Citywide Immunization Registry Online Registry

Influenza Coverage
and Text Messaging Recall

NYC-DOHMH, BOI

Influenza Coverage Reports:

View a list of completed reports; create a new report.

User guides.

Type	Name	On Behalf Of	Patients	UTD%	Coverage Status as of:	Date Created	Report Status
Standard Coverage Report	"username_25-35 months"		29	6.9%	04/17/2020	04/17/2020 6:02 PM	Done
IQIP Coverage Report	"username_IQIP__13y_HPV"		15	6.7%	04/17/2020	04/17/2020 6:00 PM	Done
IQIP Coverage Report	"username_IQIP__13y"		15	6.7%	04/17/2020	04/17/2020 6:00 PM	Done
IQIP Coverage Report	"username_IQIP__24-35m"		2	50.0%	04/17/2020	04/17/2020 6:00 PM	Done
Influeza Coverage Report	"username_flu_11-18y"		93	5.4%	04/17/2020	04/17/2020 5:59 PM	Processed patient 90 of 98....
Influeza Coverage Report	"username_flu_5-10y"		135	0.7%	04/17/2020	04/17/2020 5:59 PM	Done
Influeza Coverage Report	"username_flu_6-59m"		130	0.0%	04/17/2020	04/17/2020 5:59 PM	Done

Influenza Coverage Reports:

Choose one or more reports.

Name your Report for you to identify easily later. The report list is shared by all users at your facility.

Online Registry

PATIENTS: Search | MyList | Reports | Add/Edit
PRACTICE: Tools | Recall | Adv. Event | VIM | Set Up | Adult | Help | LogOut

Welcome **Shirley** (Demo Site)
Facility: CIR Guest (Provider)
Address: 42-09 28 STREET

Coverage Report | Immunization Schedule | Lead Guidelines

Use this page to find out which patients are up to date and optionally create a Recall List for patients who need immunizations. For Coverage Report instructions, click here. For a brief guide on Influenza Coverage Reports, click here. Consider using Refresh MyList before running a coverage report.

Create New Coverage Report

○ **Standard Coverage Report**
The patients that will be included are all the patients in "My List"   Who's in MyList?   Refresh MyList

○ 7-11 month olds with...	○ 19-35 months olds with...	○ 24-35 month olds with...	○ 11-18 year olds with...	○ 13-17 year olds with...
3 DTP, 2 Polio, 2 Hib, 2 HepB, 3 Pneumococcal	4 DTP, 3 Polio, 1 MMR,	4 DTP, 3 Polio, 1 MMR,	1 MCV, 1 Tdap, HPV Complete (2 or 3 doses) (Males and females included)	1 MCV, 1 Tdap, HPV Complete (2 or 3 doses) (Males and females included)

Review date (date as of w...
04/15/2020

○ **Influenza Coverage Report**
The flu season runs from August 1st through June 30th. You may not run an Influenza coverage report outside the flu season time frame. The influenza coverage reports are not based on your MyList population but, instead, replicates the methodology used in the up-to-date coverage reports you receive in the mail. You may view the population parameters shown below each report option.

☐ **6-59 month-olds:**
An individual is considered your patient if you reported the last immunization administered to this patient on or after 14 days of age. During the current flu season, the youngest patient in this group turned 6 months of age on September 1st, and the oldest patient turns 60 months of age on April 1st.

☐ **5-10 year-olds:**
An individual is considered your patient if you reported the last immunization administered to this patient on or after 4 years of age. During the current flu season, the youngest patient in this group turned 5 years of age on September 1st, and the oldest patient turns 11 years of age on April 1st.

☐ **11-18 year-olds:**
An individual is considered your patient if you reported the last immunization administered to this patient on or after 10 years of age. During the current flu season, the youngest patient in this group turned 11 years of age on September 1st and the oldest patient turns 19 years of age on April 1st.

○ **IQIP Assessments**
Immunization Quality Improvement for Providers (IQIP) visits are performed by NYC DOHMH, BOI staff. Use these lists and reports to improve on-time vaccination of your patients and track the vaccination rates of your practice. The IQIP coverage reports are not based on your MyList population but, instead, replicate the methodology used in coverage reports you receive at IQIP site visits. You may view the population parameters shown below each report option.

☐ **24-35 month-olds:**
A 24-35 month-old patient is defined as belonging to your facility if you reported the last 4:3:1:4:3:1:4 series immunization administered to the patient at 361 days of age or older. Review date is today. 4 DTaP, 3 Polio, 1 MMR, 3 HepB, Hib complete, 1 Var, PCV complete is assessed by 2nd birthday.

☐ **13 year-olds:**
A 13 year-old patient is defined as belonging to your facility if you reported the last immunization administered to the patient at or after 9 years of age. Review date is today. 1 Tdap, 1 MCV, and HPV complete (2 or 3 doses) is assessed by 13th birthday.

☐ **13 year-olds with...**
HPV complete (2 or 3 doses) by 13th birthday (Males and females included)

(For flu/IQIP reports, the age range will be appended to the name)

Report Name for identification later: Username_20200415_01

Cancel ✕ | Clear ☐ | Continue →

Coverage Report: View list of patients who are missing Influenza vaccine

PATIENTS Search MyList Reports Add/Edit **PRACTICE** Tools Recall Adv. Event VIM

Online Registry

Coverage Report | Immunization Schedule | Lead Guidelines

This page lists the results of your Coverage report.

Influeza Coverage Report: Flu_20200918_01_5-10y

0 of 3 patients are up to date (0.0%)

| Flu cohort with an age range of: 5yr - 10yr | Doses: Due for Influenza | As Of: 09/18/2020 |

Create Recall List

3 of 3 patients are not up to date (100.0%)

Last/First	Gender	DOB
Kahlo, Freeda	F	10/03/2010
Kandinsky, Wassily	M	11/03/2011
Testb, Testb	M	12/04/2013

- The results include a summary and a list of the patients who are not UTD. From here, one may create a recall list and letters.
- Currently, text messaging is not available from this process but can be created using the **Custom Recall** functions
- You may take the results to produce a **Recall List** or **Labels and Letters.**

Citywide Immunization Registry

NYC Health

Coverage Report: downloadable spreadsheet of patients who are due influenza

	A	B	C	D	E	F	G	H	I	J	K	L	M	
1	Recall Name: HULE_20200807_6-59mo flu cvge													
2	Date Created: 8/7/2020 10:48:10 PM													
3	Created By: shuie													
4	Based On: Coverage Report													
5	Standard Recall: Selected 'Due Now' patients													
6	Total Patients: 10, Patients not UTD: 10 (100%) Patients UTD: 0 (0%)													
7														
8	**Last Name**	**First Name**	**DOB**	**Gender**	**CIR Id**	**Medrec Num**	**Address**	**City**	**State**	**Zip**	**Home Phone**	**Cell Phone**	**Opted Out Text Msg**	
9	TEST-KIRU	TEST-KAM	10/27/2016	M	908467476		12345 Tester St., A	NEW YORK	NY	12345			Y	Influenza1, HepB1, DTP1, Hib1, F
10	TESTADDNEWM	TESTADDNEWMARC	03/01/2018	F	909118832		21 Lafayette	NEW YORK	NY	10007	212-777-7777		N	Influenza1, HepB1, DTP1, Hib1, F
11	TESTPEANUT	JELLY	01/27/2017	M	909696881		1 Broadway	NEW YORK	NY	10001	800-123-4567		Y	Influenza1, HepB2, DTP2, Hib1, F
12	TEST	SUNFLOWER	05/25/2017	U	910742691		35 Happy Ln	EWEN	NY	10019	906-920-4258		Y	Influenza1, HepB1, DTP1, Hib1, F
13	TEST	TESTNITA	09/27/2017	M	908619548		543 Fake Drive	FAKE CITY	NY	12345		212-555-6789	N	Influenza1, HepB2, DTP1, Hib1, F
14	TESTVIM	TESTINVE	10/31/2016	M	908477683		666 Big Apple Blvd, 7C	NEW YORK	NY	12345		212-555-1313	Y	Influenza1, HepB2, DTP2, Hib1, F
15	TESTWILLOW	TESTWEEPING	01/10/2017	F	908477684		888 Big Apple Blvd, 9C	NEW YORK	NY	12345	347-396-2537	212-555-1313	N	Influenza1, HepB2, DTP2, Hib2, F
16	TESTZEPPOLE	TESTZELDA	05/10/2016	F	908477757		999 Big Apple Blvd, 75C	NEW YORK	NY	12345		212-555-1313	Y	Influenza1, HepB1, DTP1, Hib2, F
17	VEEBLETEST	SURF	05/27/2016	F	908477618								Y	Influenza1, HepB2, DTP2, Hib1, F

Refresh MyList:

Text Messaging using Custom Recall

STOP. Before running recall jobs, review how to **Prepare MyList** and **Refresh MyList** Run a Recall List first to view a list of recipients.

To view a recall list choose:
- **Outreach Type**: Recall
- **Parameter Type**: Custom
- **Contact Type**: List

For text message choose:
- **Outreach Type**: Recall
- **Parameter Type**: Custom
- **Contact Type**: Text Message – One Time

One-Time Text Message:

Create Custom Recall Job

A

○ All patients in MyList

Specific Age
- ○ 7-11 month olds   ○ 11-18 year olds
- ○ 19-35 month olds   ○ 13-17 year olds
- ○ 24-35 month olds   ○ 19+ year olds

● **Age Range**

From ≥ [6]   ○ years   ● months
To < [60]   ○ years   ● months

○ **DOB Range**

Include patients born between
[ ] / [ ] / [ ]
and
[ ] / [ ] / [ ]

B
Gender
☑ Male
☑ Female

C
For immunization series:
Include patients who are missing:
- ○ Any age-appropriate immunization

- ● Any age-appropriate immunization from the series below only
  - ☑ Influenza   ☐ Pediatric P
  - ☐ HepB   ☐ Adult Pneu
  - ☐ Rotavirus   ☐ Polio
  - ☐ DTaP   ☐ Tdap
  - ☐ Hib

○ Include patients who do not have the # of specified valid doses from the series chosen below:

--0-- ∨ Influenza	--0-- ∨ Pediatric Pneumococcal	--0-- ∨ MMR
--0-- ∨ HepB	--0-- ∨ Adult Pneumococcal	--0-- ∨ Varicella
--0-- ∨ Rotavirus	--0-- ∨ Polio	--0-- ∨ HepA
--0-- ∨ DTaP	--0-- ∨ Tdap	--0-- ∨ Meningococcal
--0-- ∨ Hib		--0-- ∨ Human Papillomavirus

> Enter age range, select influenza, enter date to send message, message.

D   **Send out job on this date:**

[09] / [22] / [2020]

Select message (default recommended.) This message will be sent to each patient on your recall list.

- ○ **Use default message**
  Fill in the fields for the sample message provided.

  Your child born in
  [CIR will insert patient birth YEAR here]
  is overdue for immunization. Call

  FACILITY NAME (up to 30 characters):
  [   ]
  Characters remaining: 30

  at CONTACT NUMBER: [   ]
  to schedule.

- ● **Use custom message**
  Type in your custom message. Make sure to include your facility name.

  (Messages are limited to Latin alphabets.)

  130 character limit
  [Our records show that your child may be due for flu vaccine| Please call, xxx-xxx-xxxx, Dr. xxxxxxxx's office, for an appointment.]
  Characters remaining: 1

> Enter date to send message. Type your custom message.
> **Date Tip**: Enter at least tomorrow's date, not today's date to allow room to cancel a message job if needed. Include the practice name and practice phone number.

NOTE: To allow patients to opt out of receiving text message reminders, the line "To stop reminders, text STOP" will be added to the end of your message.

Patients who text "STOP" will not receive any future text messages via the CIR.

Please note that it is your responsibility to adhere to the laws, rules, and regulations that apply to the disclosure of confidential and sensitive information in the content of your custom text message.

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[Cancel ✖]   [Clear ☐]   [Continue ➡]

Recall: Custom Text Message: view job run details

Click the Excel View Job Runs Details link to view your job run details.

Text Message

A sample of how the messages you send will look on the screen of a mobile phone:
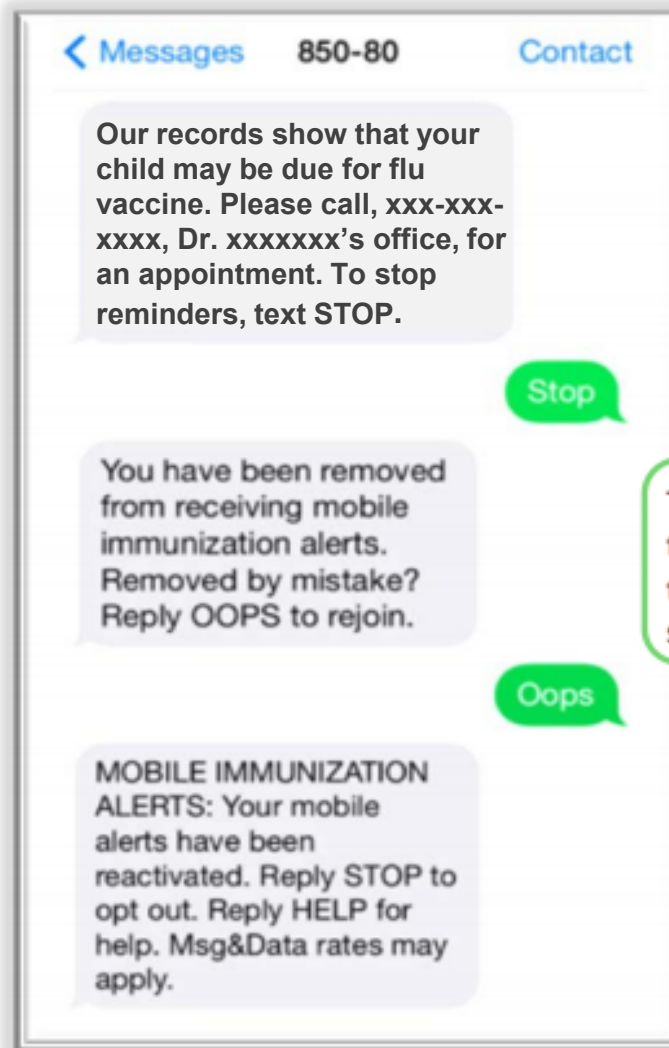
It is important to list your facility name, shown here as "Your Provider," so your patient knows who is sending the message.

Include:
• Your appointment phone line;
• Practice name

Auto-reply confirming patient has opted out of receiving text messages after replying, "STOP".

Auto-reply confirming patient has opted back in to receiving text messages after replying, "OOPS".

Messages 850-80 Contact

Our records show that your child may be due for flu vaccine. Please call, xxx-xxx-xxxx, Dr. xxxxxxx's office, for an appointment. To stop reminders, text STOP.

Stop

You have been removed from receiving mobile immunization alerts. Removed by mistake? Reply OOPS to rejoin.

Oops

MOBILE IMMUNIZATION ALERTS: Your mobile alerts have been reactivated. Reply STOP to opt out. Reply HELP for help. Msg&Data rates may apply.

Short Code: 850-80. This is the number that recipients will see when you text them.

The recipient always has the option of continuing to receive messages or stopping them.

• If one child in a family is opted out, then all family members associated with that phone number are opted out
• If a recipient opts out of a message, such as flu, from a provider, then they are opted out of all messages

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Practice tips questions to ensure success:

Data Accuracy and Data Capture:	• Is cell phone information routinely and accurately updated in your EMR by training staff to enter data accurately? • Are cell phone numbers and all data correctly sent and captured in the Online Registry and periodically verified with your IT staff, EMR vendor and CIR for accuracy?
Patient follow-up:	• Check that your practice has in place at patient registration, a process for obtaining express consent to contact patients on health-related matters.
Call volume:	• Launch text messages on a day/time when front desk are available to answer calls
Answering patients' questions:	• Train staff on using CIR or EMR to check immunization status • Use opportunity to reinforce importance of on-time vaccination • Consider some scripts for staff: "I'm glad you called. I know Dr. Xxx really wants to make sure her patients have all the vaccines they need." "While I have you on the phone, let's also schedule Sam's flu shot."

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Resources: www.nyc.gov/health/cir Questions?: cir@health.nyc.gov or cir-reset@health.nyc/gov