



IN THIS ISSUE:

- ▶ DID YOU KNOW?
- ▶ INTEGRATING KIDSNET INTO A CARE COORDINATION MODEL
- ▶ PATIENT LIST REPORT
- ▶ SSV ENROLLMENT
- ▶ MENINGOCOCCAL B VACCINE
- ▶ HPV VACCINATION CAMPAIGN

CENTER FOR HEALTH DATA AND ANALYSIS (CHDA)

Sam Viner-Brown
Chief

Ellen Amore
KIDSNET Program Manager
ellen.amore@health.ri.gov
401-222-4601

Kim Salisbury-Keith
Development Manager
kim.salisburykeith@health.ri.gov
401-222-5925

Jeff Goggin
Immunization Interface Manager
jeff.goggin@health.ri.gov
401-222-4968

PROVIDER RELATIONS

Janet Limoges
janet.limoges@health.ri.gov
401-222-7681

Carla Laroche-Harris
Carla.LarocheHarris@health.ri.gov
401-222-4644

PROGRAMMER

Jeannine Warrener

DATA MANAGEMENT/DATA QUALITY

Joel Balkum Evan Bessette
Christine Jason AJ Lizarda
Richard Lupino

DID YOU KNOW?

For the first time ever, KIDSNET users viewed over **one million (1,005,485) pages** during a three month period (the last quarter of 2015).

INTEGRATING KIDSNET INTO A CARE COORDINATION MODEL

On February 24, 2016, Rhode Island's Care Transformation Collaborative facilitated a statewide training to ensure that children and youth with special healthcare needs will be cared for in high-quality, family- and patient-centered medical homes through an improved system of coordinated care. The training provided over 70 professionals working in Patient-Centered Medical Homes, Child and Pediatric Practice Enhancement practices, Cedar agencies, and health centers, with tools to identify key elements of a high-performing pediatric care coordination model. A major component of the training was a hands-on demonstration of a new User Guide developed to train care coordinators on utilizing RIDOH's KIDSNET data system. Since the guide's inception, KIDSNET use among care coordination professionals has significantly increased. The training emphasized the important role care coordination plays in transforming healthcare.

PATIENT LIST REPORT

Using KIDSNET, primary care providers (PCPs) can identify children linked to their practice. The Dept. of Health recommends that providers review KIDSNET "Patient List Reports" periodically; doing so improves the accuracy of KIDSNET reports, such as those for immunization and lead screening rates, and in some cases lets other partners caring for a child know that a child has moved out of state. Providers can generate this list by clicking on "Practice Reports" in the left-side menu bar of KIDSNET, followed by option number 1, "Patient List Report". PCPs can narrow the list by entering specific birth dates or age (in months or years), and the system will generate the list of children linked to that practice as reported to KIDSNET. If an age group is not selected, the report will list all children in the practice under 19 years of age.

Message to Providers: please run your Patient List Report in the near future and identify all patients who are no longer affiliated with your practice. If known, indicate if these patients have transferred to another practice or if they have moved out of state. Please mail a Patient List Report copy to the KIDSNET program; postage-paid envelopes are available. Please contact your KIDSNET Provider Relations Representative if you have any questions, if you need envelopes, or if you would like a demonstration on how to run this report.

SSV ENROLLMENT

Enrollment in Rhode Island's State-Supplied Vaccine (SSV) Program for 2016-2017 opened on June 1, 2016. Vaccine orders made after July 1, 2016 will not be processed until enrollment has been completed and certified. If you have not enrolled, please do so now to prevent delays in receiving flu vaccine during the season. If you have any questions about enrollment, please contact the "Immunization Representative" listed in the header of your SSV Practice Menu screen.

(continued on reverse side)



(continued from front)

Important Updates

1. For the 2016-2017 season, the same Influenza vaccine brands will be available for both pediatric and adult patients. However, vaccine ordering is done separately for pediatric and adult populations and reporting vaccine administration is required by age group.
2. **Medicare Fee-For-Service (MFFS) Patients – Influenza Vaccine and Other Vaccines**
Providers are now allowed to use state-supplied vaccine for their Medicare Fee-For-Service patients without needing to reimburse RIDOH or order private supply for the 2016-2017 season.
3. **Vaccine Delivery Hours**
The CDC now requires providers to have a minimum 4-hour window available, at least 2 days per week, for delivery of federally distributed vaccines. The Delivery Information screen has been updated with 3 selections:
 - 9:00 am – 1:00 pm
 - 12:00 pm – 4:00 pm
 - 9:00 am – 4:00 pm

To view more information on enrollment, please refer to the advisory that was sent out on behalf of the Rhode Island Department of Health regarding SSV 2016-2017 Enrollment Information and Updates. If you still need assistance, please contact your Immunization Representative or contact Mark Francesconi at Mark.Francesconi@health.ri.gov

MENINGOCOCCAL B VACCINE NOW AVAILABLE

The Rhode Island Department of Health (RIDOH) is now supplying Bexsero, a vaccine that protects against Meningococcal B (MenB) disease, to all state-supplied vaccine providers. Similar to other state-supplied vaccines, Bexsero can be ordered monthly through OSMOSSIS.

Per ACIP recommendation, the MenB vaccine series may be administered to adolescents and young adults aged 16–23 years to provide short-term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16–18 years. The complete ACIP recommendation can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm>

Rhode Island Department of Health Recommendation

While MenB vaccination is not an ACIP routine recommendation and is not required for school entry, RIDOH recommends offering the vaccine to all 16-18 year olds and current college students up to age 23.

Vaccine Administration and Use

Bexsero is a two-dose series with doses given at least one month apart. Bexsero is one of two MenB vaccines commercially available in the US. It is important to note that MenB vaccines are not interchangeable. The same vaccine product must be used for all doses. On the basis of available data and expert opinion, MenB vaccine may be administered concomitantly with other vaccines indicated for this age, but at a different anatomic site, if feasible. Bexsero vaccine has a shelf life of two years.

Due to the lack of interchangeability of the two MenB vaccines, RIDOH will secure a small amount of Trumenba vaccine and place it under the “special circumstances” section of the OSMOSSIS ordering system to make it available on a case-by-case basis for patients who may have started the MenB series with Trumenba. It will be made available after July 1, 2016.

Vaccine Information Statement

The Vaccine Information Statement which must be provided to all patients receiving the vaccine can be found at: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.pdf>

School Immunization Requirements

Rhode Island does not require MenB vaccination for school entry at any level. At this time, no Rhode Island college or university is requiring MenB vaccination; however, it is important to note that some out-of-state colleges and universities may require it.

Coding for Electronic Health Records

The CVX codes to be entered into the electronic health record are 163 for Bexsero and 162 for Trumenba.

HPV VACCINATION CAMPAIGN-

RIDOH has launched a campaign to increase HPV vaccination among adolescents. Using KIDSNET data, RIDOH will be mailing postcards and coordinating automated phone calls to the parents of children who will soon be due for their 11- to 12-year-old check-up. The cards and calls will remind parents to contact their children’s doctors to schedule an annual visit and emphasize the importance of HPV, meningococcal, and Tdap vaccinations. Postcards and calls will also be made to the parents of 13 through 17-year-old adolescents who have not completed the HPV series.