Bogotá, Colombia; Melissa Fuenzalida, Chile; and Antonia Texeira, Brazil.

and Prevention (CDC), WHO, and the Sustainable Sciences Institute (SSI), the latter also representing the Latin American Open Source Health Informatics group (IMeCA). (The Gates Foundation was unable to attend.)

Following plenary sessions, participants were assigned to seven working groups to highlight problems, identify potential issues and ramifications, and propose solutions in diverse countries and situations. The topics were: 1) considerations before proposing the development of a NIR; 2) data flow and data entry into a computerized system; 3) inclusion of all children in the registry in different scenarios, to ensure a comprehensive population-based registry; 4) practical considerations for implementation of NIR; 5) outputs, reports and maps for immunization program managers at different levels; 6) considerations for the selection of the informatics tools and standards, updates and maintenance, and type of development; and 7) potential use of mobile technologies.

In September of 2012, representatives from Brazil, Chile, the city of Bogotá-Colombia, Honduras and Uruguay presented their experiences at the AIRA 2012 IIS Meeting in Saint Paul, MN. Further collaboration between AIRA, PAHO/WHO and Latin American countries is being explored. The next meeting being planned, to share experiences, lessons learned and to provide guidance to PAHO/WHO in finalizing its first field guide on NIR, will take place in Brazil in 2013. ■

— Sources: M. Carolina Danovaro-Holliday, Claudia Ortiz, Shea Cochi, Cuauhtémoc Ruiz-Matus, PAHO

Immunization Registries in Latin America: Progress and Lessons Learned

■

Latin American countries are rapidly developing and implementing national computerized NIRs.

Most current vaccination coverage monitoring in Latin America relies on aggregated data on vaccines given. By taking advantage of information and communication technologies, the use of computerized national immunization registries (NIRs) can facilitate coverage monitoring in terms of particularity, timeliness and accuracy; which has shown to result in better coverage.

Latin American countries are rapidly developing and implementing national computerized NIRs. Uruguay (1987) and Mexico (1991) were the first countries to use national NIRs; Panama followed (2007). Brazil, Belize, Chile and Guatemala are transitioning to using their NIR nationwide. Colombia, Costa Rica, Honduras and Paraguay have reached different stages of NIR piloting and early implementation. Finally, four more countries are in earlier development/planning stages. This list does not include immunization registries used sub-nationally or by certain providers (NGOs, Social Security).

NIR development has followed a variety of approaches for system conception and development; integration with larger health information systems; modalities for data collection, entry, transmission, data confidentiality and security; and other key features. Similarly, platforms used range from proprietary to only open source software, but often use a mix. In most cases, the bulk of the NIR investment has been covered by countries themselves, though some have received support from development partners or from private companies. Most countries using NIRs still collect data on paper. However, some are exploring the use of mobile devices (mHealth) for data collection, as well as linking the registry to SMS platforms to send vaccination reminders. To our knowledge, no NIR has been externally evaluated, with the exception of an assessment of data produced by Uruguay's NIR in 2006.

The utility of NIRs is likely maximized the closer to administration that the dose is recorded in the system, in terms of time and place. However, data entry at the facility level is not yet possible in most Latin American countries. Further development of electronic health records (EHR) systems, the adoption of standards for interoperability, and the increased availability of Internet access will facilitate shortening the lag time between vaccine administration and data entry into the computerized registry. ■

— Source: M. Carolina Danovaro-Holliday, Claudia Ortiz, Shea Cochi, Cuauhtémoc Ruiz-Matus, PAHO

Individual Access to Immunization Registries Initiative Meeting

The **Individual Access to Immunization Registries Initiative** is part of a broader "Blue Button" effort to empower individuals to actively engage in their own health by giving them access to their health data. Nine states (CO, OH, IA, WV, MS, LA, OR, MN, and UT) and 2 municipalities (NYC and San Diego County) have committed to providing individuals with the ability to access their own immunization records or the records of their children in the next year, provided funding is accessible.

Participants gathered in Saint Paul, MN on September 18, 2012 to develop action plans with the assistance of subject matter experts from ONC, CDC, and a variety of experts from the stakeholder community. Topics that were discussed during the meeting included: available technologies, policy frameworks, identity proofing/authentication, outreach/communications, and funding. The structure for this meeting consisted of grouping IIS's with similar characteristics such as size, jurisdiction, and vendor into a single group. As a group they then spent a designated period of time with subject matter experts on each topic to drill down to a more detailed topic-driven conversation. This method provided an opportunity to ensure that subject matter experts shared meaningful information with the IIS's in order to help in their development of next steps. The final topic area of funding was addressed at the end with the entire group.

During the course of the day common themes emerged along the topic areas. Following is a brief summary of those themes.

- **Technologies:** From an IIS perspective it was clear that, as with many initiatives that we all work on, technology is not a barrier. There are other things at the jurisdictional level (ie. policy, infrastructure, standards etc.) that need to be addressed to help determine how best to apply technology. It was discussed how HIE's have potential to play a significant role in individual access. One element that was agreed upon was that standardization needs to exist for the bi-directional exchange of data elements necessary for consumer engagement. Finally, opportunities exist to leverage documentation from IIS's that have already implemented individual access.

- **Outreach/communication:** There were many themes that could be leveraged from each individual IIS implementation: building blocks to a good communication plan could be leveraged from existing materials developed as part of the implementation of an IIS; revisit and ensure you know your stakeholders, and develop strategies based on their influence; don't forget the "unexpected" stakeholders such as daycares and social workers; and as with all projects don't forgot to engage stakeholders early, timing is key. Finally it was pointed out that aligning with this initiative provides additional drivers within an IIS to improve overall data quality.

- **Identity proofing/authorization:** This was one area where issues were more specific to the individual IIS environment and few themes emerged. It became clear that identity proofing/authorization approaches need to be specific to individual IIS as they need to reflect existing systems and environments. Additionally, identity proofing/authorization handling and issues have the potential to have a significant impact on how the public perceives individual access to immunization registries. Data limitations and encryption were suggested as possible solutions to mitigate risk.

- **Funding:** General discussion related to possible funding opportunities that currently exist and might be worth exploring. These included the Medicaid 90/10 match, HIE funding possibilities, and the National Vaccine Program Office (NVPO), which is primarily focused on adult immunization at this time.

The meeting ended by asking each of the participating IIS to draft an action plan to address each of the reviewed topic areas as part of their initiative for implementing individual access to the IIS. ONC will continue to work with states that are interested in moving forward with this initiative. ■

— Source: Katie Reed, HP

Recording Dose Level Eligibility in IIS

As funding for federal programs is reduced, there is increased pressure to demonstrate that funds are being maximized and utilized for their intended purpose. The Vaccines for Children (VFC) program has been tasked with providing increased justification that publicly funded vaccine is being administered only to those children that meet the required eligibility criteria. To improve accountability for the use of VFC program funds, the Centers for Disease Control and Prevention (CDC) has begun putting increased emphasis on the use of state immunization information systems (IIS) technology to address this need.

IIS are well positioned to support the goals of the VFC program by leveraging technical capabilities to record and report on vaccine doses administered from public vaccine stock and validating that public stock was administered only to VFC eligible children. Based on best practice recommendations from the Modeling of Immunization Registry Operations Workgroup (MIROW), configuring an IIS to capture dose level eligibility is one way to support VFC program objectives for improving vaccine accountability (http://www.immregistries.org/AIRA-MIROW_IIS-VFC_Best_Practice_Guide_04-14-2011.pdf). CDC is requesting that grantees of the 317 immunization program implement functionality for capturing dose level eligibility in IIS by 2017.

As federal legislators, CDC and other federal level organizations begin making policies around dose level accountability, it is useful to consider what state immunization programs and other stakeholders like IIS and electronic health record (EHR) vendors, and national organizations like the American Immunization Registry Association (AIRA), the Association of Immunization Managers (AIM), and the Public Health Informatics Institute (PHII) perceive to be the benefits of dose level eligibility, challenges or barriers to implementation, and possible ways to overcome those barriers. AIRA was recently awarded funds by the CDC's National Center for Immunization and Respiratory Diseases (NCIRD) to coordinate a facilitated session to capture these perceptions.

In September 2012 in Saint Paul, Minnesota, immediately following the AIRA 2012 IIS Meeting, an information gathering session was conducted by a professional facilitation group. The all-day session, which was attended by invitation only, included subject matter experts (SMEs) from the IIS community representing IIS with varying levels of maturity, vaccine purchase/distribution models, IIS products, and geographic regions. The 32 selected participants included representatives with IIS, VFC, and/or Program Management expertise from grantee immunization programs of 17 states. Participants also included IIS vendors and consultants, CDC/NCIRD representatives, and staff from PHII.

During the facilitated session, participants listed 32 potential benefits of capturing dose level eligibility. Benefits were categorized as improving accountability, inventory management, and data collection, as well as supporting funding justification and standardization of systems and policies. Participants also identified a total of 68 perceived barriers to implementing dose level eligibility. For the most part, these barriers could be categorized as technical, resource, policy or work flow issues that impacted state immunization programs, VFC providers, and the IIS and/or EHR product vendors.

When asked to rank the barriers according to criticality and level of difficulty to address, the group identified 17, or 25 percent of the total list of barriers, as being both highly critical and extremely difficult to overcome. These 17 barriers were considered to be "top barriers." The group then came up with suggested strategies to overcome these issues.

In addition, there were a number of critical issues that could not be addressed during the facilitated discussion because the appropriate experts were not in attendance. Specifically these issues questioned the rationale behind universally requiring implementation of dose level eligibility tracking across all grantee IIS projects, and a need to clearly delineate the roles and responsibilities of the IIS and VFC program staff for making the system changes, implementation and enforcement of the new requirements. Impacts of the Affordable Care Act and Meaningful Use Stage 2 were also unknown and may affect how and when dose level eligibility tracking is implemented.

The results of this facilitated session contribute to a growing body of knowledge that can inform stakeholders of next steps toward successful implementation of dose level eligibility in IIS. The final white paper on the facilitated sessions will be available on the AIRA website in February 2013. For questions or comments, please contact Rebecca Coyle at coyler@immregistries.com. ■

*— Source: Danielle Reader–Jolley, AIRA Independent Consultant
and Ginny Hare, Independent Writer and Editor*

2D Vaccine Barcode Pilot Update

The data collection phase began in August at approximately 220 participating provider sites and all ten participating immunization program grantees. This period of data collection will run at least eight months. Each participating provider has been visited by the pilot team for scanner and pilot training as well as configuration of the scanners to the providers' electronic medical record (EMR) or immunization information system (IIS). Some provider sites do not have EMRs but rather enter data directly into the IIS. The other sites are represented by twenty-three (23) EMR products. These products were designed and developed prior to the advent of the 2D barcoded vaccines and only a few have the functionality to capture all of the information in the 2D barcode. This is highlighting the need to identify and describe the software functionality needed to take full advantage of 2D vaccine barcodes.

The participating immunizers represent a cross-section of the healthcare delivery system. Most of the participating providers are pediatricians followed by family practitioners and public health departments. Approximately two-thirds are in the private sector while one-third is public. The first phase of data reporting from the provider sites and grantees (pre-2D barcode scanning) has been initiated. This will form the basis for future analysis.

The initial pilot vaccines with 2D barcodes consisted of Menactra, Pediatric DT, and Havrix adult. While these vaccine have been shipping for several months some pilot provider sites have yet to receive the 2D barcoded vaccines due to supply chain challenges. The participating vaccine manufacturers continue to add 2D barcodes to other vaccines. Sanofi is shipping the following additional vaccines with 2D barcodes: Adacel, Fluzone, and IPOL and plans to release 2D barcodes on Daptacel, Tenivac, and Pentacel by the end of the first quarter in 2013. GlaxoSmithKline (GSK) has released Havrix adult vaccine with the 2D barcode not only on the unit of use (vial) but on the secondary package.

The scope of the pilot was recently expanded to include the provision of technical assistance to non-pilot participants including manufacturers, providers, and grantees. Additional scope activities include the identification of EMR and IIS software functionality needed to fully utilize the 2D barcoded information and to assess the impact of 2D barcodes on vaccine secondary packaging (unit of sale). This additional work is currently being initiated.

Plans for the educational forum to the broader immunization community continue to develop. At present we hope to have the forum in April 2013 in New Orleans contiguous to the AAP Practical Pediatric Course. More information will be shared as plans are solidified.

In other pilot news, the first phase or the pre-2D vaccines state of the work flow analysis has been completed. The analysis used process maps, time measurements, and staff interviews to assess the impact of 2D barcoded vaccine on provider practices. A second work flow analysis is scheduled for March-April 2013 to collect information on the post-2D state. In addition, 2D barcodes continue to be added to Vaccine Information Statements (VIS). At present twelve (12) VIS documents have 2D vaccine barcodes. As new VIS documents are released the new 2D barcodes are being added. ■

— Source: Source: Kenneth Gerlach, CDC, IISSB

New AIRA Website Launched!

On October 23, 2012 AIRA launched its new website. The new site features easy navigation tabs at the top of the page, a What's Happening section that highlights upcoming meetings, a Member Resources section that contains information for committee members, and much, much more. We hope that you will check out the new site at www.immregistries.org. ■

Welcome New AIRA Board Members for 2012-2014

2012 brought many positive changes to the IIS community, not the least of which was the election of new AIRA Board Members in October. We are excited to be entering 2013 with a phenomenally well-qualified Board of Directors to help guide the community in the changes ahead. The following are some quick highlights about our new Board Members. More information on the AIRA Board can be found on our website at www.immregistries.org/about-aira/officers-board-of-directors.

Three AIRA members were elected to Officer positions:

- **Frank Caniglia** was elected **President-Elect** of AIRA, a one year post which serves on the Executive Committee. Frank will transition into President and Past President positions in subsequent years. Frank has worked with the Pennsylvania Statewide Immunization Information System (PA-SIIS) for the last 14 years, and served as Registry Manager for eight of those years. Frank also serves as an advisor to Pennsylvania's Statewide Health Information Exchange around issues related to Meaningful Use. He has been engaged in both technical and programmatic AIRA activities since the organization was founded, and is particularly involved in MIROW work. Frank brings significant technical skills to AIRA's Board, and will be particularly skilled in addressing community-wide issues related to Meaningful Use.

- **Mandy Harris** was elected **Secretary** of AIRA. This position serves on the AIRA Executive Committee as well, and is a one year term. Mandy currently works for the Nevada Statewide Immunization Information System where she has been the Manager since January 2011. Prior to this current position, Mandy worked in a variety of roles within the Immunization Program, including providing training and Helpdesk Support. She has 14 years of experience in Nevada's Public Health Division, and brings a broad perspective and a positive sense of enthusiasm to AIRA's Board.

- **Therese Hoyle** was elected **Treasurer** of AIRA. This position also serves on the AIRA Executive Committee, and is a two year term. Therese has worked in the IIS community for over 18 years. After working with the Michigan Care Improvement Registry (MCIR) for many years, she began her own consulting business, and now works with many organizations, including the Michigan Department of Community Health, the Harvard Population Health Program, and the Public Health Informatics Institute (PHII). Therese brings with her a wealth of experience about both State and National issues related to IIS.

Five new members were elected to voting Board positions:

- **Beth English** will serve a two-year term on the Board. Beth is currently the Deputy Program Manager for Operations of the Massachusetts Immunization Program, and coordinates all activities and operations for the Massachusetts Immunization Information System (MIIS). She also manages grant applications and budget justifications for the MIIS, and has primary fiscal responsibility for overall Immunization Program operations. Beth has a background in HIV/AIDS and International Health, and has been engaged in Public Health since 1994. Beth graciously accepted a request to serve on the Executive Committee as a member-at-large, and brings a critical eye to both her Board and Executive Committee work.

- **Michael Flynn** will serve a two-year term on the Board. Michael currently serves as the technical lead for the New York State Immunization Information System (NYSIIS), and has worked within the New York State Department of Health for over 30 years. His work with the IIS community dates back to the mid-1990s, when he served as Co-Chair on the Committee on Immunization Registry Standards and Electronic Transmission (CIRSET), the group that developed the first national Immunization Implementation Guide for HL7. Michael represents AIRA on the HL7 Public Health and Emergency Response Workgroup, and he brings both technical expertise and outspoken passion to the AIRA Board.

- **N. Elaine Lowery** will serve a one-year term on the Board. Elaine has served as a Senior Public Health Consultant with the Public Health Informatics Institute (PHII) since 2008, where she works with IIS across the country as part of the Enhanced Technical Assistance Program (ETAP), among other programs. Prior to her work with PHII, she was engaged with the Colorado Children's Immunization Coalition (CCIC) for 15 years, serving as the Registry Manger from 1996-2008. With a background in law, Elaine has worked on several projects related to statutes, rules and policy; her significant policy and regulatory expertise will be an excellent addition to the AIRA Board.

- **Jenne McKibben** will serve a two-year term on the Board. Jenne is currently the Training Lead for the Oregon ALERT Immunization Information System (ALERT IIS), and provides leadership and operational coordination to the Helpdesk and Data Entry teams. Prior to joining the IIS team in 2007, Jenne worked as a Health Educator with the Vaccines for Children (VFC) team, where she provided training to both providers and internal staff. Jenne has been engaged with the AIRA Education Committee for several years, and brings significant expertise in online training and distance learning to the AIRA Board.

- **Paul Schaeffer** is serving a one-year term on the Board. Paul has worked within the IIS community for over 15 years, and currently serves as the Deputy Director of New York City's IIS, the Citywide Immunization Registry. Paul has particular expertise in the area of IIS-EHR interoperability, and has worked in partnership with NYC's VFC program to assure VFC compliance through the IIS. His knowledge of program integration and broad data use will benefit the AIRA Board substantially.

We look forward to working together in the coming years to help AIRA and the IIS community manage the exciting growth ahead! ■

— Source: Mary Beth Kurilo IIS Manager, Oregon ALERT IIS, AIRA President

JPHIT Fall Face-to-face Meeting:

As AIRA welcomes the New Year, the association continues to strengthen its partnerships with national public health associations. 2013 promises to be a year filled with excitement and important public health initiatives that will require AIRA leadership to be actively engaged with our national partners to assure AIRA's vision as a national leader is reflected in national public health objectives related to immunizations and standards development.

In 2009, Joint Public Health Informatics Taskforce (JPHIT) invited AIRA to become an affiliated organizational member. JPHIT is a collaboration of public health associations committed to improving population health through informatics, health IT and information exchange. JPHIT provides a forum that enables coordinated and collaborative development and implementation of public health informatics priorities, a unified voice on national informatics policy issues, and a focus on improving performance of the public health system through informatics. In October 2012 AIRA was voted in as a full voting member of JPHIT. Thank you to the JPHIT board and congratulations to AIRA!

Also in October 2012, JPHIT hosted its fall face-to-face meeting in Atlanta, Georgia. The three day meeting provided stimulating topics and thoughtful discussions around critical public health activities such as Public Health Agencies (PHAs) declaration process to CMS and Eligible Professionals (EP) and Eligible Hospitals (EH) intent to demonstrate Meaningful Use (MU) through a formal registration process with PHAs. Representatives from CMS, ONC and CDC were present and shared national expectations and direction of high profile projects that will impact all of public health activities. As a result of the declaration process as required by MU Stage 2, a Public Health Reporting Task Force was created and is being spearheaded by the CDC. The goal of the task force is to develop the requirements public health needs in order to achieve the expected functionality within Stage 2. AIRA members are encouraged to begin researching and planning within your agencies for the declaration and registration process as it will impact your ongoing efforts with EP and EH on-boarding and acknowledgement.

The JPHIT board members also had the opportunity to have an overview of the Health Information Technology Policy Committee (HITPC) recommendations for Stage 3 prior to their release for the Request for Comment (RFC) period. Attending associations offered comments with suggestions based on refinements to the objectives, measure, exclusion criteria, or certification criteria.

An interest throughout the JPHIT member associations was to develop a practical guidance document to support public health and HIEs in creating a win-win strategy for working together. Two high-level objectives were discussed: 1) what are some of the critical issues and requirements for public health in working with HIEs, and 2) what roles and responsibilities need to be negotiated with an HIE? Discussions identified many benefits for public health and reporting entities but also identified potential challenges from technical and compatibility issues, to policies and existing laws that need to be discussed between public health and the HIE. The board will continue to research this topic and have discussions during future calls. Any questions regarding this meeting can be directed to Frank Caniglia at ccaniglia@pa.gov.

— Source: Frank Caniglia, PA