VACTRAK

Interface Project Profile Form

Complete this form to prepare for onboarding and data exchange with the Alaska Immunization Information System (IIS), VacTrAK. This form captures detailed information about your organization and associated facilities/sites, technical information about your electronic health record/health information technology (EHR/health IT) system to be used in data exchange, and your immunization practice. This information is needed to inform onboarding testing and support a successful interface connection between your system and the IIS.

Date Completed: **Organization name:**

Facility names and locations:

Contact Information

There are two types of contacts that may be indicated, other than an administrator for a facility. These include technical and two quality assurance individuals. A Technical Contact is an individual who assists provider with technical support or assistance. The Quality Assurance Contacts will receive notification of records needing provider resolution (including but not limited to regular error reports). Please designate contacts below.

Technical Contact Name:
     Email: Phone:

Quality Assurance Contact (Primary) Name:
     Email: Phone:

Quality Assurance Contact (Back-up) Name:
     Email: Phone:

Practice Information:

     Age range of patients seen in your practice:

     Estimated number of active patients in organization:
         Children (0-18 years)
         Adults age >19

     Average number of vaccinations given per day?   Per week?

     Birthing facility?   Yes   No   If yes, average number of births per month?

Required Documentation

Do you have a current VacTrAK Contract?   Yes   No

Completed Readiness Checklist?   Yes   No

Reviewed VacTrAK Roles and Responsibilities?   Yes   No

Reviewed Interface Stages?   Yes   No

VacTrAK Participation

Does organization record immunizations in VacTrAK per 7 AAC 27.650?   Yes   No

Are both administered and historical data entered into VacTrAK?   Yes   No

Does the organization receive state-supplied vaccine? If yes, provide PIN(s):
        If not, is your organization interested in enrolling?   Yes   No
(Follow links for more information on [Vaccine for Children](#) and [Alaska Vaccine Assessment Program](#))

Electronic Health Record (EHR)/IT System Information
Provide information about the EHR/health IT system to be used to support the interface connection with the IIS. If additional interface connections are needed with additional EHR/health IT systems within your organization, complete an additional form.

Electronic Health Record Software Name:

Software Vendor: Version:

Vendor's Off-Site Technical Lead (if applicable):
        Email: Phone:

Does EHR have a patient-specific vaccine forecasting feature?   Yes   No

Data Exchange Capacity

Is this EHR/health IT product certified by the Office of the National Coordinator for Health Information Technology (ONC)? (See: [Certification of Health IT, ONC](#))
        Yes   No   Unknown
If yes: Indicate current Health IT certification edition: 2015   2015 Cures Update

Has this EHR/health IT product received Immunization Integration Program (IIP) recognition?
(See: [IIP Testing and Recognition Initiative, HIMSS](#).)
        Yes   No   Unknown

How is your EHR data stored?

What type of data exchange capacity does the EHR have?
        Uni-directional *(Can send data to VacTrAK using HL7 VXU messages)*
        Bi-directional *(Can send queries in the form of HL7 QBP messages and can receive and properly process replies from VacTrAK regarding your patients.)*

How long has your system been in production?

Data will be sent using HL7 version: 2.5.1   2.3.1

The transport method: HTTPS   SOAP/XML *(Security requirements document available from VacTrAK.)*

Are you pursuing Meaningful Use?   Yes   No *(Click link for more information on [Meaningful Use](#))*
Per your registration for Alaska, all EPs, EHs, and CAHs must use healtheConnect Alaska HIE to satisfy their MU Public Health reporting requirements. Please contact [DOH HIT](#) or [healtheConnect Alaska](#) directly with questions.

Vaccine types sent *(check all that apply)*:
        Newly administered (recently administered at your Organization)
        Old Administered (administered by your Organization, but in the past)
        Historic (from patient record/vaccine administered by another Organization)

It is required that all patients have one and only one unique MRN within an organization in VacTrAK. (i.e., one MRN per interface.)

Can your system meet this requirement?   Yes   No

EHR Documentation

For detailed information see our HL7 Local Implementation Guide and list of Required Fields.

Patient Demographics	Captured in EHR		Required in EHR		HL7 Value	Usage
Patient ID (must be unique)	Yes	No	Yes	No	PID-3	R
Patient Name	Yes	No	Yes	No	PID-5	R
Values sent (Check all that apply)	First	Middle	Last			
Patient Date of Birth	Yes	No	Yes	No	PID-7	R
Patient Gender (Administrative Sex)	Yes	No	Yes	No	PID-8	R
Patient Race	Yes	No	Yes	No	PID-10	R
Patient Address	Yes	No	Yes	No	PID-11	R
Values sent (Check all that apply)	Street/PO Box	City	State	Zip		R
Patient Phone Number/Email	Yes	No	Yes	No	PID-13	RE
Values sent (Check all that apply)	Home	Work	Cell	Email		RE
Patient Ethnicity	Yes	No	Yes	No	PID-22	R
Guardian / Next of Kin Name	Yes	No	Yes	No	NK1-2	R
Guardian / Next of Kin Relationship (relationship to patient)	Yes	No	Yes	No	NK1-3	R
Guardian / Next of Kin Address	Yes	No	Yes	No	NK1-4	RE
Guardian / Next of Kin Phone	Yes	No	Yes	No	NK1-5	RE
What is the source of the above Next of Kin values?						

Fields for Special Discussion	Captured in EHR		Required in EHR		HL7 Value	Usage
Multiple Birth Indicator	Yes	No	Yes	No	PID-24	Discuss
Birth Order	Yes	No	Yes	No	PID-25	Discuss
Death Date	Yes	No	Yes	No	PID-29	Discuss
Death Indicator	Yes	No	Yes	No	PID-30	Discuss
Mother's Maiden Name	Yes	No	Yes	No	PID-6	Discuss
SSN	Yes	No	Yes	No		Discuss
History of Disease	Yes	No	Yes	No		*Do not send*
Contraindications	Yes	No	Yes	No		Discuss
Refusals	Yes	No	Yes	No	RXA-20	Discuss
Protection Indicator and Date	Yes	No *Please do not send. See local IG for more information*			PD1-12/13	*Do not send*

Immunization Documentation	Captured in EHR		Required in EHR		Entry Method *(select from list)*	HL7 Value	Usage
Vaccine Administered Date	Yes	No	Yes	No		RXA-3	R
Vaccine Code (CVX) and Name	Yes	No	Yes	No		RXA-5	R
Administered Amount	Yes	No	Yes	No		RXA-6	R
Administered Units	Yes	No	Yes	No		RXA-7	C(R/O)
Administered /Historic (Administered Notes)	Yes	No	Yes	No		RXA-9	R

Vaccinator (Administering Provider)	Yes	No	Yes	No		RXA-10	RE
Facility ID (Administered at location)	Yes	No	Yes	No		RXA-11	R
(VacTrAK staff will supply accepted facility values for your organization during the Development stage of the project)							
Substance Lot Number	Yes	No	Yes	No		RXA-15	C(R/O)
Substance Expiration	Yes	No	Yes	No		RXA-16	C(RE/O)
Substance Manufacturer Code (MVX)	Yes	No	Yes	No		RXA-17	C(R/O)
Completion Status	Yes	No	Yes	No		RXA-20	RE
Action Code	Yes	No	Yes	No		RXA-21	R
Values sent (Check all that apply)	Add	Update	Delete				RE
Route of Administration	Yes	No	Yes	No		RXR-1	R
Site of Administration	Yes	No	Yes	No		RXR-2	RE
Vaccine Funding Program Eligibility Code (VFC, etc.)	Yes	No	Yes	No		OBX (64994-7)	R
Can the interface send state-specific Vaccine Funding Program Codes?	Yes	No	For Alaska the state specific code = V07 (or V25)				R
Vaccine Funding Source (public, private, etc.)	Yes	No	Yes	No		OBX (30963-3)	RE
VIS Form Given Date	Yes	No	Yes	No		OBX (29769-7)	R
VIS Publication Date	Yes	No	Yes	No		OBX (29768-9)	R

Additional important information: What triggers an HL7 message to be sent?

(For example, some EHR's use the action of "saving" a new or modified vaccine to trigger the sending of a message. Others require the user to manually trigger the message to send. There may be other options as well. We want to know how it works in your system?)

Can messages be regenerated and be sent again if necessary?   Yes   No
   (For example, if a message error and is fixed, can the updated data be sent to VacTrAK?)

Will "unknown" or "999" values be sent?   Yes   No
   (Example: 999 CVX code would indicate an unknown vaccine and would cause an error.)

Who is responsible for code table maintenance?   Local organization staff   Vendor
   (For more information see CDC CVX code and CDC MVX code)