

Transcript for LHD Data Sharing Webinar on July 18, 2024

Good morning everybody. Welcome to the local health department data sharing webinar.

My name is Kevin Allen. I am the Director for the Texas Immunization Registry. I'll be speaking, starting off today, just providing a brief overview and also, I'll hand it off next to Atisha Morrison, who's the Epidemiology and Intervention Group Manager. And then after her will be Dr. David Walker, who's our data scientist.

And Maria Herrera will follow up after Dr. Walker. She is the IIS Interface Analyst on our interoperability team. Next slide, please.

So today, as I stated, I'll just be giving a brief overview of where we've been and where we're going with data sharing.

Atisha and David will be speaking to the data elements and the data use specifics, and then the rest of the training is centered around Maria explaining where to go to get the file, who has access to the file, and all of the specifics related to the secure FTP, which will be the process of getting your monthly data sharing file at your local health department.

And then we'll have, we set up some time at the end for any questions and answers that we can provide.

We had asked that during the training session, you can go ahead and enter your questions into that option there, that window, just type in your question and my staff will be answering those questions as we go along, so feel free to ask at any point during the training webinar.

I will state that there will be a, one of these webinars, we had one yesterday. This is the final one today. One of these webinars will be archived and posted on our website at DSHS for anybody to view at a later time.

We won't be sending out the slides directly to everybody, but the presentation will be available online for you to pass on to others or go back and review anything as needed again. All right, next slide, please.

Overview

So, the overview, next slide.

Where have we been? So, prior to this year, the only data that could go out or that we could disseminate out was de-identified aggregated data, other than your own.

I mean, at any point in time, you were able to get record level data at any given point in time, either directly through the web application or requesting, submitting a data request to our office. But you could only get the data that for the clinics that you operate, you couldn't even get it for the providers that are within your jurisdiction. It's unfortunate, but that's what we were restricted to prior to this year.

So as a result of COVID and getting record level data during that public health emergency, it was revisited again and we wrote a memo which was reviewed by Office of General Counsel, our attorneys, and Dr. Shuford. And the memo basically allows us to share that record level data with you under your current memorandum of understanding.

It does not require a new MOU to be signed, which is nice, and also allows you to get the record level data for everything within your jurisdiction, all providers in your jurisdiction, so it's giving you the data that you need to do the work that y'all do, the great work that y'all do out there.

So, what that entails, and they'll be explaining some of those things a little bit later, and after me, Atisha will talk to what the data can be used for specifically and how it should be used.

Okay. I will state that, next slide, sorry, that this training is specific to getting you the data in a workaround fashion. This is not going to be the way the data is going to be disseminated in the future. We wanted you to get your data as quickly as we could after that memo was signed. So, this is the quickest way that we could think of was to get it through you through the secure FTP process, which many of your local health departments are already familiar with.

So, the final phase where you will actually be getting the data, self-serving yourself, log in and get the data, will be through our State Health Analytics and Reporting Platform. We call it SHARP for short.

That's coming in September, early September, and there's going to be some communication, some emails that will be going out to that effect telling you

when it's coming, training sessions to register for those training sessions, because it's a completely different process than what we're covering today.

All we're doing is giving you access to your raw data file.

When SHARP application, everything it transfers, transitions over to Sharp, that will be basically, it's a Tableau front end.

It'll give you a dashboard that shows you some key performance indicators specific to your jurisdiction, it'll provide the coverage rate for your jurisdiction, and you'll be able to obtain the data directly, you'll be able to filter and sort and do all kinds of things that you will through the dashboard.

But again, there'll be training sessions coming in the next month. So be on the lookout or tell individuals within your department to be on the lookout for an email to this effect and make sure it gets disseminated to the proper people that need to attend those trainings.

So, once we transition to sharp, this FTP process will be decommissioned. It'll go away. The folders and everything, so don't try to use it once SHARP is available. This is only meant to be temporary and provide you, it looks like maybe the next two months' worth of data before it transitions to SHARP.

If there's any delay, getting it transitioned to Sharp, everybody will be notified. So again, this is only covering the secure FTP process.

Every LHD should have received their secure FTP credentials, login credentials yesterday. They were sent out yesterday. It is in an encrypted file, and it's different than your standard secure FTB credentials.

If you're submitting via data exchange or have been receiving error files or data quality files from my team, it's not using that particular connection.

This is a separate connection specific to this purpose of sharing data with the LHDs. There's only one folder. It's a root folder.

Once you log in, you're going to see your file. And Maria will be explaining that process towards the end of this.

So again, it's very important just to remember this is a temporary workaround just to get your data to you much as quickly as we could before the SHARP implementation comes in in September. So, with that said, that concludes my overview and I will pass it over to Atisha.

Data Elements and Use of the Data

Awesome, thank you, Kevin.

Good morning, everybody. My name is Atisha Morrison and I am the Epidemiology and Intervention group manager here within the immunization section and myself and Dr. Walker.

In this next section, we'll be talking about the data elements and the use of the data. Next slide, please.

So, when we look at, there's going to be a lot of data for a lot of you in this file. And so, we'd like to give just some brief overview of the goals of what we'd like to see the local health departments do with this data. And then the main goal is to monitor the efficacy of local and statewide vaccine initiatives and programs.

Hopefully, this data will be really helpful for y'all when you've been either conducting existing initiatives within your community, say increasing MMR coverage rates for certain age groups or increasing flu coverage for the entire community, that this data can be used to inform not only your internal group, but also stakeholders and leadership within your community and jurisdictions.

But we have some other sub-goals that we wanted to bring up as well, with the first one being:

Implement and evaluate initiatives to improve immunization coverage rates with an emphasis on children through three years of age or younger.

The children through three years of age or younger is really a call-out to specific language within the immunization contract, but also here at the State Health Department, we do goals within our strategic plan to increase the seven series coverage rate for kiddos at that two-years-of-age.

And so of course we want to make sure that all people are covered from, and protected against, vaccine preventable diseases but also thinking about those populations that are most vulnerable and most impacted by vaccine preventable diseases.

The second subgoal would be to:

Conduct quality improvement assessments of the Texas Immunization Registry organizations.

This can look like potentially organizations not reporting into the Registry at all, and so conducting outreach to an organization or specific clinics to potentially understand what their barriers are to reporting within the registry.

It could also be that organizations are reporting using the Registry, but when you're looking in these files, there may be a mismatch in what they're saying they're reporting and what we have within the Registry.

So, also being able to provide some context there, potentially some technical assistance, and also reaching out to us if there's any way we can support those organizations or you with those quality improvement assessments.

And then the last sub-goal would be to:

Provide education and outreach activities regarding the Texas Immunization Registry.

While you're looking in this data and analyzing it, you may start seeing trends where certain parts of you're into the registry. So that might be an awesome opportunity to provide outreach to those areas, either through organizations or through satellite clinics or your other stakeholders within your jurisdiction to ensure that folks are aware of their registry and how this can be a tool for folks to be able to track their individual vaccination records. Next slide, please.

Best Practices of Registry Data Use

So, some other best practices that we wanted to communicate and strongly encourage local health departments to follow is the first one.

First Best Practice:

Analyzing the data set individually and not linking the records from one file to another or other record level identifiable data.

We're aware that at the local health department level, y'all may have a lot of access to other data sources that will give you the same level of granular information.

So, we want to ensure that as y'all are analyzing this data, that you are drawing inferences just from this data set.

The data will be provided monthly to y'all. And as we know, data can change. This is a live database. And so even within the data itself, we will see client record merges, consent withdrawals, and unfortunately deaths of patients. And so ensuring that you're just drawing inferences and analyzing this data set in itself and not linking it to other sources.

Second Best Practice

The second best practice is using this data to perform community level or organization level outreach instead of outreach at the individual level.

So, if as a community or a jurisdiction you all are considering trying to increase flu coverage rate, for example, is there areas of your community at the zip code level where coverage lags behind the rest of your jurisdiction?

That would be an example, or again, maybe you have organizations that are not reporting, being able to provide outreach to that organization level to encourage them to use the registry and report those that data into the registry.

Third Best Practice

And then the last best practice is releasing data to the public in compliance with Health and Safety Code G to safeguard protected health information and not facilitate the identification of any one person.

As you all or your staff start analyzing this data and start breaking it down to even further granular level, say at the zip code level, you may start seeing counts that would potentially identify a person in that area.

Here within the section, we do have a data suppression policy that suppresses counts anything less than five after using a certain level of geographic area or demographic variables if those are used in combination.

And so we understand that other local health departments may have their own suppression policies, but we do want to stress the importance of using a suppression policy when counts are under five for certain analyses.

And just keeping in mind that we want to safeguard this PHI or here of course at central office, but also as you are analyzing this data, because these are health records and we don't want to release any information, again, that may identify someone or be a breach of that information. Next slide, please.

Data Frequency and Inclusion Criteria

So, the data frequency and inclusion criteria, as I've already stated:

Data Frequency

This data will be provided monthly by the second Monday of the month.

Inclusion Criteria

The data that you will see within this file will include all vaccines for all age groups for consented clients in the registry from years 2018 to 2024.

And this data will also include the new infant respiratory syncytial virus or RSV Therapeutic, Bayfortis, or Nirsevimab, and will also include COVID therapeutics for the disaster-consented clients only. So, you will also see that data in there as well. And at this time, I'd like to turn it over to Dr. Walker to go over the data elements.

Client Data

Thank you, Atisha. I'm David, your friendly neighborhood data scientist. Now that we know how to use the data or what we're allowed to do with the data, I'll quickly go over what will be delivered each month. Next slide, please.

Only Consented Data

First, and most importantly, only consented data is retained in the Registry and therefore is the only type of data that will be delivered in these reports.

Highlighted on this slide are the standard consent types, ImmTrac adult and ImmTrac child. A client with either type will have their standard immunizations reported. In the event that they also gave disaster consent, both standard and disaster immunizations will be included. Next slide, please.

Speaking more to disaster consent, there are several clients who will only have their disaster immunizations reported. These are those with disaster consent only and pending adults with disaster consent. In both cases, only immunizations in response to a disaster event will be reported.

And as a special reminder, at this time, the only disaster immunizations to be reported are those administered during the COVID-19 public health emergency. COVID immunizations after June 15th, 2023, are part of the standard immunization reporting.

Data Elements

Next slide, data elements will be contained in each report. The data is divided into four main categories:

- Client demographic data,
- Client address data,
- Immunization data, and
- Provider data

There is a lot on this slide, so we'll briefly go over some highlights, but I will be providing a data dictionary each month with the data delivery that has a detailed report of what each data type is, its descriptor, and an example of what the data looks like.

Client demographics allow you to follow a particular client through all immunizations reported. The **client ID** is unique to each client, so every time there is a vaccination event related to that client, you'll see that client ID.

Client address data will allow you to track immunization coverage over a geographic area down to the zip code level.

Immunization data will be used to determine coverage on a per-client basis.

- The **Immunization ID** is a unique ID for each immunization event.
- The **Immune Fact ID** is specific to each row in the file delivered.
- **Vaccine ID** and **CVX** are specific to each vaccine administered.
- **Vaccine group** describes the vaccine family that the vaccination belongs to, such as MMR or flu.
- The **ordinal position** describes the order in which the vaccination occurred during a vaccination series. For example, is it the first, second, or third MMR dose for the client?
- **Age in months** is the age of the client when they receive their vaccination.

Finally, the **Provider Details** provide information on the provider that administered the vaccine. While most fields are self-explanatory, I'd like to highlight the "Given By Org ID" and "Responsible Entity".

- The **Given by Org ID** is a unique identifier for each provider. So, each vaccine that they administer you will see the Given by Org ID for that provider.
- Also, you'll see the **Provider Name** and **Org Code** or short name that you might be useful.
- A **Responsible Entity** is the descriptor of which LHD has jurisdiction over that provider.

The vast majority of providers you will see in your report will fall under your jurisdiction so you'll see your name there.

But there are several clients that receive vaccinations from providers outside of your jurisdiction, so expect to see some other LHD names there occasionally. Next slide, please.

File Specifications

Each month the data will be shared as a CSV file. Now, while Excel does support CSV files, it is likely that your data is too large to be opened and viewed in Excel. You are encouraged to use other programs such as SAS, Python, or R to work with the data. Alternatively, Notepad++ can be used to import the file and break it down into smaller files for viewing and parsing in Excel, if you like.

As a final note, I'd like to remind you that there will be a data dictionary covering each of those fields, even the ones I skipped over on the last slide, with a descriptor and example so that you can easily work with the data.

I'd like to thank you for your time and hand it over to Maria.

POC Responsibility for Secure FTP Access

Thank you, Dr. Walker. Good morning. My name is Maria and I'll be going over your FTP account. Next slide.

Purpose of Secure FTP

- The purpose of the Registry FTP data sharing with LHD's is for the Registry to share granular immunization data with the local health departments for their jurisdiction.
- Any protected health information from the Registry must remain confidential.
- The ImmTrac2 Interoperability team creates the secure FTP account with the username and password, allowing the LHD's to log into the account.
- The secure FTP username and password are emailed securely to the organization's ImmTrac2 Point of Contact. Next slide.

Where to Find POC Information

To find the organization's ImmTrac2 Point of Contact, you may use our lookup tool at the workbook provider lookup.

There are four different options to search by. However, I would like to discuss searching by the:

- Org code, which is a combination of four letters and four numbers,
- Or by using a PIN number, which is a six-numeric combination. Next slide.

Once you have found your organization, hover your cursor over that green icon to see the organization's ImmTrac2 Point of Contact, Texas IIS number, phone number, and address. Next slide.

If the person designated to receive the data is different from the ImmTrac2 organization POC, contact the organization's ImmTrac2 Point of Contact to obtain access to that file, and a change in organization's point of contact is not required.

If a change in the organization's ImmTrac2 Point of Contact is required, then a site renewal must be completed, which may take up to 14 working days.

Please note, only the organization ImmTrac2 Point of Contact may request a password reset for the secure FTP folder.

To request a reset, the ImmTrac2 Point of Contact will need to send an email request to ImmTracMU@dshs.texas.gov. Next slide.

Accessing Your FTP Account

We have two methods of FTP account access. You may access your FTP account in one of two ways:

- Online and the Registry's FTP website or,
- By a third-party application installed on your computer.

This webinar goes over the first method, accessing through the Registry's FTP website. Next slide.

How to Access the Registry's Secure FTP Website – Steps One and Two

- First, we'll ask that you go to the Texas Immunization Registry Secure FTP website transfer client link listed below [Web Transfer Client \(state.tx.us\)](http://webtransferclient.state.tx.us);
- Enter the assigned FTP username and password, and click the "Sign In" button. The organization's ImmTrac2 Point of Contact was previously emailed the login information and is responsible for keeping this information secure. Next slide.

Secure FTP Account

On this slide, you can see what the FTP website will look like when entering the username, password, and selecting the "Sign In" button. Next slide.

How to Access the Registry's Secure FTP Website – Steps Three and Four

- Once successfully logged in, the home page of the FTP account and FTP folder are available for viewing.
- To log out, select the sign out link located at the top right of the website. Next slide.

Accessing the Monthly Data Sharing File on Secure FTP

Once logged in, the ImmTrac2 contact will see the home screen with the root folder and the data file, as you see in this image. At the top right, you will see the change password and the sign out link. Again, to sign out, you would select the "Sign Out" link. Next slide.

To view your file, select file name, and the file will appear in the Downloads menu window near the top right of the screen. Open and save the file. And as a reminder, please ensure to save the file in a secure location due to the PII contained within that file. Next slide.

Changing your Secure FTP password.

1. Once you receive the FTP credentials from the Interoperability team, please change the password. Select the Change Password link on the top right of the webpage.
2. The Change Password information will display and the Secure FTP username will pre-populate in the username field.
3. Enter the current secure FTP password in the "Old Password" field. Reminder, this will be located within the secured email that was sent.
4. Enter a new secure FTP password in the "New Password" field.
5. Enter the new secure FTP password in the "Re-enter the New Password" field.
6. Click OK button to finalize the new password.
7. The password will change and the user will return to the home page. Next slide.

Requirements for the FTP Password

Just as a reminder, the FTP password must meet the below requirements when creating a new password or changing the password:

- Must have a minimum of eight characters long,
- Include two numbers, and
- Include one special character.

Next slide.

Password Resets

An FTP password reset should be requested when the FTP password is not known or there has been a change in the ImmTrac2 Point of Contact for the organization.

To request the new password, contact the interoperability team via email or phone.

Resets are only processed if the organization's ImmTrac2 Point of Contact confirms or approves the request. Next slide.

Once the request to change the password is finalized, the Interoperability team will send a secure email like this example.

Communication on the Secure PHDS FTP Folder

The email will go to the ImmTrac2 contact. It will contain the username, password, the FTP link, and the reminder to change the password upon successfully logging in. Next slide.

Need Assistance?

If you should need any assistance, please call ImmTrac2 Customer Support at 1-800-348-9158, Monday through Friday, from 8:00 a.m. to 4:30 p.m. You can also email ImmTrac2@dshs.texas.gov.

Or for data exchange questions, you can email ImmTracMU@dshs.texas.gov.

Please note that when requesting assistance related to data sharing, please include in this subject line 'PHDS' or 'Data Sharing File' so that we can properly disseminate that email to the proper individual. Next slide.

Thank you.

This concludes my presentation, and we will now begin to answer any questions that you may have.

Questions and Answers

Thanks, Maria. This is Kevin again. Okay, so there was only one question this far based off of all the information that we covered. If there are any questions, please put that question in the question window and we will respond.

A couple of things I will just briefly recap of importance and want to stress the importance of these things.

- Again, this is a temporary solution, once SHARP goes into production, then that will be the process for getting your monthly file. There'll be communication coming that explains how, when, and what time those trainings will occur, and that training will encompass how you get access to SHARE to get that monthly file as well. So be looking for that communication coming out sometime next month.
- The other important thing is the credentials solely go only to the ImmTrac2 main Point of Contact that Maria was describing.

So, if you don't know who that person is at your department, you can go to that look up screen and find the name and contact information. You would reach out to them and work out however you need to at your department on

who's going to log in to retrieve that file and get it to the people that need it accordingly.

What we do not want to have happen is several people from the same department contact my office and want to change them. They want themselves to be the main point of contact. That's just gonna cause a lot of extra work for everybody, you and us as well.

So, if you can, if you can coordinate with the existing main point of contact for ImmTrac2, please do that, that's going to be the quickest way to do it. If it happens that the main POC is no longer there, then that's a problem, right? Then those you would need to contact are my office.

And they can tell you the process of changing the POC, which is essentially having to submit a renewal, a site renewal form to get that main point of contact in. So, keep that in mind as well.

If you run any problems or have any questions related to the person responsible for getting the file, you can contact our office. You can back up to the contact information a couple of slides back, Natisha. Yeah, right there.

So again, if it's just access to the FTP server, password reset, and questions about the file itself, you email ImmTracMU. If it's questions about the main POC and you are needing to change them, then email ImmTrac2@dshs.texas.gov.

That's very important to do and make sure, as we stated, you know, if you put PHDS or 'Data Sharing File' or, you know, something to that effect that will indicate to the team and make sure it gets to the proper people that can assist you in the quickest way you got.

So, another question came in. If you haven't received the secure email and you're listed as the POC, again, check. You always check that junk folder, trash folder. You know, sometimes it may not go through.

If you did not receive it, for sure, after checking everywhere and checking the main POC is the only one that's going to receive the credentials again.

So, if you check with the main POC or if you are the main POC and never received it, send an email to the ImmTracMU email address, tell them which LHD you're from and that you did not receive the data sharing file secure FTP credentials, and the staff will resend them to you as quickly as possible.

The other thing that was mentioned and I just throw it in as a thought, is that when Dr. Walker was talking, he was speaking to different applications that you could use or tools that you could use for analyzing the file.

Those are just some of the common ones that we use here at DSHS office. We're not telling you to go out and purchase those or, you know, use those. It could be any of those data analytical tools that are available or maybe your department already has one that they use. It's fine as long as it can intake that CSV file and then you're good.

If you have questions and you utilize one of those applications, you're always welcome to send an email to us at ImmTracMU, and we can help you troubleshoot as much as we can.

If we start getting a lot of feedback and calls for assistance with specifically to the monthly data sharing file, we may start an office hours type meeting, working session to troubleshoot, do Q&A, assist where we can with you if we start getting inundated with a lot of requests for that.

Even if you want to submit an advance request saying, hey, it would be nice if you can kind of walk us through, you know, kind of a step-by-step or a guide through looking at the file or doing some real quick, you know, types of analysis on the data file, send that to us and we'll coordinate and either if there's enough people to pull in a meeting, separate meeting with those individuals, we'll do so.

If it's just one or two people, then we'll, you know, do it that way. But we're here to assist you with the file, but again, this file is for a long time. I've been here 24 years. Several LHDs have been asking for this file, you know, almost all of that time frame. So, now it is available for you and your epi's or data analyst to pick apart and look and use.

So, you can target whatever initiatives your department has, which ultimately we all know that the current coverage rate is extremely low due to COVID and just everything in general.

So, we all know that we need to get those vaccine rates up for everybody and hopefully this file will help you to get to where we actually need to be.

Let's see, I think we have another question considering purchasing a program to view the data? Should we anticipate that this will only be a temporary expense until the new state system rules out?

That's a good question. I can't speak for the use.

It's the state health analytical and reporting platform is going to help you look at it at least initially. And everybody's going to get the same dashboard just for your jurisdiction, right?

It's going to show your seven-series coverage rate right off the bat.

There's going to be a few KPIs, key performance indicators that will be at the top of the page.

And you can use that online application to change the graphs and, you know, visual data visualizations as you see fit.

So, you could essentially use that to some extent in lieu of purchasing a separate program. But again, there may be a need or a use for something separate from that because you will be able to download your data from SHARP to slice and use however you see fit at your department as well.

So, there still may be a need to have a separate software to do those data analyses.

When will the files become available through FTP? So they, I have not verified this morning, but David, can you fill in everybody? Have they been uploaded to the folders yet?

They have not been uploaded yet, they should be uploaded by the end of the day tomorrow.

Okay, there you go.

So, you can start looking for the file, but I would say as soon as you can coordinate with the POC, just make sure you can log in, not a problem logging into the secure FTP. And that way you're familiar with it and just be looking because there if you log in successfully now, you'll have to change the password like Maria said, so go ahead and do that and then you can check back tomorrow at whatever time and see if you got a file in there. But there shouldn't be anything in there until David uploads the file and the data dictionary. All right, let's see. I think that's all of the questions so far.

I think we answered all of them. All right, that is really it. We allotted a lot of extra time just to answer any potential questions that we had. And certainly, even after the webinar is over, if you think of a question or after talking with your counterparts, y'all have a question, send the question to us.

Again, send it to ImmTracMU specific to questions related to the data sharing file. It's fine if you send it to ImmTrac2 but make sure you indicate that it is a question pertaining to the data sharing file or a PHDS as we call it for short.

Gotta have an acronym for everything to make it shorter. So that's 'Public Health Data Sharing' is what that stands for.

So, if there's no other questions, we really appreciate your time and attention to this very, very important announcement for us. This is a major thing that the DSHS has done, especially, like I said, historically, this has never been done. And Dr. Shuford, our commissioner, is actually very data-driven, and so this was one of her initiatives, to get the local health departments the data that they've been requesting for years. And now it has actually happened. Like I said, I've been here since 1999 and we've never done this before outside of COVID. That was the only time, but then it was only COVID data. It wasn't all vaccine data.

So, it's a major, major, major step and we hope that y'all find it very useful and beneficial. And please provide us feedback on anything, good as well as bad. All feedback is good for us to know if you have problems, questions and things of that nature and we'll relay those things up the chain of command all the way to the commissioner. That's all we have.

Again, appreciate your time and all the work that you do, great work that y'all do out there at your local health department jurisdiction.

Appreciate y'all. Take care, have a wonderful weekend, and be safe. Thank you. Goodbye.