

# Immunization in the Electronic Age

Tuesday, June 28, 2016  
12:00 p.m. – 1:00 p.m.

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Medical Director  
Quality Insights of Delaware





# History of Vaccination

- Before the middle of the last century, diseases like whooping cough, polio, measles, Haemophilus influenzae, and rubella struck hundreds of thousands of infants, children and adults in the U.S.
- Thousands died every year from these diseases.
- As vaccines were developed and became widely used, rates of these diseases declined until today most of them are nearly gone from our country .

# Diseases Haven't Disappeared

- The United States has very low rates of vaccine-preventable diseases, but this isn't true everywhere in the world.
  - Only one disease, smallpox, has been totally erased from the planet.
  - Polio no longer occurs in the U.S. but it is still paralyzing children in several African countries.
  - More than 350,000 cases of measles were reported from around the world in 2011, with outbreaks in the Pacific, Asia, Africa, and Europe.
    - 90 percent of measles cases in the U.S. were associated with cases imported from another country. Only the fact that most Americans are vaccinated against measles prevented these clusters of cases from becoming epidemics.

# Measles

- Nearly everyone in the U.S. got measles before there was a vaccine, and hundreds died from it each year.
- Today, most doctors have never seen a case of measles.



# Diphtheria

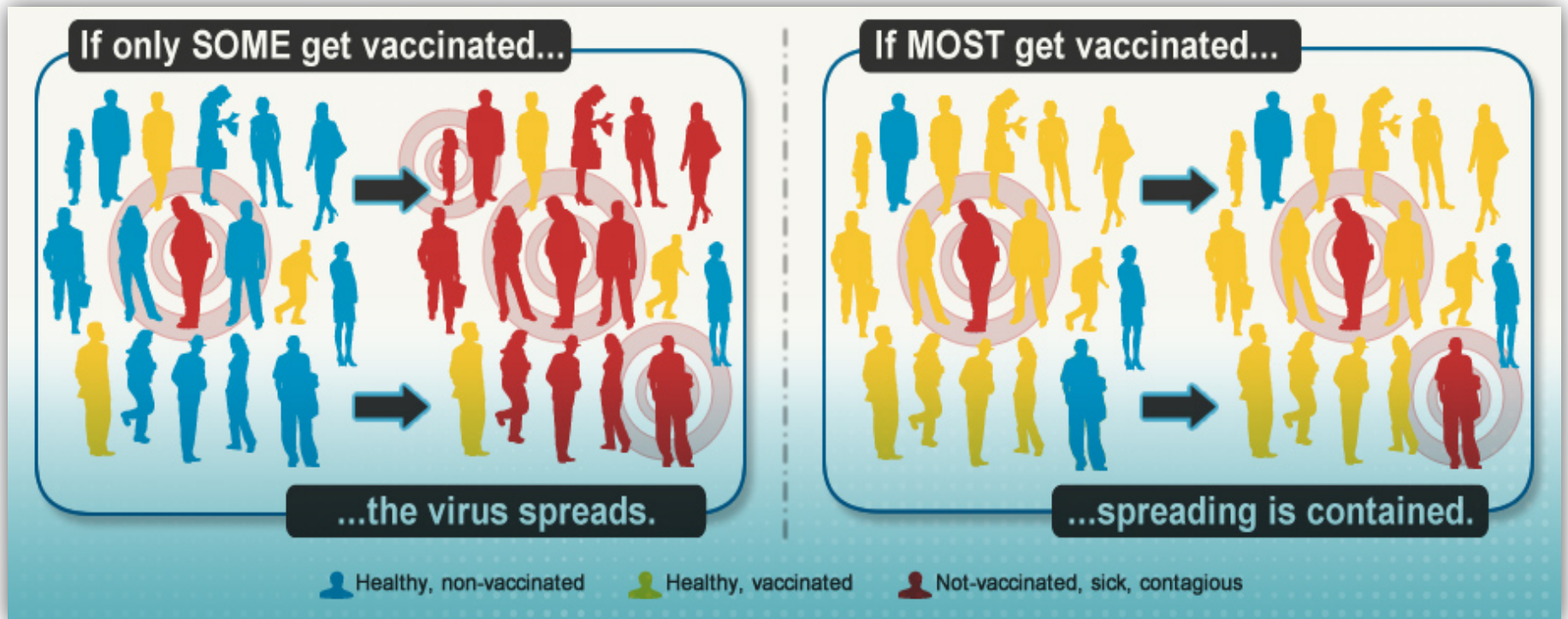
- More than 15,000 Americans died from diphtheria in 1921, before there was a vaccine.
- Only one case of diphtheria has been reported to CDC since 2004.

# Rubella

- An epidemic of rubella (German measles) in 1964-65 infected 12½ million Americans, killed 2,000 babies, and caused 11,000 miscarriages.
- In 2012, 9 cases of rubella were reported to CDC.

# Vaccines Don't Just Protect You

- Most vaccine-preventable diseases are spread from person to person
  - If one person in a community gets an infectious disease, he can spread it to others who are not immune.
    - A person who is immune to a disease because he/she has been vaccinated can't get that disease and can't spread it to others.
    - The more people who are vaccinated, the fewer opportunities a disease has to spread.



**Source:** Centers for Disease Control and Prevention (CDC), "What Would Happen If We Stopped Vaccinations?" Retrieved from <http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm>

# Public Health's 'Best Buy'

- Immunizing children is one of public health's "best buys"
  - Vaccines are relatively easy to deliver
  - In most cases, provide lifelong protection
  - In return, they boost development through direct medical savings and indirect economic benefits such as cognitive development, educational attainment, labor productivity, income, savings and investment

# Public Health's 'Best Buy' (cont.)

- According to the [State of the World's Vaccines and Immunization 2009 Report](#):
  - "Immunization - even with the addition of the new, more costly vaccines - remains one of the most cost-effective health interventions."
- In 2005, Harvard University scientists calculated that spending on Gavi's programme to expand vaccine coverage in eligible countries would deliver a rate of return of 18 percent by 2020 - higher than most other health interventions, and similar to primary education.

# Vaccines Work Around the World: Key Facts and Figures

- Beyond preventing more than 100 million cases of illness and averting 3.7 million deaths in young children over the next ten years, immunizing children with three crucial vaccines against pneumonia, diarrhea and meningitis would hold major economic benefits for both families and governments.
  - Rolling out childhood immunizations against Hib, pneumococcal and rotavirus diseases in the world's 73 poorest countries over the next decade would result in an estimated \$63 billion in treatment and productivity savings.
  - Averting short-term costs of disease treatment saves \$1.4 billion and avoiding the lost wages of caretakers saves \$313 million, while averting the long term economic costs of lost productivity due to disability and death may add savings of \$61 billion to these economies in the long term.
  - The ability to avert 3.7 million deaths by using pneumococcal, Hib and rotavirus vaccines has an estimated value of \$115 billion for those in at-risk countries.

Session View Help  
Logout... Exit...

### Immunization Catalog

Hide System Items Show Archived

Description	CPT Code	HCPCS Code	Common Name	Standard	Manufacturer	Lot Number	Expiration D...	Source
DTaP - HepB - IPV	90723				GlaxoSmithKline			Allscripts
DTaP - HB	90721				sanofi pasteur			Allscripts
DTaP - HB - IPV	90698		Pentacel	Yes	sanofi pasteur	xxxxxxx		Allscripts

**Immunization Catalog Properties**

Description: DTaP - HB - IPV  
Common Name: Pentacel

**Code Mappings**

Code	Type	Description
90698	CPT	DTaP-IPV/Hb vaccine IM
120	CVX	DTaP-Hb-IPV

**Medication Mapping Details**

Manufacturer	Medication	Lot Number	Expiration Date	NDC
sanofi pasteur		xxxxxxx		

**Dose Administration**

Dose: 0.5 Route: Intramuscular  
Units: ml Site: Anterolateral Thigh (Left)

**VIS Given**  
Multiple Vaccines (DTaP, IPV, Hb, PCV, Hep B, and Rotavirus) (S/S/00) Change...

**Age Details**  
From: 0 To: 0 In: <Undefined>

**Options**  
☒ Immunization is part of a series  
☒ Standard immunization (commonly given)

**Immunization Series Details**

Status: ☒ Enabled ☐ Archived

OK Cancel

10:33 AM 5/27/2016

Allscripts Professional EHR

Desktop Patient TEST, Child

MANAGER, System

Status: Active | Training Patient  
 Next App: No appointment scheduled  
 Most Recent Weight:

Guarantor: Self  
 Allergies:  
 Risk: None Documented

Most Recent BMI:

Marital Status: Undefined  
 Most Recent BSA: 0.61 m<sup>2</sup> (8/9/2011)  
 VIP | No Web Account

Allscripts

Assessment/Plan

Patient Problem List Patient Medications My Short Lists Short Lists Search Free Text Diagnosis Eligibility

Summary

Face Sheet  
 Patient Manager  
 Demographics  
 Reminders  
 Flow Sheets  
 Immunizations  
 Medication Admin  
 Chart Attachments  
 Results  
 Result Summaries  
 Pregnancy Record

Contact

Reason for Visit  
 Review of Systems  
 History  
 Vitals  
 Physical Exam  
 Assessment/Plan  
 History & Physical

Include Add to My Short Lists Reset Short List Collapse All View...

Family Practice Associates

- Physical exam/Consult level codes
- Immunizations / Skin Testing
  - 12 Month Immunizations (Private Insurance)
  - 12 Month Immunizations (VFC: Medicaid & No Insurance)
  - 15 Month Immunizations (Private Insurance)
  - 15 Month Immunizations (VFC: Medicaid & No Insurance)
  - 18 Month Immunizations (Private Insurance)
  - 18 Month Immunizations (VFC: Medicaid & No Insurance)
  - 24 Month Requirements
  - 4 Month Old Immunizations (Private Insurance)
  - 4 Month Old Immunizations (VFC: Medicaid & No Insurance)
  - 4-6 Year Old Immunizations (Private Insurance)
  - 4-6 Year Old Immunizations (VFC: Medicaid & No Insurance)
  - 6 Month Old Immunizations (Private Insurance)
  - 6 Month Old Immunizations (VFC: Medicaid & No Insurance)
- Admin by Any Route 1ST Vacc/Tox, 0-18 yrs (Counseling for all components completed) (90460)

Current Plans

Update Move Note Clear Draft Drug ADN

Future Plans

Include

Actions

Menu  
 Send Message  
 Launch  
 Print

Inboxes

Open Encounters  
 2  
 Result Notifications  
 2 [1]  
 Messages  
 7 [7]  
 Web Messages  
 0  
 Refill Requests  
 0  
 eRefill Requests  
 3  
 Documents  
 2 [1]  
 Action Items  
 0  
 Received Charts  
 0  
 Report Results  
 1  
 ePH Notifications  
 0  
 External Notificatio...  
 3

Billing Level... (SITE DEFAULT)

10:37 AM  
 5/27/2016

**Allscripts Professional EHR**

Desktop Patient TEST Child

Status: Active | Training Patient  
Next Appt: No appointment scheduled  
Most Recent Weight:

Guarantor: Self  
Allergies:  
Risk: None Documented

Most Recent BMI:

Marital Status: Undefined  
Most Recent BSA:  
VIP | No Web Account

**AssessmentPlan**

Current Encounter

Summary

- Face Sheet
- Patient Manager
- Demographics
- Reminders
- Flow Sheets
- Immunizations
- Medication Admin
- Chart Attachments
- Results
- Result Summaries
- Pregnancy Record

Current Plan

Update Move Note Clear Draft Drug ABN

Future Plans

Include

12 Month Immunizations (Private Insurance)

- HEPATITIS A IMMUNIZATION 12 & 18 MONTH CHILD (V05.3 | Z23)
- ADMINISTRATION OF HEPATITIS A VIRUS VACCINE ON 2 DOSE SCHEDULE FOR UNDER AGE 18 (90633)
- Admin by Any Route 1ST Vac/Tox; 0-18 y/o (90460)
- Hepatitis A Vaccine? + vaccinations
- MMV VACCINE (V05.4 | Z23)
- ADMINISTRATION OF MEASLES-MUMPS-RUBELLA VACCINE (90707)
- Admin by Any Route 1ST Vac/Tox; 0-18 y/o (90460)
- Admin by Any Route Addl Vac/Tox; 0-18 y/o (90461)
- VARICELLA VACCINE (V05.4 | Z23)
- ADMINISTRATION OF FIRST VARICELLA VACCINATION (90716)
- Admin by Any Route 1ST Vac/Tox; 0-18 y/o (90460)
- TOXIC EFFECT OF ORGANIC LEAD COMPOUND (984.1 | T56.0X1A)
- LEAD (83655)
- IRON DEFICIENCY ANEMIA, UNSPECIFIED IRON DEFICIENCY
- HGB (HEMOGLOBIN) (85018)
- Ferritin (82728)

Billing Level: (SITE DEFAULT)

10:39 AM 5/27/2016

**Allscripts Professional EHR**

Desktop Patient **TEST, Child** MANAGER, System

Status: Active | Training Patient  
Next Appt: No appointment scheduled  
Most Recent Weight:

Guarantor: Self  
**Allergies:**  
Risk: None Documented

Most Recent BMI:

Marital Status: Undefined  
Most Recent BSA:  
VIP | No Web Account

**Assessment/Plan**

Summary Patient Problem List Patient Medications My Short Lists Short Lists Search Free Text Diagnosis Eligibility

Include Add to My Short Lists Reset Short List Collapse All View...

Ferritin (82726)  
 Well child visit: month 12  
 Well child visit: month 15  
 Safety: lead poisoning, prevention of - complete version  
 ENCOUNTER FOR IMMUNIZATION (V03.09 | Z23)  
 15 Month Immunizations (Private Insurance)  
 15 Month Immunizations (VFC: Medicaid & No Insurance)  
 18 Month Immunizations (Private Insurance)  
 18 Month Immunizations (VFC: Medicaid & No Insurance)  
 HEPATITIS A VACCINATION (VFC) (V05.3 | Z23)  
 Well child visit: month 18  
 24 Month Requirements  
 TOXIC EFFECT OF ORGANIC LEAD COMPOUND (984.1 | T56.0X1A)  
 4 Month Old Immunizations (Private Insurance)  
 4 Month Old Immunizations (VFC: Medicaid & No Insurance)  
 4-6 Year Old Immunizations (Private Insurance)  
 4-6 Year Old Immunizations (VFC: Medicaid & No Insurance)

Current Plans

Update Move Note Clear Draft Drug ABN

HEPATITIS A - 12 & 18 MONTHCHILD (V05.3 | Z23)  
 ADMINISTRATION OF HEPATITIS A VIRUS VACCINE ON 2 DOSE SCHEDULE FOR UNDER AGE 18 (90633)  
 Admin by Any Route 1ST Vac/Tac; 0-18 y/o (90460)  
 Pt Education - Hepatitis A Vaccine? - vaccinations  
 MMR VACCINE (V06.4 | Z23)  
 ADMINISTRATION OF MEASLES-MUMPS-RUBELLA VACCINE (90707)  
 Admin by Any Route 1ST Vac/Tac; 0-18 y/o (90460)  
 Admin by Any Route Add Vac/Tac; 0-18 y/o (90461) (2 Units)  
 VARIVAX (V05.4 | Z23)  
 ADMINISTRATION OF FIRST VARICELLA VACCINATION (90716)  
 Admin by Any Route 1ST Vac/Tac; 0-18 y/o (90460)  
 TOXIC EFFECT OF ORGANIC LEAD COMPOUND (984.1 | T56.0X1A)  
 LEAD (93655)  
 IRON DEFICIENCY, ANEMIA, UNSPECIFIED IRON DEFICIENCY  
 HGB (HEMOGLOBIN) (85018)  
 Ferritin (82726)

Future Plans

Include

Billing Level: (SITE DEFAULT)

Actions:  
 Menu  
 Send Message  
 Launch  
 Print  
 Inboxes:  
 Open Encounters  
 2  
 Result Notifications  
 2 (1)  
 Messages  
 7 (7)  
 Web Messages  
 0  
 Refill Requests  
 0  
 eRefill Requests  
 3  
 Documents  
 2 (1)  
 Action Items  
 0  
 Received Charts  
 0  
 Report Results  
 1  
 ePH Notifications  
 0  
 External Notificatio...  
 3

10:41 AM 5/27/2016



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You can print the completed form and save it to your device or Acrobat.com.



Highlight Existing Fields

**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Public Health

Immunization Program

**Reporting Record****All Sections Required****Practice Name<sup>(1)</sup> :****Ordering Provider (MD,NP) Name <sup>(2)</sup>:****Patient Information****Patient's Name (Last, First)<sup>(3)</sup>:****Sex <sup>(5)</sup>:** ☐ Male ☐ Female**Patient's Address<sup>(4)</sup>:****DOB <sup>(6)</sup>:****Ethnicity <sup>(7)</sup>:** ☐ Hispanic ☐ Non-Hispanic**City, State Zip Code:****RACE<sup>(8)</sup>:** ☐ Caucasian ☐ African American ☐ Asian/Pacific Islander ☐ Am. Indian/Alaskan Native ☐ Other (Specify):**Date of Immunization<sup>(9)</sup>****Funding Program****Funding Source<sup>(14)</sup>****IMPORTANT**☐ **VFC Eligible<sup>(10)</sup>:**

- ☐ Insurance Without Immunization Coverage
- ☐ Medicaid: (Pick One) ☐ Primary ☐ Secondary
- ☐ Medicaid Managed Care (Specify): \_\_\_\_\_
- ☐ American Indian/Alaskan Native
- ☐ Uninsured

Federal: ☐ VFC ☐ 317State: ☐ CHIP ☐ Special ProjectsPrivate: ☐ Private Stock

4:57 PM

http://www.dhss.delaware.gov/dph/dpc/files/ir\_form.pdf

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Highlight Existing Fields

☐ Not VFC Eligible/Private Insured (12)  
☐ 317 Funded ☐ Uninsured ☐ Underinsured (13)

Adult HPV Program Provider  
☐ Uninsured ☐ Underinsured

**Immunization(s) Administered (15)**

Vaccine	Manufacturer/Type	VIS Pub. Date	Dose	Route	Site	Lot #	Exp. Date
DT	<input type="checkbox"/> Sanofi						
DTaP	<input type="checkbox"/> Sanofi <input type="checkbox"/> GSK						
DTaP/HepB/IPV (Pediarix)	<input type="checkbox"/> GSK						
DTaP/IPV (Kinrix)	<input type="checkbox"/> GSK						
DTaP/Hib/IPV (Pentacel)	<input type="checkbox"/> Sanofi						
Td	<input type="checkbox"/> Sanofi <input type="checkbox"/> Merck						
Tdap	<input type="checkbox"/> Sanofi <input type="checkbox"/> GSK						
Hep A	<input type="checkbox"/> Merck <input type="checkbox"/> GSK						
Hep A/B	<input type="checkbox"/> GSK						
Hep B	<input type="checkbox"/> Merck <input type="checkbox"/> GSK						
Hep B (2 dose)	<input type="checkbox"/> Merck						
HepB/Hib (Comvax)	<input type="checkbox"/> Merck						
Hib	<input type="checkbox"/> Sanofi <input type="checkbox"/> Merck						
HPV	<input type="checkbox"/> Merck <input type="checkbox"/> GSK						
Influenza							
IPV	<input type="checkbox"/> Sanofi						

Done

5:00 PM

http://www.dhss.delaware.gov/dph/dpc/files/ir\_form.pdf

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Page Safety Tools

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Highlight Existing Fields

<b>Hep A</b>	<input type="checkbox"/> Merck	<input type="checkbox"/> GSK						
<b>Hep A/B</b>	<input type="checkbox"/> GSK							
<b>Hep B</b>	<input type="checkbox"/> Merck	<input type="checkbox"/> GSK						
<b>Hep B (2 dose)</b>	<input type="checkbox"/> Merck							
<b>HepB/Hib (Comvax)</b>	<input type="checkbox"/> Merck							
<b>Hib</b>	<input type="checkbox"/> Sanofi	<input type="checkbox"/> Merck						
<b>HPV</b>	<input type="checkbox"/> Merck	<input type="checkbox"/> GSK						
<b>Influenza</b>								
<b>IPV</b>	<input type="checkbox"/> Sanofi							
<b>MCV4 (Menactra/Menveo)</b>	<input type="checkbox"/> Sanofi	<input type="checkbox"/> Novartis						
<input type="checkbox"/> MMR or <input type="checkbox"/> MMR/V (Proquad)	<input type="checkbox"/> Merck							
<b>Pneum. Poly (23)</b>	<input type="checkbox"/> Pfizer							
<b>Pneu. Poly (23)</b>	<input type="checkbox"/> Merck							
<b>Rabies</b>	<input type="checkbox"/> Sanofi	<input type="checkbox"/> Novartis						
<b>Rotavirus</b>	<input type="checkbox"/> Merck	<input type="checkbox"/> GSK						
<b>Zoster (Shingles)</b>	<input type="checkbox"/> Merck							
<b>Varicella</b>	<input type="checkbox"/> Merck							
<b>Other:</b>	<input type="checkbox"/>							

(Revised: 11/07/2014)

Done

http://www.dhss.delaware.gov/dph/dpc/files/ir\_form.pdf

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Highlight Existing Fields

- 11) Delaware Healthy Children Program (DHCP): Check only if patient has insurance coverage with DHCP.
- 12) Not VFC Eligible/Private Insurance: Check if patient is age 19 and over or patient has private insurance.
- 13) 317 Funded: Check if using Section 317 funded vaccine and insurance status for non VFC-eligible patients. Please call the Immunization Program with questions at 1-800-282-8672.
- 14) Funding Source: Check the appropriate source of how the vaccine was funded. For the Adult HPV Program, check if patient was vaccinated using vaccine from the Adult HPV Vaccine Program and check the appropriate eligibility status.
- 15) Immunization(s) Administered: Check all immunizations administered to the patient on the date documented in #9 and must include all areas. For Influenza Vaccine, include type (i.e. Quadrivalent or Trivalent). Below are definitions of route and site codes that are needed for submission.

Site Codes		Route Codes
Code & Definition	Code & Definition	Code & Definition
IN-Intranasal	PO-Oral	ID-Intradermal
LALT-Left Anterior Lateral Thigh	RALT-Right Anterior Lateral Thigh	IM-Intramuscular
LFA-Left Arm	RFA-Right Arm	IT-Intravenous
LD-Left Deltoid	RD-Right Deltoid	NS-Nasal
LLFA-Left Lower Forearm	RLFA-Right Lower Forearm	PO-Oral
LPUA-Left Outer Aspect Upper Arm	RPUA-Right Outer Aspect Upper Arm	SC-Subcutaneous
LG-Left Upper Outer Quadrant Gluteus	RG-Right Upper Outer Quadrant Gluteus	
LVL-Left Vastus Lateralis	RVL-Right Vastus Lateralis	

Immunization History

Vaccine	Date	Date	Date	Date	Date

5:07 PM

http://www.dhss.delaware.gov/dph/dpc/files/ir\_form.pdf

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Highlight Existing Fields

### Immunization Reporting Record Instructions

- 1) Practice Name: Print the name of the practice reporting the immunization.
- 2) Administering Provider Name: Print the name of the Provider (MD/NP) responsible for the administration of vaccine
- 3) Patient Name: Print the name of the patient.
- 4) Patient Address: Print the address of the patient.
- 5) Sex: Check the appropriate box.
- 6) Date of Birth: Enter the patient's date of birth.
- 7) Ethnicity: Check the appropriate box.
- 8) Race: Check the appropriate box.
- 9) Date of Immunization: Enter the date the immunization(s) to be reported was administered.
- 10) VFC-eligible: Check for VFC eligible clients and indicate the eligibility criteria.
  - a. Patients in the category of *"Insurance without Immunization Coverage"* must be referred to a Federally Qualified Health Center (FQHC) in order to receive VFC vaccine. Below is a list of FQHCs in Delaware:

<b>Henrietta Johnson Medical Center</b>	<b>Westside Health Center (302) 224-6800</b>
Eastside Location (302) 655-6187	1802 West 4th Street
600 North Lombard Street	Wilmington, DE 19805
Wilmington, DE 19801	
<b>Henrietta Johnson Medical Center</b>	<b>Westside Health Center (302) 678-4622</b>
Southbridge Location (302) 655-6187	Gateway West
601 New Castle Avenue	1020 Forrest Ave. Suite 1
Wilmington, DE 19801	Dover, DE 19904
<b>La Red Health Center (302) 855-1233</b>	
505-A West Market Street	
Georgetown, DE 19947	

# DelVAX: The Delaware Immunization Information System

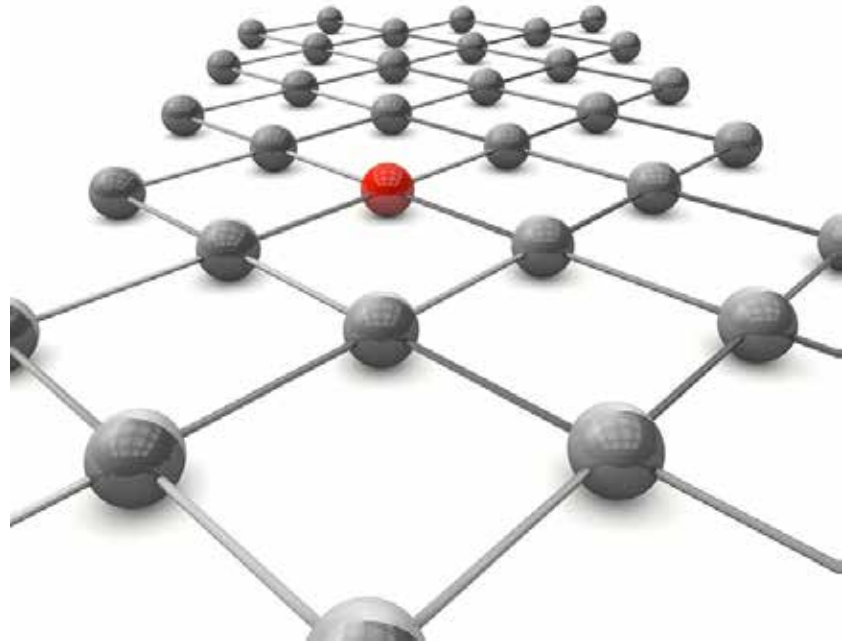
- A web-based centralized lifetime data base repository covering patients from birth to death
- Maintains records for all immunizations given in Delaware
  - Includes non-residents who get immunized in Delaware
- Tool for clinical decision
- Provides a patient's immunization status
- Recommendations for immunizations based on history
- Ultimately a readily accessible & complete immunization health record

# DeIVAX

- Can remind patients about pending immunizations
- Monitor status
- Assure compliance with state statutes
- Identify geographic areas at high risk
- Document/assess vaccine coverage
- Assist in management of vaccine preventable disease outbreaks

# Where does the data come from?

- Public & private providers
- Schools
- Daycares
- Delaware's Vital Statistics
- Medicaid



# Who uses the data?

- Individuals
- State agencies
- Medicaid
- School nurses
- Local health departments
- Physicians
- Insurers

# What about HIPPA?

- Security is in compliance with HIPAA and Delaware statutes
- Access is limited to those defined in Delaware Administrative code
- Security meets both state of Delaware & federal recommendations



# What must be reported?

- “Physicians ... who give immunizations shall report information about the immunization and the person to whom it was given to the ... registry in a manner prescribed by the Division Director...”
- **ALL** immunizations within state boundaries **MUST** be reported

# How do you report?

- Directly from a provider's EHR
- Directly into the DeIVAX database
- Completion of an Immunization Reporting Form
  - This method is being phased out after December 2017



# How can you report from an EHR?

- Contact the Division to get a facility code. Complete and submit a Delaware Immunization Program HL7 Messaging DelVAX Facility Code Request form: (<http://dhss.delaware.gov/dhss/dph/dpc/files/delvaxfacilitycodereq.pdf>)
- Contact the practice's EHR vendor and notify them that the practice wants to submit electronically to DelVax. Information for vendors is at: <http://dhss.delaware.gov/dhss/dph/dpc/files/delvaxfacilitycodereq.pdf>
- The vendor will contact DelVax to begin on boarding of the practice.
- Web services are then set up via DHIN (not required to be DHIN provider).
- Testing occurs until sample messages are successful transmitted - paper IR forms are submitted until the practice achieves proper structure and content transmission

# Direct Data Entry

- Practice requests a DeIVAX user account at:  
(<https://delvax.dhss.delaware.gov/delvax> )
- If the practice already has a DeIVAX account, contact the Immunization Program, **800.282.8672** and request data entry training
- The Immunization Program Trainer/Educator will contact the practice via email to set up training
- An immunization Program Trainer/Educator will contact the practice to set up Direct Data Entry

# Immunization Reporting Forms (IR)

- **PAPER REPORTING IS GOING AWAY**
- Contact the Immunization Program to request reporting forms and envelopes at **800.282.8672**.
- IR forms can also be found on the Immunization Program website for printing and copying at: [http://dhss.delaware.gov/dhss/dph/dpc/files/ir\\_form.pdf](http://dhss.delaware.gov/dhss/dph/dpc/files/ir_form.pdf), or download the forms from the Program website.
- Forms should be returned to:
  - Delaware Division of Public Health  
Immunization Program  
540 South DuPont Highway, Suite 4  
Dover, DE 19901

Allscripts Professional EHR

Desktop Patient

MANAGER, System

## Appointments

Location: Family Practice Associates, PA Date: 5/15/2016 Today -1 +1

Pending: 0 Checked in: 0 Started: 0 Checked out: 0 Total: 0

Time Check In Started Check Out Trackin... Labs Risk Patient / Event Age / Gen... P Caregiver Location Referred By Comments

### Messages

Caregiver: Manager, System Me

From	Subject	Patient	Sent
Manager, System	! Immunization Export Failed		4/20/2016 9:97 AM
Manager, System	! Immunization Export Failed		4/20/2016 9:97 AM
Manager, System	! Immunization Export Failed		4/20/2016 9:97 AM
Manager, System	! Immunization Export Failed		4/20/2016 9:97 AM
Manager, System	! Immunization Export Failed		5/13/2016 10:35 AM
Manager, System	! Immunization Export Failed		4/27/2016 12:29 PM
Manager, System	! Immunization Export Failed		4/14/2016 9:40 AM
Manager, System	! Immunization Export Failed		4/27/2016 4:15 PM
Manager, System	! Immunization Export Failed		4/27/2016 7:30 AM
Manager, System	! Immunization Export Failed		4/27/2016 11:37 AM
Manager, System	! Immunization Export Failed		4/27/2016 12:22 PM
Manager, System	! Immunization Export Failed		5/12/2016 10:16 AM
Manager, System	! Immunization Export Failed		5/12/2016 9:41 AM
Manager, System	! Immunization Export Failed		5/4/2016 11:10 AM
Manager, System	! Immunization Export Failed		4/22/2016 2:32 PM
Manager, System	! Immunization Export Failed		4/26/2016 7:38 AM
Manager, System	! Immunization Export Failed		4/26/2016 7:39 AM
Manager, System	! Immunization Export Failed		4/26/2016 7:39 AM
Manager, System	! Immunization Export Failed		4/26/2016 7:39 AM
Manager, System	! Immunization Export Failed		4/26/2016 7:39 AM
Manager, System	! Immunization Export Failed		4/26/2016 7:39 AM
Manager, System	! Immunization Export Failed		4/26/2016 7:44 AM
Manager, System	! Immunization Export Failed		4/26/2016 10:49 AM
Manager, System	! Immunization Export Failed		4/28/2016 7:38 AM
Manager, System	! Immunization Export Failed		4/28/2016 7:39 AM
Manager, System	! Immunization Export Failed		4/28/2016 1:13 PM
Manager, System	! Immunization Export Failed		4/20/2016 10:29 AM
Manager, System	! Immunization Export Failed		5/13/2016 9:41 AM
Manager, System	! Immunization Export Failed		5/13/2016 7:40 AM
Manager, System	! Immunization Export Failed		5/10/2016 12:55 PM
Manager, System	! Immunization Export Failed		5/10/2016 12:54 PM
Manager, System	! Immunization Export Failed		4/19/2016 3:42 PM

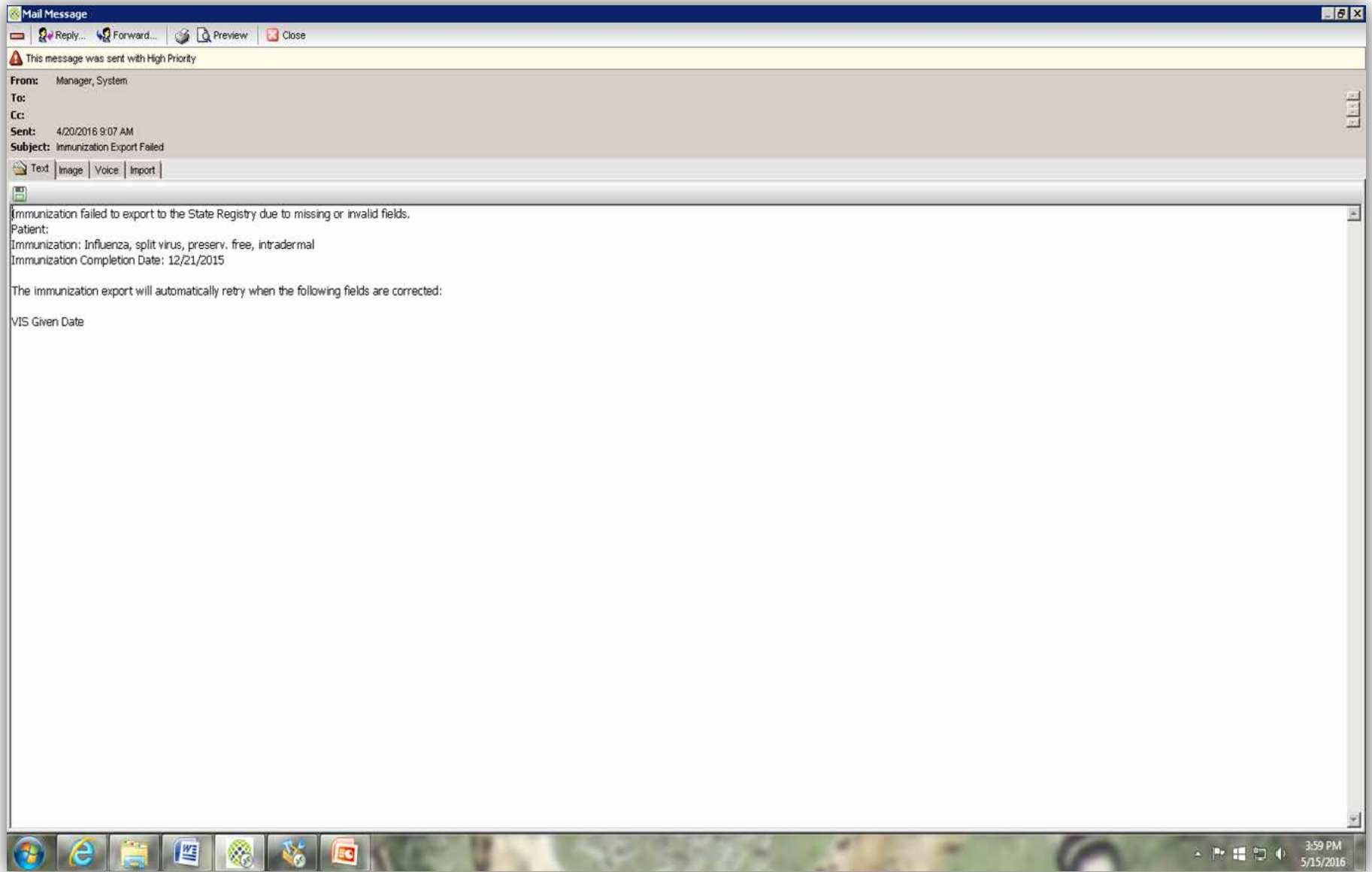
Actions

- Menu
- Send Message
- Launch
- Print

Inboxes

- Open Encounters: 0
- Result Notifications: 0
- Messages: 124 123
- Web Messages: 0
- Refill Requests: 0
- eRefill Requests: 1
- Documents: 2 [1]
- Action Items: 0
- Received Charts: 0
- Report Results: 1
- ePHI Notifications: 0
- External Notification...: 293

3:58 PM 5/15/2016



Allscripts Professional DMR

Desktop Patient

MANAGER, System

Immunizations

Include in MSP Reminders Retrieve Registry Details

Immunization Record Immunization Schedule Edit Immunization

Add Historical... Mark Complete Addendum... Save Save & Complete Close

Immunization Order \* Date #

Immunization Order *	Date	#
Influenza, preserv. free, enhanc...	10/3/2013	P
Influenza, preservative free (3 y...		
Influenza, split virus, preserv. fr...	12/21/2015 8:29 AM	✓
Pneumococcal (2 years and up) ...	10/4/2013	h

Immunization Record Properties [Historical]

Immunization

Immunization Order: Influenza, preserv. free, enhanced immunogcty ...

Date: 10/3/2013 (2 years, 7 months ago)

Immunization Type: Influenza, preservative free (3 years s.)

Number in Series: [dropdown]

Facility Name: [dropdown]

☐ Not Given

Confirmations

☐ Patient Positively Identified

☐ Informed Consent Signed

Registry Export

Consent: Unknown

☒ Export details to Registry

Expiration: [dropdown]

Funding: [dropdown]

VIS Given

Influenza Vaccine - Inactivated (7/2/12)

Change...

Prior Adverse Reactions

No adverse reactions to immunizations

Details

Administered By: Poole, Courtney RN

Lot Number: JH936AB

Dose: 0.5 Units: ml

Manufacturer: sanofi pasteur

Route: Intramuscular

Expire Date: 6/30/2014 (22 months ago)

Site: Deltoid (Right)

Medication: [dropdown]

Clear

Adverse Reaction: ☐ Yes ☒ No Details...

NDC: [dropdown]

Responsible Party

Contact: [dropdown]

Add

Participate in Registry Reminders/Recalls? ☐ Yes ☒ No

Comments

Influenza, preserv. free, enhanced immunogcty, IM (1)

Administered by Poole, Courtney RN on 10/3/2013 (Inhouse)

Dose: 0.5 ml; Route: Intramuscular; Site: Deltoid (Right)

Manufacturer: sanofi pasteur; Lot: JH936AB; Expiration Date: 6/30/2014

VIS Given: Influenza Vaccine - Inactivated (7/2/12)

Documented by: Poole, Courtney RN on 10/4/2013 11:50 AM

OK

Summary

Face Sheet

Patient M

Demogra

Reminder

Flow She

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Results

Result S

Pregnanc

Contact

Reason f

Review c

History

Vitals

Physical

Assessor

History &

SKO (8/6/2014) Dr. Leidy - Inactive

10/19/2015: Comprehensive Metabolic Panel (Final, Reviewed)

4:01 PM 5/15/2016

Allscripts Professional DHR

Desktop Patient

MANAGER, System

Immunizations

Include in HSP Reminders... Retrieve Registry Details

Immunization Record Immunization Schedule Edit Immunization

Add Historical Mark Complete Addendum

Immunization Order ^ Date

Immunization Order	Date
Influenza, intradermal, q.valent, ...	2/4/2016 9:49 AM
Pneumococcal (2 years and up) ...	3/17/2015 8:16 AM

Summary

Face Sheet Patient M Demographic Reminder Flow Sheet Immunization Medication Chart Add Results Result Sheet Pregnancy Contact Reason for Review History Vitals Physical Assessment History &

**Immunization Record Properties**

Save Save & Complete Close

Immunization

Immunization Order: **Influenza, intradermal, q.valent, non preserva ...**

Date: 2/4/2016 9:49 AM (14 weeks ago)

Facility: Inhouse

☐ Not Given

Immunization Type

Immunization Type	Number in Series
Influenza, intradermal, quadrivalent, p...	1
Influenza, intradermal, q.valent, non p...	1

Confirmations

☐ Patient Positively Identified

☐ Informed Consent Signed

Registry Export

Consent: Unknown

☒ Export details to Registry

Expiration:

Funding:

VFC Given

Prior Adverse Reactions

No adverse reactions to immunizations

Details

Administered By: Poole, Courtney RN

Dose: 0.1 Units: ml

Route: Intradermal

Site: Deltoid Area (Right)

Vaccine Eligibility: Not VFC eligible

☐ I do not participate in Vaccine for Children

Lot Number: J15350AA

Manufacturer: sanofi pasteur

Expire Date: 6/30/2016 (in 6 weeks)

Medication: Clear

Adverse Reaction: Yes No Details

NDC: 49281-708-48

Responsible Party

Contact: Add...

Participate in Registry Reminders/Recalls? Yes No

Comments

1/9/2016 HGB A1C (Final, Reviewed)

OK

Family

Brother 2: Both in good health

4:05 PM 5/15/2016

# Immunization Record Submission Survey

- WVMI & Quality Insights is conducting an assessment to verify how each Delaware practice is currently sending patient immunization information to the Delaware Division of Public Health (DPH)
- Since it is now **MANDATORY** to report immunizations for both adults and children to DPH's Immunization Program, it is important for providers to get on track with submitting immunization records electronically
- Please complete our online survey to help DPH determine:
  - Which practices are still submitting paper reports
  - Which practices are still in the testing mode of electronic submission
  - Which practices are actively submitting their immunization records electronically
- Here's a link to the survey: <https://www.surveymonkey.com/r/MJGKD26>
- Thank you for your cooperation

# Confirm Your Organization's Immunization e-Submit Status

- Quality Insights of Delaware can help you verify if your practice is still in the testing mode of e-submission or if you are actively e-submitting immunization records to DPH
- If you need assistance transitioning from the test mode to active status, Quality Insights can provide **no-cost assistance**
- Contact Ashley Corzine, Quality Insights Practice Transformation Specialist, via e-mail at [acorzine@wvmi.org](mailto:acorzine@wvmi.org) or call 1.877.987.4687, Ext. 137



# Questions?



THANK YOU