



KIDSNET UPDATE

RHODE ISLAND'S INTEGRATED CHILD HEALTH INFORMATION SYSTEM

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MARCH/APRIL 2021

KIDSNET/RICAIR Data Confidentiality

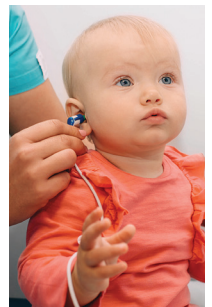
KIDSNET and Rhode Island Child and Adult Immunization Registry (RICAIR) data are confidential. They may only be used for ensuring preventive healthcare and for healthcare coordination of patients, clients, and students of the KIDSNET user's organization. All KIDSNET users sign an agreement stating that they will keep information confidential and will only use it for the purpose(s) defined in their user agreement, and KIDSNET/RICAIR entrusts users with this information based on obligations specified in the user agreement. While it may be tempting to look up immunization history or other information about coworkers, staff, friends, or relatives, that is strictly prohibited. Unauthorized use is a violation of the terms of the user agreement and would be considered a HIPAA violation and may result in revocation of access to KIDSNET/RICAIR or other actions.

Telehealth Impact on Data Transmission to KIDSNET/RICAIR

In the last year, many workflows have evolved, and KIDSNET/RICAIR staff have noted a substantial increase in the number of historical immunization transactions sent to the registry without the required provider reporting ID tied to the immunization message. After talking with a good number of providers we have determined that, in most instances, this issue is due to telehealth workstations that were not linked to the EHRs, which send data to KIDSNET/RICAIR. Therefore, when historical immunization data has been recorded during a telehealth visit, it did not pick up the required provider reporting ID and does not get reported to KIDSNET/RICAIR. Please take the time to work with your IT staff and electronic health record vendor to ensure that all telehealth applications in your offices are linked to the EHR's immunization interface.

Newborn Hearing Screening Follow-up Study

Early Hearing Detection and Intervention (EHDI) follow-up completion among patients in primary care practices that ran the EHDI follow-up report in KIDSNET was compared to those in practices that did not run the report from 2017 to 2019. Two cohorts of infants born between January 2017 and June 2019 were selected for this study; infants referred for diagnostic Auditory Brainstem Response (ABR) testing (n = 829), and infants who passed the newborn hearing screen but were referred for diagnostic visual response audiometry (VRA) testing due to risk factors for hearing loss (n = 3,342).



One hundred sixteen primary care practices with access to EHDI follow-up reports were divided into two groups, practices that ran at least one EHDI follow-up report and practices that did not run any reports. Separate prevalence comparison analyses were completed for infants who were referred directly for ABR testing after newborn hearing screening and for infants who passed the newborn hearing screen but had risk factors for late-onset hearing loss and were referred for VRA testing after they were six months old. Chi-square tests were performed for statistical significance. In both groups, infants who were patients in practices that ran a report were significantly ($p < 0.001$) more likely to receive the recommended diagnostic follow-up than those whose practice did not run a report. Children who are patients of primary care practices that run web-based EHDI follow-up reports appear to be more likely to get the recommended diagnostic audiology follow-up than those in practices that do not run reports.



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	Number of practices	Ran EHDI report	Number of children needing diagnostic follow-up	Number of children receiving diagnostic follow-up	Percentage of children received diagnostic follow-up
ABR	90	Yes	663	631	95%
		No	166	145	87%
VRA	113	Yes	2,561	562	22%
		No	781	120	15%

WIC Data are Back in KIDSNET

The WIC program has transitioned to a new information system and has resumed sending data to KIDSNET. Please navigate to the KIDSNET WIC page to see current WIC enrollment, height, weight, blood work information, and WIC risk factors.

Decreased Screening and Increased Incidence of Elevated Lead Levels

The pandemic has presented challenges and barriers for patients to receive preventive healthcare and the data reflects this troubling trend for children's lead screening and exposure. From 2016 to 2020, the number of lead screenings for children has decreased and incidence of lead poisoning in 2020 is higher. The pandemic resulted in more children spending more time in home environments which potentially contain lead hazards. Primary care practices can run lead-screening reports in KIDSNET to identify children who need lead screening. Thanks to all of the practices who are running their KIDSNET lead-screening reports and reaching out to families of children who need to be screened.

Elevated Lead and Screening, 2016 - 2020

Year	Total Number of children screened	Incidence, elevated lead**	Total Number 1st time ≥ 5 mcg/dL
2016	26,972	3.57%	834
2017	26,654	2.9%	676
2018	25,605	1.8%	406
2019	25,911	1.7%	388
2020*	20,922	2.5%	472

*2020 data are preliminary and subject to change.
Data Source: RIDOH

**Elevated Blood Lead Levels among children ≤ 72 months old, 2016-2020



In Memoriam

We are sad to let you know that Sue Duggan-Ball, Quality Assurance Manager at the Rhode Island Department of Health, Office of Immunization passed away on May 6, 2021, after a remarkable battle with mesothelioma. You may remember her as an advocate for children, a yoga enthusiast and teacher, and a meticulous employee who devoted herself to her work, family, and community.

Sue was a strong and courageous fighter who endured difficult treatment with grace and little fanfare. Just a day before she died, she requested speech therapy so she could better communicate with her friends and family. She was relentless in her desire to live, and was tirelessly supported by her husband, son Steven, daughter-in-law Jennifer, and the love of her life, her grandson Lucus.

Sue's life impacted so many of us, and in time we hope that happy memories will overcome the sadness that we feel at her passing.