Information Technology Capital Investment Program

Project Close Out Report

To: Information Technology Strategy and Investment Committee
     John Vittner, Office of Policy and Management

From: Steve McConaughy - Depart

Email: Stephen.Mcconaughy@ct.gc

Agency: Department of Public Health
Project: Immunization Information Sy

Project Start Date:
5/11/2018

Project End Date:
3/5/2021

Project Manager: Nancy Sharova

Total Funds Requested: $300,000

Total Funds Allotted to Agency: $300,000

Accumulative Total Capital Fund Expenditures to Date: $265,480

Brief Project Description/Summary:
To Convert the current CTCIRTS Immunization Registry to a new Off SIte SaaS service model installation.

The project will implement the functionality of the newly modernized Immunization Information System (IIS) to meet public health reporting requirements for Meaningful Use (MU) Stage 3, which supports healthcare providers to ensure that electronic health records (EHR) are connected to the IIS in a manner that provides for direct bidirectional electronic exchange of immunization data to improve the quality of care for Connecticut Citizens, to expand the IIS to a lifetime registry while ensuring the quality of the information contained therein. The new IIS is called CT WiZ. This will link with the State Health Information Exchange (HIE), once available.

List Project Goals and Deliverables Completed:
(Please provide a brief summary of the goals and deliverables that were implemented. Please reference the IT Capital Investment Brief for the initial goals of the projects.)

Onboard 90% of EP attesting to MU Stage 3. There are currently 630 pediatric physician sites in the Vaccine program.

There are 788 providers onboarded in CT WiZ with EHR electronic exchange.
-Increase to 90% the providers accessing the IIS user interface (UI); so, providers will have access to order vaccines and generate timely reports to improve vaccination rates.

There are 105 providers accessing the UI to order vaccines/generate reports.
-Receive 90% of immunization administration data through electronic data exchange
-Expand the age range for patients' immunizations administered.

The age range captured has been expanded to cover all ages. CT WiZ is now onboarding adult **vaccinating** providers **including** pharmacies.
-IIS receives more timely and more complete immunization data, to improve population and public health.

Ramp up of onboarding increased access to real-time and complete data for providers and public health.
-Establish bidirectional exchange with EHR vendors and providers.

Bidirectional exchange is possible with all EHR providers and the guide has been posted on our website.
-Automate data interfaces with other information systems at DPH, such as Vital Records (birth, death, adoption, paternity).

Vital Records data is automated with CT WiZ. An electronic death registry went live in October 2020.
-Link to other state information systems (such as the Department of Social Services, Health Information Exchange)

Immunization is working with the HIT to be part of CONNIE, the State HIE.

- The Refugee Immunization Information Systems Exchange (RIISE), a national system, was added in September 2020.

CT WiZ passed AART and was validated for Transport, Submission and Acknowledgment, and Query and Response Assessments in May 2020 and continues to meet national standards in the IIS.

Project Replication Opportunities:
(Are there opportunities to repeat or leverage the project solution by other state agencies? Please provide a brief explanation.)
The ability to replicate this project would depend on the availability to obtain a relevant data system for their data. DSS has such a database. The need for a separate database may depend on the functionality of the HIE.

Key Lessons Learned:
(Provide any lessons learned or experienced during this project that may be helpful to other agencies starting a similar project.)

-You can't overcommunicate. You have to keep all parties informed each step of the way. This database involves all sectors of the program as well as community providers.

-It helps to have a champion and to have trainers for the IIS system as the training continues with each new providers are always being added.

-Job responsibilities will change. There is a large amount of data analysis and data quality analysis involved. Someone who is able to create reports and not just rely on canned reports in a benefit.

-COVID vaccinations accelerated the rate at which medical providers were, and continue to be, added to the IIS.