

Interoperability: Fun and Frustration with Immunization Data Exchange

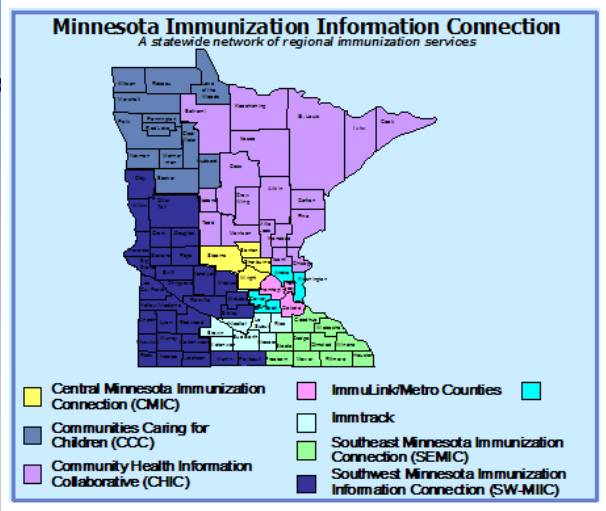


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Minnesota Department of Health
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Objectives

- Update on MIIC
- Integration success stories
- Ongoing challenges
- Future plans



Progress toward 2010 Goals

- **97%** of kids ages 0-6 enrolled in MIIC
- **86%** of private providers enrolled and submitting data
- **100%** of public providers



Current Status

- MIIC contains 4.4 million clients
- Over 34 million shot records
- Over 800 unique users log-in every day
- 100-120 users per hour



WAIT...did that say, "34 million shot records"?!

- 2 FTE's at MDH handle electronic batch loads
- Data is primarily billing, some EMR/clinical data
- 87% of all data is batch loaded
- 13% is direct data entry



Three Paths of EMR-MIIC integration:

- Data from EMR to MIIC real time
- Ability to query MIIC from within EMR to receive imm history and forecast
- Data from EMR to MIIC real time, see what shots patient has in MIIC, select shots to add to EMR



Integration Success Stories

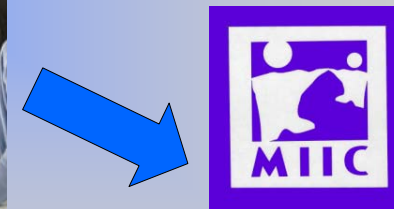


Success Story 1: The First Path

- Two year-long project with HealthEast Clinics
- Technical hurdles overcome
- Extensive testing
- Real-time data from EMR straight to MIIC began in February 2009



HealthEast clinicians add shots to their EMR...



...and the shots get sent to MIIC...AUTOMATICALLY!



Success Story 1, con't

Real Time Results:

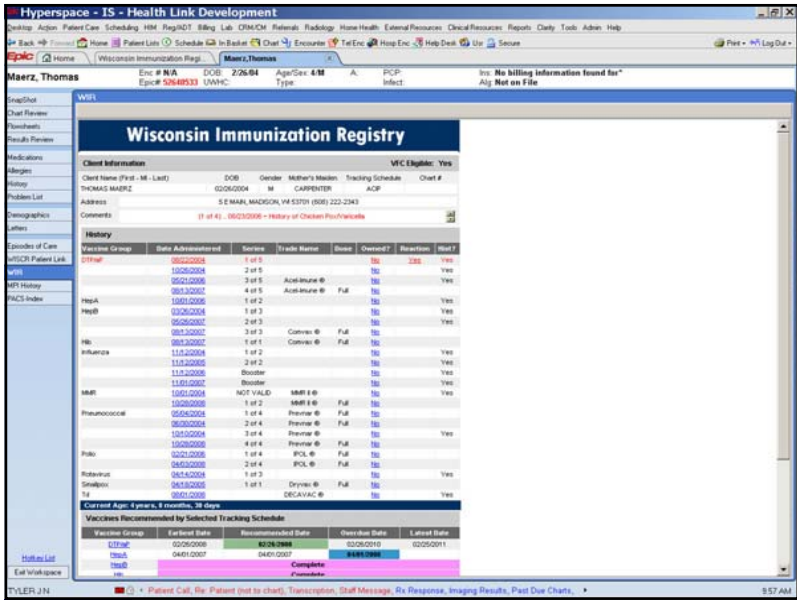
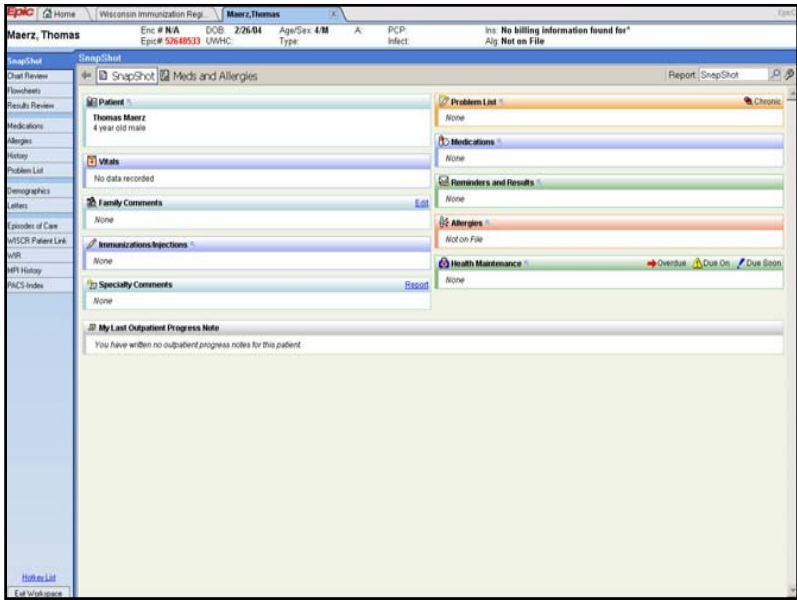
- We get 500-700 shots per day in "real-time"
- Needs of the one will benefit many!



Success Story 2: The Second Path



- Project with Allina Clinics
- Ability to query MIIC from within the EMR







Success Story 2, con't

- Allina user won't have to log-in to MIIC separately
- Testing to begin sometime in July
- Again, need of the one will benefit many!

Ongoing Challenges

Challenge #1: Technology

- Different solutions exist
- Not one standard for transportation of data
- Disconnect in health systems between administration & IT



Challenge #2: Misinformation

- Lack of knowledge of IIS standards in EMR community
- Older EMR's not CCHIT certified
- Standards do not solve all problems



Challenge #3: Data/Information Quality

- EMR to IIS exchange NOT utopia
- “Junk In/Junk Out”
 - Clean data does not stay clean on its own
 - Still need human eyes
- Each new exchange of data is unique



Future Plans



ARRA Funds

- MDH: \$1.9 million non-competitive funds
 - 42% on contracts with LPH
 - 20% on contracts for MIIC changes
 - 20% for positions
 - 16% indirect
 - 2% MEDSS
- \$150,000 competitive IIS sentinel site funds



MIIC Funds...

- Datamart to enhance reminder/recall and advanced reporting
- MnVFC eligibility at shot/visit level and receive via electronic loads
- Focused recruitment of Ramsey County providers



HIT Stimulus Funds

???



Conclusion

- The needs of the many outweigh the needs of the one...but the one can benefit many!
- Standards will get us to where we want to be. It just takes time.



Thank you!

For additional information on MIIC:
www.health.state.mn.us

Search for "MIIC"

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