Report on initiatives to improve accuracy of records in USIIS

STATE OF UTAH
Division of Disease Control and Prevention

To: Social Services Appropriations Subcommittee

From: Epidemiology/USIIS

Subject: Statutorily Required Report for the Utah Statewide Immunization System

Executive Summary

USIIS has been a critical system during the COVID-19 pandemic. Many improvements have been made through COVID funding that will improve the completeness and accuracy of USIIS, but as that funding expires additional funding will be needed to meet current and future demands. Without a reporting mandate, USIIS remains a voluntary system. We will continue to work with schools, healthcare providers and other organizations to encourage participation with USIIS for all vaccines.

Primary Report

Senate bill 7 item 58 requires the Utah department of Health to report on initiatives to improve the accuracy of records in the Utah Statewide Immunization System for the following items:

(1) youth for under reporting of Tdap (tetanus, diphtheria, and pertussis) and Td (tetanus and diphtheria) immunization,

(2) adults over 65 years old for better links to death records,

(3) identifying how many medical providers are not enrolled, and

(4) recommendations for what would need to happen long term so that the USIIS database could be complete and accurate.

This past year the focus has primarily been on supporting the COVID pandemic response. Through those efforts we have made several improvements that will improve the accuracy of records in USIIS overall. Some key improvements have been:

- Additional ways to report data to USIIS through file uploads, manual data entry and direct interfaces with clinic health systems.
- Through additional funding for COVID we have been able to hire 4 additional staff
- Data quality reports are being sent to providers each week detailing what has been submitted to USIIS and to highlight any data quality issues
- Onboarded additional medical providers who support COVID vaccines but will continue to report non-COVID vaccines ongoing
- Implemented many data quality processes to identify data quality issues early and work with providers on corrections
- Implemented Docket for individuals to access their own immunization records. This allows individuals to identify any missing or incorrect vaccinations.

Activities specifically addressing the items in senate bill 7 are:

1. We are working with schools to encourage them to include FERPA releases in their registration packets and have them update USIIS with all missing school age vaccines. We hired an outreach specialist who is focusing on schools and pediatric facilities to help facilitate complete and timely reporting to USIIS. All 41 school districts

have access to USIIS including 924 individual public and private schools. Out of those with access 365 schools have submitted vaccine data. We are working with the other non-enrolled schools and those that are enrolled but do not submit vaccine data to identify barriers and help work with administrators to remove those barriers.

2. We are connected to the DOHMPI system that imports data from the vital records death system (EDEN). We use DOHMPI to match records in USIIS and update the vital status of records in USIIS.

3. Through COVID we have enrolled many new providers and improved interfaces for existing ones. In 2021 we enrolled 197 new providers making 3167 total active providers in USIIS. We will continue to work with these new providers to encourage reporting of non-COVID vaccines ongoing. One major improvement was we worked with CNS to automate their process so now we are receiving all of their flu vaccines when the past we didn't receive those. They are one of the largest flu vaccine providers in the state. This last session we worked on a bill that would mandate reporting of vaccines from health care providers to USIIS that didn't pass. Without some legislation we do not have a way to determine the total number of healthcare providers who perform immunizations. We will continue to work with organizations like the UMA to encourage participation from providers.

4. COVID has provided opportunities to create lasting improvements to USIIS. Through increased staffing we are able to focus on data quality and work with health care providers and schools to improve reporting. Without legislation mandating USIIS we will remain a voluntary system. Now with Docket, individuals have access to see what immunizations are in USIIS and when there are missing immunizations they can notify their provider. We hope this will encourage more providers to connect to USIIS and fix data quality issues.

When the COVID funding expires we will lose the additional staff and software developers. To ensure USIIS can keep up with demand and continue to work with new providers we need continued funding. Our normal state funding supports the minimum staff to keep USIIS operational but does little to improve the system or data quality. To ensure USIIS can grow and improve long term we would need additional funding to support 2 FTEs and 1 additional software developer. We have done much through this pandemic but this also created more demand for our services and data from health care providers, insurers, K-12 schools, universities, individuals, and others that we don't have adequate staffing to support in the long term.