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PHLC Immunization CIS Combo 10 Measure

Current State/Future State

This table summarizes the key issues and barriers that practices and payers face in meeting the CIS Combo 10 measure for pediatric immunization in the current state of data exchange; and suggests improvements that could be made in a future state for practices, hospitals, payers, and CAIR.

Area of Focus		
1. Patient Identity Resolution	Current State	Future State
Automating Patient Matching	Patient matching is a complex and manual process.	CAIR works to automate patient matching where possible, potentially leveraging AI to identify duplicate records, streamline workflows, and facilitate processes.
Reporting Immunization Data after Birth	Labor & delivery hospitals sometimes fail to report immunization data to CAIR. When data is reported, many hospitals do not wait until a baby has their legal name to report immunization data, and instead report this data to CAIR as it trickles in. For example, a hospital will report an immunization under “Baby X” because the baby does not yet have a legal name. This leads to incomplete immunization records and challenges with patient matching on the CAIR side.	Reporting immunization data to CAIR is a standard part of discharge practices for labor & delivery hospitals. This standard practice includes waiting to report until a baby’s legal name is finalized. If hospitals must report data before the legal name is finalized, they should use the following standard naming convention, e.g. boy baby (last name of parent, first name boy, mom name, mom’s maiden name).

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		Hospitals include the infant’s current vaccine status along with the schedule for follow-up vaccines in the discharge paperwork for new parents.
Consistency of Medi-Cal Client Index Numbers (CINs)	CINs often change as members move across plans or change names, meaning that they can’t reliably be used for patient identity resolution.	The state assigns CINs in a way that makes them portable across plans and allows for name changes etc, meaning that they can be used to track patient identity across payers and providers.
2. Patient Authorization	Current State	Future State
Patient Authorization	Patients increasingly opt out of authorizing CAIR to share data with Managed Care Plans, so health plans are unable to access this immunization data. This negatively impacts the plan’s CIS Combo 10 HEDIS-like measure, which in turn impacts provider EPT reimbursement.	Practices are able to identify when patients have not authorized sharing their immunization data and have a standardized process for following up with patients. Practices provide helpful educational materials to families and patients about the importance and benefits of sharing their immunization data and build this into new patient intake workflows.
	Managed Care Plans do not currently conduct outreach to practices about authorization if they are not authorized to view the immunization data of their members.	Managed Care Plans cross-check data with CAIR to confirm who has not authorized data sharing, and have a standardized process for conducting outreach to practices if they are missing patient immunization data, in order to facilitate patient authorization to share data.



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3. Data Quality & Completeness	Current State	Future State
<p>Integration between CAIR and Practice EHRs</p>	<p>Many practices do not currently have their EHRs integrated with CAIR and must query CAIR via the CAIR portal. When CAIR sends back immunization data to providers, this data must be uploaded into the EHR from the CAIR portal.</p>	<p>Practices have their EHRs integrated with CAIR and can query CAIR within their EHR via CAIR’s Bidirectional Data Exchange (BiDX). CAIR then returns a match for the patient’s vaccination record and the practice can import this data into their EHR. Practices interested in implementing BiDX can access the CAIR BiDX Implementation Guide.</p>
<p>Communication between MCPs & Practices about Updating Vaccinations</p>	<p>Many Managed Care Plans do not have a standard workflow for monitoring practices’ performance on the CIS Combo 10 measure or for reaching out to practices based on their performance on this measure.</p>	<p>All Managed Care Plans have a standardized process for conducting data analysis on the CIS Combo 10 measure and conducting targeted outreach to practices to update them on performance on this measure, with a focus on underperforming practices.</p> <p>This process is underscored by consistent communication and collaboration between the MCP data team and practice coaching team.</p> <p>MCPs follow-up with practices to ensure that practices are conducting outreach to their patients to update vaccines.</p> <p>Practices actively track their performance on the CIS Combo 10 measure and target improvements.</p>



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		Practices gather data to test and learn from the effectiveness of outreach approaches and this is shared with plans and other practices.
Enabling Practices to Conduct their own Immunization Data Analysis	Practices often do not have the capability to conduct their own analysis of their immunization data and do not use this to target unvaccinated patients to improve EPT performance.	Managed Care Plans have a standardized process in place where practice coaches train and support practices to conduct analysis of their own immunization data. This enables practices to more consistently monitor their performance on the CIS Combo 10 measure and reach out to patients in a timely manner to maximize the impact.
Transfer of Immunization & Medical Records Between Hospitals and Practices	Currently many practices have to call hospitals to get patient records and there can be a delay in record transfer.	All practice managers or providers are able to query a hospital for patient records through a provider portal, through their EHR or EHR national network, or through their QHIO/HIE, and seamlessly receive back these records.
Accessing Public Health Data through CAIR	Each county public health department individually accesses CAIR data in the Snowflake database, and builds its own, individual dashboards to analyze data dependent on their resourcing. This disproportionately burdens smaller counties that do not have	CAIR receives additional resources and the remit to do county-level data analysis of immunization rates, allowing them to act as a universal source of immunization data analysis for all county-level public health departments.



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	<p>enough resources to build out this analysis, meaning that the analysis happens inconsistently and there are no shared methodologies.</p>	<p>CAIR works with public health departments to use data to support outreach efforts.</p> <p>Providers are encouraged to use CAIR analytics for outreach to patients, and are supported in querying their entire panel in CAIR to proactively identify improvement opportunities.</p>
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