



City of San Antonio

Legislation Details (With Text)

File #: 14-1677

Type: Grant Applications and Awards

In control: City Council A Session

On agenda: 8/21/2014

Title: An Ordinance ratifying the submission of a grant application to the Centers for Disease Control and Prevention National Center for Immunization and Respiratory Diseases and authorizing the acceptance of grant funds upon award in an amount up to \$544,500.00 for Immunization – Capacity Building Assistance for Infrastructure Enhancements to Meet Interoperability Requirements for a two-year period anticipated to begin in September 2014. [Gloria Hurtado, Assistant City Manager; Dr. Thomas L. Schlenker, Director of Public Health]

Sponsors:

Indexes:

Code sections:

Attachments: 1. 2014 PPHF Budget, 2. Draft Ordinance, 3. Ordinance 2014-08-21-0603

Date	Ver.	Action By	Action	Result
8/21/2014	1	City Council A Session	adopted	Pass

DEPARTMENT: Health

DEPARTMENT HEAD: Dr. Thomas L. Schlenker

COUNCIL DISTRICTS IMPACTED: City Wide

SUBJECT:

Centers for Disease Control and Prevention National Center for Immunization and Respiratory Diseases Grant

SUMMARY:

This ordinance ratifies the submission of a grant application by the San Antonio Metropolitan Health District (Metro Health) and authorizes the acceptance of grant funds upon award in an amount not to exceed \$544,500.00 for a two-year period anticipated to begin September 2014 from the Centers for Disease Control and Prevention (CDC) National Center for Immunization and Respiratory Diseases (NCIRD), financed in part by 2014 Prevention and Public Health (PPHF) funds, for Immunization - Capacity Building Assistance for Infrastructure Enhancements to Meet Interoperability Requirements.

Furthermore, this ordinance authorizes a proposed program budget and authorizes the Director of Metro Health to initiate, negotiate, and execute any and all necessary documents and grant contracts to effectuate the application and acceptance of the referenced grant, and to execute contract

amendments pertaining to this contract, to include: a) carry-over funds, when ascertained and approved by the funding agency through a revised notice of award; b) line item budget revisions authorized by the funding agency; c) modifications to the performance measures authorized by the funding agency and listed in the contract so long as the terms of the amendment stay within the general parameters of the intent of the grant; d) no cost extensions; e) amendments which will provide supplemental grant funds to the grant by the funding agency in an amount up to 20% of the total amount initially awarded to the grant; f) amendments funding one-time equipment purchases or defined program services; and g) changes in federal regulations mandated by the funding agency.

BACKGROUND INFORMATION:

Over 20% of U.S. children by the age of two typically have seen more than one healthcare provider, resulting in scattered paper medical records. Immunization Information Systems (IIS) are confidential, population-based, computerized information systems containing data about children's immunizations. IIS consolidate immunizations given by multiple providers into one record and perform multiple functions that help not only providers and families, but also help public health programs to accurately assess their communities' immunization status. IIS further provide clinical decision support guidance to assist providers in interpreting an increasingly-complex immunization schedule. Since 1994, CDC has allocated funds to its immunization awardees for the development and implementation of IIS under section 317(a) of the Public Health Service Act. Since it began allocating funds for IIS, CDC has assisted in developing functional standards, setting performance goals, and monitoring IIS progress.

San Antonio ranks as the seventh largest city in the country, with 1.8 million residents in the San Antonio and Bexar County area. Through this funding opportunity, Metro Health is requesting \$544,500.00 to improve the interoperability of the San Antonio Immunization Registry System (SAIRS) with the State of Texas Immunization Information System (ImmTrac), and Electronic Health Record (EHR) systems.

Metro Health has maintained an IIS known as SAIRS since 1980. In 2011, the 5th iteration of SAIRS was launched which meets 95.8% of the National Vaccine Advisory Committee IIS functional standards.

ImmTrac was established in 1995 and is currently being rebuilt and the new ImmTrac will be launched in early 2015. Currently, SAIRS and ImmTrac do not exchange data and healthcare providers report to one, both or neither system resulting in incomplete immunization records.

The preferred method for immunization providers to submit and retrieve data via IIS is through electronic messaging using the Health Level 7 (HL7) message protocol. SAIRS has the capacity to send and receive data from EHR systems via HL7 in real-time. SAIRS has established data exchanges with 82 provider site EHR systems to include Walgreens Pharmacies and the University Health System - a large local medical center. The new ImmTrac IIS will have the capacity to send and receive immunization data via HL7. Additionally, ImmTrac will include functionality for dose level accountability for the Texas Vaccines for Children (VFC) Program. Since the CDC requires dose level accountability for VFC funded vaccines, San Antonio VFC providers will be required to use and report to ImmTrac.

ISSUE:

The Metro Health Information Technology Strategic Plan includes the transition of SAIRS into the San Antonio Integrated Public Health System (SAIPHS). The SAIPHS is a technical environment where all Metro Health

clinical data including immunizations, is collected into a master record. The transition from SAIRS to SAIPHS requires significant storage capacity to accommodate the existing 1.6 million patient records and 17.5 million immunization records in SAIRS, the missing data currently in ImmTrac, and the increased volume of transactions after the bi-directional interface with ImmTrac is established. Authorization of this Ordinance will enable Metro Health to preserve SAIRS records, leverage the resources of the new ImmTrac for EHR and provider on-boarding, support Meaningful Use requirements and meet VFC dose level accountability, as well as result in more complete records and permit Metro Health to focus on provider recruitment, data quality, data use and immunization rate improvement.

ALTERNATIVES:

Due to the timing and deadlines for this grant opportunity, Metro Health has submitted a grant application. Metro Health became aware of the grant in June and the application deadline was July 31, 2014. If the submission of the grant application is not ratified, the funds will be redistributed to other CDC Immunization Program awardees in the country. As a result, Metro Health would forgo funding to improve the efficiency, effectiveness, and quality of immunization data practices by strengthening the immunization information technology infrastructure, and to enhance Metro Health's capacity to support and extend interoperability between its Immunization Information Systems and Electronic Health Record systems.

FISCAL IMPACT:

Metro Health is requesting ratification of a grant application submission and authorization to accept grant funds upon award in an amount not to exceed \$544,500.00 from the CDC National Center for Immunization and Respiratory Diseases, for a two-year period anticipated to begin in September 2014. Upon award, Metro Health will have two years to complete the project and the entire funding amount will be available for drawdown at project commencement. There are no cost sharing or matching funds required for this grant.

RECOMMENDATION:

Staff recommends ratification of the submission of a grant application to the CDC National Center for Immunization and Respiratory Diseases and the acceptance of grant funds upon award in an amount up to \$544,500.00 for a two-year period anticipated to begin in September 2014 for Immunization - Capacity Building Assistance for Infrastructure Enhancements to Meet Interoperability Requirements, which is financed in part by 2014 Prevention and Public Health funds.