

# STATE OF COLORADO

John W. Hickenlooper, Governor  
Larry Wolk, MD, MSPH  
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.      Laboratory Services Division  
Denver, Colorado 80246-1530      8100 Lowry Blvd.  
Phone (303) 692-2000      Denver, Colorado 80230-6928  
Located in Glendale, Colorado      (303) 692-3090

[www.colorado.gov/cdphe](http://www.colorado.gov/cdphe)



Colorado Department  
of Public Health  
and Environment

March 26, 2014

Dr. John Halamka  
Chairman, Standards Task Force  
Health Information Technology Standards Committee  
Office of the National Coordinator for Health Information Technology  
Department of Health and Human Services

Dear Dr. Halamka:

The Colorado Immunization Information System (CIIS) is a confidential, population-based, computerized system that collects and analyzes immunization information for Coloradans of all ages. CIIS is an important public health tool that can be utilized to increase and sustain high immunization coverage rates by consolidating immunization records from multiple providers, allowing providers to generate recall notices for individuals who are not up-to-date, minimizing over-immunization by forecasting needed immunizations and identifying missed opportunities for vaccination. The CIIS Program constantly strives to implement innovative solutions, such as bi-directional, real-time HL7 messaging and clinical decision support (CDS) that are of value to users of the immunization registry. The CIIS Program is part of the Immunization Section at the Colorado Department of Public Health and Environment.

The CIIS Program commends the Standards Task Force on its commitment to achieving positive public health outcomes through the use of health information technologies. The CIIS Program, however, is concerned that the Stage 3 Meaningful Use recommendations being discussed by the Standards Task Force will undermine the rapid progress being made in the bi-directional interoperability between Immunization Information Systems (IIS) and Electronic Health Record (EHR) systems for immunization reporting. We strongly support:

- Inclusion as CORE, the requirement for Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals (CAH) to receive a patient's immunization history supplied by an immunization registry or IIS.
  - Inclusion as EHR certification criteria the ability to receive and present a standard set of structured, externally-generated immunization history and capture the act and date of review within the EP/EH practice.
- Inclusion as EHR certification criteria, the ability to receive results of external CDS pertaining to the vaccines recommended for a patient when they present at the EP/EH practice.
- For message transport, the CIIS Program recommends continuation of SOAP web services requirements, specifically the Centers for Disease Control and Prevention's (CDC) Transport Layer Expert Panel (TLEP) Web Services Description Language (WSDL) Specifications as these specifications are already used by IISs and meet the EHR to IIS use case far better than the Direct transfer protocol.

### ***Inclusion of Immunization History and Clinical Decision Support***

Inclusion of a requirement for EPs, EHs and CAHs to receive a patient's immunization history from an IIS and to receive results of external CDS pertaining to a patient will provide critical support of the significant progress that has already been made nationally. The Query/Response HL7 standard is mature enough to deal with both data retrieval and CDS, and its implementation is underway across the nation. The CIIS Program is proud of its successful bi-directional messaging capability and currently sends immunization histories and vaccine recommendations to two of the state's largest healthcare networks: Children's Hospital Colorado and Kaiser Permanente. Providers from both of these networks regularly tout the benefits of receiving CDS directly from the immunization registry in real-time and at the point of care.

When a patient presents in a medical office, the clinician needs to obtain the known immunization history of the patient for the immunization CDS to be as accurate as possible. At a national level, IISs have a long history of creating, maintaining and updating CDS guidance for immunizations. CIIS clinical decision support for immunizations includes recommendations for vaccines due on the date of each encounter and dates on which vaccines are due in the future. CIIS also takes into account critical information such as the age of the patient, the minimum and maximum administration dates for each vaccine based on individual vaccine recommendations, the dates of prior immunizations (including the validation of prior doses), contraindications, and history of documented disease. The IIS community spends a great amount of time and resources on providing accurate and up-to-date immunization CDS; there is a unique expertise that is required as there are technical aspects and nuances of each vaccine that need to be fully understood and programmed, including the dynamic nature of the recommendations themselves which require ongoing maintenance. The CDC has published guidelines for immunization CDS, so there is one authoritative venue for ensuring that immunization CDS is correctly coded based upon Advisory Committee on Immunization Practices (ACIP) recommendations.

### ***Transport Requirements***

While there is a use case for Direct in other medical arenas, there is a strong argument against it for immunizations. Although Direct was considered for an IIS use case by the CDC TLEP, it was not chosen as the recommended transport layer because it does not support synchronous response, effectively impeding the long term need for Query/Response to support bi-directional communication in real-time. Instead the CDC TLEP chose SOAP web services as it meets this need. The CIIS Program, as many other IISs nationwide, has devoted much time, money and resources to implement the national recommendation of SOAP web services; it would be detrimental to our forward progress if Direct became the transport requirement for immunization reporting under Stage 3 Meaningful Use.

We sincerely appreciate the opportunity to provide comments on the Standards Task Force Stage 3 recommendations and hope that our comments are helpful. If you have any questions regarding our comments or need additional information, please contact Diana Herrero at [diana.herrero@state.co.us](mailto:diana.herrero@state.co.us).

Sincerely,



Diana Herrero  
Program Manager, CIIS



Heather Shull  
Interoperability Unit Supervisor, CIIS