

DRAFT Minutes
MSSNY’s Infectious Diseases Committee
October 25, 2018
7:30 a.m. – 9:30 a.m.
Via Web conference and Teleconference

Present

William Valenti, MD, Chair
James Braun, DO, Vice-Chair
Karen Myrie, MD, MPH, Vice-Chair
Philip Kaplan, MD
Monica Sweeney, MD, MPH
Dina Hoefer, PhD. , NYS DOH

Richard A. Schoor, MD
Wehbeh Anis Wehbeh, MD
Gary Zeitlin, MD
Joan Cincotta, Alliance

Staff

Patricia Clancy
Sr. Vice President Public Health and
Education
Managing Director Division of
Governmental Affairs

Absent

Joshua Cohen, MD, Commissioner
Janine Fogarty, MD, Assistant Commissioner
Mary Ruth Buchness, MD

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1) Welcome

2) Approval of Minutes – April 19, 2018 – approved as amended

3) Ten Year Review of MSSNY House of Delegates Policy

Review of Recommendations – Committee members discussed staff recommendations and agreed to a majority of them. Policy 15.953 will be sunset; Dr. Valenti will develop an updated resolution on state & national policy for the committee to consider.

4) Discussion of NY State Immunization Information Registry

Guest: Dina Hoefer, PhD, Director, Statistical Unit, NYSIIS Program Manager, NYSDOH Division of Epidemiology -The registry creates central localized immunization history. The system has forecasting capabilities and follows the ACIP Schedule. It will notify when the next shot is due. Catchup schedules, etc. Supports research activities, disease control outbreak management. Can monitor initiatives in real time. Regarding adults – combining a single source. Important to monitor adult immunizations because they tend to go to different doctors. Adults will call in trying to track prior immunization records for work or school. Reducing over immunizing is a benefit. Flu pandemics cause massive push to get people immunized. If the federal government is involved in the distribution of a flu vaccine they will rely heavily on the states IIS system for the ordering of the vaccine and tracking of immunizations and use of vaccine. In terms of reporting- how NYSIIS gets its data and pushes out its data it is a fully by-directional system. Classic direct data entry. Automated reporting. There’s a connection between EHR and NYSIIS. This also assists with the HL7 query process. NYSIIS is currently working with 60 EMR’s. DOH is working with the EHR hubs. They still only connect at the practice level. The practice indicates that it wants to connect to NYSIIS. We do not get data from the REO. Even if the request came through REO, they would have to look to see if consent was given at the practice level to share the data. As a point of reference – Dr. Kaplan pointed out once the law removes the “permission” piece of the data sharing, the technology already exists that forwards the data through the REO. The meaningful use program has brought many practices to NYSIIS who want to meet their public health practices.

29 Dr. Kaplan indicated that a giant step would be to make vaccine reporting for adults universal and
30 required as it is for children. The hope would be to treat adults the same as children. This could be a
31 step like process where we remove the consent piece first and mandates second. The feeling is that well
32 intentioned physicians will comply quickly, but large institutions, not having a mandate, will be slow to
33 come around. The current law had been amended to require pharmacies to report, but to report with
34 adult permission.

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36 In an effort to end duplicate immunizations, the registry is a useful tool. Dr. Kaplan indicated that any
37 kind of a statewide mandate is a benefit. Removing the consent piece would be a step in the right
38 direction. The system now allows a physician to work outside of Health/Commerce to report to NYSIIS
39 and get messages back without ever having to log into Health/Commerce. Dr. Hoefler states that NSIIS is
40 fully interoperable. If the physician wants to connect with NYSIIS by only using an EHR, they can reach
41 out to NYSIIS and they will connect them using the physicians EHR. Dr. Kaplan indicated that he would
42 draft a couple different versions of a resolution for the committee's consideration. It will be sent out to
43 committee members prior to the next meeting. A reminder that all resolutions have to be submitted by
44 March 8th.

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46 The committee then set a schedule for 2019 meetings:
47 January 17, 2019, May 16, 2019, October 17, 2019

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49 Motion to adjourn - moved