

The meeting of the State of Illinois Department of Public Health, Immunization Advisory Committee, was held on August 13, 2014 at the Michael Bilandic Building, 160 North LaSalle Street, Room N505, Chicago, Illinois 60601

MEMBERS PRESENT:

ROBERT S. DAUM, MD – Chairman
LORRAINE SCHOENSTADT, - ANA-IL
RASHMI CHUGH, MD - IAAP
LISA KRITZ, MSW, MBA - EVERTHRIVE
CHRIS SCHRIEVER, U OF I COLLEGE OF PHARMACY
JULIE A. PRYDE, MSW, LSW, - IAPHA
JESSICA GERDES, RN - ISBE
ANITA CHANDRA-PURI, MD - ICAAP
LINDA GIBBONS, RN, MSN - ISHA
KAREN PFAFF, RN - IASN
ARVIND GOYAL, MD - HFS
TINA TAN, MD – LURIE CHILDREN'S HOSPITAL
RITA ROSSI-FOULKES, MD
*KATHY SWAFFORD, MD

ALSO PRESENT:

PAUL LUCAS
JAN DANIELS
BILL MORAN
*LINDA KASEBIER
TERI NICHOLSON

*present, by phone

Reporter: Peggy Cuda

Start time: 10:00am

1. Roll call of members and visitors completed.
2. Approved minutes
3. Legislation Update - No new legislation reported
4. Immunization by-laws were reported as being drafted. To be presented at November meeting. IDPH will draft by-law update, reviewed by committee, then approved by IDPH.
5. Non-medical immunization exemptions presented by Lisa Kritz. All edits have been made. One question remaining was how often the waiver form needs to be updated. Lisa reports that the ICAAP position, via Jennie Pinkwater, that the form should be updated each year. Annual physicals are recommended. Dr. Chandra-Puri suggested a formatting change in the waiver for easier reviewing by school nurses. Jan Daniels states that approval or denying non-medical exemptions are assessed by ISBE. Dr. Chugh also had a formatting suggestion for the waiver. Jan Daniels stated that ISBE and IDPH can work together to get the information out and that School Health Days will be occurring soon. Dr. Swafford stated a concern on timing of the new

form and that many schools have moved away from the October 15th date to an earlier date set by the district. Dr. Chugh wanted to be sure Jessica Gerdes was present for the discussion. It was decided to continue discussion, but wait for Jessica before any vote.

Bill Moran confirmed meningococcal rules are close to being final and I-CARE has set of rules going through approval process.

Jessica Gerdes returns and discussion on non-medical exemptions continued. Committee voted to approve exemption document and that it be completed annually.

6. I-CARE Report.

Teri Nicholson updated the committee on I-CARE rules. Discussion on what it would take to require the use of I-CARE including a phase-in approach. Indications are that medical community may not be ready for a mandated use of I-CARE. Teri said that I-CARE is bi-directional and has the needed capacity. Dr. Chandra-Puri gave an example of a problem concerning the HB birth dose, name changes after leaving the hospital and the communication of the records between EMR and I-CARE. Teri also mentioned that if a provider wants to move forward with Meaningful Use Stage III, they need to do bi-directional data exchanges.

Dr. Chugh mentioned that some provider's VFC vaccine orders are held up due to EMR/I-CARE situations impacting their inventory and are out of meningococcal vaccine for the school season.

Dr. Goyal had a number of comments concerning the I-CARE discussion. Explained legislation, rules and how they differ. Also explained that in May, some edits were made in the legislation allowing HFS managed care entities access to I-CARE. Dr. Goyal mentioned that the easiest way to mandate I-CARE in the Medicaid population is to require it as a condition of payment.

Dr. Goyal bought up a formal complaint from a provider in Peru, IL. To be discussed in the VFC portion of meeting. Paul Lucas mentioned the efforts made by the VFC program in troubleshooting EMR issues. Teri supplied additional information on current troubleshooting efforts. Lorraine Schoenstadt commented on suburban nurses frustrated concerning vaccine orders being held and that a mandate would not work at this time "because there is a real problem out there". Work the issues out first before looking at a mandate. Lisa Kritz suggested that a mandate would get provider organizations together and solve the issues plus convene the vendors and work out the HL7 issues. Lisa suggested a focus group to work on the issue. Dr. Daum, Bill Moran, Lisa Kritz volunteered to be on the group. Dr. Chugh, referring to February's meeting, about the request to form a focus group with Teri, Bill, Jenny Pinkwater and myself plus opened to volunteers. "I have not heard back on anything. It would be great to focus the workgroup activities and have Lisa chair". Need to ID barriers and gaps to I-CARE. Dr. Daum added himself to the group. Dr. Chugh mentioned that more "on-site support is needed. We don't want Medicaid providers to fall off and reduce vaccination rates". Lisa Kritz asked can we require EMRs compatibility with I-CARE?

Resolution was proposed that the committee wants all shots recorded in I-CARE regardless of age and that a work group be developed to work on I-CARE issues. Voted and passed with one nay, Dr. Chandra as a representative of ICAAP. Dr. Goyal asked how many providers participate in I-CARE among downstate providers? Could provide answer at another time. Dr. Chugh requested 1-page of I-CARE tracking indicators: "participation level, numerator and denominator, explanation, and percent over time". Use FP total licensed and AAP total licensed for denominator.

7. NIS Teen survey discussed. Provided sample I-CARE reports.

8. Immunization Section receives HPV grant. HPV has been a subject in all the ICAAP regional meetings. The program will be working with various partners. Also mentioned by Paul Lucas, the program is looking to a vendor to conduct data clean to reduce the number of returns when conducting a reminder/recall system.

9. VFC Update: Discussed elimination of advance purchase by CDC. HFS is now providing funds up front for vaccine purchase. Linda Kasebier provided a VFC report that included the number of providers, by year, active in the VFC program including current status of 2014 enrollments. Due to school immunization needs, providers can order vaccines. All flu vaccines orders will be done through I-CARE. Providers can replenish as needed. They are asked to keep 5 weeks to 3 months on hand. Paul provided information on the OIG report and the reason why for tighter scrutiny of vaccines. In April, we required patient level data and has been difficult for providers using EMRs. Paul added, that if the issue is a vaccine incident report that has not been resolved, they are not getting vaccines. We are not withholding vaccines at this time for EMR issues. Dr. Goyal presents information about a phone call he got from a physician in Peru concerning not getting notified of program changes in April. Linda Kasebier advised to call the IPC. Paul mentioned how the program communicates with providers and that we fax and email to the address provided by the provider. Dr. Goyal mentioned that the information should have also gone through provider organizations and hospitals. He also expressed concern of providers dropping out of VFC and is minimizing immunizations as a result of the policy. "The policy is interfering with proper healthcare". Dr. Chugh also brought up a situation concerning an out of stock for meningococcal vaccine due to EMR only. Dr. Daum said that "it is our job to advise the department of public health". Not getting into individual cases. Also discussed grants that are available to providers to help with storage situations. Lorraine Schoenstadt commented that it is more than one provider with these issues, so its seems more systemic than one clinic here and there.

Voted to adjourn accepted at 12:37pm.