CAIR2 User's Group
Collaboration between the California Department of Public Health (CDPH) and the California Immunization Coalition (CIC)
Meeting Minutes
July 25, 2019/Conference Call – 1:30 – 2:30pm

Panelists/Presenters
- User Group Co-Chair/Presenters: Cecilia Sandoval – California Department of Public Health and Michele Barkus
- Minutes Taker: Amy Pine, California Immunization Coalition

6? participants on the webinar (includes presenters)
PPT slides presented – PDF is accessible here

Agenda Item	Discussion	Results/Actions
1) Welcome and Minutes approval	No suggested changes.	Minutes were approved and will be posted on Cairweb.org.
2) Welcome Guests Tammy Pilisuk and Nelly Wong -- Feedback Flyer regarding Data Quality	Flyer shown on screen and had also been previously emailed out for feedback via Survey Monkey survey. Thoughts on look and feel of flyer: • *Looks nice* • Flyer seems to be more geared toward data analyst and people familiar with data exchange processes – if that's the intended audience then it's a great flyer. If that's not the intended audience then maybe it should be readdressed Thoughts about referring to it as CAIR vs. CAIR2: • *Probably don't have to say CAIR2 anymore. It's been switched over long enough that you can just say CAIR – (general agreement about this)*	

| | Who does it seem like this is intended for?
• *EHR administration*
• *Data lead, quality data lead – the people who are responsible for asking the questions on site about how clean data may be and if data if data being entered is complete.*

Additional Thoughts
• DX should be explained as Data Exchange so people don't confuse it for diagnosis
• All acronyms should be spelled out at least once
• There are snippets from the flyer that can be taken out for different audiences

The High Quality Benefits – are these the right benefits?
• The first and last points are geared more toward people responsible for data quality, the middle three bullets are applicable to everyone.

Why was this created?
      To get at the idea that clinics want to encourage more of their data exchange functionality utilized – data exchange functionality should be maximized and it's a way for the clinic to understand the

      It could be used to maximize the functionality and market the tools that aren't being utilized. There's a trickle-down effect from having good quality data. Are you experiencing high quality data? – if not these are steps you can take to improve things…..and then list the top 5 things…

      Best to keep it all on one page and quickly answer the questions about how people will do the work relevant to their positions. This flyer could be broken up into separate flyers….
• Clinicians – unsure what your data quality and monitoring looks like? Talk to your IZ Champion
• Data quality people/IT Data Exchange technical experts -- Are you sending high quality data to CAIR? (intended for those whose job it is to ensure data quality)

Main thing is to decide who the audience is and then cater the information to that specific audience.

Is there language that should be expanded/condensed?
• The 1,2,3 section at the bottom of Page 1 is essentially the same information that's in the box – can be combined with graphics.

Page Two – Will the reader understand the technical terms if the reader is a technical person? |

	• Yes, we think so. Even if the EHR person doesn't know right off the bat, they'll seek out their IZ champion to confirm. If they are doing any sort of interface with CAIR, they should be familiar with the terms that are listed.
	• There is some language that we might not necessarily agree with because it has a negative connotation – replace "clinic" with "Practice"
	• It's a given that help is available, maybe not necessary to add "after all you're paying for their service"
	• "Decide who would be primarily responsible for checking DX monitoring" – this prompts them to have more of a conversation about who should be monitoring as opposed to the current language in #2 on page 2.
	• Under #3 on Page 2, the term *periodically* is a broad term to reinforce the importance of checking and also enables them to have a conversation about it. The word does make it clear what you want practices to do. The word "periodically" will depend on the practice to determine their own level of frequency.
	• *Software issues* – will people know what this means? You can probably remove this bullet point because it's implied that the EHR vendor will mean software.
	• Include a "y" in the 4th bullet point to say "any" EHR issues.
	Overall thoughts?
	• Use it to prompt reminders about what really constitutes good data – do you have good data?
	• Use it as a prompt for people to think about the quality of their data – what is the quality of your data?
	• Use it as a prompt to people to maximize the functionality of the data exchange capabilities – are they maximizing at their practice?
	It is helpful to have tools that market CAIR and it's capabilities so it will likely be utilized.
3) Reminder Recall	Will leave for next meeting so that there is time to discuss.
4) Help Desk	Able to post Help Desk vacant positions – it's been up about a week and they've received several applications – hope to conduct interviews soon so that they can be fully staffed. Phone hours are shortened on Fridays. Email help is more readily available than phone help at present due to reduced staffing. When emailing, please include screen shots, your org name and the issue. LCRs are also a great resource for training issues and reports.
5) Blue and Yellow Cards	We already went through yellow card and gave feedback. Yellow card was unanimously approved.

		Blue Card is not yet in CAIR – idea is to put it in as part of 2.6 release (4-6 weeks).
6)	Questions/Comments	none
7)	Next meeting	August 22, 2019, 1:30 – 2:30 pm