Transcript for
Bidirectional Data Exchange Testing

March 8, 2021

>> The broadcast is now starting. All attendees are in listen-only mode.

>> Rodriguez: Closed captioning for this presentation is available at the following link: https://tcc.1capapp.com/event/dshs/. The link will also be provided in the chat.

Hello, everyone. I will be the main presenter today. My name is Yiuliana Rodriguez, and I am an interface analyst with the Texas Immunization Registry. Today, joining us for the question and answer portion after our main presentation is Jonathan Patterson, an interface analyst. At the bottom of the screen, you will see an option for submitting questions. Please submit your question there, and we will address and answer those questions once the presentation is complete.

Today we will be discussing the testing phase for bidirectional data exchange with the Texas Immunization Registry. We will be using abbreviations and acronyms for some of the terminology in this presentation. BiDX will be short for bidirectional data exchange, registry will be used for the Texas Immunization Registry, orgs will mean any provider, healthcare entity, or other organization that participates with the registry. EHR will be used for Electronic Health Record Systems. And POC refers to your organization's registered Point of Contact.

We'll be discussing a variety of message types that can be sent to the Registry. Affirmation messages are message types that add a patient to the Registry with consent to store their records. They come in two different types, HL7 or flat files. We discussed these in detail in a previous presentation. QBP messages are short for query by parameter, and these messages request the immunization history of a patient. VXU messages are short for vaccine history update, and they add new immunizations to a patient's record in the Registry.

The topics we'll cover today include preparation for testing, testing scenarios, troubleshooting, and completion testing. Preparation -- bidirectional data exchange testing ensures that Your connection to the Registry is set up and working correctly, your HL7 messages are formatted correctly to successfully request and/or add records, your EHR is working the way you expect, and your workflows are ready for BiDX.

The goal of bidirectional data exchange testing is to complete all testing scenarios without any errors. To begin testing, your organization will need to identify your bidirectional data exchange testing team. Your team must consist of a mix of staff from both your organization and your EHR vendor. The EHR vendor cannot conduct all the testing for you, nor should you attempt to test without your EHR vendor's involvement. This is a joint effort. The team should also include

subject matter experts who are familiar with your EHR and immunization documentation. Ideally, your SMEs should also be familiar with the ImmTrac2 website.

This team must be available for at least four weeks of testing. This includes availability to run test scenarios, troubleshoot, and attend any meetings that may be needed. You must also identify who on your team will need access to view records in ImmTrac2 Test. This will likely include your SMEs. The Registry will need this information to set up their testing accounts. In addition, to identifying your testing team, you must also ensure that your EHR is fully prepared for testing bidirectional data exchange functionality, such as all necessary updates are in place, any new hardware needed has been installed, and the interface setting is ready to be configured.

Once your team has been identified, and you've confirmed that your EHR is ready to go, the Registry will provide you with several resources for testing. The testing web service credentials will be sent to your point of contact. This will include the web service URL for connecting to the Registry's testing environment. Your EHR vendor will need to configure your interface settings with this information. Individual ImmTrac2 test account information will be sent to the people you identified as needing access. Your entire testing team will be sent the test plan and test patient list.

The test plan contains a list of all scenarios that your organization must test. Each scenario must be completed successfully at least once. The test patient list contains a list of specific patients you will use for testing. QBP-only organizations will be provided a full list of patients needed for Testing. VXU sites will be provided a single patient needed for testing a specific scenario. All other testing patients will be provided by the org themselves.

Now let's discuss the types of test scenarios you will encounter. On a quick note before we begin –- while the Registry will provide you with a list of testing scenarios that must be completed, your organization is free to conduct any additional testing it might feel is necessary during your testing window.

The first test all organizations will be asked to perform is a connection test. A connection test is a simple test where your EHR will send single messages to connect to the Registry and the web service credentials are correct.

The next type of Testing you may be asked to perform is affirmation testing. This type of test only applies to orgs that intend to send VXUs and vaccine update messages. During affirmation testing, you will be asked to send affirmation messages for each of your testing patients. You will need to send affirmations for a variety of different patient types, including various types of registry consent. These will be the same patients you will use for the rest of your bidirectional data exchange Testing. After you submit each affirmation message, you will need to review the response message you receive back for any errors. You will also need to log into ImmTrac2 Test to verify that the patients appear in the Registry and everything was added correctly.

The next type of test which applies to all orgs is QBP query testing. During QBP testing, you will send query messages for each of your test scenarios. You'll then review the response you received from the Registry for any errors. You'll review the records that were received in your EHR to ensure they look correct, and then you will compare those results to what is recorded in ImmTrac2 Test.

The final type of test is VXU testing. During VXU testing, you will create new records in your EHR for each test scenario. You will then send your VXU messages to the Registry. This is a good time to review how sending messages will work and fit your organization's workflow. Will messages be sent automatically, or will your end-users need to trigger them somehow?

Next, you will review the response from the Registry for any errors. You should also review how your end users will be aware of any errors. Will there be notifications? What will they do if they receive an error? Finally, you'll compare the records you sent from your EHR to the patient's record in ImmTrac2 test. Now let us review some troubleshooting tips to keep in mind while testing.

The most useful tool at your disposal is the Data Exchange Error Guide. This guide contains a complete listing of all the Registry errors and an explanation of what each means. The guide also suggests solutions to many common errors. Once you understand the error you are receiving, the first step you should often take is to review the documentation and double check the scenario you are running to ensure there were no errors in how you performed the test. You should also review all errors with your EHR vendor. There may be changes they can make that you do not have access to. Finally, if you and your EHR vendor are unsure how to resolve an error, contact the Registry for assistance.

And now we'll cover how to complete Testing. As you have drawn near the end of your Testing, your organization will begin planning your intended "go-live" date. That is the day you plan to start sending real patient records to ImmTrac2 via bidirectional data exchange. Communicate this goal with the Registry.

Once you have successfully completed all of your test scenarios, you will contact the Registry to request a review. Provide the Registry with a complete list of all test patients you added to the Registry. And provide a list of each test scenario for each patient. Note that you only need to list the scenarios that the Registry requested. The Registry will then validate your test results. If the Registry is satisfied, your team will then be notified that you have successfully completed Testing.

One final note about Testing. The testing activity may be reflected in your TIPS (Texas Immunization Provider Summary) report. It would be best if you disregarded the Data Exchange Activity section of your TIPS report for the month of your Testing. This concludes our presentation on bidirectional data exchange testing. Our next and final presentation will be covering entering production with bidirectional data exchange. Thank you.

>> Patterson: Okay. So, we have quite a few questions coming in. So, our first question here, is consent info required data for ImmTrac to accept non-COVID immunization data?

>> Rodriguez: So, for COVID immunizations, consent is not required. The registry will automatically store the COVID immunization for five years. If consent is collected, it would have to be the disaster consent. And that would allow the registry to store the consent for the patient's lifetime.

>> Patterson: And for non-COVID, consent is required still. So, next question. How do we initiate a request to have bidirectional data exchange created between our EHR vendor and ImmTrac2?

>> Rodriguez: So, after your organization has completed the -- or has gone through the bidirectional readiness checklist, they would email ImmTracMU@dshs.texas.gov and request the ROI. The ROI would then be sent to the organization once they are deemed ready for bidirectional data exchange.

>> Patterson: Okay. Next question here. How can we get copies of this slideshow?

>> Rodriguez: The slideshow will be posted on our DSHS website under the training in the future, usually within a couple weeks.

>> Patterson: All right. Next question here. I'll summarize their question. Essentially, they're asking, once they begin the onboarding process, how long does it usually take to begin testing?

>> Rodriguez: So, once you've completed the ROI, one of our representatives will reach out to your organization to schedule the onboarding. And the onboarding usually takes four to six weeks.

>> Patterson: Yeah, and right now especially there is going to be a bit of a delay between the time you submit your registration, or at least express your interest in onboarding, and the time that we do the testing with you. Right now because of COVID, the registry is prioritizing organizations that are administering COVID immunizations and do not currently have any form of data. If you do currently have a working unidirectional FTP data exchange connection, you are going to be lower on the priority list because you have a working method currently of submitting those records. Or it may be a few months between the time you submit your interest is and the time we begin testing with you.

I think you already answered this one. This next question is, how long does the validation take.

>> Rodriguez: It can take anywhere from four to six weeks.

>> Patterson: Next question is, how many staff will be needed for UAT testing?

>> Rodriguez: That's depend on your organization. We usually recommend someone from your EHR vendor, the point of contact, and someone from your IT department. That is usually about three to five individuals.

>> Patterson: Yeah, and we also sometimes encourage you to have a clinical staff, some sort of a subject-matter expert who can also speak to what the staff will be seeing and how they'll be using the interface on their side.

So, next question. This feels like new onboarding testing. If a provider is already live with ImmTrac2 via batch, can this be fast-tracked at all?

>> Rodriguez: So, if your organization already has an FTP data exchange account, unfortunately it cannot be fast-tracked. It's a completely new onboarding. You still have to go through and complete the bidirectional data ROI and go through the whole testing phase.

>> Patterson: Yeah, ideally, because you already have an FTP account with us, requirements for HL7 are almost identical between the batch FTP and bidirectional data exchange. So ideally, you should already have most of the issues worked out ahead of time. So, your testing should go very quickly.

So, next question is, will test patients be used during testing?

>> Rodriguez: Yes. They will be test patients, not live patient data.

>> Patterson: All right. Next question here. All right. So, kind of deciphering the question a little bit. So, they're being told by their EHR that bidirectional data exchange is not yet available with ImmTrac. So, they're asking, is this an EHR issue?

>> Rodriguez: So, the registry is currently able to do bidirectional data exchange. So, if your EHR is letting you know that, you would probably want to contact them and ask them what the issue is.

>> Patterson: Okay. All right. We have a kind of long question. Let me read through it real quick here. Basically, this person is just asking about getting support. They're expressing concern that they have been reaching out to us, but they have not received a response. Right now, the registry does have a very high volume of messages coming in, especially emails. So, it is sometimes taking us a little while to get to those. We are working on improving our processes and speeding up that turnaround time.

I would just ask for a little bit of patience, but if you have an urgent issue, make sure to email us. Highlight in the subject line that it's an urgent issue and it should help us identify that. All right. More questions about the turnaround time for testing. Four to six weeks, usually. For COVID, we can actually speed that up a little bit. For COVID organizations, if you guys are ready, we can often get through testing in a week or so.

So, a question here is, is there a test scenario before affirmation testing?

>> Rodriguez: Could you answer that, Jonathan?

>> Patterson: As far as a testing scenario before affirmation testing, the closest we would have to that would just be a simple connection test. It would just be a simple ping message just to say, are we connected, and the system will reply back, yep, you're connected. And that's really all that is. Most of the testing -- the meat of the testing begins with your affirmation testing. A question here is, if we are doing only COVID, do we still need to test for affirmations?

>> Rodriguez: If you're only going to be submitting COVID data without consent, I don't believe we need to test for affirmations. But, Jonathan, you can

correct me if I'm wrong.

>> Patterson: Yeah, if you're not going to be sending any kind of consent with COVID, then that's not needed. We just test to make sure that you're sending the COVID records correctly, and that's all that would need testing. It's part of why testing goes so much quicker for COVID. If you do plan on sending disaster consent, we would want to test that to make sure it's working correctly, though.

So, a question here is, they're saying that we have multiple references throughout the presentation. Can organizations send from non-EHR vendors?

>> Rodriguez: I 'm not sure, Jonathan. Could you answer that? I've always worked with EHR vendors. I don't know if an organize is able to . . . If they have an IT department, I assume yes.

>> Patterson: Yeah, that's actually an issue that's been coming up pretty frequently lately. A lot of organizations are beginning to use non-EHRs for sending COVID records. And we can work with those non-EHR vendors. It does not strictly have to be an actual EHR. We tend to say EHR because it's the most common sort of software vendor that most of our providers use, but we do have other vendors that use other types of software that we can work with just fine.

As long as they're able to send HL7 messages and handle the bidirectional SOAP interface, then it's fine. Okay. So, we have kind of two questions here. So, this one is kind of related to what I was just saying. So, the first question is, do we need to have HL7 for this interface? And the second question here is, they're saying that they have two org codes for the same organization. How can they correct that?

>> Rodriguez: So, we do require HL7 for both FTP and bidirectional data exchange. And we do have two of the org codes and they are duplicates, if you have that, you would want to email ImmTracMU and request those org codes to be merged into one, so that you don't have any double data.

>> Patterson: Yeah. And if your vendor asks, we do have a specific version of HL7 we use. It's the most current version available from the CDC, which is 2.5.1, version 1.5. So, this person is saying that they have repeatedly requested the ROI and have not received it.

>> Rodriguez: So, again, our current inbox is -- we're working as fast as we can to get through all those messages, so we just ask for a bit of patience. And then like Jonathan stated, if you just -- if you highlight and put COVID, if you're a COVID org, so that we can give preference to those.

>> Patterson: Especially if we're requesting the ROI. We are prioritizing organizations that don't have any sort of data exchange and our COVID organizations. If you don't fall into that category, it may take a little longer before we send you the ROI. If you are in that category, make sure to highlight that in your request for the ROI.

So, this person here, they're asking about querying. Basically, they're asking if web services is the only option for queries.

>> Rodriguez: Currently, it is. We use web service for query and VXU.

>> Patterson: Yeah. We currently don't support querying through any other

method. So, the next question here is they're saying that they did the ROI already in ImmTrac. Is this a different ROI?

>> Rodriguez: Yes. The bidirectional ROI is not currently on our front-facing website or on ImmTrac. It would have to be emailed directly to your point of contact organization.

>> Patterson: All right. A person here is asking, how do we get access to the bidirectional WSDL?

>> Rodriguez: Once you have completed the ROI, someone will contact you to set up the testing. During your first meeting, they'll send you an email with all that information.

>> Patterson: Okay. Next question. When is the deadline to go live?

>> Rodriguez: I'm not sure there's a deadline. Jonathan, do you know?

>> Patterson: Yeah, as far as ImmTrac is concerned, there's no deadline on our side. You may have a deadline as far as your promoting interoperability eligibility. For that question, I would say talk to your PI coordinator. They should be able to tell you what your dates and deadlines are.

Okay. Another question here just asking who to contact for data quality questions. That would primarily be us, the ImmTracMU email address you see on the screen right now.

So, will the affirmation portion -- the consent affirmation portion of testing be required for bidirectional interface implementation?

>> Rodriguez: So, if your EHR vendor is able to send affirmation, we do test that during our testing phase. Currently it's not a requirement, but it is strongly recommended.

>> Patterson: Okay. So, if there are different entities under one organization, such as clinics or hospitals, would each one need to complete their own ROI, or would one ROI for the organization work?

>> Rodriguez: So, if they're under a parent and child hierarchy, only the parent would need to submit the ROI.

>> Patterson: Yeah, that's one of the reasons we put that on the bidirectional readiness checklist is to make sure that's all set up ahead of time, because it can take a little bit of time if you need to move around your parent organization and everything, to redo all those site renewals. So that's one of the first things you actually want to look at if you're interested in bidirectional, is make sure that's submitted correctly.

Where can we find the bidirectional readiness checklist?

>> Rodriguez: It can be found on our DSHS website. Do you have the link? I don't have it with me at the moment, but it's the . . .

>> Patterson: Yeah, I can post the link in a little bit in the chat.

>> Rodriguez: Thank you.

>> Patterson: Okay. So, a question here is, we currently use the flat file format for reporting new and historical immunizations. Can we use bidirectional for requesting historical data only, and continue to use flat files for reporting new immunizations?

>> Rodriguez: So, the answer would be no. Once your organization chooses to go bidirectional, they would have to be -- you can only have one data exchange. It would either have to be FTP or bidirectional. You can't do both.

>> Patterson: Okay. And I did just post a link in the chat to the readiness checklist. Okay. So, question is, is there a sandbox area that we can connect to and start testing with before the initial start of testing?

>> Rodriguez: No. We are able to create a sandbox, but that's only for FTP testing, not for bidirectional.

>> Patterson: When you do start testing, you'll be testing through our servers. But you only get access to that once we begin testing. So, is bidirectional data required for all practices?

>> Rodriguez: Sorry, could you repeat that?

>> Patterson: Is bidirectional data exchange required for all practices?

>> Rodriguez: So, again, that would be based on your organization needs. It's not required for the registry. You can continue to use FTP. But if you're trying to meet that interoperability measure, it is required.

>> Patterson: Okay. So, the question here is that they registered for FTP data exchange not realizing that it was different from bidirectional. How can they switch?

>> Rodriguez: You would go through the same steps. Just go through that bidirectional readiness checklist. Once you complete it, then you would request the ROI.

>> Patterson: Okay. I'll take this next one. So, they're asking -- so they're saying they are a software vendor. And they're saying they capture vaccine administrations. Can we do the testing once for our system, or do each of our customers need to do their own round of testing? So, we are working on streamlining some of our processes for that. In general, yes, each one of your customers would have to do their own testing.

But we understand that some EHR vendors are set up a little bit differently where you have a cloud-based solution where all of your customers have exactly the same build. If that's the case, let us know and we may be able to reduce some of those testing requirements for your customers. But in general, in most cases, each provider has to do their own testing.

Okay. So, this question here. For batch FTP submissions, we are not receiving any response on the content of the patient immunization file itself. I'd like to understand why. Hmm.

>> Rodriguez: I'm sorry they're not receiving any DQA reports. If you're not, you can just email ImmTracMU and include your organization's import code, or TX IIS ID, and we can further analyze what the issue is.

>> Patterson: Yeah, and if you're in testing, a lot of test organizations haven't been getting responses lately. My understanding is that was recently fixed within the last few days. So, keep an eye on that if you are a test organization. You might start seeing some responses coming back. Okay. So, we have site IDs for FTP. Can we use those same IDs for bidirectional, or do we have to reregister?

>> Rodriguez: So, when your organization moves over to bidirectional, your TX IIS IDs will stay the same, as well as the org codes.

>> Patterson: Yeah, that's part of why when you're going from FTP to bidirectional, testing shouldn't take very long, as long as everything is set up correctly.

Okay. So, the next question here is basically just a repeat of one of the earlier questions asking about parent/child sites. So, yeah, child sites do not have to register. It's all done through the parent.

All right. The organization is already set up for bidirectional, but our EHR requires extra configuration for QBP, that's query files. We have the ability to programmatically create QBP queries. How do we proceed with testing?

>> Rodriguez: Can you take that one, Jonathan?

>> Patterson: Yeah. In that case, just email us. Let us know that you do query testing. In most cases, if you're already live, you would have already gone live with query testing. But I know with some of our COVID sites we skipped that. So just go ahead and email us. If you have one of our direct email addresses, you're working with one of us directly, just email us directly and we'll set up some testing with you guys.

Probably just go through the same testing that we would normally do with anyone else. Query testing usually doesn't take very long, because you're just sending a request for records and we're sending them back. The main issue would be if something was configured incorrectly on your side.

Okay. Next question here. Can the bidirectional exchange happen for school districts that are not inputting vaccines? We are a school who just use ImmTrac.

>> Rodriguez: So, we do onboard school districts for bidirectional data exchange. It's usually just for querying, unless you are actually vaccinating, then we do VXUs. So, for schools, we usually just do the query testing.

>> Patterson: So, is there a CSV file upload option while we continue to figure out the batch FTP and bidirectional data exchange?

>> Rodriguez: So, no. We do not accept any flat files at the moment.

>> Patterson: Is there a specific version of HL7 that is supported?

>> Rodriguez: Yes. It's going to be HL7 2.5-1.

>> Patterson: And if you're looking at the different releases, I believe it's release 1.5. Okay. So, there was mention of a unidirectional FTP feed. Is it correct that the FTP feed could be used for bulk VXU uploads? Where are there more details on that?

>> Rodriguez: Can you answer that, Jonathan?

>> Patterson: Yeah. So, FTP data exchange is all about batch files. So, that's basically the entire structure of how FTP data exchange works with the registry. It's all bulk uploads. As far as details about that, if you are interested in starting from scratch if you don't have an FTP connection with us, I would suggest take a look at the data exchange resource guide. It kind of gives you that, kind of, complete overview of the entire process from beginning to end.

And I can post a link to that in a minute. So, if we have a batch FTP now, do we have to update to real-time VXUs with the bidirectional interface?

>> Rodriguez: That would be your organization's decision. You can stay FTP. Again, if you're trying to meet the promoting interoperability, then you would probably eventually have to move towards bidirectional data exchange.

>> Patterson: Okay. And I just posted a link in the chat to the data exchange resource guide I mentioned. Okay. Once the validation process is completed, do we need to validate again, such as bi-annually?

>> Rodriguez: No. Once you've completed testing, we don't do validation again annually.

>> Patterson: Will we need to send tests from our test environment or from production?

>> Rodriguez: So, when you're doing testing, it would be from your test environment. You won't send any live data until you move to production.

>> Patterson: Do you use CDC web services recommended for QBP?

>> Rodriguez: Yes, we do.

>> Patterson: Can we repurpose the batch FTP IDs that we have for bidirectional testing?

>> Rodriguez: If you're referring to the TX IIS IDs, they will stay the same once you move over to bidirectional.

>> Patterson: Question here. Basically, just asking if we plan on doing webinars for the unidirectional FTP data exchange as well.

>> Rodriguez: I believe the FTP webinars have already been completed and they are posted under our training, under the DSHS website.

>> Patterson: Yeah, we've already gone through most of them. I believe the most recent one, which is actually the testing for FTP, may not be up just yet. Usually it takes two or three weeks for it to be posted, so it should be up there sometime soon.

Next question is, will affirmation testing involve the use of the PD1 segment?

>> Rodriguez: So, yes. It just depends on how your organization is planning to send affirmation. If they're planning to send it in the HL7, then we would do testing for the P1 segment. If they're planning to send it via the web service, then we would do testing via web service affirmation.

>> Patterson: Okay. Next question here. We are receiving an error code of file not able to transfer. Where can the POC access the log and information to view the reasons for the error in the web transfer?

>> Rodriguez: Jonathan?

>> Patterson: So, if you're talking about FTP data exchange and your POC needs the actual log-in for the data exchange website, they would have to email us at ImmTracMU@dshs.texas.gov. Generally, we often don't have the actual passwords. A lot of times we don't keep those. So, we may need to do a password reset. If that's the case, at the point of contact would also coordinate with your EHR vendor. Sometimes the vendor has that password on file and can give it to them. That may be a better approach, that way you're not changing the password.

If we do change the password, the POC will need to make sure the vendor is aware that the password is changing, because that will actually break the connection.

Okay. A lot of these we've already answered. Let me see if I can find another question here. Okay. So, a question here. Is data exchange basically replacing the requirement to manually report data to ImmTrac?

>> Rodriguez: It's not replacing it, it's just another option. So, you would be able to report to ImmTrac manually via FTP, or bidirectional data exchange.

>> Patterson: Yeah. If you go to bidirectional, then there's really no need for anybody at your organization to manually enter anymore.

We've gotten a few questions here about immunization history query files, the IHQ files, basically asking if they are going away, and if bidirectional is replacing them. Yes. So, later this year, I believe right now the plan is -- I'm trying to remember off the top of my head. I believe it's June, IHQ files are going to be going away. If you are using those files, we encourage you to begin transferring over to bidirectional using HL7.

And you can email us and we can work with you on that process. All right. Question here is how can I check to see if we are already set up for bidirectional data exchange?

>> Rodriguez: You can just email the ImmTracMU and request the information.

>> Patterson: Yeah. And usually one of the easiest ways to find out for yourself is check your EHR. If you're able to pull your patient's histories into your EHR, then that means that you have bidirectional data exchange already. That means that your EHR is actually reaching out to the registry to request those records from us.

Okay. So, again, we've gotten through a lot of these questions, so I'm just trying to find something that we haven't answered yet. Okay. Some questions about asking if we can post the WSDL. That should be fine. I should be able to go ahead and post the link in the chat so you guys can take a look at it. All right. There's another long question here. Let me check this one real quick. So, yeah. We've got a question from one of the public health departments asking about running reports.

You'd want to talk -- it looks like you already tried reaching out to ImmTrac2@dshs.texas.gov. That's generally where I would direct you, because they usually handle those questions. But if you're not getting a response from them, go ahead and email us at ImmTracMU@dshs.texas.gov and we can try to help you out there. Let's see.

So, the question, who would be the person to provide the log-in information for our data exchange account?

>> Rodriguez: So, with the registry, we provide it to the point of contact. The point of contact would then forward that to their EHR vendor.

>> Patterson: There we go. So, I just posted a link in the chat to the training domain WSDL. That might not be the domain that we actually use with you, but it's going to be the same basic WSDL. All right. So, the question is asking about the TIPS report. They're saying, why does our TIPS report not have a date on it anymore? Why do the immunizations accepted and rejected not equal the immunizations submitted?

So, that one . . . Yeah. With questions about the TIPS report, generally I would tell you to contact ImmTrac2. I know that there's been a lot of -- the TIPS report is constantly changing. I know that they're always doing updates to it. So generally, I would say to contact ImmTrac2@dshs.texas.gov. Again, if you're not getting a response from them, you can always email us at ImmTracMU as well, and we can try to look into it and see what's going on.

Okay. So, once testing is completed, will we still have access to the test environment for EHR upgrades and software changes?

>> Rodriguez: No. So, once the testing is completed, we close out the testing environment. So, you wouldn't be able to access it anymore.

>> Patterson: Yeah. We can always let you back in if you have some sort of reason that you need to perform testing, such as in those cases that you mentioned. Those would be good examples. You would just email us and let us know you plan to do some testing and we'll unlock those accounts for you. We may end up having to change the password, but otherwise it will be the same account.

Okay. A question here is, must patients still be registered manually in ImmTrac2 when using bidirectional data exchange?

>> Rodriguez: No. So, once your organization is in production, you no longer have to enter the patients manually.

>> Patterson: One exception would be if you choose not to do electronic consent affirmation. If you decide to skip that requirement, then you would still need to go in and manually add patients. It's not ideal, though, because usually

your EHR is going to try to send records before you have time to go in there and add those patients, so your patient's charts might still be incomplete.

A question here. If we use web service for affirmation, would that mean that the vaccine data will reach ImmTrac2 ahead of consent?

>> Rodriguez: I'm sorry, I didn't catch the end of that question.

>> Patterson: So, they're asking about the timing. If they do web service affirmations, will the vaccine records reach ImmTrac before the consent?

>> Rodriguez: Normally we request that you send the affirmation even a minute before you send the VXU. That way it will capture it.

>> Patterson: Yeah. And that's only if you use the flat file affirmations. If you're using the HL7 affirmation, the timing actually doesn't really matter because the affirmation is going to be included with your vaccine reference.

We've got another question about IHQ files. They're saying they have not received responses back. Yeah. Ever since COVID began, the registry had to put IHQ processing on hold, just because of the impact it was having on our servers. Right now COVID is our top priority, so most IHQ files have not been processing.

Okay. We got another question about where can they find the error guide for bidirectional data exchange?

>> Rodriguez: That's also on our DSHS website. Jonathan put the link to the forms page.

>> Patterson: Yeah, I just put a link up there just to the forms page itself. That forms page has all of our forms on it. So, any guide that you're looking for should be on there.

All right. We already answered that question. So, we have a question here about the rapid entry process. So, do you know if the rapid entry process will allow for bulk patient vaccination data as opposed to one record at a time?

>> Rodriguez: I believe it's just one record at a time. And it's only for unconsented clients at the moment.

>> Patterson: Yeah. Right now there's really no way to do bulk records, except through FTP, if you're doing batch FTP, you can send bulk records that way. But as far as manually through the ImmTrac website, there's no option. We don't have any way for you to do a bulk upload.

Okay. So, next question here. If you move to bidirectional and have some sort of outage or problem, can you still enter manually until the issue is resolved? They're asking specifically about COVID records.

>> Rodriguez: Yes. Just make sure that once that issue is resolved, you don't resubmit the data, so you don't cause any duplicate information.

>> Patterson: Yeah. So that would definitely be something you would also want to bring up with your EHR vendor, if that's a concern you have. Okay. So, we have a question here. They're asking if they will be able to contact somebody if they call the number that's on the screen right now.

>> Rodriguez: So, currently our phone lines are down due to remote, but we are working on bringing those back up shortly.

>> Patterson: Okay. And I think that's about all we have time for.

>> Rodriguez: Thank you, everyone, for joining our webinar today. We will have another webinar on Friday if you have individuals that were unable to attend today.

[End of Session, 1:59 p.m. CT]