

EHR-HL7 CT WiZ Legacy Data

Version 1.1 10/19/2022









Definition:

All information that is stored in the EHR/EMR clinic's system of patients and vaccination records that were added to the EHR prior to testing and the move to Production in CT WiZ.

Purpose:

Having a complete vaccination record for each patient in CT WiZ, including historical immunizations that were added to the EHR prior to testing and the move to Production, is a top priority for DPH and all stakeholders that utilize and rely on this data. Immediately following onboarding and the move to Production, DPH will work with the vendor/provider to facilitate loading this data from the provider's EHR.





Impact of the Legacy Data: This information will have the following impact:

- 1. Public Portal: Currently, around 15k CT residents per month access our public portal to get their own or child's immunizations record, which makes it important that we have complete records.
 - Complete records would prevent patients from contacting your office to request records.
- **2. Query & Response**: Over 800 clinics/hospitals/schools nurses are actively using query and response to populate their EHR systems and verify their forecasting. The success of the forecasting of vaccines depends on the quality and completeness of the information.
 - As your patients are scheduled for appointments, you can utilize query and response with CT WiZ to prevent under/over vaccination of patients.
- **3. Reports:** Both DPH and Providers can generate coverage rates and reminder/recall reports to determine which patients need to be called back to increase vaccine coverage. Incomplete record generates gaps in information and incorrect estimates.
 - Having the legacy historical information would make more accurate CT WiZ Reports you run, such as Coverage Rates and Reminder/Recall Reports and increase efficiency of your efforts to identify your patients who are not up to date.





Legacy load options (The provider/vendor should determine which option is the most feasible based on EHR capabilities):

- 1. HL7 Realtime queued: One HL7 message for each patient. Requirements:
 - Information can be sent Monday thru Friday after 5pm or anytime during the weekend or holidays days.
 - Carriage Return <CR> and a Carriage Return Line Feed <CR><LF> at the end of each segment.
- 2. HL7 Batch in real time: Requirements:
 - No more than 10 messages can be included in a single submission; this limit is needed to keep HL7 response times between 3-5 seconds.
 - Information can be sent Monday thru Friday after 5pm or anytime during the weekend or holidays days.
 - If there are more than one facility code, a separate file for each facility code.
 - Carriage Return <CR> and a Carriage Return Line Feed <CR><LF> at the end of each segment.
- 3. HL7 Batch sent to DPH using secure transport (SFTP, Secure Email): Requirements:
 - Size: Maximum 10MB but ideally, try to keep to a few MB
 - Number of Messages: 5k or less per file sent
 - Must contains the batch header and the trailer segment
 - Carriage Return <CR> and a Carriage Return Line Feed <CR><LF> at the end of each segment.
 - If there are more than one facility code, a separate file for each facility code.
 - A test HL7 batch file can be sent to DPH to review.
 - Send file via secure email or DPH provides a sftp account (DPH will provide the SFTP account and credentials).
- 4. Flat File: a flat file can send in a secure transport (SFTP, secure email) but must meet the below requirements:
 - If there are more than one facility code, a separate file for each facility code.
 - The file must have the structure and format established by DPH, if you choose this option DPH will send a document with the specifications of the file.





How far back should the data be sent?

A: As far the clinic can go.

B: Or Information for patients between 0 years and 19 years old.

Can the legacy data be sent as historical?

A: Yes.

Can the legacy data be sent as administered?

A: Yes.

What are the minimum requirements to send the vaccines?

- All the legacy data can be flagged as historical or/and as current immunization (RXA.9)
- Given date (RXA.3),
- CVX code (RXA.5),
- Dose (RXA.6),
- RXA.11.4 Administered-at Location: If the vaccine was administered in the clinic that is submitting the data, the field must be populated with the HL7 facility code. If the vaccine WAS NOT administered in the clinic that is submitting the data, the field should leave empty.

Will errors and warnings generated in the legacy import be taken into account in the onboarding process? No, errors and warnings will be ignored unless the message is rejected.

Does a legacy load need to be done if the clinics were submitting paper immunization records to the IIS? Yes, all previous submitted immunizations on paper were imported into CT WiZ from CIRTS. Historically DPH only requested immunization records from providers through age of two for all patients. Statewide enrollment in the IIS began in 1998.





Example:

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MSH | ^~\& | Test | CTXXXX | CTWiZ | CT0000 | 20201211113751 | | VXU^V04^VXU_V04 | 1607686667323-005056A11B54-6820-
15755|T|2.5.1|||ER|AL|||||Z22^CDCPHINVS||CT0000
PID|1||TEST^^^CTXXXX^MR||DPH^DPH||20010815|F|TEST^TEST^M~^^|2106-3^White^CDCREC|410 Capital
Road^^Hartford^CT^06102^^P^^Hartford||^PRN^PH^^^860^5097777~^NET^Internet^dph@ct.gov~^PRN^CP^^^860^5097777||ENG|
LEGALLY SEPA | NONE | | | | | 2135-2^HISPANIC OR LATINO^HL70189 | | N | | | No
NK1|1|DPH^DPH^^^^L|MTH^Mother^HL70063||^NET^Internet^dph@gmail.com~^PRN^CP^^^860^5097777|^WPN^PH^^^860^5097
777|||||||||F|19940101||||fre^French^HL70296|||||||2186-5^Not Hispanic or
Latino^CDCREC|||||108306^^^0001^MR||2054-5^Black / African American^CDCREC
ORC|RE|DPH999^CTXXXX|DPH999^CTXXXXX|||||||0123456789^DPH^DPH^^^^^^\^NPI||||||DPH^DPH||||
RXA|0|1|20201107|20201107|189^HEPLISAV-B^CVX|999|||01^Historical information - source
unspecified^NIP001|||||||||CP|A|20201211
ORC|RE|DPH999^CTXXXX|DPH999^CTXXXXX|||||||0123456789^DPH^DPH^^^^^^\^\NPI||||||DPH^DPH||||
RXA|0|1|20201107|20201107|21^Varicella (Varivax, live)^CVX|999|||01^Historical information - source
unspecified^NIP001|||||||||CP|A|20201211
RXA|0|1|20200101||08^Hep B, ped/adol^CVX^58160-0820-11^ENGERIX-B^NDC|0.5|mL^^UCUM||00^New
admin^NIP001|^Sticker^Nurse^^^^^^^^^^^^^RN|^^^CTXXXX||||Iotnum|20230101|SKB^GlaxoSmithKline^MVX|||CP|A
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