

IMMUNIZATION PROGRAM INFORMATION

Name of Person Submitting: Dana Goodloe
Email address: Dana.Goodloe@azdhs.gov
Program Location: Arizona

Does AIM have permission to share this information on the publicly accessible AIM website? *All materials submitted, including contact information, will be posted on the AIM website.* Yes No

BULL'S EYE INFORMATION

Title
 AFIX-IIS Integration

Keywords (up to 5 main terms/phrases that describe the initiative)
 Advancement in AFIX-IIS integration

Is this initiative Evidence / Guideline Based? *(if yes, please include reference below)* Yes No
Reference: *AFIX-IIS integration: Operational and Technical Guidance for Implementing IIS-Based Coverage Assessments. Phase I and Phase II*

Background (scope of the immunization need or problem)
 The CDC has stopped supporting CoCASA which was historically used to generate reports for the AFIX assessments. States will have the use of CoCasa for another few years however efforts are underway now to expedite this. Using IIS to generate reports is more efficient and if it is outward facing, providers may generate the same reports on their own too which could ultimately assist in increasing coverage.

Description
Describe the initiative's goals and objectives.
 Use ASIIS (Arizona IIS) only to develop reports needed for AFIX assessments and train providers on running similar reports and using reminder recall. Our goal was to meet Phase I requirements and as Phase II rolled out we already saw we met some and have worked on meeting Phase II recommendations.
What were the main implementation activities?
 Assess ASIIS capacity to generate reports, work with ASIIS vendor to correct or improve reports generated, change AFIX visitor work flow, train staff, develop provider training and implement.
Where and when did the initiative take place?
 It is online through our ASIIS and education took place in provider offices during AFIX visits
How much staff time was involved? There was additional staff time involved with learning the system, however the report generation was user friendly and quick to pick up. After running a few reports, the team had the process down. Now that we have made the assessment portion more efficient, we spend more time in the provider's office so that we may train office staff on how to use ASIIS for their assessment reporting.

The additional time in the office can range from 20 minutes to an hour or more depending on the needs of the facility.

What were the costs associated with the activity? What was the funding source?

No additional costs for development

Identify the target population that the initiative affected.

Vaccine provider offices- and stakeholders who are interested in accessing coverage information. E.g. a county health department that wants to assess the coverage in their county as a whole.

If partners were involved, include who was involved, and how.

STC was involved in that they provided the technical assistance in updating the reports.

Timeframe of Implementation (Start and Stop Dates)

Began looking into this in January and fully implemented by March

Evaluation Data: Was the implementation and/or effectiveness of this initiative assessed? (if "yes" or "limited," provide any data that is available) Yes No Limited

Data: By removing CoCasa, Site visitors were able to assess more providers because the assessment process became more efficient. Arizona visited over 70 additional sites compared to 2014. And coverage rates have continued to go up. While a formal survey has yet been sent out to providers, we have received positive feedback regarding the reports and their own ability to not only run the report but have it scheduled to run monthly and sent to any desired recipients in the office.

Conclusions / Lessons Learned / Key Factors for Success

While initial training and trouble shooting was time intensive and frustrating at times, the return on that investment was worth it. It is important to keep in mind that there will be speed bumps in the developmental process when one is changing a process and challenging a system, in this case ASIIS, to perform in a way it has not been asked to yet. ASIIS had not been used to run these reports historically so there were bugs that would come up and we would troubleshoot them as they arose. But without challenging the system to improve, it will never improve.

Check if any of the following are being submitted to complement your submission:

(All materials will be posted on the AIM website)

Testimonials

Quote from partner/participant

Sample of materials produced

Press release

Promotional materials

Project photo(s)

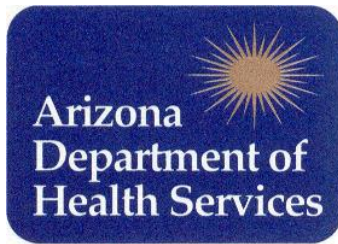
Publication (e.g., news story, journal article)

Video/audio clip

Website URL

Tables or graphs

Other — Explain: _____



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DOUGLAS A. DUCEY, GOVERNOR

CARA M. CHRIST, MD, DIRECTOR

December 1, 2016

To Whom It May Concern:

I am the AFIX Specialist with the Arizona Immunization Program Office here in Tucson. My job consists of creating immunization reports for providers enrolled with the (VFC) Vaccines For Children Program. These reports allow providers the opportunity to know their immunization coverage rates for their toddler and adolescent patients.

Currently we are using our (ASIIS) Arizona State Immunization Information System to create these immunization reports that we use during our site visits with VFC provider. In the past we were using a CDC databased program called (CoCASA) Comprehensive Clinic Assessment Software Application.

Though CoCASA, at first was a great tool considering before we were using another CDC program called WinCASA which was not as professional looking as CoCASA.

CoCASA was much more time consuming when it came to creating immunization reports. It involved many more steps to the process to achieve our goal of compiling all the different immunization reports needed to complete a provider assessment visit. Here are some of those steps.

- a. Export data by birth date range (12/02/12 – 12/01/13) for each provider using ASIIS
- b. Add provider demographics in CoCASA before you are able to import ASIIS data
- c. Import that data into CoCASA by each provider and age group (toddler or adolescent)
- d. Problems with importing. # of records exported from ASIIS may not be same number of records that were imported into CoCASA (less records in Cocasa than what was exported from ASIIS)
- e. Create individual immunization reports using CoCASA
- f. Not very user friendly when trying to train other people to use, because of this not many providers wanted to use CoCASA or it was too complicated to understand the process

- g. CoCASA was very slow due to the amount of data that was in the database since 2002
- h. If provider wanted to use CoCASA they had to get their ITS to download for them
- i. Several upgrades on CoCASA from CDC during the year, and the new versions always had problems or bugs that needed to be worked out.
- j. If there were problems or issues with CoCASA, although it was reported to CDC, it would still take some time before CDC would fix and send out a new version

Using ASIIS to create immunization reports instead of CoCASA has been a blessing. ASIIS is quicker and much more user friendly. Providers are more familiar with ASIIS since there are entering their orders and reconciling inventory. Here are some of the steps.

- a. No Importing/Exporting data as in CoCASA
- b. Uses an age range (24-35 months and/or 13-18 years) instead of a birth date range.
- c. No need to create provider demographics, entering Pin # will pull data only for the provider specified
- d. Creating reports are much faster than CoCASA
- e. ASIIS feature that CoCASA did not have is the ability to schedule these immunization reports to be created at a certain date and time and sent to your email address
- f. Because ASIIS is so user friendly, more VFC providers are now creating their own immunization reports
- g. If there are any problems with the immunization reports, we let our ASIIS Team know of the situation and it is corrected much quicker than CDC would take to correct CoCASA.

Using ASIIS for all my immunization needs has made my job much more easier, less time consuming, and user friendly when training our VFC providers on how to create their own immunization reports.

Thank you,

Melissa A. Murrieta, AFIX Specialist

Arizona Immunization Program Office

Vaccine's For Children



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DOUGLAS A. DUCEY, GOVERNOR

CARA M. CHRIST, MD, DIRECTOR

December 4, 2015

To Whom it May Concern,

My name is Rose Ann Beans, Immunization Assessment Program Specialist with the Arizona Department of Health. My position involves completing Assessment, Feedback, Incentives and eXchange (AFIX) assessment reports. I also provide training and education to providers.

Our work in using Comprehensive Clinic Assessment Software Application (CoCASA) transpired into prolonging our process in generating our Assessment, Feedback, Incentives and eXchange (AFIX) assessment reports. We were thrilled when we implemented Arizona State Immunization Information System (ASIIS) reports. Providers are able to understand each vaccine coverage rate and how much more ASIIS has to offer than looking up a vaccine record or ordering vaccines.

We've had useful and impressively positive feedback from our providers in providing hands on and uncomplicated approaches for providers in understanding their assessments and generating coverage reports in ASIIS.

Rose Ann Beans

Immunization Assessment Program Specialist

Arizona Immunization Program Office

Arizona Department of Health Services

Coverage Rate Report

Report Criteria

Report Date: 11/29/2015

Run By: Ownership	Age Range: 13 Years through 18 Years
As of Date: 11/01/2015	Vaccine Status: Valid Vaccinations Only
Series: 1 Tdap	Gender: All
Patient Status: Active	Patient County: All
Patient Race: All	Zip Code: All
State: AZ	Facility: SOUTHWEST KEY PROGRAM
District/Region: All	ESTRELLA NORTE
Organization (IRMS): SOUTHWEST KEY PROGRAM	
Evaluate At Age: All	
VFC PIN: 2772	

Aggregate (Total Only)	Total Patients	Completion By Vaccine					Missed Opportunities	Series Complete
		TDAP (=1)	Incomplete Series	One Dose to Complete Series	One Visit to Complete Series			
TOTAL	1360	1223 (90%)	137 (10%)	137 (10%)	25 (2%)	18 (1%)	1223 (90%)	

Coverage Rate Report

Report Criteria

Report Date: 11/29/2015

Run By: Ownership	Age Range: 13 Years through 18 Years
As of Date: 11/01/2015	Vaccine Status: Valid Vaccinations Only
Series: 1 MENINGOCOCCAL	Gender: All
Patient Status: Active	Patient County: All
Patient Race: All	Zip Code: All
State: AZ	Facility: SOUTHWEST KEY PROGRAM ESTRELLA NORTE
District/Region: All	
Organization (IRMS): SOUTHWEST KEY PROGRAM	
Evaluate At Age: All	
VFC PIN: 2772	

Completion By Vaccine

Aggregate (Total Only)	Total Patients	MENINGOCOCCAL (= 1)	Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Missed Opportunities	Series Complete
TOTAL	1360	1197 (88%)	163 (12%)	163 (12%)	53 (4%)	47 (3%)	1197 (88%)

Coverage Rate Report

Report Criteria

Report Date: 11/29/2015

Run By: Ownership	Age Range: 13 Years through 18 Years
As of Date: 11/01/2015	Vaccine Status: Valid Vaccinations Only
Series: 3 HPV	Gender: All
Patient Status: Active	Patient County: All
Patient Race: All	Zip Code: All
State: AZ	Facility: SOUTHWEST KEY PROGRAM
District/Region: All	ESTRELLA NORTE
Organization (IRMS): SOUTHWEST KEY PROGRAM	
Evaluate At Age: All	
VFC PIN: 2772	

Aggregate (Total Only)	Total Patients	HPV (=3)	Completion By Vaccine			Missed Opportunities	Series Complete
			Incomplete Series	One Dose to Complete Series	One Visit to Complete Series		
TOTAL	1360	0 (0%)	1360 (100%)	38 (3%)	38 (3%)	37 (3%)	0 (0%)

Coverage Rate Report

Report Criteria

Report Date: 11/29/2015

Run By: Ownership	Age Range: 13 Years through 18 Years
As of Date: 11/01/2015	Vaccine Status: Valid Vaccinations Only
Series: 1 HPV	Gender: All
Patient Status: Active	Patient County: All
Patient Race: All	Zip Code: All
State: AZ	Facility: SOUTHWEST KEY PROGRAM
District/Region: All	ESTRELLA NORTE
Organization (IRMS): SOUTHWEST KEY PROGRAM	
Evaluate At Age: All	
VFC PIN: 2772	

	Aggregate (Total Only)	Total Patients	HPV (=1)	Completion By Vaccine				Series Complete
				Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Missed Opportunities	
TOTAL		1360	1215 (89%)	145 (11%)	145 (11%)	35 (3%)	29 (2%)	1215 (89%)

Coverage Rate Report

Report Criteria

Report Date: 11/29/2015

Run By: Ownership	Age Range: 16 Years through 18 Years
As of Date: 11/01/2015	Vaccine Status: Valid Vaccinations Only
Series: 2 MENINGOCOCCAL	Gender: All
Patient Status: Active	Patient County: All
Patient Race: All	Zip Code: All
State: AZ	Facility: SOUTHWEST KEY PROGRAM ESTRELLA NORTE
District/Region: All	
Organization (IRMS): SOUTHWEST KEY PROGRAM	
Evaluate At Age: All	
VFC PIN: 2772	

Completion By Vaccine

Aggregate (Total Only)	Total Patients	MENINGOCOCCAL (=2)	Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Missed Opportunities	Series Complete
TOTAL	998	0 (0%)	998 (100%)	883 (88%)	96 (10%)	40 (4%)	0 (0%)

Coverage Rate Report

Report Criteria

Report Date: 11/29/2015

Run By: Ownership	Age Range: 13 Years through 18 Years
As of Date: 11/01/2015	Vaccine Status: Valid Vaccinations Only
Series: 3 HPV	Gender: FEMALE
Patient Status: Active	Patient County: All
Patient Race: All	Zip Code: All
State: AZ	Facility: SOUTHWEST KEY PROGRAM
District/Region: All	ESTRELLA NORTE
Organization (IRMS): SOUTHWEST KEY PROGRAM	
Evaluate At Age: All	
VFC PIN: 2772	

Aggregate (Total Only)	Total Patients	HPV (=3)	Completion By Vaccine			Missed Opportunities	Series Complete
			Incomplete Series	One Dose to Complete Series	One Visit to Complete Series		
TOTAL	435	0 (0%)	435 (100%)	9 (2%)	9 (2%)	20 (5%)	0 (0%)

Coverage Rate Report

Report Criteria

Report Date: 11/29/2015

Run By: Ownership	Age Range: 13 Years through 18 Years
As of Date: 11/01/2015	Vaccine Status: Valid Vaccinations Only
Series: 1 HPV	Gender: FEMALE
Patient Status: Active	Patient County: All
Patient Race: All	Zip Code: All
State: AZ	Facility: SOUTHWEST KEY PROGRAM
District/Region: All	ESTRELLA NORTE
Organization (IRMS): SOUTHWEST KEY PROGRAM	
Evaluate At Age: All	
VFC PIN: 2772	

	Aggregate (Total Only)	Total Patients	HPV (=1)	Completion By Vaccine				Series Complete
				Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Missed Opportunities	
TOTAL		435	380 (87%)	55 (13%)	55 (13%)	21 (5%)	17 (4%)	380 (87%)

Coverage Rate Report

Report Criteria

Report Date: 11/29/2015

Run By: Ownership	Age Range: 13 Years through 18 Years
As of Date: 11/01/2015	Vaccine Status: Valid Vaccinations Only
Series: 3 HPV	Gender: MALE
Patient Status: Active	Patient County: All
Patient Race: All	Zip Code: All
State: AZ	Facility: SOUTHWEST KEY PROGRAM
District/Region: All	ESTRELLA NORTE
Organization (IRMS): SOUTHWEST KEY PROGRAM	
Evaluate At Age: All	
VFC PIN: 2772	

Aggregate (Total Only)	Total Patients	HPV (=3)	Completion By Vaccine			Missed Opportunities	Series Complete
			Incomplete Series	One Dose to Complete Series	One Visit to Complete Series		
TOTAL	925	0 (0%)	925 (100%)	29 (3%)	29 (3%)	17 (2%)	0 (0%)

Coverage Rate Report

Report Criteria

Report Date: 11/29/2015

Run By: Ownership	Age Range: 13 Years through 18 Years
As of Date: 11/01/2015	Vaccine Status: Valid Vaccinations Only
Series: 1 HPV	Gender: MALE
Patient Status: Active	Patient County: All
Patient Race: All	Zip Code: All
State: AZ	Facility: SOUTHWEST KEY PROGRAM
District/Region: All	ESTRELLA NORTE
Organization (IRMS): SOUTHWEST KEY PROGRAM	
Evaluate At Age: All	
VFC PIN: 2772	

	Aggregate (Total Only)	Total Patients	HPV (=1)	Completion By Vaccine				Series Complete
				Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Missed Opportunities	
TOTAL		925	835 (90%)	90 (10%)	90 (10%)	14 (2%)	12 (1%)	835 (90%)



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DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

November 30, 2015

*KIDS KARE ESTRELLA NORTE TUCSON (#2772)
1601 N. ORACLE RD.,
TUCSON, AZ 85706*

Dear Jaime Lopez,

Thank you for your continued participation in the Vaccines For Children (VFC) program. Being a VFC provider is an investment in your practice and in your patients. The purpose of this letter is to provide a comprehensive follow-up that assesses the progress and vaccine opportunities of your facility. The comparative charts on the following page are a summary of toddler and adolescent coverage levels as well as missed opportunities of your clients from the initial assessment and follow-up assessment.

Quality Improvement strategies are used to identify and implement ways to improve immunization rates. Two such strategies that are most effective are:

- Utilizing Reminder Recall: this system in ASIIS allows a facility to generate a report of its patients and identify adolescents that need to return for catch up immunizations and patients missing historical immunization data that must be entered into ASIIS.
- Inactivating patients: Inactivating clients no longer being seen at the facility will help raise immunization rates. By inactivating patients, they will no longer appear on Reminder Recall and ASIIS patient forecast reports.

Actively implementing these strategies at your facility will greatly assist in increasing coverage levels and potentially make your facility eligible for the Daniel T. Cloud Award. Please take a moment to complete the QI survey on the final page and return it to the email provided for your AFIX specialist within 14 days of receipt.

For more information visit our website at <http://azdhs.gov/phs/immunization/> . If you would like to access educational material and helpful tips about the HPV vaccine campaign, visit The Arizona Partnership for Immunization (TAPI) page at: <https://www.whyimmunize.org/HPV-vaccine-resources>

If you or your staff members have technical questions about the Arizona State Immunization Information System (ASIIS), please call the ASIIS hotline at 602-364-3899 or 1-877-491-5741.

If you have any questions regarding the immunization coverage levels of your patients, please contact your AFX specialist at melissa.murrieta@azdhs.gov or **(520) 770-3105**.

Sincerely,

Melissa A. Murrieta, AFIX Specialist
Arizona Immunization Program
Vaccine's For Children – Tucson

2015 Immunization Coverage

#2772 KIDS KARE ESTRELLA NORTE TUCSON

2015 Adolescent (Adol) Assessment Results				
		1st Assessment	Follow up Assessment	
		% of Patients UTD	% of Patients UTD	% Change
<i>Adol (13-18 yrs)</i>	1 dose of Tdap :	98%	90%	-8%
<i>Adol (13-18 yrs)</i>	1 dose of MCV :	94%	88%	-6%
<i>Adol (16-18 yrs)</i>	2 dose of MCV :	0%	0%	0%
<i>Adol (13-18 yrs)</i>	1 or more doses of HPV :	97%	89%	-8%
<i>Adol (13-18 yrs)</i>	3 or more doses of HPV :	0%	0%	0%
<i>Adol (13-18 yrs)</i>	1 or more doses of HPV (Female) :	95%	87%	-8%
<i>Adol (13-18 yrs)</i>	3 or more doses of HPV (Female) :	0%	0%	0%
<i>Adol (13-18 yrs)</i>	1 or more doses of HPV (Male) :	98%	90%	-8%
<i>Adol (13-18 yrs)</i>	3 or more doses of HPV (Male) :	0%	0%	0%

*UTD = up to date

2015 Adolescent (Adol) Results Missed Opportunities to Administer (MOA) Vaccine				
		1st Assessment	Follow up Assessment	
		% of Patients	% of Patients	% Change
<i>Adol</i>	MOA vaccine: 1 dose Tdap :	2%	1%	-1%
<i>Adol</i>	MOA vaccine: 1 dose MCV :	6%	3%	-3%
<i>Adol</i>	MOA vaccine: 1 dose HPV :	NA	2%	NA
<i>Adol</i>	MOA vaccine: 3 dose HPV :	NA	3%	NA

*NA – No missed opportunity/changes percentages given, problem will be corrected soon in ASIIS

Provider Name: KIDS KARE ESTRELLA NORTE TUCSON
VFC Pin: 2772

Quality Improvement Survey

Please answer the questions below that **best** reflect you facility. Circle or highlight the answer choice:

- Strategies to improve the quality of immunization services
 1. Do you have a reminder/recall process in place for pediatric/adolescent patients?
 - a. Fully implemented (100%)
 - b. Progress to full implementation (>50%)
 - c. Partially implemented (<50%)
 - d. No implementation (0%)

- Strategies to improve completeness and accuracy of immunization information in ASASIS
 1. Do you inactivate patients in the ASIIS who are no longer seen by your practice?
 - a. Fully implemented (100%)
 - b. Progress to full implementation (>50%)
 - c. Partially implemented (<50%)
 - d. No implementation (0%)