



CAIR2 User’s Group

Collaboration between the California Department of Public Health (CDPH) and the California Immunization Coalition (CIC)

Meeting Minutes

September 27, 2018 Webinar/Conference Call – 1:30 – 2:30pm

Panelists/Presenters

- Moderator: Amy Pine, California Immunization Coalition
- User Group Co-Chair/Presenter: Michele Barkus – California Department of Public Health
- User Group Co-Chair/Presenter: Cecilia Sandoval – California Department of Public Health

20 participants on the webinar

PPT slides presented – PDF is accessible [here](#)

Agenda Item	Discussion	Results/Actions
1) Minutes – any changes or modifications?	No suggested changes.	Minutes were approved and will be posted on Cairweb.org.
2) Prioritization of Improvements/ Enhancements in CAIR2	<p>Survey Monkey survey results shared from original User Group member survey. 56 total questions on the survey where User Group members feedback was solicited.</p> <p>Categorization of questions:</p> <p>A. These two questions will have to be outsourced to a consultant:</p> <ul style="list-style-type: none"> • Q1 – The benefit of inventory updating accordingly when vaccine is charted in the EHR. • Q2 – Doses deducted so staff are not having to make adjustments <p>B. These questions will have to be sent to those tasked with trainings and education regarding CAIR2:</p>	

- Q13 – Revising search engines – searching for patients using additional filters, without using wildcards, and the filters should identify possible duplicates BEFORE data entry.
- Q40 – Educating everyone on how to properly enter combo vaccines. The schedule slightly changes when this is used.
- Q41 – Devising different training methods
- Q42 – Providing tutorials on doing AFIX, CoCASA, reports etc.

C. These questions had to do with data exchange

- Q35 – The importance of bi-directional interface working
- Q36 – Add support for bulk QBP messages
- Q37 – Being able to trust data from data exchange
- Q38 – Adding SR identifier in response from QBP messages
- Q39 – Utilizing CAIR’s system as a main tracking system and allowing bidirectional data transfer – all providers will have real time access to patient immunizations
- Q49 – The cross over time between exchange EHR to CAIR
- Q50 – Prioritizing uploading to ORCHID
- Q51 – Having a more complete bidirectional conversation between EHR and CAIR2
- Q52 – When vaccines are entered in ECW and transfer over says transcribed but not by site who entered it.
- Q54 – Immunizations transmitted via Nextgen are not seen in real time in CAIR

D. This question needs to go to the CDPH legal department to determine if it’s feasible

- Q55 – the ability to text and/or email a patient an image of their yellow card/immunization record directly from the website if they have agreed to provide the site with their cell number

E. These questions will be presented at an upcoming CAIR2 Steering Committee meeting as items that the User Group wanted. The hope is to have the Steering Committee prioritize these items in upcoming releases.

- Q5 – Age of patient is too small, need bigger font.
- Q7 – Consistency on reading and documenting records from other countries.
- Q11 – Quick yellow card print out, instead of having to look up the patient then click reports then yellow card, just have a yellow card button and put in the patient info and it takes you directly to the yellow card PDF printout.
- Q13 – Revising search engines – searching for patients using additional filters, without using wildcards, and the filters should identify possible duplicates BEFORE data entry.

- Q14 – Adding a sibling/spouse button that would enable user to carry much of the same information over to a new client registration so as not to have to re-enter the same information again. Would also be another big time saver.
- Q15 – Ability to recognize the same names in different, especially reverse order (BI, MEI CHAN vs. MEI CHAN BI).
- Q16 – Recall reports for all patients regardless if valid address.
- Q17 – Ability to save and reuse ad-hoc list and count report formats.
- Q19 – Ability to print updated VIS directly from CAIR2.
- Q22 – Ability for reports to work with bi-directional exchange.
- Q24 – Notification email when a child on a list receives a new vaccine.
- Q29 – Ability to send confirmation of injection directly to prescriber from the website. This avoids users having to manually print and fax a notification of administration.

F. There is an **upcoming release that will address these questions.**

- Q6 – CAIR ID should be shown in all reports printed.
- Q10 – Make all valid and invalid vaccine entries show up on the Yellow Immunization report.
- Q18 – Better usage reports for combination vaccines.
- Q26 – Make a space for TB Risk Assessment results for 1st graders since this is the requirement for schools now.
- Q28 – Populating “History of Varicella” in the actual VARICELLA box/section of the immunization record. Staff are stamping those words on the actual printed record because the schools are missing the positive history of varicella documentation on the first page under the DOB/allergies section.
- Q56 – Fix the bugs with documenting ALL immunizations under its correct heading instead of automatically placing them into the “OTHER” section if the original # is fulfilled. This causes confusion with schools and employers.

G. These enhancements are **in progress for a future release**

- Q24 – Notification email when a child on a list receives a new vaccine.
- Q30 – Purging patients out who have not been at our site in over a year – instead of one by one, do all at once.
- Q34 – Be able to move back and forth from patient pages easier.
- Q44 – Improve the sign-up process for new users.

H. These **have been completed**

	<ul style="list-style-type: none"> • Q4 – Updated guidelines (for example, Fluarix is now approved for >6mos and Men B can be given as a 2-dose series). • Q12 – Easier patient search. Too much in navigation bar. Maybe tabs would be more beneficial. <p>I. This question needs guidance from CDC</p> <ul style="list-style-type: none"> • CoCASA reports to be more accurate <p>J. These questions will be considered future enhancements</p> <ul style="list-style-type: none"> • Q27 -- Patient access to printout • Q48 – Cleaning up the Shot Givers list <p>K. These enhancements will come from account updates</p> <ul style="list-style-type: none"> • Q33 – Ability to enter staff information on a larger scale instead of just 1 at a time • Q47 – Easier way to get access to/change role in CAIR <p>L. CDPH appreciated the feedback about requiring VFC providers to use CAIR2 and they are trying to identify individuals to be part of a workgroup to investigate that further. This is related to question 31 in the survey and will require the creation of a workgroup. Q31 = Require VFC providers to use CAIR2.</p> <p>M. These two questions might not ever be feasible</p> <ul style="list-style-type: none"> • Q8 – Access to old records in CAIR1 – unknown if that will ever be possible • Q9 – Relationship between CAIR1 patient ID numbers and CAIR2, this would allow for accurate patient records and eliminate duplications – so much time has now passed that this is likely not as pertinent as it was two year ago. 	
3) Update on algorithm influenza, PCV13 and Shingrix recommendations	<p>This year's recommendations for flu vaccine are being tested</p> <p>PCV13 for adults and Shingrix: still looking into coding and different scenarios and have a meeting with DXC and CDPH</p>	<p>Stay tuned. CDPH met with DXC to go over algorithm and test patients 9/21/18. CDPH will be looking into PCV13 and Shingrix scenarios on 10/3/18.</p>
4) Software release 2.5	<p>Release 2.5 was supposed to go live 3 weeks ago but there was an issue identified on DXC side</p>	<p>Changes will be coming in the next couple of weeks for data exchange.</p>

	<p>Now it's in user acceptance testing Most errors had to do with data exchange – see slides for list of issues.</p> <p>In terms of Non-DX items, cities and counties will be populated if just the zip code is entered (making reports more accurate). See slides for enhancements (see slide 13)</p> <p>CAIR2 Instability – CAIR has been down almost daily. CDPH apologizes for that, they have a team that is closely monitoring and adding fixes, still trying to determine what is causing issues. It's also affecting data exchange. It's not known when issues will be fully resolved but if they have to take CAIR down intentionally they will notify in advance. There is nothing that the HelpDesk can do, unfortunately, except take down information that it is happening.</p>	
5) Patient Search Update	In August meeting, it was decided to merge three different patient search options into one. The change was made but without CDPH prior knowledge so now CDPH is having to communicate to all CAIR2 users regarding the change.	CDPH will communicate about the change to all CAIR2 Users. The change now mimics what is in the training server.
6) Questions	Some survey feedback asked for the addition of more roles in CAIR2 but didn't specify which roles were potentially needed. CDPH needs your help in identifying what additional roles potentially need to be in CAIR2. Roles are	This question might be sent out to group members electronically.

	<p>determined by the Org type, so does the Org Type need to be changed or are there other roles that need to be added and what would that entail? What are we missing if it's not related to inventory or ability to edit or read only?</p>	
<p>7) Next meeting</p>		<p>October 25, 2018 – 1:30 pm – 2:30 pm</p> <p>For November meeting, there's a question about whether to skip or hold a week earlier due to Thanksgiving holiday. Will be discussed in October.</p> <p>For the December meeting, it will be two days post Christmas so that meeting might also have to be changed. If meetings are not conducted, CDPH would send electronic communications instead.</p>