# Provider Manual

Immunization Quality Improvement Program

Texas Department of State Health Services
Immunizations Section
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### **Table of Contents**

Section 1 Operations Manual for Providers	5
Introduction	5
Immunization Quality Improvement for Providers (IQIP) Background and Overview	5
Background	5
IQIP Program	6
ImmTrac2	8
ImmTrac2 Registry Education	8
ImmTrac2 Resource Packet	9
ImmTrac2 Data Quality Guide	9
ImmTrac2 Texas Immunization Summary (TIPS) Report Guide	9
Guide to Reminder/Recall Report	9
Creating a List of Active Clients with the Ad Hoc List Report	10
ImmTrac2 Customer Service Team	10
ImmTrac2 Inter-Operability Team	10
Section 2 IQIP Visits	11
IQIP at a Glance	11
IQIP Site Visit	12
Overview	12
Assessing Provider Immunization Workflow	13
IQIP Check-in and Follow-up Visits	14
Scheduling of IQIP Check-Ins and Follow-ups	14
IQIP Check-ins: Two and Six-Month Process	15
IQIP 12-month Follow Up Process	15
IQIP Website	16
IQIP Functional Inbox	16
Section 3 IQIP Strategies for Providers	17
Description of IQIP Core Strategies for Providers	
Facilitate Return for Vaccination	17
Leverage the IIS to Improve Immunization Practice	18
Give a Strong Vaccine Recommendation	19
Strengthen Vaccination Communications	20
The Interconnectedness of IQIP Core Strategies	20
Section 4 Immunization Champion	21
What does an immunization champion do?	21
Why be an immunization champion?	21
Who can be an immunization champion?	21
Facility Processes	
Training and Education	21
Immunization Documentation	21
Communications	21

Section 5 ImmTrac2 Data Quality Guide	23
1. Logging In With The Wrong Org Code	25
2. Client Status Not Updated	
3. Select Correct Organization	27
4. Inactivated Clients	
5. Incorrect Organizational Parent/Child Relationship	32
6. Check Data Exchange Activities for Rejection	
7. Contact Information	34
Section 6 Guide to the Reminder/Recall Report	35
Generate Reminder/Recall Report	
Reminder Request	40
Reminder Request Process Summary Screen	41
Reminder Letter	43
Reminder Card	45
Mailing Label	46
Client Query	46
Extract Client	47
Client Reminder/Recall Spreadsheet	47
Last Notice Date Options	49
Create a New Reminder/Recall Custom Letter	50
Reminder/Recall Custom Letter options:	52
Edit a Reminder/Recall Custom Letter	53
Delete a Reminder/Recall Custom Letter	53
Section 7 ImmTrac2 TIPS Guide	59
Section 1: Description of the TIPS Report	59
Section 2: How to Generate the TIPS	
Section 3: Strategies to Optimize Your TIPS	60
Section 4: Instructions to Request Adding or Disassociating Users	61
Section 8 ImmTrac2 Guide to the Ad Hoc List Report	71
Getting Started with the Ad Hoc List Report	72
Section 1: How to Access the Report	
Section 2: Setting Initial Filters	74
Section 3: Generate Report	76
Section 4: Grouping Data for the Report	78
Section 5: Downloading the Ad Hoc Count Report	
Section 9 ImmTrac2 Manage Client Status Criteria Guide	87
Introduction	88
Required Filters	90
Select by Status	90
Select by Age	90
Optional Filters	
Select by Length of Time Since Last Immunization Given by your Organization	
Select by Last Name	
Optional Real-Time Search Filter	
Display/Change Status Table	94
Section 10 Additional Resources for Providers	97

## Section 1 Operations Manual for Providers

#### Introduction

The Texas Department of State Health Services (DSHS) Immunization Section prepared the Immunization Quality Improvement for Providers (IQIP) Operations Manual for use by Texas Vaccines for Children (TVFC) program providers and associated partners. Consultations on the policies in this manual are conducted routinely with the Centers for Disease Control and Prevention (CDC), DSHS, and other organizations.

The purpose of this manual is to consolidate IQIP policies and information into one source document for TVFC providers. Content includes information on the IQIP process, technical assistance guidance, and DSHS specific policy guidance.

Throughout the year, the DSHS Immunization Section will distribute new policies to TVFC providers. During the annual update of this manual, all previous policies from the prior year will be incorporated. This document serves as a companion document to further explain the required activities included in the "Program Evaluation" chapter of the Texas Vaccines for Children and Adult Safety Net (TVFC/ASN) Programs Operations Provider Manual.

## Immunization Quality Improvement for Providers (IQIP) Background and Overview

#### **Background**

The Federal VFC program was created by the Omnibus Budget Reconciliation Act of 1993. The program was officially implemented in October 1994. VFC funds were awarded to state/local jurisdictions to conduct quality assurance reviews (QARs or VFC visits), which were formal site visits to assess VFC enrolled providers' compliance with the requirements of the VFC program, beginning in 1995. In the same year, the Senate instructed the CDC to "ensure that all states receiving Section 317 immunization funds, conduct annual provider assessments in all public clinics using the CDC-approved methodology, "one which later evolved into a program known as "Assessment, Feedback, Incentives, and eXchange" (AFIX). The assessment visits were implemented in public-sector clinics to improve immunization practices and vaccination coverage.

In 1999, the National Vaccine Advisory Committee (NVAC) recommended that all immunization providers, both public and private, should have their vaccination coverage assessed annually and that private providers should be assisted in this effort by state and local health departments. This recommendation provided support to expand the implementation of AFIX to private provider settings. In 2000, the Task Force on Community Preventive Services completed a review of immunization focused Quality Improvement (QI) literature and "strongly recommended" assessment and feedback (key components of the AFIX process) in the Guide to Community Preventive Services (Community Guide). The separate VFC and AFIX initiatives were combined in 2000 to allow the programs to achieve a broader reach among both public and private providers. That year, supplemental funds were awarded to 37 awardees to support a combined VFC-AFIX initiative. A 2011 update of the task force's review concluded that assessment and feedback remained effective interventions for improving vaccination coverage.

Recommendations from the CDC scientific and programmatic staff in 2017–2018, resulting from operational research and an internal evaluation of the AFIX program, focused on the need to refine the CDC's approach to provider level immunization QI efforts. Recommendations also focused on the need to scale such efforts to function within the boundaries of constraints faced by the CDC and awardee immunization programs as well as the current healthcare environment.

Those recommendations resulted in the transition from AFIX to IOIP.

#### **IQIP Program**

IQIP is an immunization quality improvement program for health-care providers enrolled in the TVFC Program. The purpose of IQIP is to promote and support the implementation of provider-level quality improvement strategies. IQIP strategies are designed to support health-care providers in identifying opportunities to increase vaccine uptake in adherence with the Advisory Committee on Immunization Practices (ACIP) recommended routine immunization schedule by improving immunization service delivery and ensuring providers are:

- Aware of and knowledgeable about their vaccine coverage and missed opportunities to vaccinate.
- Motivated to try new immunization service delivery strategies and incorporate changes into their current practices.
- · Capable of sustaining changes and improvements to their vaccination delivery services.
- Able to use available data from the Immunization Information System (IIS) and/or Electronic Health Record (EHR) to improve services and coverage.

The core quality improvement strategies of the IQIP program will support Texas Vaccine for Children (TVFC) providers by focusing on:

- Facilitating return for vaccination.
- Leveraging the reporting functionality of the statewide immunization registry, ImmTrac2.
- Giving a strong vaccine recommendation (including emphasis on HPV vaccine for providers with adolescent patients).
- · Strengthening vaccination communications.

Using the IQIP process, TVFC-enrolled providers will be assessed on immunization delivery practices and will collaborate with the DSHS TVFC Quality Assurance Contractor (TMF) IQIP consultant to identify strategies to enhance their immunization workflow to improve vaccine uptake. Vaccination coverage is measured at or near the time of an initial contact (site visit) to establish baseline performance and again one year later to evaluate progress. Technical assistance and support are given via telephone calls at two and six-month intervals to aid providers in staying on course with their Strategy Implementation Plans (SIPs). At the end of 12 months, a final discussion of SIP progress and sustainability of practice changes occurs. Preparation by TVFC IQIP consultant for the IQIP visits is described in table below

Site Visit	· Pre-visit preparation		
_	Assess provider immunization workflow		
	Review assessment reports and set coverage goals		
<b>—</b>	Discuss/select QI strategies and provide technical assistance		
<b>V</b>	· Establish action items for the Strategy Implementation Plan (SIP)		
	· Enter data into the IQIP Database		
Two-Month Check-In	• Prepare by reviewing synopsis and notes from the site visit		
_	· Review SIP and discuss implementation status		
	· Identify barriers and provide technical assistance		
	· Establish new action items for updated SIP, if necessary		
<u> </u>	• Enter data into the IQIP Database		
Six-Month Check-In	• Prepare by reviewing synopsis and notes from the two month visit		
_	· Review SIP and discuss implementation status		
	· Identify barriers and provide technical assistance		
	• Establish new action items for updated SIP, if necessary		
•	• Enter data into the IQIP Database		
	· Prepare by reviewing synopsis and notes from the six month visit		
	Review 12-month coverage rates,SIP and discuss implementation status		
	· Identify barriers and provide technical assistance		
12-Month Follow-Up	• Establish new action items for updated SIP, if necessary		
	• Enter data into the IQIP Database		
	· Send provider high-level summary, including selected strategies, over		
	and final SIP; encourage continued efforts		

Figure 1: IQIP Cycle Texas Vaccines for Children (TVFC) Program

The TVFC program provides low-cost vaccines to eligible children from birth through 18 years of age. The mission of this program is to remove barriers to immunizations by allowing private providers to immunize eligible patients in their communities at little to no cost to the parent. Today there are more than 3,000 Texas providers enrolled in TVFC. The TVFC program enables more than 5 million Texas children to have access to immunizations. This is accomplished through a network of support provided by DSHS and with assistance from PHRs and contracted LHDs. These organizations function as Responsible Entities (REs) to ensure compliance with state and federal requirements in their jurisdiction.

#### ImmTrac2

Texas uses ImmTrac2 as the statewide immunization registry, which IQIP leverages to assess vaccine coverage data. DSHS offers ImmTrac2 at no cost to all Texans. The registry is secure and confidential, and safely consolidates and stores immunization records from multiple sources in one centralized system.

Texas Health and Safety Code Sec. 161.007-161.009 requires all medical providers and payors to report all immunizations administered to clients who are 17 years of age and younger to ImmTrac2 within 30 days of administration of the vaccine. Texas law requires written consent by individuals to participate in the registry. Written or electronic consent for ImmTrac2, is required for an individual who is 17 years of age or younger and must be obtained once for participation. A written consent of the individual's parent or guardian must be submitted to DSHS. After written consent is submitted, the individual's immunization information will be included in the registry until the individual is 26 years of age. If written consent is not collected during the immunization visit, the individual's immunization administration will not be accounted for when vaccination coverage rates are assessed.

Access to the registry records is for those who have authorization. Authorized organizations include health-care providers, schools, and public health departments. The registry is part of the initiative to increase vaccine coverage across Texas.

#### **ImmTrac2 Registry Education**

All TVFC providers receiving a site visit will receive IQIP and ImmTrac2 education resources. These educational materials have been developed to provide guidance on how to improve reporting of vaccination administrations into ImmTrac2, and best practices to increase childhood and adolescent vaccination coverage rates at the provider site.

#### **ImmTrac2** Resource Packet

All TVFC Providers will receive an ImmTrac2 resource packet and hands-on training during their scheduled IQIP visit. The packet will include the following guidance documents:

- ImmTrac2 Data Quality Guide
- · ImmTrac2 Texas Immunization Provider Summary (TIPS) Report Guide
- · Guide to Reminder/Recall Report
- · Creating a List of Active Clients with the Ad Hoc List Report
- ImmTrac2 Brochures

#### **ImmTrac2 Data Quality Guide**

The ImmTrac2 Texas Immunization Provider Summary (TIPS) Report Guide is a report which includes the provider's registered organization information listed in ImmTrac2, an overall summary of user activity, online activity, and data exchange activity for the previous month. This data will assist the provider in identifying how many records are being reported to ImmTrac2, accepted, and rejected monthly. Please reference the document at dshs.texas.gov/immunizations/providers/materials.

#### ImmTrac2 Texas Immunization Summary (TIPS) Report Guide

The ImmTrac2 Texas Immunization Provider Summary (TIPS) Report Guide is a report to include the provider's registered organization information listed in ImmTrac2, an overall summary of user activity, online activity, and data exchange activity for the previous month. This data will assist the provider in identifying how many records are being reported to ImmTrac2, accepted, and rejected monthly.

#### **Guide to Reminder/Recall Report**

The Guide to Reminder/Recall Report can be generated in ImmTrac2 to help the provider increase immunization levels in their practice. This report gives step-by-step guidance on how to create lists of patients who are due or overdue for immunizations. The reminder recall system can also create and print mailing labels.

#### Creating a List of Active Clients with the Ad Hoc List Report

All patients assigned to the provider's organization in ImmTrac2 are included in the initial assessment of the coverage assessment rates. An Ad Hoc List Report in ImmTrac2 allows providers to review the status of the patients assigned under their organization. Providers will determine which patients are considered active. For the patients no longer seen at the provider site, providers can de-activate patients in ImmTrac2. This guidance document assists providers with defining filters for specific clients and choosing a sort order for the report to show inactive or MOGE (moved or gone elsewhere).

#### **ImmTrac2 Customer Service Team**

The ImmTrac2 Customer Service team will work with providers to reset passwords and provide guidance on how to generate the TIPS Report, Patient Active/Inactive List, and Reminder/Recall Reports in ImmTrac2. For further assistance, please contact the ImmTrac2 Customer Service Team at 800-348-9158, option 1, or email at <a href="mailto:ImmTrac2@dshs.texas.gov">ImmTrac2@dshs.texas.gov</a>.

#### ImmTrac2 Inter-Operability Team

The ImmTrac2 Inter-Operability Team works with providers to ensure accurate exchange of medical records into the state registry. They serve as direct support to the provider, and will work diligently to assist in identifying, addressing, and resolving technical issues in collaboration with the provider and EHR vendor. Over 12 months, a representative from this team will work closely with the provider to resolve reporting issues. Contact information for the ImmTrac2 Inter-Operability Team is 800-348-9158, option 3, or email at <a href="mailto:ImmTracMU@dshs.texas.gov">ImmTracMU@dshs.texas.gov</a>.

## **Section 2 IQIP Visits**

#### **IQIP** at a Glance

IQIP is CDC's national, Vaccines for Children (VFC) provider-level immunization quality

P\_IQIP at a Glance For providers

improvement program. IQIP promotes and supports implementation of provider-level strategies designed to increase on-time vaccination of children and adolescents.

## **IQIP** strategies

Texas Department of State Health Services

TEXAS
Health and Human
Services

- Facilitate return for vaccination
- Leverage IIS functionality to improve immunization practice

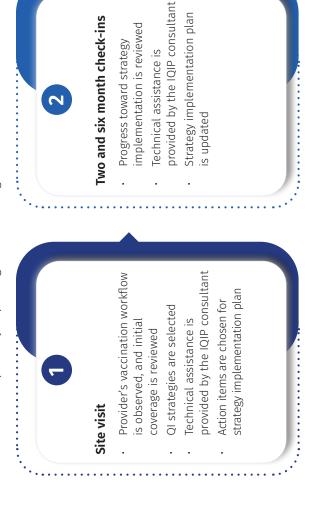
Strengthen vaccination communications

(emphasize HPV vaccine if provider has Give a strong vaccine recommendation

adolescent patients)

Custom strategy based on state or local public health priorities

QIP Process IQIP is a 12-month process where public health representatives and VFC providers collaborate to identify QI strategies to ncrease vaccine uptake by improving and enhancing vaccination workflow.





#### **IQIP Site Visit**

#### **Overview**

By signing the TVFC Program Agreement, the signing clinician agrees to allow DSHS or DSHS quality assurance (QA) contractors to conduct IQIP site visits at least every other year at their site.

The IQIP Site Visit involves a goal setting discussion with the TVFC Provider and the site reviewer.

IQIP requires the presence of at least one of the provider's TVFC points of contact: Primary Vaccine Coordinator, Backup Vaccine Coordinator, or Signing Clinician (PVC, BVC, and/or SC) and any individuals who can make process changes at the provider location.

A core component of this visit is to focus on assessing provider-level vaccination coverage rates using the data reported to ImmTrac2.

During the IQIP site visit, staff at the facility will receive a Strategy Implementation Plans (SIP) to include quality improvement strategies and instructions on action items to be implemented at the facility, along with resources and ImmTrac2 guides.

Once the IQIP portion of the site visit is completed, the site reviewer will transition into the TVFC Compliance portion.

**Note:** Check-in activities will occur by phone or virtual meetings at two months, six months, and 12 months by the Texas DSHS Quality Assurance and Improvement (QAI) team IQIP consultant. At 12 months, the provider's coverage assessment rates will be re-evaluated.

#### **Assessing Provider Immunization Workflow**

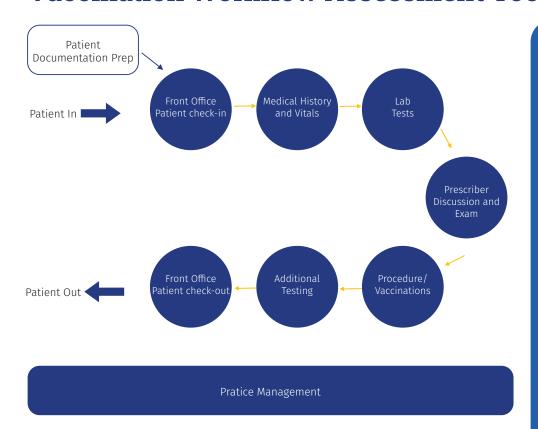
The IQIP Site Visit will begin with a discussion about the provider's immunization workflow. The conversation should involve the provider describing each step of their immunization workflow from the moment the patient enters the clinic through the administration of the vaccines, documentation on the patient's medical record, and scheduling of the next immunization visit.

An SIP will be developed in collaboration between the provider point of contact and the TMF consultant to outline the quality improvement strategies selected, supporting action- items, and check-in activities.

Childhood and adolescent vaccination coverage rates will be presented by the consultant at the initial IQIP visit and 12-month check-in, and coverage goals will be agreed upon for the provider's SIP. Vaccination coverage rates are discussed in more detail in the Vaccine Coverage Rate Reports section on page 15.

#### **Vaccination Workflow Assessment Tool**





#### Points to consider:

- Does that location have a vaccination policy for patients? How is it shared with patients?
- Who reviews the patient's vaccination history and determines needed vaccines? When is this done? What source is used? (IIS or EHR?)
- 3. Who discusses vaccines with the patient/parents? When is
- Is adherence to the ACIP schedule and the importance of vaccination promoted by all staff and visible in all areas of the clinic?
- 5. Which staff can play a part in making or reinforcing a strong vaccine recommendation?
- 6. When are vaccination data documented in IIS or EHR?
- 7. When and by whom are the due dates for future vaccination discussed?
- When and by whom is the next vaccination appointment made? Are there patient reminders before the next visit;
- How is the vaccination policy and vaccine services promoted using all possible communication channels?

Figure 2

#### **Vaccination Coverage Goals**

Vaccination coverage goals will be populated in the IQIP database based on the ImmTrac2 immunization coverage rates entered into the database by the consultant.

The coverage goals include a suggested percentage based on initial coverage rates within a 12-month period. Reviewer will recommend the coverage goals to the provider, and enter the agreed goal amounts into the SIP. In the tables below, IQIP database logic is displayed for childhood and adolescent age group coverage goals.

Table: Logic for suggested 12-month childhood coverage goals		
Initial Coverage	Suggested 12-month coverage goal	
0% to less than 80%	Increase by 10 percentage points	
80% to less than 85%	Increase to 90%	
85% to less than 90%	Increase by five percentage points	
90% to less than 95%	Increase to 95%	
95% and greater	Maintain initial percentage	

Table: Logic for suggested 12-month adolescent coverage goals		
Initial Coverage	Suggested 12-month coverage goal	
0% to less than 70%	Increase by 10 percentage points	
70% to less than 75%	Increase to 80%	
75% to less than 90%	Increase by five percentage points	
90% to less than 95%	Increase to 95%	
95% and greater	Maintain initial percentage	

Figure 8: The parameters utilized by the TVFC IQIP Site Reviewer when setting program goals for increasing their clinics coverage goals for the ACIP-recommended vaccines per patient population served

#### **IQIP Check-in and Follow-up Visits**

Check in activities will occur by phone or virtual meetings at two months, six months, and 12 months post IQIP site visit. The check-in and follow-up meetings will be conducted by the Texas DSHS Quality Assurance and Improvement (QAI) team IQIP consultant.

#### **Scheduling of IQIP Check-Ins and Follow-ups**

DSHS QAI Team will call and email you ahead of time to schedule your IQIP check-ins and follow-up. Providers must respond to the email in the timely manner to schedule their check-in and follow-up.

IQIP requires the presence of at least one of the provider's TVFC points of contact: Primary Vaccine Coordinator, Backup Vaccine Coordinator, or Signing Clinician (PVC, BVC, and/or SC).

Two-month check-in, six-month check-in, and 12-month follow-up can be scheduled and completed any time one month prior to the planned date or due date of each respective check-in or follow-up.

#### Example of Planned/Due dates post IQIP site visit, for an IQIP cycle:

IQIP Site Visit Date:	Two-Month Check-in	Six-Month Check-in	12-Month Follow-up
	Due by:	Due by:	Due by:
February 2, 2024	April 2, 2024	August 2, 2024	February 2, 2025

#### **IQIP Check-ins: Two and Six-Month Process**

#### **IQIP** consultants will:

- · Conduct the check-in via telephone or Microsoft Teams meeting.
- · Assess current implementation of selected QI strategies.
- · Identify any barriers to strategy implementation.
- · Provide technical assistance, demonstrations, or resources to assist in implementing the action items.
- · Review and adjust action items to continue progress towards strategy implementation.
- · Send follow-up email with the check-in summery.

#### **IQIP 12-month Follow Up Process**

#### **IQIP** consultants will:

- · Conduct via telephone or Microsoft Teams meeting.
- · Review and discuss the 12-month coverage assessment rates and see if the goals have been met.
- · Assess current implementation of selected QI strategies.
- · Identify any barriers to strategy implementation.
- Provide technical assistance, demonstrations, or resources to assist in implementing the action items.
- · Review and adjust action items to continue progress towards strategy implementation.
- · Send follow-up email with the IQIP Feedback Survey link and follow-up summary.

**Note:** IQIP Feedback Survey must be completed by the provider after 12 month follow-up.

#### **IQIP** Website

Additional information about IQIP can be found on the DSHS Immunization Section website. The webpage can be accessed at <u>dshs.texas.gov/immunizations/providers/quality-assurance</u>.

#### **IQIP Functional Inbox**

Email all questions or inquiries to the IQIP functional inbox at <a href="IQIP@dshs.texas.gov">IQIP@dshs.texas.gov</a>.

**Please Note:** The Texas IQIP Program Operations Manual for Providers will continue to undergo changes as we assess and adjust program implementation. Updates will be announced, and policy documents will be revised and edited as needed.

# Section 3 IQIP Strategies for Providers

#### **Description of IQIP Core Strategies for Providers**

Immunization Quality Improvement for Providers (IQIP) promotes and supports the implementation of provider-level strategies designed to help increase on-time vaccination of children and adolescents. The IQIP core strategies call for quality improvement activities that focus on improvements to the vaccination workflow. IQIP supports both the implementation and improvement of these core strategies. If the practice already uses one of these strategies, IQIP can help to advance the efforts within that strategy.

#### **Facilitate Return for Vaccination**

Making vaccination more accessible by expanding practice hours available for appointments, allowing walk-in vaccination appointments, and ensuring the next vaccination appointment is scheduled before the patient leaves the office, are a few examples that can support parents in keeping their children on time for vaccination. Reminder and recall systems can also help reduce the likelihood of missed appointments.



#### **Questions To Consider**

**How does your practice maintain accurate patient contact information?** Are staff verifying and updating patient contact information at each appointment to support scheduling and reminder/recall efforts?

What steps does your practice take to prevent missed opportunities? Does staff routinely screen patients for vaccine eligibility at each visit regardless of visit type (e.g., sick visit, well-child, sports physicals, etc.); generate lists of patients that have upcoming appointments to view vaccines due using various technologies via EHR, IIS, or scheduling software platforms; and maintain accurate vaccination records?

#### Does your scheduling protocol ensure that appointments are scheduled for all future vaccines needed?

Are you scheduling the next appointment (e.g., well-child visit, nurse-only, etc.) before the patient leaves the office, either in the exam room or at check-out; scheduling the next vaccination visit and the next well-child visit to occur the same day whenever possible; offering various types of appointments (e.g., nurse-only appointments, vaccination-only clinic days, etc.) where vaccinations can be administered?

**How do you inform parents of future vaccine dates?** Does staff give parents a copy of their current immunization record and a list of future recommended vaccines with precise due dates?

**Does your practice implement reminder and recall systems?** Are you using multiple methods (e.g., a combination of text messages, portal messages, emails, postcards, phone calls, etc.) to remind patients of upcoming appointments?

#### Leverage the Immunization Information System (IIS) to Improve Immunization Practice

Providers and patients can benefit from a well-maintained Immunization Information System (IIS). The IIS can provide consolidated vaccination records, forecast upcoming due dates to assist with scheduling, and send reminders for upcoming appointments. The IIS also helps providers to manage vaccine inventory and to self-monitor vaccination coverage to identify areas for improvement.



#### **Questions To Consider**

**How does your practice maintain accurate patient contact information?** Are you verifying and updating patient contact information in the IIS at each appointment to support scheduling, reminder, and recall efforts?

**Are you routinely reporting to the IIS?** Are you reporting all historical and administered vaccination data to the IIS to support complete, up-to-date patient records, vaccination recommendations, and coverage?

**How often does your practice assess patient immunization status?** Do clinicians assess immunization status in the IIS for patient active/inactive status and doses due at every patient encounter, including drop-ins and sick visits?

**How is a patient's vaccination status communicated among staff during their visit?** Do you use a prompt system to notify staff when vaccinations are due for every patient encounter, including drop-ins and sick visits?

How often does your practice attempt to bring patients without appointments back to the office for due or overdue vaccinations? Do staff routinely generate patient line lists to identify patients not up-to-date and overdue to determine future due dates for vaccines? Does your practice use reminder and recall functionality to communicate with patients about appointments (e.g., future well-child, vaccination-only, and follow-up sick appointments)?

**How often does your practice assess its vaccination performance, and how?** Does your practice generate practice-level coverage reports at regularly scheduled intervals for single vaccines and combination series for various age cohorts?

#### Give a Strong Vaccine Recommendation

(include HPV vaccine if the provider has adolescent patients)

On-time vaccination depends on parents choosing to vaccinate their children, and providers play a critical role in leading parents to that decision. Parents usually consider their child's healthcare professional one of the most trusted vaccine information sources. This IQIP strategy focuses on the provider-parent and provider-patient discussion. Selection of this strategy can support your clinic with training and resources focused on the evidence-based presumptive (or "announcement") approach for vaccine recommendation.



#### **Questions To Consider**

**Do you use evidence-based methods when recommending vaccines?** Do prescribers use effective communication approaches (e.g., presumptive language, bundling approach, sandwiching recommendations, etc.) when recommending vaccines?

**Do you recommend all vaccines for which the patient is eligible?** Do prescribers prevent missed opportunities by recommending all vaccines when they are due and recommending multiple vaccines simultaneously if the ACIP schedule indicates the patient is due for more than one vaccine at the time of the visit?

What approaches do you use to build trust with parents? Do you seek to understand the concerns behind parents' questions before responding? Willingness to listen and acknowledge parents' concerns plays a role in developing trust.

**How do you ensure you are reaching all parents and patients equally?** Does your practice take actions to reduce disparities / promote vaccine equity by training prescribers to recognize the diversity within their community and acknowledge the systemic, cultural, and historical reasons some patients may have low confidence in vaccines?

**How do you stay current on the latest ACIP-recommendations?** Do prescribers receive routine training to prepare for and focus on the vaccination discussion with parents on the current Immunization Schedules? <a href="mailto:cdc.gov/vaccines/hcp/imz-schedules/index.html">cdc.gov/vaccines/hcp/imz-schedules/index.html</a>

#### **Strengthen Vaccination Communications**

This strategy highlights the importance of promoting vaccination and helping providers increase positive messaging about vaccination to their patients. The strategy includes developing, reviewing, and disseminating the provider's patient vaccination policy. The strategy also includes other approaches to vaccination messaging, such as posting flyers and posters throughout the site and including vaccine-related content in emails, mailings, website content, and social media posts.



#### **Questions To Consider**

**Does your practice have a vaccination policy for patients?** How does staff share and promote your practice-wide vaccination policy with all new and existing patients (e.g., including new patient packets, displaying the policy in waiting areas and exam rooms)? How does your clinic promote the importance of on-time vaccination to new and existing patients?

What reliable information about vaccines do you provide to parents and patients? What materials do you share to promote vaccinations above and beyond the required Vaccine Information Sheets (VIS)? What resources do you provide to parents and patients that explain vaccination or address common concerns about vaccines?

**How do you communicate your support of vaccination outside your practice?** Do you have a website or utilize social media platforms? How can you incorporate positive vaccine messaging into these platforms?

**How does your staff respond if parents or patients express vaccine hesitancy?** Would staff benefit from training on common vaccine myths and misconceptions and how to respond to them?

#### The Interconnectedness of IQIP Core Strategies

Though they emphasize different aspects of a provider's routine vaccination workflow, the best practices associated with the four core IQIP strategies often overlap. For example, a well-maintained IIS helps to inform a strong vaccine recommendation, and it also helps to ensure that subsequent visits are scheduled to complete each vaccine series on time. Similarly, when a practice has a clear vaccination policy that all patients are aware of, it makes it easier for providers to give a strong recommendation in the exam room and stress the importance of scheduling the next vaccination appointment before the patient leaves. When selecting and implementing these QI strategies, it is essential to consider how they intersect and depend upon staff engagement across the practice.

# Section 4 Immunization Champion

#### What does an immunization champion do?

- · Immunization champions take the lead on immunization promotion activities in their clinics.
- By demonstrating leadership, collaboration, and advocacy, they ensure that the children in their care receive all the recommended vaccines on time.

#### Why be an immunization champion?

· Children rely on the champions in their lives to keep them safe and healthy.

#### Who can be an immunization champion?

• These champions may be physicians, nurses, or other health care professionals. Here are ways you can be an immunization champion in your clinic.

#### **Facility Processes**

- Develop and guide the implementation of procedures that support on-time vaccination of every child seen.
- Routinely assess procedures to ensure vaccination workflow continues to support the practice's vaccination policy and on-time vaccination.
- Conduct workshops in which clinic staff discuss barriers to vaccinating patients on time and ways to improve.

#### **Training and Education**

- Display Advisory Committee on Immunization Practices (ACIP) recommendations throughout the clinic.
- Train staff quarterly on ACIP recommendations, minimum ages and intervals, and contraindications.
- Ensure all office staff can accurately answer parent and/or patient vaccine-related questions or refer them to the appropriate resource.
- Work with staff to make sure they are comfortable addressing common parent and/or patient concerns or hesitancy about vaccines.
- Observe staff during vaccination visits and provide feedback.

#### **Immunization Documentation**

- Routinely check to ensure the clinic is reporting vaccinations and immunization status to the immunization information system (IIS) in a timely manner.
- Perform spot checks for completeness and accuracy of clinic immunization records.
- Regularly check patients' active/inactive status in the IIS and update if necessary.

#### **Communications**

- Stay up to date on vaccine recommendations and immunization quality improvement.
- Develop and propose social media posts.
   Research vaccine content to add to website.
- Make sure all vaccination promotion materials reflect current recommendations.
- Stay up to date on facility- or provider-level vaccination coverage. Share and discuss results routinely with staff, working together to evaluate progress and identify performance gaps.
- Update clinic staff on status of key immunization performance measures (e.g., missed opportunities, staff knowledge of vaccine recommendations, IIS data quality, etc.).

# Section 5 ImmTrac2 Data Quality Guide

# The Texas Immunization Registry

**Data Quality Guide** 

Common issues of inaccurate report data

## 1. Reduce Duplicate Client Records by Entering Complete Client Demographics

When entering new clients into ImmTrac2, if available enter the client's:

- · Complete phone number with area code,
- · Personal Email address,
- · Mother's first name, and
- Mother's maiden name.

At each office visit check if the phone number and email address of the client have changed and update records. This information will help prevent duplicate clients in the immunization database.

## 2. Encourage Clients to Sign Both a Standard Consent and a Disaster Consent

The most common reason why client records are rejected from ImmTrac2 is due to no consent on file so offer clients the opportunity to sign both a standard consent and a disaster consent. For immunization records to be stored in ImmTrac2, the parent, legal guardian, or managing conservator must complete an ImmTrac2 Minor Consent Form for their child. Adults must complete the ImmTrac2 Adult Consent form. These forms can be found online at <a href="mailto:dshs.texas.gov/immunizations/public/forms">dshs.texas.gov/immunizations/public/forms</a> under the "ImmTrac2" drop-down menu.



Figure 1 - ImmTrac2 Forms Link

Once the "ImmTrac2" drop-down is expanded, scroll down to choose the consent for either Immunization Registry (ImmTrac2) – Adult Consent Form (Bilingual) or Immunization Registry (ImmTrac2) – Minor Registry Consent Form (Bilingual). The Disaster Consent can be used by both minors and adults.

F11-12956	Texas Immunization Registry (ImmTrac2) Disaster Information Retention Consent Form	02/2022
F11-11406	Immunization Registry (ImmTrac2) Authorization to Release Official Immunization History (Bilingual)	02/2022
F11-11936	Texas Immunization Registry (ImmTrac2) Newborn Registration Form	02/2022
F11-13366	Immunization Registry (ImmTrac2) - Adult Consent Form (Bilingual)	02/2022
C-7	Immunization Registry (ImmTrac2) - Minor Consent Form (Bilingual)	02/2024

Figure 2 - List of Forms

#### Facts about consents:

- · You don't need to be in a disaster to sign a disaster consent.
- If clients were consented as a minor, when they reach the age of 18, they need to sign the consent forms as an adult. If they don't sign the adult consent forms before the age of 26, their standard immunizations when they were a minor will be deleted from the ImmTrac registry.

#### 3. Make Sure You Select the Correct Organization

Users who are associated to multiple organizations could potentially select the wrong organization. This could add immunizations to an organization that did not administer the vaccine.

#### 3A. How Do I Know If I Am Associated to Multiple Organizations?

After successfully logging into ImmTrac2, is the Manage Access screen. A user may be associated to multiple organizations. For example, see Figure 3 in which a user is associated to four different organizations.



Figure 3 - User in Multiple Organizations

#### 3B. How Do I Know If I Selected the Correct Organization?

The yellow banner at the top of the screen displays the organization name that you selected, the name of the user, and the user's role.



Figure 4 - Logged into Correct Organization

#### 3C. How Can I Switch Between Organizations in ImmTrac2?

On the Manage Access screen, select "ImmTrac2" for the organization which you would like to add immunizations on behalf of.



Figure 5 – Switch Between Organizations

#### 4. Inactivate Clients You No Longer See

Some reports generated from ImmTrac2 only include clients who are listed as 'Active' with the organization (for example, the Reminder/Recall report). Important: to ensure the accuracy of these reports, update the status of clients who are no longer associated to your practice.

#### 4A. How Do Clients Become 'Active' with an Organization?

- Each new client added to ImmTrac2 is automatically 'Active' with that organization.

  This applies for clients added online as well as clients added through data exchange.
- When a historical or current immunization is added to a client's record. This includes updates that occur online as well as through data exchange.
- A client can also be manually flagged as 'Active' online on the 'Edit Client' screen under the Organization Information tab.



Figure 6 – Active Status

1. **Manually:** You can manually flag a client as 'Inactive' online by going into the client record, clicking the Organization Information tab, and changing the status.



Figure 7 – Inactive Status

2. **Manage Client Status Criteria:** Another way to make clients you no longer see inactive is to go to the ImmTrac2 application and click on the "manage client status criteria" link. See the "ImmTrac2 Manage Client Status Criteria" guide at <a href="mailto:default/files/LIDS-Immunizations/pdf/pdf">default/files/LIDS-Immunizations/pdf/pdf</a> stock/11-15951.pdf. You can change the status of many clients quickly using this tool.



Figure 8 – Manage Client Status Criteria Link

3. **Data Exchange:** Clients can also be flagged as 'Inactive' through data exchange. For additional information please feel free to contact your Electronic Health Records (EHR) vendor or the ImmTrac2 Interoperability Team toll free at 800-348-9158 or email ImmTracMU@dshs.texas.gov.

- · Only users associated to your organization can update the status of a client in ImmTrac2.
- Clients can be flagged as 'Active' for multiple ImmTrac2 organizations, which means they may show up as 'Active' for multiple organizations.

1. **Manually:** You can manually flag a client as 'Inactive' online by going into the client record, clicking the Organization Information tab, and changing the status.



Figure 7 – Inactive Status

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1. **Manually:** You can manually flag a client as 'Inactive' online by going into the client record, clicking the Organization Information tab, and changing the status.



Figure 7 – Inactive Status

Production

manage\_client\_status

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1. **Manually:** You can manually flag record, clicking the Organization

Organization Information ack to top] 3. Data Exchange: Cl

For additional info (EHR) vendor or th ImmTracMU@dshs



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Figure 7 - Inactive Status

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# Section 6 Guide to the Reminder/Recall Report

### **Contents**

The Texas Immunization Registry	
Guide to Reminder/Recall Report	1
Summary	4
Generate Reminder/Recall Report	5
Reminder Request	8
Reminder Request Process Summary Screen	9
Reminder Letter	11
Reminder Card	
Mailing Labels	15
Client Query	15
Extract Client	16
Client Reminder/Recall Spreadsheet	16
Last Notice Date Options	18
Create a New Reminder/Recall Custom Letter	19
Reminder/Recall Custom Letter options:	21
Edit a Reminder/Recall Custom Letter	22
Delete a Reminder/Recall Custom Letter	22

#### **Summary**

The Reminder/Recall Report generates client notices, which include letters, cards, mailing labels, and client listings. Reminder and recall notices can be generated for each client if the following conditions in the client record are met:

- The client status is "Active" in the Client Information section for your organization.
- The "Allow Reminder and Recall Contact?" indicator in the Client Information section is "Yes."
- The client has complete address information listed in the Address Information section.

## **Generate Reminder/Recall Report**

See Figure 1: Generate Reminder/Recall Report

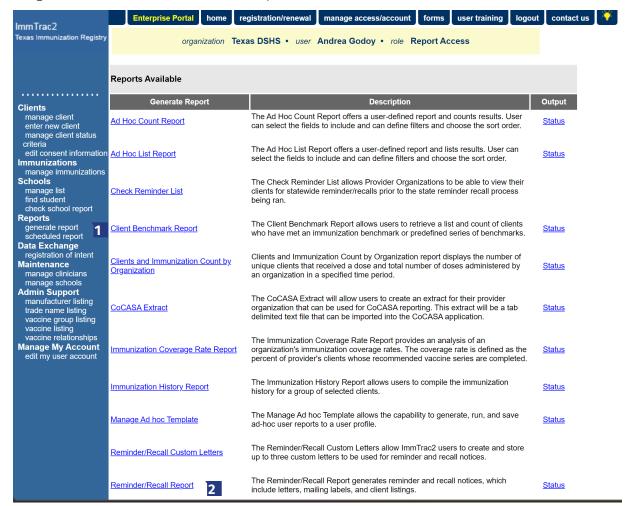


Figure 1: Generate Reminder/Recall Report

To generate the Reminder/Recall Report, follow the steps below.

- 1. Click the Generate Report option from the menu panel.
- 2. Select the Reminder/Recall Report.

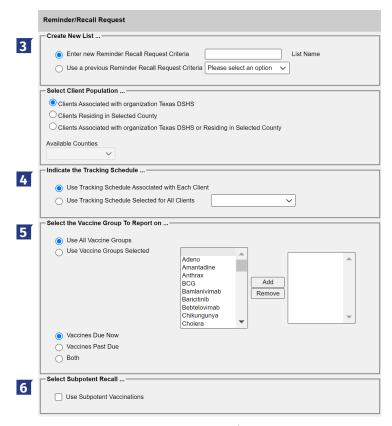


Figure 2: Generate Reminder/Recall Report Part 2

- 3. Set the Request Criteria: The Create New List Section gives users the option of selecting saved reminder recall request criteria or creating a new reminder recall request.
  - Enter new Reminder Recall Request Criteria: Selecting the radio button and supplying a list name will generate a new reminder recall request report that can be generated as a report or saved as a template and later generated as a report.
  - Use a previous Reminder Recall Request Criteria: Selecting the "Use a previous Reminder Recall Request Criteria" radio button and selecting a list name displays that template's criteria. Once the criteria displays, users can edit the criteria from the previous list before generating the report.
- 4. Indicate the Tracking Schedule: Choose which set of recommended immunizations and corresponding dates will be compared to each client's immunization history.
- 5. Select the Vaccine Group to Report on: Choose which vaccines will be included in the report by selecting a vaccine and clicking the Add button. Also select which vaccines to include, vaccines that are Due Now, Past Due, or Both.
- 6. Selecting Subpotent Recall: This filter will show the clients with Sub-potent vaccinations recorded.
- 7. Selecting a School or Primary Care Provider: This filters the clients who have been assigned to the selected school or physician.

6

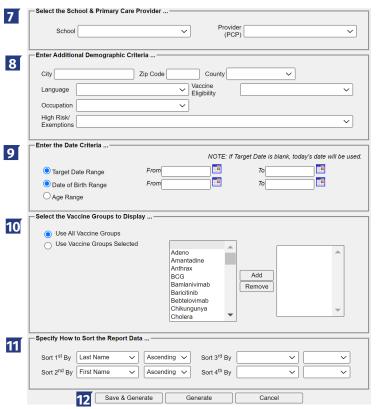


Figure 3: Generate Reminder/Recall Report Part 3

- 8. Enter Additional Demographic Information: Entering and/or selecting these options allows filtering of clients whose records match specific demographic information.
- 9. Enter the Date criteria: Select a Date Range to filter clients.
  - Target Date Entering a target date range will return clients who are due now, are past due, or will be due for the selected vaccine within the specified date range.
  - Birth Date Entering a birth date range will return clients who were born between the dates entered.
  - Age Range Entering an age range will return clients whose age falls between the dates entered.
- 10. Select Vaccine Groups to Display: Selecting Vaccine Groups to display will filter for the vaccine groups that display on the report as being recommended. By default, all vaccine groups that are due now or past due display on the report.
- 11. Specify How to Sort the Report Data: Allows a choice of sorting options. The default is last name in ascending order, then first name in ascending order.
- 12. Click the Save & Generate button to save the request criteria and to generate the report.
  - If previous Reminder Recall Request Criteria was selected, this will save any changes made to template.
  - Click the Generate button to generate the report and not save as a template or save changes to the criteria list.
  - · Click the Cancel button to return to the Generate Reports screen.

## **Reminder Request**

Status Screen See Figure 4: Status Screen.

Once the reports are generated the Reminder Request Status screen displays. This screen will only retain one report at a time, and as new reports are generated the previous report will no longer be accessible. The status indicates the percentage of completion for the report. Periodically click on Refresh to update the completion percentage information. The time it will take for the report to generate will depend upon the number of clients associated with the provider organization.

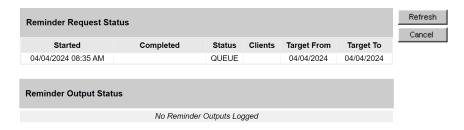


Figure 4: Status Screen

This screen will also display all the reminder output options that were generated for the specific report.

- 1. When redirected to the Reminder Request Status screen, click the Refresh button until the status is 100%.
- 2. When the report is ready, click on the blue hyperlink to go to the Reminder Request Process Summary screen.

Note: The report will run in the background similar to other reports, allowing users to exit ImmTrac2 or work on other ImmTrac2 tasks until it completes. To go to the Reminder Request Status screen, click on "generate report" on the menu panel and click the "Status" link next to the Reminder/Recall Report link.

## **Reminder Request Process Summary Screen**

The Summary screen is broken up into three sections: Reminder Request Criteria, Reminder Request Output Options, and Last Notice Date Options. From the Summary screen, users can create various reminder output options.

**Reminder Request Criteria:** This section lists the number of clients involved in the search and the criteria used to define the search. The Total Number of Clients Eligible for Reminder at the bottom of the screen is dependent upon the search criteria and is narrowed down by each criteria step. See Figure 5: Reminder Request Criteria.

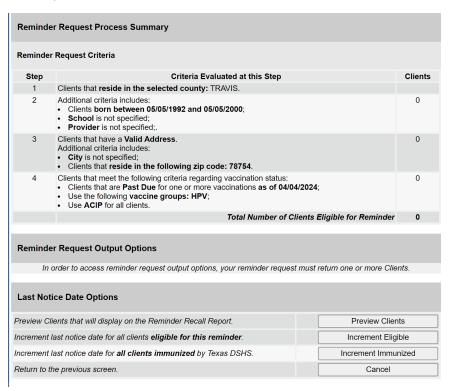


Figure 5: Reminder Request Criteria

**Reminder Request Output Options:** This section lists the various reminder output options available, including both standard outputs and custom outputs. See below and see also Figure 6: Reminder Request Output Options.

- Output This column displays the types of reports that can be produced. These reports are described in detail in the table below. Clicking the Hyperlink in the Output column will generate the report that was selected.
- Description This column provides a brief description of the output option.
- Additional Input This column displays options for including additional information on the output report and defining a report:
  - Report Name: Enter the Name to describe the output report.
  - Free text: Enter in text that will appear on the report.
  - Phone number: Enter in the phone number that will appear on the output report.

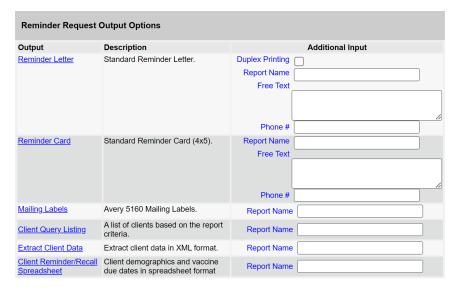


Figure 6: Reminder Request Output Options

## **Reminder Letter**

The letter output option allows users to generate a standard form letter to the parent/guardian for each client returned on the query. The letter allows room at the top for the organization's letterhead. The body of the letter includes the client's immunization history, recommended immunizations, and due dates. There are up to two lines for free text and/or a telephone number. To generate Reminder Letter, follow the steps below (see Figure 7: Generate Reminder Letter Steps 1-2):



Figure 7: Generate Reminder Letter

- 1. Under the Additional Input column, there are options to enter the following:
  - Duplex printing printing on both sides.
  - Report Name if a Report Name is not indicated, the report will simply be named Reminder Letter on the Reminder Report Status screen with the date it was generated. Enter up to 20 characters in this field.
  - Free Text include a maximum of 400 characters in this field. This information will be displayed as the closing for each letter.
  - Phone the telephone number is presented in the closing for each letter.
- 2. Click the Reminder Letter hyperlink.

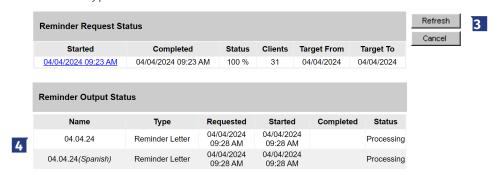


Figure 8: Generate Reminder Letter

- 3. Users are redirected back to the Reminder Request and Output Status screen. If needed, click the Refresh button until the status is "Ready." See Figure 8: Generate Reminder Letter Steps 3 and 4.
- 4. The Reminder Letter will be listed at the top of the Output Status section as an active hyperlink available in both English and Spanish.
  - For clients who have selected Spanish as their "Language Spoken" option in the Client Information tab of their client's record, the Reminder Letter will be output in Spanish.

• Click on the Reminder Letter hyperlink to view or print the letters in a PDF file. See Figure 9: Reminder Letter Example.

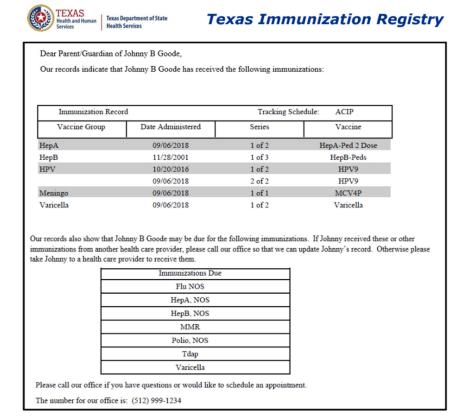


Figure 9: Reminder Letter Example

### **Reminder Card**

The Reminder Card output option allows users to generate a standard reminder card for the parent/guardian for each client returned on the query. The card allows room at the top for a greeting. The body of the card includes the client's recommended immunizations and due dates. There are up to two lines for free text and/or a telephone number.

To generate Reminder Cards, follow the steps below (see Figure 10: Generate Reminder Card and Figure 11: Generate Reminder Card).

- 1. Under the Additional Input column, users have the option of entering:
  - a. Report Name If a Report Name is not indicated, the report will simply be named "Reminder Card" on the Reminder Report Status screen with the date it was generated. Enter up to 20 characters in this field.
  - b. Free Text Includes a maximum of 400 characters in this field. This information will be displayed as the closing for each card. c. Phone The telephone number is presented in the closing for each of the card.
- 2. Click the Reminder Letter hyperlink.



Figure 10: Generate Reminder Card

- 3. Users are redirected back to the Reminder Request and Output Status screen, and if needed click the Refresh button until the status is "Ready."
- 4. The Reminder Card will be listed at the top of the Output Status section as an active hyperlink available in both English and Spanish. Click on the Reminder Card hyperlink to view or print the letters in a PDF file.

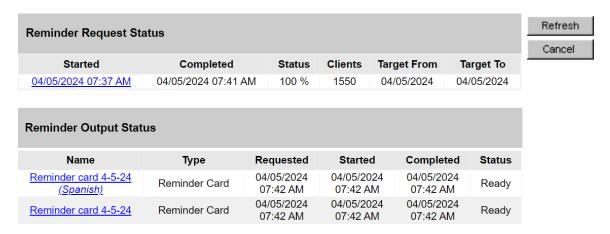


Figure 11: Generate Reminder Card

See Figure 12: Generate Reminder Card Example.

Dear Parent of Johnny B Goode

Our records show that Johnny B Goode may be due for the following immunizations. If Johnny received these or other immunizations from another health care provider, please call our office so that we can update Johnny's record. Otherwise please schedule an appointment for Johnny to receive them.

Vaccine Group	Date Needed
Influenza-seasnl	07/01/2019

The number for our office is: (512) 999-1234

Please call our office if you have questions or would like to schedule an appointment.

Figure 12: Generate Reminder Card Example

## **Mailing Labels**

The labels output option produces 30 labels per screen on Avery Mailing Labels #5160.

See Figure 13: Generate Reminder Mailing Labels Example.

 To the Parent/Guardian of:
 To the Parent/Guardian of:
 To the Parent/Guardian of:

 ANCE MARLIN BOB
 LANI BOB
 LARRY BOB

 234 MULBERRY LANE
 123 MULBERRY LANE
 123 MULBERRY DRIVE

 AUSTIN TX 78749
 AUSTIN TX 78723
 AUSTIN TX 78749

Figure 13: Generate Reminder Mailing Labels Example

## **Client Query**

Listing The Client Query Listing displays contact information for those clients identified as being due/overdue in the Reminder/Recall output in a report format. This report lists every client that was returned in the report query process.

See Figure 14: Client Query Listing Example.

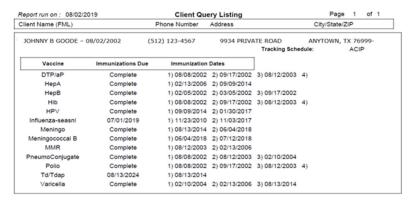


Figure 14: Client Query Listing Example

## **Extract Client**

Data The Client Extract Data displays in an XML format and contains every client and their demographic information that was returned in the report query process.

## **Client Reminder/Recall Spreadsheet**

The Client Extract Data displays client demographic information, immunization history, and recommendations for those clients identified as being due/overdue in the Reminder/Recall output in an Excel spreadsheet. This report lists every client that was returned in the report query process. See Figure 15: Reminder/Recall Spreadsheet Example.

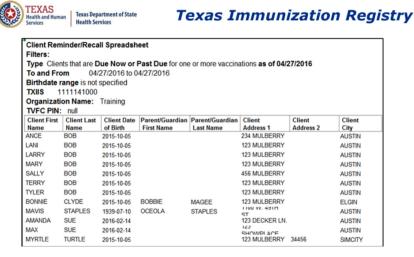


Figure 15: Reminder/Recall Spreadsheet Example.

To generate the Mailing Labels, Client Query Listing, Extract Client Data, and Client Reminder/Recall Spreadsheet, follow the steps below.

See Figure 16: Generate Reminder Output Options Step 1-2.

**Note:** The reminder output options are generated one at a time.

- 1. Under the Additional Input column of the table enter a Report Name if a Report Name is not indicated, the report will simply be named "Mailing Labels" or "Client List", or "Client XML", or "Client Reminder/Recall Spreadsheet" on the Reminder Report Status screen with the date and time it was generated. Enter up to 20 characters in each file name field.
- 2. Click the appropriate Output hyperlink: "Mailing Labels", "Client Query Listing", "Extract Client Data", or "Client Reminder/Recall Spreadsheet".

Output	Description	Additional Input
Reminder Letter	Standard Reminder Letter.	Duplex Printing Report Name Free Text
		Phone #
Reminder Card	Standard Reminder Card (4x5).	Report Name Free Text
		Phone #
Mailing Labels	Avery 5160 Mailing Labels.	Report Name
Client Query Listing	A list of clients based on the report criteria.	Report Name
Extract Client Data	Extract client data in XML format.	Report Name
Client Reminder/Recall Spreadsheet	Client demographics and vaccine due dates in spreadsheet format	Report Name

Figure 16: Generate Reminder Output

- 3. You will be redirected back to the Reminder Request Status and Output Status screen
- (See Figure 17: Generate Reminder Output Options Step 3-4). Click the Refresh button until the status is "Ready."
- 4. Each reminder output will be listed in the Output Status section as an active hyperlink click on the applicable option to open the output file.

Reminder Request Status						Refresh Cancel
Started	Completed	Status	Clients	Target From	Target To	
04/05/2024 07:37 AM	04/05/2024 07:41 AM	100 %	1550	04/05/2024	04/05/2024	

Reminder Output Status					
Name	Туре	Requested	Started	Completed	Status
Reminder card 4-5-24 (Spanish)	Reminder Card	04/05/2024 07:42 AM	04/05/2024 07:42 AM	04/05/2024 07:42 AM	Ready
Reminder card 4-5-24	Reminder Card	04/05/2024 07:42 AM	04/05/2024 07:42 AM	04/05/2024 07:42 AM	Ready

Figure 17: Generate Reminder Output

#### **Last Notice Date Options**

The Reminder Request Process Summary screen allows users to reset the last notice date, which will affect future reminder/recall notices generated using this information.

See Figure 18: Reminder/Recall Last Notice Date Options.

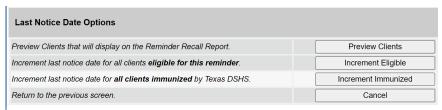


Figure 18: Reminder/Recall Last Notice Date Options

**Preview Clients:** view a list of clients included in the Reminder Recall Report. This information includes a hyperlink to each client's demographic record. This is the same screen that display if the Check Reminder List is selected from the Generate Report menu option.

**Increment Eligible:** used to reset the last notice date for all clients eligible for this reminder. The last notice date is viewable on the client's demographic record under the organization information section. Increment Immunized: used to increment the last notice date for all clients immunized by your organization.

**Cancel:** to return to the Reminder Request Status screen. Custom Letter In addition to the standard letter, ImmTrac2 allows users to create and store up to three custom letters to be used for reminders and recalls. Once a custom letter is created it is available for selection on the Reminder Request Output Option screen for the Reminder Report.

See Figure 19: Reminder Request Output Options.

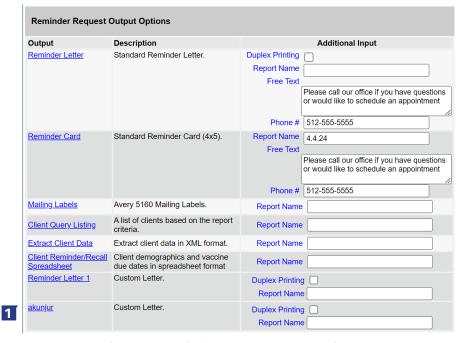


Figure 19: Reminder Request Output Options

#### Create a New Reminder/Recall Custom Letter

**NOTE:** One advantage of the Reminder/Recall Custom Letter is that you can choose to not include the client's immunization history in the letter if you do not want to include it. To create Reminder/Recall Custom Letters, follow the steps below.

See Figure 20: Generate Reminder/Recall Custom Letters.

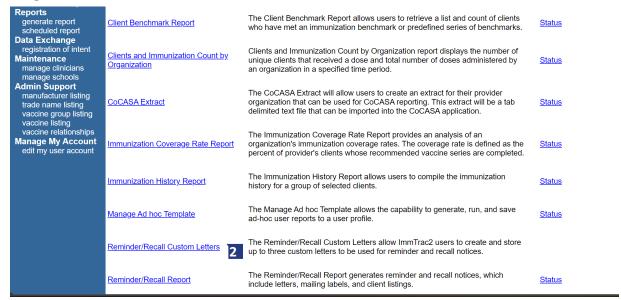


Figure 20: Generate Reminder/Recall Custom Letters

- 1. Click the Generate Report option from the menu panel.
- 2. Select Reminder/Recall Custom Letters.
- 3. On the Reminder/Recall Customer Letter screen, click the New Customer Letter link to begin creating the custom letter. See Figure 21: Reminder/Recall Custom Letters Step 3.



Figure 21: Generate Reminder/Recall Custom Letters

4. Fill out the template using Figure 22: Reminder/Recall Custom Letters Step 4 and also see the Reminder/Recall Custom Letters Options to help complete the customized template.

Top Margin—  Number of blank lines at the top of the letter: 3 V	
Client Address	
Include a name with the client address: (no name)	
☐ Include client address	
Salutation—	
Enter a salutation for the letter: Dear	
Include a name at the end of the salutation: (no name)	
Paragraph 1	
First Part	_
	<u>[i</u>
Include a name between the first and second parts of this paragraph: (no name)	
In the state of th	
Immunization History —	
☐ Include immunization history	
Paragraph 2	$\overline{}$
Immunization Recommendations	
Include immunization recommendations	
Paragraph 3	
	10
Closing	
Enter a closing for the letter:	
☐ Include provider organization name in the closing	
☐ Include provider organization phone number in the closing	
Name and save the custom letter—	
Name the custom letter Reminder Letter 1	
Save Cancel	

Figure 22: Generate Reminder/Recall Custom Letters

#### Reminder/Recall Custom Letter options:

- **Top Margin.** From the drop-down list provided, choose the number of blank lines at the top of the letter. These blank spaces will leave room for your office letterhead. This field will default to 3.
- **Client Address.** Check the box to include the client's address at the top of the letter.
- **Salutation.** Enter a greeting in the text box to begin the letter. For example, "Dear" or "Greetings." Use the drop-down arrow to determine if you want to Include a name at the end of the salutation. If "Name" is selected, the name of the client will show up after the salutation. If "Responsible Person" is chosen, the letter will read <salutation> Parent/Guardian of <client name>. For example, "Dean Parent/Guardian of Peggy Sue."
- **Paragraph 1 First Part.** Enter desired text. Enter up to 4,000 characters of text in this field.
- **Paragraph 1 Name Option.** Include a name between the first and second part of this paragraph: Choose the name to appear within the paragraph from the drop-down list. Select either parent/guardian, client name or no name.
- **Paragraph 1 Second Part.** If you chose to enter a name, add the remaining text for the first paragraph in this field.
- **Immunization History Option.** Check the box to include the client's immunization history in the letter. If you do not want to include the client's immunization history in this letter, do not check the box "Include immunization history."
- **Paragraph 2.** Enter desired text. Enter up to 4,000 characters of text in this field.
- **Immunizations Recommended Option.** Check this box to include the immunization needed forecast for the client in the letter.
- **Paragraph 3.** Enter desired text. Enter up to 4,000 characters of text in this field.
- **Closing.** Enter a closing word or statement for the letter in this field. You have the option of checking a box to include the name of the provider organization in the closing, and another option of checking a box to include the phone number of the organization in the closing.
- 5. Enter the Customer Letter Name, and then Click the Save Figure 23: Reminder/Recall Custom Letters Data Step 5.
  - The screen will refresh, but no message displays.
  - Click the Cancel button. See button to return to the previous Reminder/Recall Customer Letters screen as seen in step 3, where the newly created letter displays as a hyperlink.



Figure 23: Generate Reminder/Recall Custom Letters

#### **Edit a Reminder/Recall Custom Letter**

To edit an existing Reminder/Recall Customer Letter, follow the steps below. See Figure 24: Edit Reminder/Recall Custom Letters Step 1.

1. Once you have navigated to the Reminder/Recall Custom Letter screen, click the customer letter link.



Figure 24: Edit Reminder/Recall Custom Letters

2. Update the customer letter data or letter name as needed, and then click the Save button. See Figure 23: Reminder/Recall Custom Letters Data Table for details on each data field.



Figure 23: Generate Reminder/Recall Custom Letters

- · The screen will refresh, but no message displays. (Not Shown)
- Click the Cancel button to return to the previous Reminder/Recall Customer Letters screen as seen in step 3. If the letter name was updated, the new name displays.

#### Delete a Reminder/Recall Custom Letter

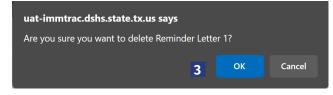
To delete an existing Reminder/Recall Customer Letters, follow the steps below.

See Figure 25: Delete Reminder/Recall Custom Letters Steps 1 and 2.

- 1. Once users have navigated to the Reminder/Recall Custom Letter screen, click the Delete
- 2. Click the OK button next to the letter to be deleted to delete the Reminder/Recall Custom Letter.



Figure 25: Edit Reminder/Recall Custom Letters



21

# Section 7 ImmTrac2 TIPS Guide

# **Contents**

Section 1: Description of the TIPS Report	4
Organization Details	
User Activity Details	5
Online Activity Details	5
Data Exchange Activity Details	
Section 2: How to Generate the TIPS	
Section 3: Strategies to Optimize Your TIPS	
Focus 1: Number of Active Users	
Focus 2: Number of Logins per Active User	
Focus 3: Number of Online Client Searches per Active User	
Focus 4: Number of Immunizations Added per Client	
Focus 5: Average Latency	
Focus 6: Acceptance Rate of Clients and Immunizations through Data Exchange	
Section 4: Instructions to Request Adding or Disassociating Users	
Requests	
More Than Five Users	
Security Notes	
Email Request Instructions to Add or Disassociate Up to Five Users	
Email Request Template	
Section 5: Data Exchange Related Information	
Focus 1: If Data Exchange Activity is blank	
Focus 2: Establishing a Data Exchange Connection with the Registry	
Step 1: ImmTrac2 Registration/Renewal Information Organizations must:	
Step 2: Registration of Intent (ROI)	2
STEP 3: GAINING ACCESS TO DATA EXCHANGE METHODS	22
STEP 4: TESTING	23
Step 5: Production	25
Step 6: Ongoing Submission of Data	
Contact Information	

## **Section 1: Description of the TIPS Report**

The TIPS report provides each registered organization in ImmTrac2 an overall summary of the user activity, online activity, and data exchange activity for the previous month.

#### **Organization Details**

See Figure 1: Organization Details.









Monthly Reporting Period: 02/2024 p

Figure 1: Organization Details

- 1. Facility/Organization Name as displayed in ImmTrac
- 2. TVFC/ASN provider identification number (if applicable).
- 3. Each organization will be rated based on the user activity, online activity, and data exchange activity (if applicable) for the previous month. Organizations will receive one of the following ratings: Exceeds Expectations, Meets Expectations, or Not Rated.
- 4. Org Code Unique identifier for each organization.
- 5. TX IIS ID Unique identifier for each organization.
- 6. Name of the Organization Point of Contact.
- 7. Email address of the Organization Point of Contact.
- 8. Expiration date of the ImmTrac2 site agreement.
- 9. Reporting period for the previous month and displayed as MM/YYYY.

#### **User Activity Details**

See Figure 2: User Activity Details.

#### **User Activity Summary:**

Displays the user activity for the reporting period and compares the total users versus the active users.

Total User Logins: 1,012 10
Online Client Searches: 2,401 11
Clients Served: 10,680 17







Figure 2: User Activity Details

- 10. Number of logins during the reporting period by active users (14).
- 11. Number of online clients searched during the reporting period.
- 12. Number of active clients associated to the organization.
- 13. Total number of users associated to the organization.
- 14. Number of active users associated to the organization.
- 15. Percentage of active users.

#### **Online Activity Details**

See Figure 3: Online Activity Details.

#### Online Activity:

Displays counts of clients, immunizations added, and reporting latency for online activity.

Clients Added: 16 16
Immunizations Added: 45 17
Adult: 36 18
Child: 9

16 20 Child Clients

4 21
Adult Clients

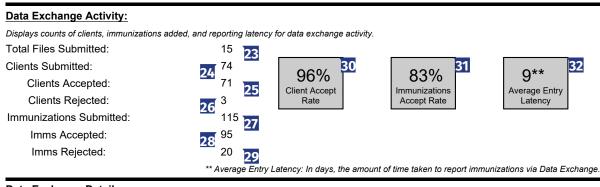


Figure 3: Online Activity Details

- 16. Total number of clients added online.
- 17. Total number of immunizations added online.
- 18. Number of immunizations added online to minors.
- 19. Number of immunizations added online to adults.
- 20. Number of minor consents added online.
- 21. Number of adult consents added online.
- 22. Average number of days between when an immunization was administered and added online in ImmTrac

#### **Data Exchange Activity Details**

See Figure 4: Data Exchange Activity Details.



#### Data Exchange Details:

EHR Vendor: Oracle Cerner BHR Software: Oracle Health

Figure 4: Data Exchange Activity Details

- 23. Number of data exchange files submitted during the reporting period.
- 24. Number of client records submitted.
- 25. Number of client records accepted.
- 26. Number of client records rejected.
- 27. Number of immunizations submitted.
- 28. Number of immunizations accepted.
- 29. Number of immunizations rejected.
- 30. Percentage of client records accepted.
- 31. Percentage of immunizations accepted.
- 32. Average number of days between when an immunization was administered and added through data exchange.
- 33. Electronic Health Record (EHR) Vendor as indicated on the Registration of Intent.
- 34. EHR Software as indicated on the Registration of Intent.

**NOTE:** Regarding items 24, 25, 26, and 30, if a patient's data is submitted multiple times within a file they will be counted as unique patients, not the same patient. Example: Patient John Smith is reported three times in a file, the system will count John Smith as three clients not as one.

## **Section 2: How to Generate the TIPS**

Report To generate the TIPS report, follow these steps:

- 1. Log into the appropriate organization in ImmTrac
- 2. On the left side of the screen, on the menu panel look for "Reports" and click on "generate report". See Figure 5: Generate Report.

Reports
generate report
scheduled report

Figure 5: Generate Report

3. In the list of reports available, click on "Texas Immunization Provider Summary (TIPS)". See Figure 6: Link for Texas Immunization Provider Summary (mockup).

Generate Report	Description	Output
Ad Hoc Count Report	The Ad Hoc Count Report offers a user-defined report and counts results. User can select the fields to include and can define filters and choose the sort order.	<u>Status</u>
Ad Hoc List Report	The Ad Hoc List Report offers a user-defined report and lists results. User can select the fields to include and can define filters and choose the sort order.	<u>Status</u>
Check Reminder List	The Check Reminder List allows Provider Organizations to be able to view their clients for statewide reminder/recalls prior to the state reminder recall process being ran.	
Client Benchmark Report	The Client Benchmark Report allows users to retrieve a list and count of clients who have met an immunization benchmark or predefined series of benchmarks.	<u>Status</u>
Clients and Immunization Count by Organization	Clients and Immunization Count by Organization report displays the number of unique clients that received a dose and total number of doses administered by an organization in a specified time period.	<u>Status</u>
CoCASA Extract	The CoCASA Extract will allow users to create an extract for their provider organization that can be used for CoCASA reporting. This extract will be a tab delimited text file that can be imported into the CoCASA application.	<u>Status</u>
Immunization Coverage Rate Report	The Immunization Coverage Rate Report provides an analysis of an organization's immunization coverage rates. The coverage rate is defined as the percent of provider's clients whose recommended vaccine series are completed.	<u>Status</u>
Immunization History Report	The Immunization History Report allows users to compile the immunization history for a group of selected clients.	<u>Status</u>
Manage Ad hoc Template	The Manage Ad hoc Template allows the capability to generate, run, and save ad-hoc user reports to a user profile.	<u>Status</u>
Reminder/Recall Custom Letters	The Reminder/Recall Custom Letters allow ImmTrac2 users to create and store up to three custom letters to be used for reminder and recall notices.	
Reminder/Recall Report	The Reminder/Recall Report generates reminder and recall notices, which include letters, mailing labels, and client listings.	Status
Texas Immunization Provider Summary	The Texas Immunization Provider Summary (TIPS) allows a user to view a summary of the organization's activity for the previous month.	
Vaccine Eligibility Report	The Vaccine Eligibility Report details the number of clients that were vaccinated by the organization for each vaccine eligibility type for a specified date range.	<u>Status</u>

Figure 6: Link for Texas Immunization Provider Summary (mockup)

**NOTE:** The TIPS report is generated on the first day of each month and overwrites the previous month's report.

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## **Section 3: Strategies to Optimize Your TIPS**

Rating The following are focus areas to improve your organization's TIPS rating and to ensure that the data in ImmTrac2 is more complete, accurate, and reported in a timely manner.

## Focus 1: Number of Active Users

**Target:** At least 75% active users

#### **User Activity Summary:**

Displays the user activity for the reporting period and compares the total users versus the active users.

Total User Logins: 1,012
Online Client Searches: 2,401
Clients Served: 10,680

50 Total Users

48
Active Users



- **Calculation:** The number of Active Users divided by the number of Total Users. An active user is one who has logged into ImmTrac2 within the past 90 days.
- **Target:** Greater than 75% active users.
- Suggestions:
  - Disassociate inactive users in your organization. Refer to Section 4: Instructions to Request Adding or Disassociating Users.
  - If adding or disassociating more than five users, please complete a Renewal of your Site Agreement in ImmTrac
- Note: Having a high percentage of inactive users is a security risk and asks the question, "Why do these users need access to ImmTrac2?". The Number of Active Users is the starting point for the remaining focus points.

## **Focus 2: Number of Logins per Active User**

**Target:** Each user logs in at least twice per month

#### **User Activity Summary:**

Displays the user activity for the reporting period and compares the total users versus the active users. Total User Logins: 1,012 96% Online Client Searches: 48 Clients Served: 10.680 **Total Users** Active Users Active Users

- **Calculation:** The number of Total User Logins divided by the number of Active Users.
- **Target:** Each active user should log into ImmTrac2 twice per month.
- Suggestions: Before each patient encounter, users should log into ImmTrac2 to ensure:
  - The client has previously consented and been added to ImmTrac If the client is not found after performing a "smart" search, educate the client on the benefits of the Texas Immunization Registry and give them an opportunity to complete the ImmTrac2 consent form.
  - That client immunization records are up-to-date.
- Which shots are coming due and/or are past due.
  - All ImmTrac2 users log in at least twice, including Data Exchange organizations.

#### Focus 3: Number of Online Client Searches per Active User

**Target:** Minimum 50 client searches per active user per month



- Calculation: The number of Online Client Searches divided by the number of Active Clients Served.
- **Target:** Having a minimum of 50 client searches per active user per month.

#### **User Activity Summary:**

Displays the user activity for the reporting period and compares the total users versus the active users.

Total User Logins: Online Client Searches: Clients Served:

10,680

1,012

50 Total Users

48 Active Users

96% Active Users

#### **Suggestions:**

- Look up client immunization records before each visit. Client searches are preliminary to accessing a client's immunization record. Searches are also prerequisite to adding a new client online.
- Review the "Benefits of Utilizing TIR Guide".

## Focus 4: Number of Immunizations Added per Client

Target: Maximize online immunizations added and data exchange immunizations accepted and number of active clients.



- **Calculation:** The sum of Online Immunizations Added and Data Exchange Immunizations Accepted, divided by the number of Active Clients Served.
- **Target:** Maximize this number.

#### **User Activity Summary:** Displays the user activity for the reporting period and compares the total users versus the active users. Total User Logins: 1.012 96% Online Client Searches: 2,401 50 48 Clients Served: 10,680 Total Users Active Users Active Users **Online Activity:** Displays counts of clients, immunizations added, and reporting latency for online activity. Clients Added: 16 Immunizations Added: 45 16 4 3\* Adult: 36 Average Entry Child Clients Adult Clients Latency Child: 9 \* Average Entry Latency: In days, the amount of time taken to enter an online immunization. **Data Exchange Activity:** Displays counts of clients, immunizations added, and reporting latency for data exchange activity. Total Files Submitted: 74 Clients Submitted: 9\*\* 96% 83% Clients Accepted: 71 Immunizations Client Accept Average Entry Clients Rejected: 3 Accept Rate Immunizations Submitted: 115 95 Imms Accepted:

#### Suggestions:

Imms Rejected:

• Use the Creating a List of Active Clients to generate a List of Active Clients.

20

- Using the Active Client list to update clients who are no longer under your care:
- If clients have moved elsewhere or have not been seen for a long time, change their status to "inactive" in the Organization Information tab of the client record.

  See Figure 7: Organization Information Inactive Status.

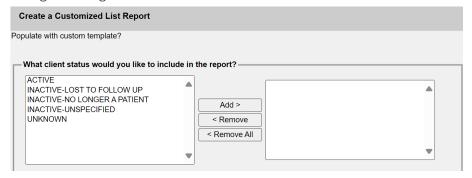


Figure 7: Organization Information - Inactive Status

#### **Focus 5: Average Latency**

Target: No more than two days on average between administering an immunization and reporting it, 11 either online or electronically through data exchange.



- **Calculation:** The average of Online Average Entry Latency and Data Exchange Average Entry Latency.
- Target: No more than two days on average between administering an immunization and

#### Online Activity:

Displays counts of clients, immunizations added, and reporting latency for online activity.

Clients Added:

Immunizations Added:

Adult:

Child:

16

Child Clients

Adult Clients

Adult Clients

Adult Clients

\* Average Entry Latency: In days, the amount of time taken to enter an online immunization.

#### **Data Exchange Activity:**

Displays counts of clients, immunizations added, and reporting latency for data exchange activity.

Total Files Submitted:	15
Clients Submitted:	74
Clients Accepted:	71
Clients Rejected:	3
Immunizations Submitted:	115
Imms Accepted:	95
Imms Rejected:	20
	** Average

<sup>83%</sup> Immunizations Accept Rate



<sup>\*\*</sup> Average Entry Latency: In days, the amount of time taken to report immunizations via Data Exchange.

reporting it, either online through the user interface or electronically through data exchange.

96%

Client Accept

#### · Suggestions:

• Review your organizations procedures for entering immunizations to see what could help get immunizations entered more quickly after they are administered.

#### Focus 6: Acceptance Rate of Clients and Immunizations Submitted through Data Exchange

Target: 90% or more of the client records and immunization records sent through data exchange are

## 🔁 accepted.



**Calculation:** The average of the Client Accept Rate and the Immunizations Accept Rate, both from data exchange.

#### **Online Activity:**

Displays counts of clients, immunizations added, and reporting latency for online activity.

Clients Added:	16
Immunizations Added:	45
Adult:	36
Child:	9



96%

Client Accept





9\*\*

Average Entry

\* Average Entry Latency: In days, the amount of time taken to enter an online immunization.

83%

Immunizations

Accept Rate

#### **Data Exchange Activity:**

Displays counts of clients, immunizations added, and reporting latency for data exchange activity.

Total Files Submitted:	15
Clients Submitted:	74
Clients Accepted:	71
Clients Rejected:	3
Immunizations Submitted:	115
Imms Accepted:	95
Imms Rejected:	20

<sup>\*\*</sup> Average Entry Latency: In days, the amount of time taken to report immunizations via Data Exchange.

• **Target:** Greater than 90% of client records and immunizations sent through data exchange are accepted.

#### · Suggestions:

- Contact the Texas Immunization Registry's Interoperability Team at 800-348-9158, option 3, to receive help with your data exchange.
- · Contact your EHR vendor to correct issues resulting in errors.

## **Section 4: Instructions to Request Adding or Disassociating Users**

#### **Requests**

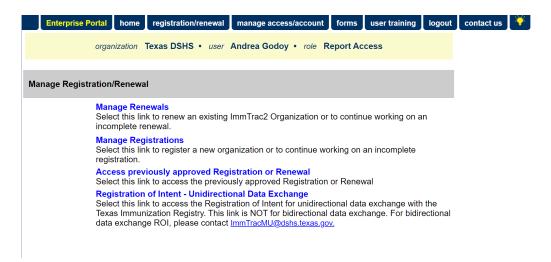
All requests to ADD a new user or DISASSOCIATE a user must be requested by one of the following at the registered organization:

- Organization Point of Contact (POC)
- Primary Registry Point of Contact
- Primary Vaccine Coordinator (listed in ImmTrac2)
- Secondary Vaccine Coordinator (listed in ImmTrac2)

If you aren't sure who these contacts are at your organization, then:

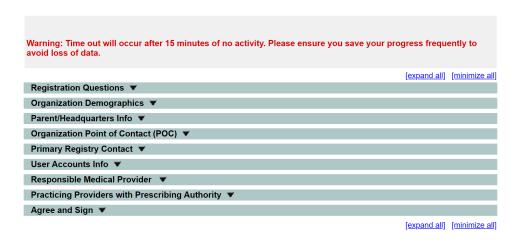
- 1. Log into the appropriate organization in ImmTrac
- 2. Click on the "registration/renewal" tab at the top of the ImmTrac2 screen.
- 3. Click on "Access previously approved Registration or Renewal". See Figure 8: Access Previously Approved Registration or Renewal.

Figure 8: Access Previously Approved Registration or Renewal



4. Then click on the small black triangles to open the "Organization Point of Contact (POC)"

tab and the "Primary Registry Contact" tab. This provides you the names of the individuals serving in these roles. See Figure 9: POC and Primary Registry Contact Tabs.



5. Email requests to <a href="mmTrac2@dshs.texas.gov">ImmTrac2@dshs.texas.gov</a> using the Email Request Instructions and Email Request Template provided below.

#### **More Than Five Users**

If you have more than five users to add or disassociate, please submit a renewal of your site agreement and make the updates to the users through the renewal process.

#### **Security Notes**

- ImmTrac2 login credentials are assigned to an individual person and must not be shared. Repeated violations may result in loss of access privileges for the individual and/or the organization.
- Each ImmTrac2 user account requires a unique e-mail address so that ImmTrac2 users can reset their own passwords when needed.
- Organization Point of Contacts should carefully consider who needs ImmTrac2 access. Access requests should only be for individuals on a need-to-know and a need-to-have basis. Please do not add more users than what is needed. The more users requested, the longer the user creation process may take.
- Please instruct users at your organization to login as soon as possible. If new user accounts are not accessed within 30 days of creation, the account will be locked. If new user accounts are never accessed within 120 days of creation, they will be deleted.

### Email Request Instructions to Add or Disassociate Up to Five Users

- Copy and paste the Email Request Template into an email.
- · Add the missing information
  - Organization and Point of Contact Information
  - List of users to be added or disassociated
  - Put an "X" next to the Action Required of either adding or disassociating user.
- Add the subject line: Add-Disassociate Users for [Enter your Organization's Name].
- · Send email to <a href="mmTrac2@dshs.texas.gov">lmmTrac2@dshs.texas.gov</a>.

## **Email Request Template**

18

Organization and Point of Contact Information ORGANIZATION NAME: STREET ADDRESS: POINT OF CONTACT (POC) FULL NAME: PHONE NUMBER: POINT OF CONTACT EMAIL ADDRESS: ORGANIZATION'S ORG CODE, TX IIS IDnumber (aka PFS IDnumber): (if known) List of Users to be Added or Disassociated \_\_\_\_\_ First User Action Required: Add This User\_\_\_ Disassociate This User \_\_\_ **USER FIRST NAME: USER LAST NAME:** UNIQUE USER EMAIL ADDRESS: USER JOB TITLE: CLINICIAN / NURSES LICENSE number: PHONE NUMBER: -----Second User Action Required: Add This User\_\_\_ Disassociate This User \_\_\_ **USER FIRST NAME: USER LAST NAME:** UNIQUE USER EMAIL ADDRESS: USER JOB TITLE: CLINICIAN / NURSES LICENSE number: PHONE NUMBER: Third User Action Required: Add This User Disassociate This User **USER FIRST NAME: USER LAST NAME:** UNIQUE USER EMAIL ADDRESS: **USER JOB TITLE:** CLINICIAN / NURSES LICENSE number: PHONE NUMBER: \_\_\_\_\_ Fourth User Action Required: Add This User\_\_\_ Disassociate This User \_\_\_\_ **USER FIRST NAME: USER LAST NAME:** UNIQUE USER EMAIL ADDRESS: **USER JOB TITLE:** CLINICIAN / NURSES LICENSE number: PHONE NUMBER: Fifth User Action Required: Add This User\_\_\_ Disassociate This User \_\_\_ **USER FIRST NAME: USER LAST NAME:** UNIQUE USER EMAIL ADDRESS: **USER JOB TITLE:** CLINICIAN / NURSES LICENSE number: PHONE NUMBER:

## **Section 5: Data Exchange Related Information**

#### Focus 1: If Data Exchange Activity is blank

If the TIPS Report shows no data under the Data Exchange Activity, then the organization should review and complete the below qualifications to determine if they are ready to establish a data exchange connection with the registry (i.e., completing the registration of intent).

#### **Registry Status Qualifications**

- 1. Ensure the organization's information is up to date with the registry.
  - a. The main headquarters or stand-alone facility is renewed with the registry.
    - i. Renewal of location information is required every two years.
  - b. All associated facilities are registered as sub-sites of the main organization (i.e., not as a separate or stand-alone facility) with the registry.
    - i. If the organization has multiple facilities, each facility that administers immunizations must be registered with the registry. Additionally, they must be properly linked as a sub-site to the main organization.
  - c. Organization's staff have active ImmTrac2 user accounts to login to the registry.
    - i. Each facility within the organization must have designated staff who have an ImmTrac2 user account.
- 2. Identify staff at the organization who will be the lead contacts and/or team for establishing and overseeing the data exchange connection with the registry.

  a. Identified staff will collaborate with the registry throughout and after the data exchange connection is established.
  - b. Suggested staff include, but not limited to, staff who oversee other types of data exchange for the organization, senior or lead clinical staff, subject matter experts, trainers, or IT support staff. For assistance with ImmTrac2 registrations, renewals or user accounts, contact the Texas Immunization Registry Customer Service at 800-348-915

# Section 8 ImmTrac2 Guide to the Ad Hoc List Report

## **Table of Contents**

Int	ntroduction		
	Part 1: How to Access the Ad Hoc Count Report	4	
	Part 2: Setting the Initial Filters	5	
	Vaccination Date Filter	6	
	Count Type Filter	6	
	Immunization Administered by Organization Filter	6	
	When this filter is checked:	6	
	Part 3: Generate Report	7	
	Refresh	7	
	Initial Display of Report	8	
	Part 4: Grouping Data for the Report	9	
	Report Header	9	
	Grouping Options	10	
	Row Grouping	10	
	Column Grouping	10	
	Display of Client Count or Immunization Count	11	
	Report Filters	12	
	Client Status	12	
	Immunization Factors	13	
	Part 5: Downloading the Ad Hoc Count Report	14	
	Choose Export Format	15	
	Download the Report	15	

## Introduction

The Ad Hoc Count Report is a tool designed to generate detailed counts of client or immunization data based on customized criteria within the Texas Immunization Registry, ImmTrac2. It provides flexible data extraction, allowing users to refine results using various filters and grouping options. Filters include client status, client factors, and immunization factors, with the added option to group data by rows or columns. This flexibility lets users tailor the report to their specific needs by defining filters and selecting the sort order, making data extraction more customizable and efficient. This guide provides step-by-step instructions on producing and understanding the available filters and factors in the Ad Hoc Count Report.

# Part 1: How to Access the Ad Hoc Count Report

Navigate to <a href="https://IAMOnline.hhs.state.tx.us">https://IAMOnline.hhs.state.tx.us</a> and log in using your IAMOnline user credentials and password. Then select the ImmTrac2 application to log in.

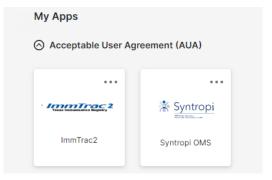


Figure 1: IAMOnline application page

Once logged into ImmTrac2, go to the Reports section and click on "modernized reports" in the menu bar on the left.



Figure 2: Modernized report

From the list of available modernized reports, select the Ad Hoc Count Report link.



Figure 3: Ad Hoc Count Report Link

# **Part 2: Setting the Initial Filters**

The 1 Ad Hoc Counts Dashboard is displayed and includes the Header at the top of the screen and the 2 Side Menu Bar on the left side.

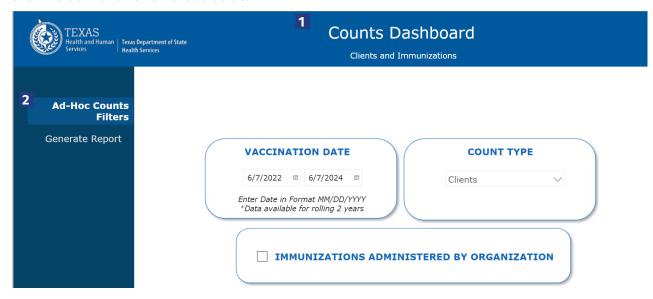


Figure 4: Ad Hoc Count Dashboard and side menu

The Side Menu Bar consists of two tabs: the Ad-Hoc Counts Filters (the default page) and the "Generate Report" tab. The Ad Hoc Count Filters is the default page that appears once the Ad Hoc Count Report link is selected. In this stage you can set the:

- · Vaccination Date Filter,
- · Count Type Filter, and the
- · Immunization Administered by Organization checkbox.

### **Vaccination Date Filter**

The Vaccination Date filter narrows the search for client or immunization counts. Dates can be entered using the calendar icon or typed manually.



Figure 7: Vaccination Date Filter

# **Count Type Filter**

The Count Type filter allows users to choose between the two options of counting clients or immunizations.



Figure 8:Count Type Filters

# **Immunization Administered by Organization Filter**

When this filter is checked:

- If the count type is set to "Immunizations", the report will include only immunizations administered by your organization, rather than immunizations administered to your clients by all organizations.
- If the count type is set to "Clients", the report includes only clients who received immunizations administered by your organization.



Figure 9:Immunizations Administered by Organization Checkbox

# **Part 3: Generate Report**

The "Confirm and Generate Report" button allows you to review and confirm your filter selections before generating the report.

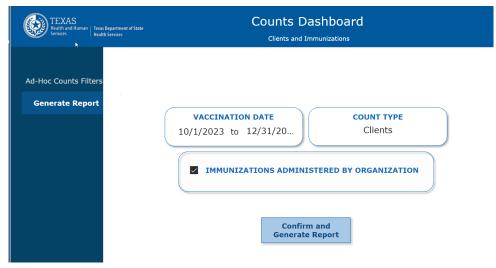


Figure 10: Generate Report Tab

# Refresh

The "Refresh" button updates the report status until it reaches "COMPLETE".

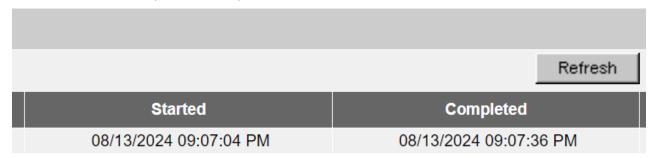


Figure 11: Refresh Tab

When the status shows complete, click the report link "Clients Count" or "Immunization Count" to view the report.



Figure 12: Clients Count link processing



Figure 13: Immunizations Count link and Complete Status

# **Initial Display of Report**

The Clients or Immunizations Count result is displayed.

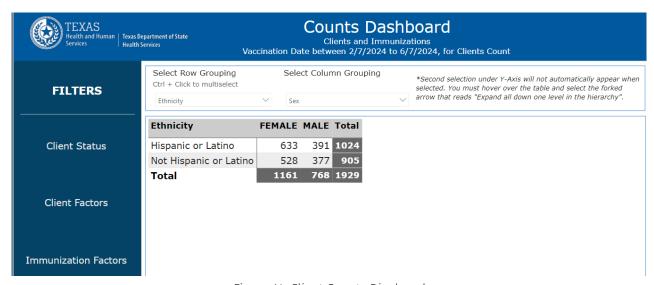


Figure 14: Client Counts Displayed

# **Part 4: Grouping Data for the Report**

The Counts Dashboard appears when a report is generated. It shows the type of report and provides additional grouping options for users to further customize their results. The page is divided into sections:

- 1 Report Header
- 2 Row and Column Grouping Options
- 3 Results Display
- 4 Filters

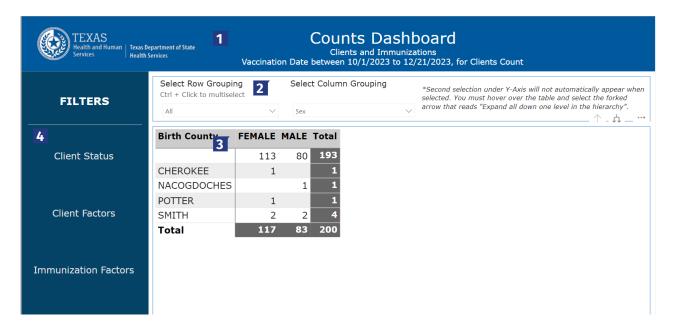


Figure 16: Report Dashboard

# **Report Header**

1 The Header section displays the title "Counts Dashboard" and identifies the report as focusing on Clients and Immunizations. It also specifies the date range for the data (in this example 10/1/2023 to 12/21/2023), noting the vaccination date range for a count of clients. This section provides key context for the report being viewed.

# **Grouping Options**

Now that the clients or immunizations option (depending on which you selected earlier) has been selected, the Grouping Options allow you to customize how you want to see the data grouped by row and column.

### **Row Grouping**

"Select Row Grouping" has a drop down option that provides filters to narrow the report or customize it. To select multiple filters users should point to the filter of choice and press "ctrl" and click.

When multiple filters or "all" is selected in the Select Row grouping, a Fork icon appears, enabling users to expand the report and view more details in the order the filters were chosen. Additionally, an upward arrow allows users to reverse the selected filter options for further customization.



Figure 18: Fork Icon

# **Column Grouping**

The "Select Column Grouping" applies selected filters to the report column. The filters are found under the drop-down option and users can use them to narrow their report or customize it. Multi-selection of filters is not available for this option.

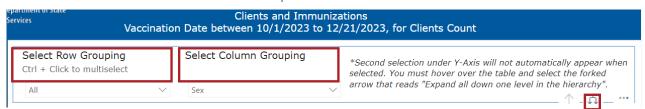


Figure 19: Grouping Options

When a fork icon is used to reveal the result of a filter report, it is shown on the displayed section of the dashboard.



Figure 20: Example of filter Report using the fork icon

# **Display of Client Count or Immunization Count**

This section displays the total count of the report type (Client or Immunization) that were generated.

Birth County	FEMALE	MALE	Total
	113	80	193
CHEROKEE	1		1
NACOGDOCHES		1	1
POTTER	1		1
SMITH	2	2	4
Total	117	83	200

Figure 21: Example of Client Count Grouped by Birth County and Gender

Ethnicity	FEMALE	MALE	Total
	110	84	194
Hispanic or Latino	507	349	856
Not Hispanic or Latino	932	657	1589
Recipient Refused	9	5	14
Total	1558	1095	2653

Figure 22: Example of Immunization Count Grouped by Ethnicity and Gender

# **Report Filters**

The side menu on the Counts Dashboard features several report filters, including Client Status, Client Factors, and Immunization Factors. These filters enable users to tailor the report by selecting specific criteria, ensuring the generated data aligns with their reporting needs.



Figure 23: Filters

# **Client Status**

The Client Status drop down allows users to filter active clients in the Immunization Counts report. For the Client Count report it offers additional filter options such as Blank, Active, Inactive, and "No Longer a Patient" to refine the data in the Total Clients report.

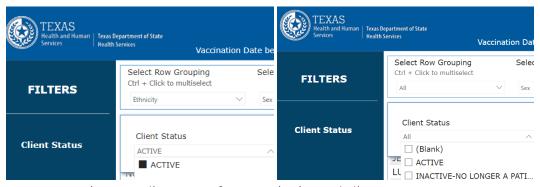


Figure 24: Client Status for Immunization and Client Count Report

# **Client Factors**

The Client Factors section offers filters that allow users to further customize data by categories in their reports. The list of available Client factors includes: Birth County, Birth Date, City, Client Type, Death Indicator, DIR Attribute, Ethnicity, First Responder Type, Language Preferences, Phone Number, Primary Address Indicator, Primary Care Physician, Race, Sex, State, and Zip Code.

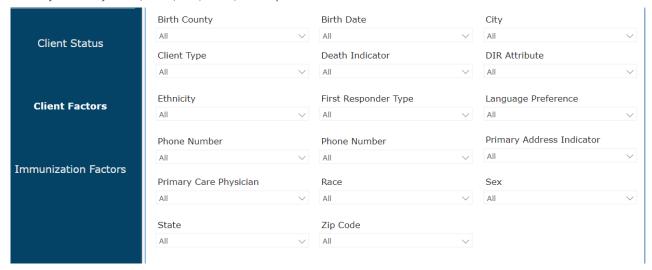


Figure 25: Client Factors

# **Immunization Factors**

The Immunization Factors section provides users with filters related to immunizations, allowing users to include or highlight specific data in their report based on the initial immunization count. The list of available Immunization factors includes: Display Inadvertent Vaccine Group, From Inventory, Prescribing Clinician, Trade Name, Vaccination Date, Vaccine Group, and Vaccine Lot.

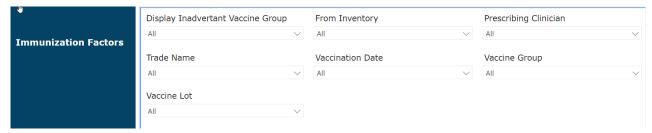


Figure 26: Immunization Factor

# Part 5: Downloading the Ad Hoc Count Report

The Ad Hoc Count report can be downloaded either as-is (uncustomized) or customized using filters. Follow these steps to download the report:

- Access the Export Options: Hover your mouse over the far-right corner of the dashboard to reveal the "More Options" icon. Click on it to see additional actions.
- · Select Export Data: From the drop down menu, select "Export Data" to begin the download process.

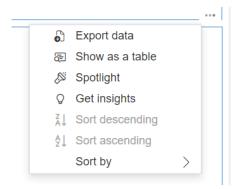


Figure 27: More Option

# **Choose Export Format**

These formats are available for download in either Excel or CSV file types.

You can choose between two formats: 1 Data with Current Layout and Summarized Data.

# **Download the Report**

Once you've selected the export format, click **2** "Export" at the bottom of the page to download and save the report to your device.

# Which data do you want to export?



Export your data in the format that suits your needs. If you have a lot of data, the number of rows you export might be limited depending on the file type you select. <u>Learn more about exporting data</u>

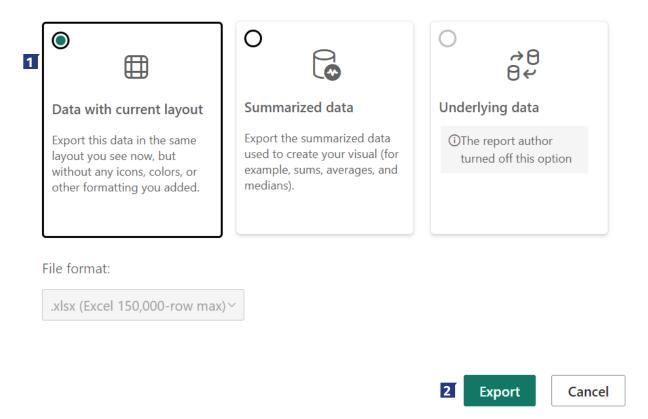


Figure 28: Export option "Data with Current layout"

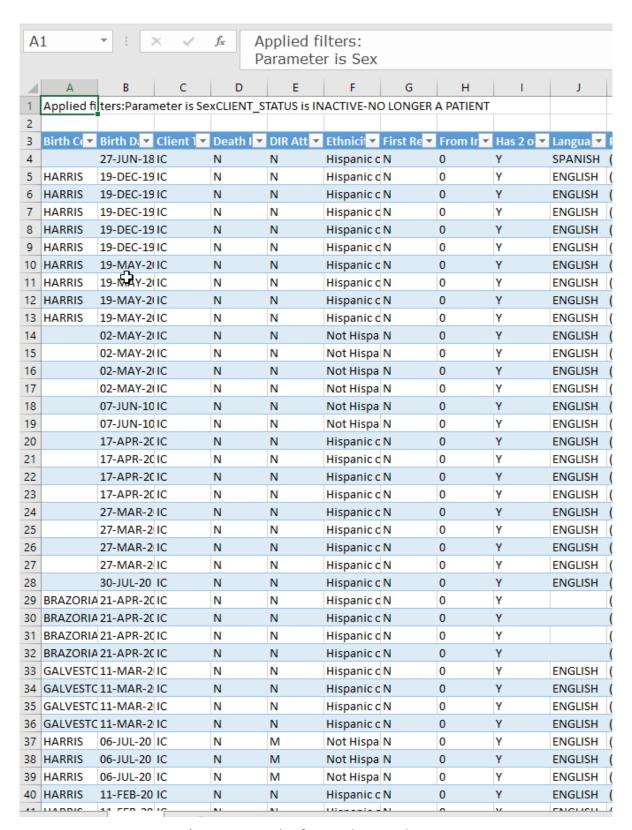


Figure 29: Example of an Excel Exported Report

# Section 9 ImmTrac2 Manage Client Status Criteria Guide

# **Contents**

Introduction	4
Required Filters	6
	6
Select by Age	6
Optional Filters	7
Select by Length of Time Since Last Immu	nization Given by your Organization7
Select by Last Name	8
Optional Real-Time Search Filter	9
Display/Change Status Table	10

# Introduction

To use the Manage Client Status feature, select the "manage client status criteria" link in the menu bar on the left side of the screen (see Figure 1 – Link to Manage Client Status Criteria).



Figure 1 - Link to Manage Client Status Criteria

With the Manage Client Status Criteria feature, providers can retrieve a group of clients based on specific search criteria and perform bulk changes to the client status without having to go into each client record individually through the ImmTrac2 Manage Client screen. Exception: Clients with a status of "Deceased" will be updated individually through the "Manage Client" screen.

For example, providers who had clients that had moved away but were still listed as their clients now have an efficient way to change clients' status in their organization from "active" to "inactive". See Figure 2 – Manage Client Status Criteria.

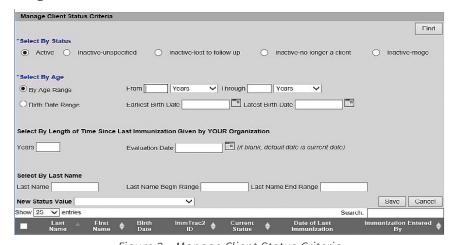


Figure 2 - Manage Client Status Criteria

The four areas of the Manage Client Status Criteria are (see Figure 3: The Filters and Display Table below):

- Required Filters These filters by status and range of ages or birth dates must be used.
- **Optional Filters** These filters are not required and include selecting clients by the number of years since a specified date.

4

- **Optional Real-Time Search Filter** This filter works with the Display/Change Status Table below it. Any set of characters that you enter in the "Search" field will be used to search each row in the table below and if it finds a match, the client on that row is included in the selection.
- **Display/Change Status Table** This table lists the clients that have met all the criteria you enter in the filters above. Only clients that met the requirements of the Required Filters AND the Optional Filters and the Option Real-Time Filter will be displayed I the Display/Change Status table. By selecting clients listed in the table and using the New Status Value field and the Save button, the status of all selected clients can be changed.

Clients with the Allow Reminder and Recall Contact flag set to "No" will be excluded from the search results.

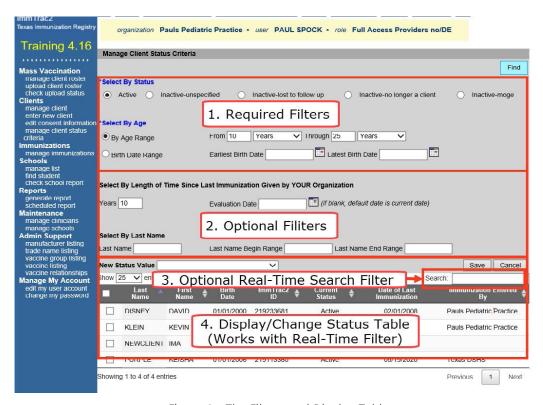


Figure 3 - The Filters and Display Table

# **Required Filters**

# **Select by Status**

See Figure 4 – Select by Status.



Figure 4 - Select by Status

**Description of this filter** - The status options below allow you to select clients that have one of the following statuses for your organization:

- Active
- Inactive unspecified
- Inactive lost to follow-up
- · Inactive no longer a client
- Inactive moge (moved or gone elsewhere)

# Select by Age

See Figure 5 – Select by Age.



Figure 5 - Select by Age

### **Description of this filter:**

- By Age Range Select clients with an age range From (years or months) Through (years or months).
- Birth Date Range Select clients with an Earliest Birth Date (mm/dd/yyyy format, or use the calendar) to Latest Birth Date (mm/dd/yyyy format, or use the calendar).

# **Optional Filters**

# Select by Length of Time Since Last Immunization Given by your Organization

This is an optional filter. See Figure 6 – Select by Length of Time Since Last Immunization.



Figure 6 - Select by Length of Time Since Last Immunization

### Description of this filter:

- Evaluation Date is in mm/dd/yyyy format or use the calendar.
- If you do not enter anything in the "Years" field but enter an evaluation date, an error message will popup: "You must enter the number of years if the Evaluation Date is entered" (see Figure 7 Error Message for Evaluation Date but No Years).

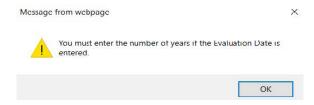


Figure 7 – Error Message for Evaluation Date but No Years

- If you do not enter anything in the Evaluation Date field, the current date is the default date.
- If you enter the number of "Years", and either enter an Evaluation Date or take the current date as the default, and then click "Find", clients who had immunizations administered by your organization between the Evaluation Date and going back for the number of years specified will not be displayed.

# **Select by Last Name**

Select by last name is an optional filter. See Figure 8 - Select by Last Name



Figure 8 - Select by Last Name

# **Description of this filter:**

- If the Last Name is entered, at least the first two letters of the last name are required.
- If the Last Name Begin Range is entered, the first 2 characters of the last name are required, and you must also enter at least 2 characters in the Last Name End Range.
- If the Last Name End Range is entered, the first 2 characters of the last name are required, and you must enter at least 2 characters in the Last Name Begin Range.
- Last name has priority over the Last Name Begin Range and Last Name End
- Range. If anything is entered into the Last Name field, it will ignore anything entered in the Last Name Begin Range and Last Name End Range fields. It will use the Last Name field instead of the range fields.
- If nothing is entered into the Last Name field and data is entered in the Last Name Begin Range and Last Name End Range fields, it will search using the range data.

# **Optional Real-Time Search Filter**

The optional real-time search filter is used in conjunction with the Display/Change table listed below it. This filter acts differently than the other filters in that you don't have to select the "Find" button in the upper right corner of the screen to make a change in clients displayed. Instead, any characters (numbers or letters) that you enter in the search field are used to search through each and every field in the display table to find a match. If a match is found on any row in the table, then the client on that row is included in the display table; otherwise the client is no longer displayed. See Figure 9 – Real-Time Search Filter Match.



Figure 9 – Real-Time Search Filter Match.

# **Display/Change Status Table**

The Display/Change Status table lists all the clients of your organization and their current status in relation to your organization. The table lists all clients related to your organization that match all the selection criteria listed in the required and optional filters.

**Important Note:** The "Date of Last Immunization" column in the table lists the date of the last immunization given by any organization. To the right of that field is the column "Immunization Entered By" that lists which organization gave the last immunization that the client received. If a different organization from yours gave the last immunization that the client received, that has no effect on the filter "Select by length of time from last immunization given by YOUR organization". See Figure 10 – Date of Last Immunization.



Figure 10 - Date of Last Immunization

You can change the status of one or more clients in the table by

- · Clicking on the selection box on the left-most column of any rows, or
- · Clicking the left-most box in the heading to select all rows (clients).

Next, select the arrow on the drop-down box in the "New Status Value" field to list possible new statuses for the clients you have selected. See Figure 11– Drop-Down Box of New Status Value.

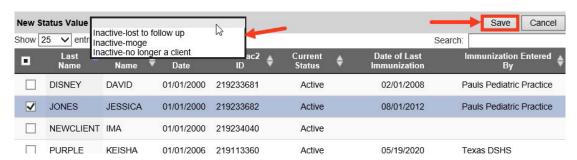


Figure 11 - Drop-Down Box of New Status Value

Select the new status for the select clients. In the above figure, Jessica Jones was selected. Then click the save button to save the new status for the selected client(s).

If you wish to select all the clients in the table to make a change in their status, click the box on the far left in the column header (see Figure 12 – Select All Rows).

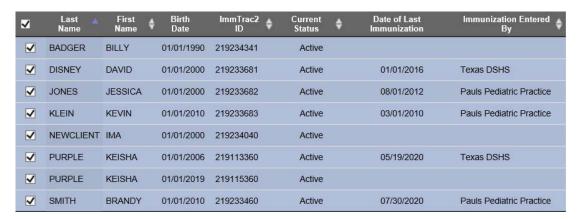


Figure 12 - Select All Rows

# Section 10 Additional Resources for Providers

Resource Table For Providers	98
Best Practices For Scheduling Immunization Appointments	106
Basics Of Immunization Information Systems (IIS)	107
EHR And IIS Their Differences And How They Work Together	108
2024 CDC Schedule Birth Through 18 Years Old	109
Sample Policy Statement	124
You Must Provide VIS: It's The Law	126
Key Vaccine Resources For Healthcare Professionals	128
Supplies You May Need At An Immunization Clinic	133
Suggestions To Improve Your Immunization Services	134
Clinic Staff: Skills Checklist For Vaccine Administration	137
Don't Be Guilty Of These Storage And Handling Errors	140
Don't Be Guilty Of These Vaccine Administration Errors	142
HPV: A Parents Guide	146
Communicating The Benefits Of Influenza Vaccination	148
Using Standing Orders For Administering Vaccines	149
Talking With Parents About Vaccines For Infants	153
Top 10 Reasons To Protect Your Child	155
Evidence Shows Vaccines Unrelated To Autism	156
What If You Don't Vaccinate Your Child	159
Addressing Vaccination Anxiety In Infants And Toddlers	160
Addressing Vaccination Anxiety In Children	161
Addressing Vaccination Anxiety In Adolescents	162

Resource Name	Resource Link	Resource Description	
General Immunization Resources			
Child and Adolescent Immunization Schedules	cdc.gov/vaccines/hcp/imz- schedules/child-adolescent-	Recommended vaccination schedule for ages 18 years or	
<b>Source:</b> Centers for Disease Control and Prevention <b>Audience:</b> Providers	<u>age.html</u>	younger	
Last Updated: 11/2023			
Talking to Parents about Vaccines	cdc.gov/iqip/hcp/talking-to-	Check out materials to	
<b>Source:</b> Centers for Disease Control and Prevention	parents/?CDC_AAref_Val=cdc. gov/vaccines/programs/iqip/ talking-to-parents.html	assist providers in starting conversations about vaccines with parents.	
Audience: Providers	takking to parents.iiting		
Last Updated: 06/2024			
Strengthen Vaccination Commu	nication		
American Academy of Pediatrics (AAP)	aap.org/en/news-room/ campaigns-and-toolkits/call-	Using humor and real world conversations, the	
Source: AAP	<u>your-pediatrician/</u>	#CallYourPediatrician campaign aims to reach parents with	
Audience: Providers Last Updated: 06/2021		timely reminders that going to the pediatrician is important and safe.	
#HowIRecommend	<pre>cdc.gov/vaccines/?CDC_</pre>	The #HowlRecommend video	
<b>Source:</b> Centers for Disease Control and Prevention (CDC)	AAref_Val=cdc.gov/vaccines/ howirecommend/index.html	series highlights clinicians, who explain how they are achieve high vaccination rates and effectively	
Audience: Providers		addressing vaccination questions.	
Last Updated: 11/2021		These short videos cover a range of topics including: making effective recommendations to increase vaccination rates, helping parents understand why vaccination is important, addressing parents' questions about vaccine safety and, involving everyone in vaccination efforts.	

Resource Name	Resource Link	Resource Description
5 Ways to Boost Your HPV Vaccinations Rates  Source: Centers for Disease Control and Prevention (CDC)  Audience: Providers  Last Updated: 07/2024	cdc.gov/hpv/hcp/vaccination- considerations/boost-rates. html?CDC_AAref_Val=cdc.gov/ hpv/hcp/boosting-vacc-rates. html	Practical and proven strategies that could increase HPV vaccination rates. Strategies include: Bundling recommendation, ensuring consistent messages, using every opportunity to vaccinate, providing personal examples, and effectively
		answering questions.
Foster Support for Vaccination in Your Practice	cdc.gov/vaccines/hcp/ conversations/your-practice.	Patients and parents can feel more confident about
<b>Source:</b> Centers for Disease Control and Prevention (CDC)	html	vaccinating when everyone in the practice shares the same message. From the front desk
Audience: Providers		to the exam room to checkout,
Last Updated: 11/2020		everyone plays an important role in supporting vaccination. Adopt these best practices to ensure you never miss an opportunity to vaccinate.
HPV Vaccination Resources for Health Professionals	cancer.org/health-care- professionals/hpv-	Resources for health professionals that include:
<b>Source:</b> American Cancer Society (ACS)	vaccination-information- for-health-professionals/ hpv-vaccination-resources-for-	patient education material; provider education and tools; and link to HPV Roundtable
Audience: Providers	health-professionals.html	Resources Library.
Last Updated: 01/2022		
National Immunization Awareness Month (NIAM)	<pre>cdc.gov/vaccines/events/niam/</pre>	Toolkit for communicating with Healthcare Professionals:
<b>Source:</b> National Immunization Awareness Month (NIAM)		key messages, sample social media content, and educational resources for healthcare
<b>Audience:</b> Awardees and Providers		professionals. Use the resources to assist in communicating
Last Updated: 07/2024		to healthcare professionals, parents, and patients about immunization.

Resource Name	Resource Link	Resource Description
Teen Vaccination Coverage Publications and Resources	cdc.gov/teenvaxview/ publications/?CDC_AAref_ Val=cdc.gov/vaccines/	Resources that promote preteens and teens immunization and stress the
<b>Source:</b> Centers for Disease Control and Prevention (CDC)	imz-managers/coverage/ teenvaxview/pubs-	importance and benefits of vaccines. Resources include:
Audience: Providers	presentations.html	HPV Vaccination Partner Toolkit;
Last Updated: 08/2024		preteens and teens related fact sheets, flyers, and posters; preteen and teen related podcasts, PSAs and videos.
Provider Resources for Vaccines Conversations with Parents	cdc.gov/vaccines-children/ hcp/?CDC_AAref_Val=cdc.gov/	These materials can help assist the provider in communicating
<b>Source:</b> Centers for Disease Control and Prevention (CDC)	vaccines/hcp/conversations/ index.html	with parents to best meet their needs and concerns about vaccines.
Audience: Providers		
Last Updated: 08/2024		
Resources to Encourage Routine Childhood Vaccinations	cdc.gov/vaccines/hcp/ childhood-vaccination-toolkit.	CDC's call to action outlined the steps that healthcare providers
<b>Source:</b> Centers for Disease Control and Prevention (CDC)	html	and families can take to encourage catch up vaccination and protect children's health.
Audience: Providers		Resources include: Catch
Last Updated: 03/2023		up on Well Child Visits and Recommended Vaccinations; Resources for Health Care Professionals; Social Media Content; Infographic; Newsletter template
Talking with Parents about Vaccines for Infants	cdc.gov/vaccines/hcp/ conversations/talking-with-	Information for health care professionals. Resource
<b>Source:</b> Centers for Disease Control and Prevention (CDC)	<u>parents.html</u>	discusses points to consider when speaking with parents about vaccines for infants.
Audience: Providers		
Last Updated: 04/2018		

Resource Name	Resource Link	Resource Description
Vaccine Hesitancy: Resources and Information  Source: Immunize	immunize.org/talking-about- vaccines/multiple-injections. asp	This site offers several resources to assist providers with communicating the
Audience: Providers		safety, effectiveness and recommendations to parents
Last Updated: 06/2024		about vaccines. Flyers, brochures and link to additional resources include: National Academy of Medicine, American Academy of Pediatrics (AAP), Vaccine Education Center (VEC), Children's Hospital of Philadelphia, Centers for Disease Control and Prevention (CDC), and Immunization Action Coalition (IAC).
Talking with Vaccine Hesitant Parents	aap.org/en/patient-care/ immunizations/communicating-	Nearly all pediatricians encounter parents who want to
<b>Source:</b> American Academy of Pediatrics (AAP)	with-families-and-promoting- vaccine-confidence/talking- with-vaccine-hesitant-parents/	do what is best for their child – even though it may mean they have questions about
Audience: Providers	with vaccine hesitaire parents;	vaccines. This resource includes
Last Updated: 02/2024		information about key points to consider; strategies for talking to parents; examples; and policies.
Giv	ve a Strong Vaccine Recommenda	
"How I Recommend" videos for clinicians	cdc.gov/flu-resources/php/ resources/recommend-flu-	The #HowIRecommend video series highlights clinicians like
<b>Source:</b> Centers for Disease Control and Prevention	vaccination.html	you, who explain how they are achieving high vaccination rates and effectively addressing
Audience: Providers		vaccination questions in
Last Updated: 08/2024		their practices. These short, informative videos cover a range of topics related to HPV, flu, and other pediatric vaccinations, including making effective recommendations to increase vaccination rates, helping parents understand why vaccination is important for their child, and addressing parents' questions about vaccine safety.

Resource Name	Resource Link	Resource Description
5 Ways to Boost Your HPV Vaccination Rates <b>Source:</b> Centers for Disease Control and Prevention	cdc.gov/hpv/hcp/vaccination- considerations/boost-rates. html?CDC_AAref_Val=cdc.gov/ hpv/hcp/boosting-vacc-rates. html	Implement these practical and proven strategies and increase HPV vaccination rates. Strategies include Bundling recommendation, ensuring
Audience: Providers Last Updated: 07/2024		consistent messages, using every opportunity to vaccinate, providing personal examples, and effectively answering questions.
HPV Educational Tools and Resources	cdc.gov/hpv/hcp/educational- resources/	Using CDC's educational resources is a great way to
<b>Source:</b> Centers for Disease Control and Prevention		help educate yourself and your office staff on the latest information and guidance on
Audience: Providers		HPV vaccination, best practices
Last Updated: 07/2024		for communicating with parents, and tips for boosting your vaccination rates. Sharing these resources with office staff also helps ensure a consistent message to parents about the importance of HPV vaccination.
Coadministration – Flu	immunize.org/askexperts/	Clinical considerations for co-
<b>Source:</b> Immunization Action Coalition	<u>experts inf.asp</u>	administering flu and COVID-19 and other childhood vaccines.
Audience: Providers		
Last Updated: 09/2024		
Make a Strong Influenza Vaccine Recommendation	cdc.gov/flu/professionals/ vaccination/flu-vaccine-	A health care professional's strong recommendation is a
<b>Source:</b> Centers for Disease Control and Prevention	<u>recommendation.htm</u>	critical factor that affects whether patients get an influenza vaccine.  Most adults believe vaccines
Audience: Providers		are important, but they need
Last Updated: 08/2023		a reminder to get vaccinated. Follow up with each patient during subsequent appointments to ensure the patient received an influenza vaccine.

Resource Name	Resource Link	Resource Description
Communication Aids  Source: American Academy of Pediatrics (AAP)  Audience: Providers  Last Updated: 07/2023	aap.org/en/patient-care/ immunizations/communication- aids/	Communication aids to guide and improve vaccine conversations with several resources and tools to help address immunization issues for children of all ages.
Need Help Responding to Vaccine-Hesitant Parents?  Source: Immunize  Last Updated: 07/2023	immunize.org/wp-content/ uploads/catg.d/p2070.pdf	One-pager outlining sources for science-based materials are available from these respected organizations.
Communicating with Families and Promoting Vaccine Confidence Source: American Academy of Pediatrics (AAP) Audience: Providers Last Updated: 12/2023	aap.org/en/patient-care/ immunizations/communicating- with-families-and-promoting- vaccine-confidence/	Resources include AAP Immunization Campaign Toolkit; Communicating Effectively About Immunizations; Responding to Common Parental Concerns; Vaccine Hesitant Parents: Learn more about the types of parental attitudes toward immunizations and simple strategies for speaking to parents about vaccines.
Vaccine Confidence and Addressing Concerns  Source: Immunize.org  Audience: Providers  Last Updated: 06/2024	immunize.org/clinical/vaccine- confidence/	This site offers several resources to assist providers with communicating with parents about vaccines during the early years. Includes links to several sites; including AAP, CDC, VEC, and CHOP
Resources to Encourage Routine Childhood Vaccinations <b>Source:</b> Centers for Disease Control and Prevention (CDC) <b>Audience:</b> Providers <b>Last Updated:</b> 10/2023	cdc.gov/vaccines/partners/ routine-immunizations-lets- rise.html	Resources include Catch up on Well Child Visits and Recommended Vaccinations; Resources for Health Care Professionals; Social Media Content; Infographic; Newsletter template

Resource Name	Resource Link	Resource Description
Tools to Improve HPV Vaccination in Primary Care	hpviq.org/	Communication training material on talking with parents
Source: HPV Immunization Quality Improvement Tools (HPV IQ)		about vaccinations.
Audience: Providers		
Last Updated: 2024		
Vaccinations Are Safe: Explaining Why	immunize.org/wp-content/ uploads/catg.d/p2073.pdf	Eight page document containing information about the science
Source: Immunize.org		of vaccines, supporting safety and efficacy.
Audience: Providers		
Last Updated: 11/2022		
Human Papillomavirus and Other Vaccines Recommended for Adolescents	aap.org/en/patient-care/ immunizations/human- papillomavirus-vaccines/	Resources include links to: EQIPP: Immunizations - Strategies for Success;
<b>Source:</b> American Academy of Pediatrics (AAP)		PediaLink: HPV Vaccine: When, Why, and How and Why AAP Recommends Initiating HPV
Audience: Providers		Vaccine as Early As Age 9; HPV
Last Updated: 05/2024		Vaccine: Same Way Same Day; and other printable resources on HPV
Talking with Parents about HPV Vaccination	<pre>cdc.gov/hpv/hcp/vaccination- considerations/talking-</pre>	Communication resources for providers on how to effectively
<b>Source:</b> Centers for Disease Control and Prevention (CDC)	with-parents.html?CDC  AAref Val=cdc.gov/hpv/hcp/ answering-questions.html	recommend the vaccine and address parents questions.
Audience: Providers	answering questions.nunt	
Last Updated: 07/2024		

Resource Name	Resource Link	Resource Description
HPV Educational Materials for	cdc.gov/hpv/hcp/educational-	Using CDC's educational
Clinicians	<u>resources/</u>	resources is a great way to
<b>Source:</b> Centers for Disease Control and Prevention (CDC)		help educate yourself and your office staff on the latest information and guidance on
Audience: Providers		HPV vaccination, best practices
Last Updated: 07/2024		for communicating with parents, and tips for boosting your vaccination rates. Sharing these resources with office staff also helps ensure a consistent message to parents about the importance of HPV vaccination.

# Best Practices for Scheduling Immunization Appointments



# ✓ LET PATIENTS BOOK ONLINE, IN-PERSON OR OVER THE PHONE

The ability to book appointments using multiple methods allows efficiency and flexibility for your patients.



# **✓** OFFER MULTIPLE TIME-SLOT OPTIONS TO PATIENTS

Give patients as many options as possible to choose the best time slot for their schedule. This will reduce the chance of cancelations due to time conflicts.



# **✓** RECORD PATIENT'S CONTACT INFORMATION

Update/confirm patient's phone number, email, and mailing address at each visit. You'll need to be able to contact them for an upcoming appointment or to reschedule their next appointment.



# ✓ SEND PATIENT REMINDERS BEFORE APPOINTMENTS

Using different methods of appointment reminders reduces the risk of patients missing or canceling appointments.



# ✓ DESIGNATE AN APPOINTMENT SCHEDULER FOR YOUR OFFICE

Designate an individual(s) to manage appointment scheduling and provide them with training on childhood/adolescent immunization schedules.



Texas Department of State Health Services

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