

Minutes
LHD OPEN LINE CALL
Tuesday, March 17th, 9:30 AM– 11:00 AM

1) General Updates:

- a) Accountability Policy Definitions to be released March 20th. These will be sent to IAPs.
- b) Biological Clerks List Serve – the problem is resolved. The e-mail group is functioning properly.
- c) GAC Update – Grantee Advisory Committee is working with CDC on VTraks which is a very broad system. It is intended to replace VACMAN. In principle, grantees will be able to order and track vaccines with this system. In Michigan we will probably use it only at the State level. MCIR will do the functions. MCIR will upload to VTraks which will upload to McKesson. Small pilot program will begin in April using the ordering function, will upload to VACMAN. First phase will interface with ordering. Terri is on a national workgroup to set up call center.
- d) VACMAN Data – VACMAN is an imperfect system. The VFC staff continues having problems retrieving historical data. The system is up and running at this time.

2) VFC Update

- a) Pentacel – LHDs may obtain as much as required. It's important to advise MDCH regarding a need to increase your allocation. This allows for prior planning to ensure sufficient doses are allocated from CDC. Merck is now stating that it may be mid to late 2009 before more ActHib will be available. We do not expect it before the summer.
- b) School-Based Clinics call. When Terri returns to work, Nancy will work with her to get call scheduled with LHDs to determine common issues and barriers to delivering vaccine to schools. **Action: Nancy to schedule call**
- c) GSK Infanrix syringes and GSK pediatric Hep B (Engerix) syringes continue to be unavailable for order. Orders received for these presentations are automatically switched to the single dose vial presentation. Only single dose vials are available so should be no problem. Sue Schryber got e-mail from Glenn and was questioning how Pentacel is going to affect this. No change in the pediatric schedule, only in presentation. Sue asked how Pentacel is going to affect this. Bob answered that the only trouble we know of is with Adult.
- d) Flu pre-booking orders were due to MDCH by March 13. If a LHD receives a subsequent provider request, submit to MDCH. If providers don't have storage space for a full order initially, perhaps LHD could help store vaccine. Bob is working with CDC to split shipping orders. Private flu booking information is available in FluBytes.

e) Vaccine orders – LHDs should submit a Doses Administered report, Ending Inventory report and Temp Logs ONLY when placing an order and ONLY for the PIN they are ordering for. The vaccine order is required to be received within seven days from the date of the report. Connie is still receiving orders without proper documentation and it is getting more difficult to consolidate documentation.

f) Reminder – concerning return of expired vaccine to McKesson. All expired vaccine must be returned to McKesson. However, at this time, please don't return viable vaccine. Do not return flu vaccine until it expires in June.

3) MCIR Update:

a) MCIR Version 7 Testing – going well. Some regional coordinators and field reps came to Lansing for testing recently on Friday, March 13th. They were able to identify some problems the tech team wasn't aware of, in which some were able to be resolved while they were there, some they needed to work on at a later date. We will have LHDs start testing soon. **ACTION:** Bea will send e-mail when it is loaded on test site. Bob said users won't see huge changes in look/feel of MCIR in general. Most work was in rewriting codes and behind the scene, primarily to prep MCIR to handle the release that contains e-ordering. The more people that can access and test the enhancement, the better off we will be. IF there are a lot of people testing the system we would be able to identify "bugs" prior to releasing an inferior product. "Edit my site" has changed a lot regarding the site information, hours, etc., which will be the biggest learning curve, although it remains very user friendly. **Action: Tester recruitment**

b) Transfer – not ready as far as testing but they are working with these sites. IHA is up and running and MMPC Epic has resolved some of their issues. Laura said McLaren was approved for transfer and the region is rolling out their training for each site. St. Johns – Kris is choosing a pilot site for them to test first now that their transfer is approved. Macomb is running into EMR problems – they aren't being allowed access to transfer sites because of confidentiality requirements with their internal system, unless there was an encounter. Michelle from Kalamazoo has an office using EMR by McKesson that is not taking all the information. Pat V. said it doesn't have the correct elements needed for MCIR because it is meant to be a clinical record and vaccine is such a small part of the EMR.

c) WIC – We monitor coverage levels on a monthly basis. Dianne Matelsky distributes the data to WIC agencies on what percentage of kids is not up to date. As we started looking at rates we noticed 1) rates dropping, 2) number of kids declining on roster but we know population is actually going up. Due to WIC rolling out MiWIC, we just noticed last week and have been working on it. Michele from Kalamazoo asked where we were at with importing private vaccine inventory into MCIR. Bob is going to talk to Therese. Extract private inventory from Insight and upload to MCIR. Monroe – MCIR into Insight. Michelle suggested importing private supply into an excel spreadsheet and merge that to MCIR – Insight GAC previous. **Action: Bob to follow up with Therese on extracting from Insight to eliminate double duty.**

4) CDC Update:

no update

5) LHD Questions/Concerns -

Alesia from Detroit has a provider that has only balanced once despite numerous training. Have 100 doses of missing Menactra. No idea what to do, she is asking for advice. May have counted it wrong initially and counted wrong again to balance. She is meeting with the doc and field rep. Bob agreed it was best to go out and meet with the practice. **Action: Jan Arsenault to go with Alesia to do physical inventory.**

Jan (Macomb) said they had a suspicious situation. They went out and counted the fridge. Gave them 1 week of vaccine to make sure the doses were entered into MCIR. They probably lost vaccine. At some point we need to hold them accountable. Bob agreed the LHD is handling it appropriately. Accountability policy will be valuable in the future to standardize it.

Alesia – given numerous trainings and is getting the feeling some offices just don't care. She is asking for feedback / advice from the State. Know her solutions but what else can be done if the practices are not paying attention. Rob said to document contact and training so it is available in the event it comes down to State enforcement. Bob said good idea to put them on notice in writing.

Janet – BHSJ – providers are getting particular on delivery times. Any guidelines for providers to be available for delivery. Liz will follow-up with CDC as to what they recommend. UPS now has a disclaimer that they don't have to abide by restricted delivery hours.

Two problems – 1) Doctors can't have unreasonable limitations, 2) Delivery and tracking
Action: Liz to follow up with CDC-McKesson on UPS disclaimer and that they are not delivering. *Follow – up: CDC and McKesson have been contacted and are following up on both situations (BHSJ and Kzoo) and have filed formal complaints with the shipping carriers.*

Janet – Macomb – using the wrong CPT or other code. DTap doses are going into the wrong MCIR fields when they upload. They aren't on VIM yet so it's possible.

Next open call: Tuesday, April 21st, 9:30 to 11:00 AM