

Steps to Electronically Transmit Vaccine Administration Data

A hospital or clinic operated by a Tribal Health Program or Urban Indian Organization participating in the Centers for Disease Control and Prevention (CDC) Vaccine Program and has chosen to have its vaccines coordinated through the Indian Health Service (IHS), must submit the required Vaccine Administration Data to the IHS, pursuant to Section A(2) of its *CDC COVID-19 Vaccination Program Tribal Health Program Agreement - Vaccines Coordinated through IHS*. Also, all IHS-operated facilities will use this method to transmit their Vaccine Administration Data.

- **Electronic Data Transfer via HL7 2.5.1 file** – HL7 is a common standard messaging format in healthcare. The HL7 file will be sent to the IHS COVID Vaccine Aggregator that will send the information to the CDC.

If a hospital or clinic operated by a Tribal Health Program or Urban Indian Organization participating in the CDC Vaccine Program and has chosen to have its vaccines coordinated through the IHS **cannot** report directly to the IHS pursuant to its agreement, the hospital or clinic **must** report the required Vaccine Administration Data directly to CDC. Also, all information related to vaccines administered to IHS employees must be entered via CDC Vaccine Administration Management System (VAMS). See *Appendix A* for a diagram of this process.

- **CDC Vaccine Administration Management System (VAMS)** – when an HL7 file is not available for a hospital or clinic operated by a Tribal Health Program or Urban Indian Organization and when employee vaccination information must be transmitted, facilities will utilize data entry via CDC's VAMS.

Thus, those submitting the required information via VAMS must obtain a user account and attend VAMS training. Follow the steps below to obtain access to VAMS:

1. Contact the facility's IHS Area's Immunization Coordinator to get a VAMS account.
 - a. See *Appendix B* for VAMS Points of Contact for each area.
2. Attend IHS Office of Information Technology (OIT) training on VAMS data entry.
 - a. Find the training course here as they are posted: <https://www.ihs.gov/rpms/training>
 - b. Training courses are in the process of being scheduled

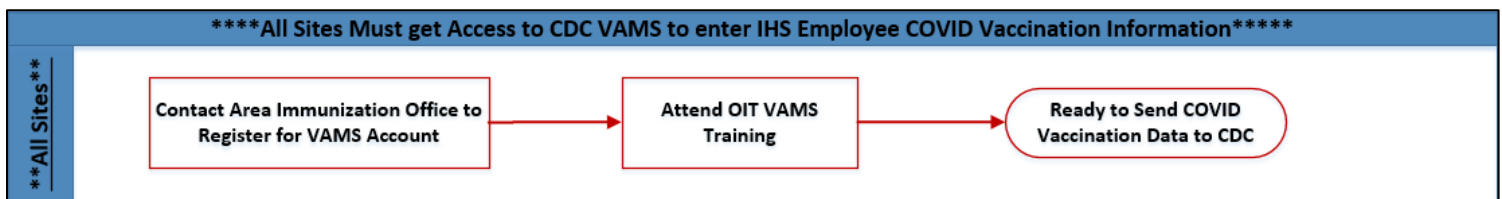


Figure 1: All Sites - VAMS Account

Preparation Required for Transmission of Vaccine Administration Data Based on EHR Status

A. Facilities Using Resource and Patient Management System (RPMS) -EHR with Active Immunization Tracking System (BI):

- The facility's **RPMS-EHR is upgraded** with 2015 CHIT Releases and on the D1 Network *perform Scenario 1.*
- The facility's **RPMS-EHR is upgraded** with 2015 CHIT Releases and NOT on the D1 Network *perform Scenario 2.*
- The facility's **RPMS-EHR is not upgraded** with all 2015 CHIT Releases *perform Scenario 3.*

Scenario 1

RPMS-EHR with 2015 CHIT upgrades and D1 Network Access will use an HL7 file for Patient COVID vaccination information that will be sent to the IHS COVID Vaccine Aggregator. The Aggregator will validate the file and transmit to the CDC.

Preparation:

1. An email from the COVID Vaccine On-boarding Team will be sent to all RPMS-EHR facilities.
2. Contact the IHS Help Desk to initiate the On-boarding process.
3. Follow emailed instructions to install BYIM v3.0 patch 1.
4. Receive Central Aggregator Service (CAS) User name and Password from on-boarding team.
5. Ensure a successful system test.

Scenario 2

RPMS-EHR with 2015 CHIT Releases WITHOUT D1 Network Access will use an HL7 file for Patient COVID vaccination information that will be sent to the IHS COVID Vaccine Aggregator via the sFTP Gateway. The Aggregator will validate the file and transmit to the CDC.

Preparation:

1. An email from the COVID Vaccine On-boarding Team will be sent to all RPMS-EHR facilities.
2. Contact the IHS Help Desk to initiate the On-boarding process.
3. Follow emailed instructions to install BYIM v3.0 patch 1.
4. Receive a sFTP Username and Password and sFTP instructions.
5. Ensure a successful system test.

Scenario 3

RPMS-EHR without CHIT and COVID upgrades will use VAMS only to send Patient COVID vaccination information

Preparation

1. Follow instructions on first page to get access to VAMS and attend VAMS training.

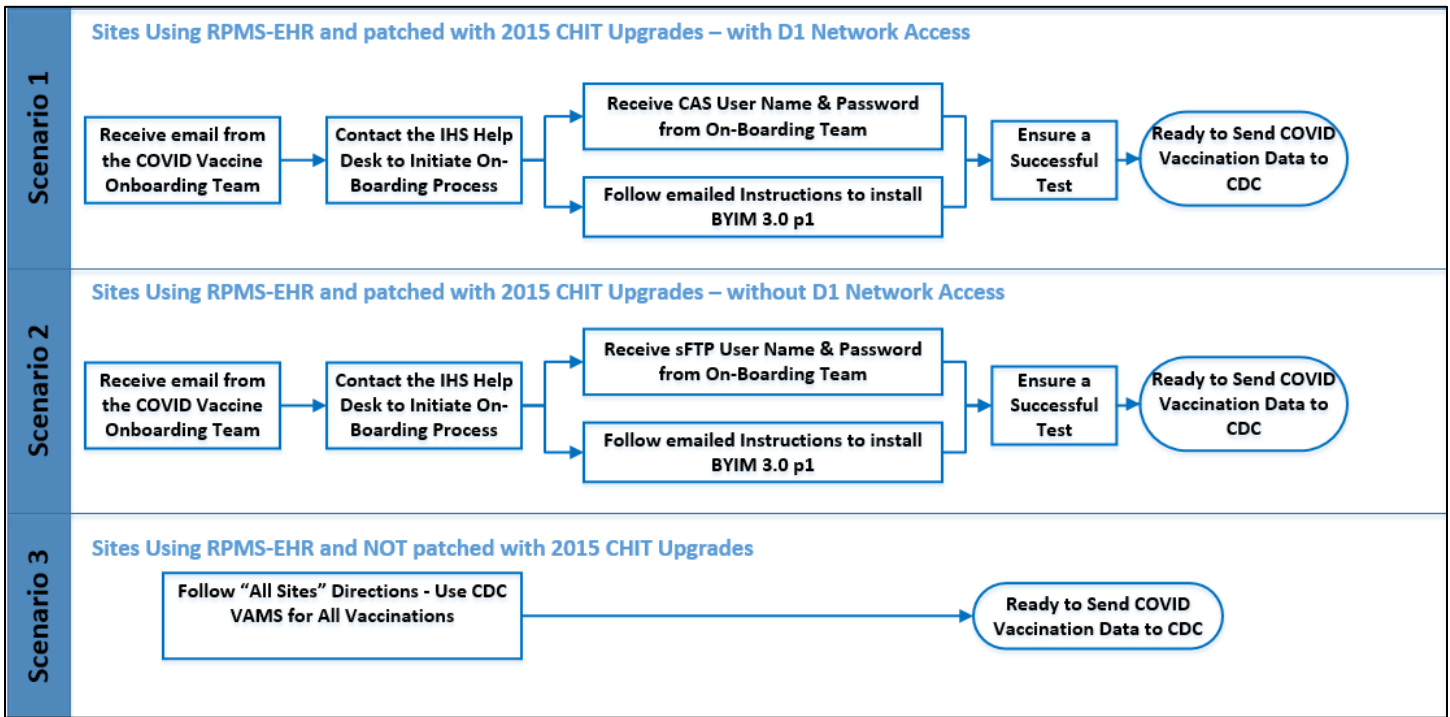


Figure 2: Scenario 1, Scenario 2, and Scenario 3 Process Flows

B. Facilities using RPMS in a Limited Capacity (VAMS)

- The facility is only using certain RPMS modules, for services such as Purchased and Referred Care (PRC), Dental, Behavioral Health, Public Health Nursing (PHN), Community Health Representative (CHR), or other limited uses and cannot document an immunization visit in RPMS. In these situations, the VAMS alternative is provided. Perform **Scenario 4**.

Scenario 4

Using RPMS in a limited capacity (PRC, Behavioral Health, Dental, etc.) will use VAMS only to submit Patient COVID vaccination information

Preparation

- Follow the instructions on first page to get access to VAMS and attend VAMS training.



Figure 3: Scenario 4 Process Workflow

C. Facilities using a Commercial off-the-shelf (COTS) EHR (non-RPMS):

- Contact commercial software vendors to determine if they have the capability to create HL7 2.5.1, and if:
 - The facility **can send** an HL7 2.5.1 file *perform Scenario 5.*
 - The facility **does not have the ability to send** an HL7 2.5.1 file *perform Scenario 6.*

Scenario 5

COTS EHR with ability to produce HL7 2.5.1 file will transmit Patient COVID vaccination file to IHS COVID Vaccine Aggregator via the sFTP Gateway.

Preparation

1. Prerequisite is that you have confirmed with your EHR vendor that the EHR can produce an HL7 2.5.1 file.
2. HL7 file layout is outlined in the “COVID Minimal Message Structure” document.
3. Contact the IHS Help Desk to initiate the On-boarding process.
4. Receive a sFTP Username and Password and sFTP instructions.
5. Ensure a successful system test.

Scenario 6

COTS EHR without ability to produce HL7 2.5.1 file will use VAMS only to submit Patient COVID vaccination information.

Preparation

1. Follow instructions on first page to get access to VAMS and attend VAMS training.

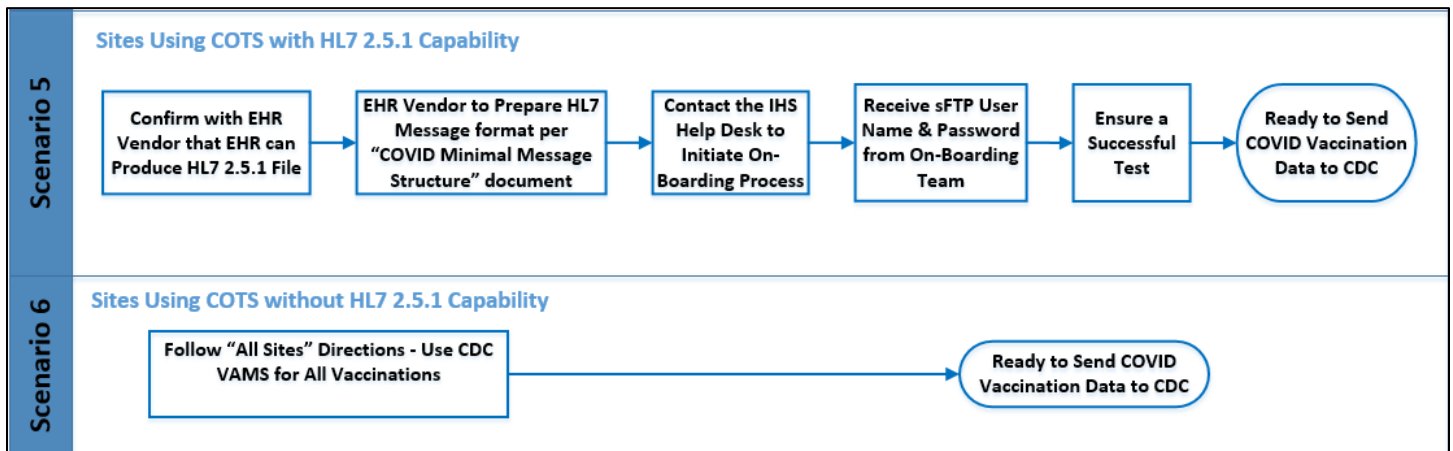
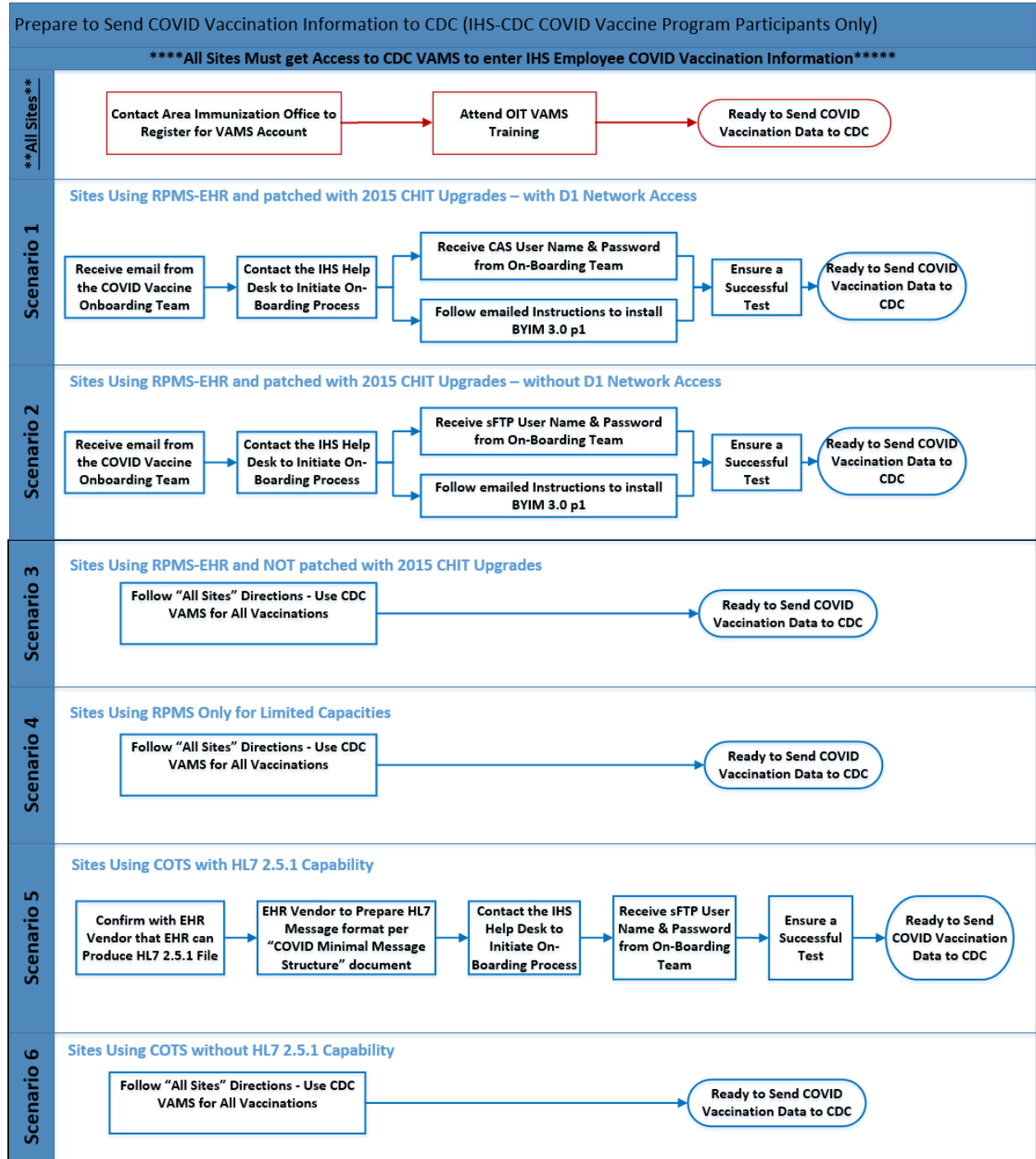


Figure 4: Scenario 5 & Scenario 6 Process Flows

Appendix A – All Scenario Workflow Diagram



Appendix B – VAMS Points of Contact

IHS COVID-19 VAMS Points-of-Contact

IHS Headquarters

- CDR Andrea Scott, MBA, BS, FAC-P/PM, SR, FAC-COR III, IHS Deputy Chief Information Officer/Deputy Director, IHS COVID-19 Task Force, Data Management Team Lead
- Jeanette Kompkoff, Director Division of Information Technology, Office of Information Technology, IHS COVID-19 Task Force, Data Management Team Co-Lead
- CAPT (ret) David Taylor MHS, RPh, PA-C, RN, RPMS EHR Deployment & Training
- CAPT Latona Austin, PharmD, BCPS, Pharmacy Informatics Consultant, Office of Information Technology
- CDR Kailee Fretland, PharmD, BCPS, Acting Director of Pharmacy, Red Lake IHS Hospital, IHS COVID-19 Vaccine Task Force Deputy Lead
- CDR Holly Van Lew, PharmD, BCPS, IHS COVID-19 Vaccine Task Force Deputy Lead
- For IT Assistance with HL7 Vaccine Reporting File Specifications and Onboarding – contact <https://ihsitsupport.servicenowservices.com/>

Alaska Area Office

- Diana Roberts, Health Statistician, Alaska Area Native Health Service

Albuquerque Area Office

- CAPT Wil Darwin, PharmD, NCPS, CDE, Area Clinical Informatics and Pharmacy Consultant, Albuquerque Area Vaccine Point of Contact

Bemidji Area Office

- Teresa Chasteen, RHIT, Area Clinical Informatics Consultant
- CAPT Melissa L. Wentz Opsahl, PharmD, Acting Quality Management Director, Bemidji Area Office

Billings Area Office

- Natalie Klier, CPC, Billings Area Clinical Informaticist
- Janice Roth, MSN-RN, Billings Area Nurse Consultant, Billings Area Vaccine Point of Contact
- CDR Angela Troutt, PharmD, BCACP, CPP, Billings Area Pharmacy Consultant, Billings Area Vaccine Point of Contact

California Area Office

- Susan Ducore, DNP, MSN, RN, PHN, California Area Nurse Consultant, California Area Vaccine Point of Contact

- Rachel Harvey, MPS, Public Health Analyst, Area COVID-19 Vaccine Task Force Lead
- Gary Mosier, Information Technology Specialist
- CDR Carolyn Pumares, PharmD, MS, California Area Pharmacy Consultant

Great Plains Area (GPA) Office

- LCDR Abby Bacon, MSN, RN
- Dayle Knutson, BSN, RN, Great Plains Area Nurse Consultant
- Deb Odens, RPh, PD, GPA Clinical Informatics Coordinator
- Brent Rohlfs, Director Office of Environmental Health & Engineering, EMPOC

Nashville Area Office

- CAPT Robin Bartlett, PharmD, MSP, CPC, CPMA, Area Pharmacy and Clinical Informatics Consultant
- CDR Nathan Wyatt, PharmD, Nashville Area Vaccine Point of Contact

Navajo Area Office

- Kathy Ray, CNM-retired, Area Clinical Informaticist
- LCDR Erica Harker, PharmD, Navajo Area Pharmacy Consultant, Navajo Area Vaccine Point of Contact

Oklahoma City Area Office

- CAPT Amy Rubin, PharmD, MMI, Area Clinical Informaticist
- CAPT Brian Wren, PharmD, Area Pharmacy/Lab Consult, Area Vaccine Point of Contact
- CDR John Collins, PharmD, BCPS, Area Clinical Informatics Consultant

Portland Area Office

- CAPT Katie Johnson, PharmD, MHIM, Portland Area Acting Area Informaticist
- Ashley Tuomi, DHSc, Portland Area Vaccine Point of Contact

Phoenix Area Office

- CDR Loretta Haven, PHN/CHR Consultant/Immunization Coordinator, Phoenix Area Office
- CDR Nicholas Laughton, PharmD, MPH, Area Clinical Informaticist
- CDR Kendall Van Tyle, PharmD, BCPS, Area Pharmacy Informaticist

Tucson Area Office

- CDR Travis Bowser, REHS, MS, EMPOC, Environmental Health Officer
- CDR Burt Tamashiro, PharmD, MSHI, PTA, BCPS