

# MCIR Release Highlights



September 2018

## Featured in this Issue

1. Release content re: HPV9 forecasting for 3 doses at 15 years of age or older
2. Best Practices – Cleaning Up Duplicate Records

## Release Content Update

On 9-18-2018, we started receiving notification that HPV9 was not forecasting for the 3 dose series if HPV9 was initiated at 15 years of age or older. As of this release on 9-26-2018, the issue has been resolved and functioning as expected in MCIR. Note the routine and catch up schedule for HPV9 vaccination:

Routine vaccination for all adolescents at 11–12 years (can start at age 9 years) and through age 18 if not previously adequately vaccinated. Number of doses dependent on age at initial vaccination:

- Age 9–14 years at initiation: 2-dose series at 0 and 6–12 months. Minimum interval: 5 months (repeat a dose given too soon at least 12 weeks after the invalid dose and at least 5 months after the 1st dose).
- Age 15 years or older at initiation: 3-dose series at 0, 1–2, and 6 months. Minimum intervals: 4 weeks between 1st and 2nd dose; 12 weeks between 2nd and 3rd dose; 5 months between 1st and 3rd dose (repeat dose(s) given too soon at or after the minimum interval since the most recent dose).
- Persons who have completed a valid series with any HPV vaccine do not need any additional doses.

Please notify your field rep if you have any questions regarding the assessment.



## Let's Clean Up Those Duplicate Records!

**Fact:** Over 75% of sites (including pharmacies) are now sending immunization data directly to MCIR via HL7 message from their EMRs/EHRs, a slick automated process!

**Fact:** Currently 2,131 provider sites participate in query – the ability to from the EMRs/EHRs to send a request to receive a patient's history and forecast via a message known as Query. The amazing statistic here is that 60% of query participating providers being non-immunizing providers. With even more providers joining query, it is vital that the MCIR system data be kept as clean as possible. This means preventing the introduction of duplicate records, and you play a key role in this effort!

Duplicate person records can be easily created and accidentally missed in the automatic process because the record in your EHR may not match an existing MCIR record. Keep in mind that you are responsible for monitoring patient demographics or other identifiers to ensure a match to MCIR. Sites should have protocol in place to review information in MCIR along with the data in your system prior to immunizing to ensure accuracy in reporting and elimination of possible duplication. Marking records as duplicates helps to clean data, provide good

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assessment and minimize medical errors, but first they need to be found!

## Reasons Duplicate records are created

1. **Name** in EHR is spelled differently than the MCIR record
2. The **date of birth** in the EHR is different than MCIR
3. **Transpositions**
  - Names: Karl James vs James Karl
  - DOB: European date of birth: 1/3/1999 compared to US date of birth 3/1/1999 In both cases the date of birth is March 1st, not January 3rd
4. Mom's **Maiden Name** as last name – this is more common in adolescents
5. **Hyphenation**. Smith-Jones may be Jones-Smith, Jones or Smith! Whew!
6. **Nicknames** – Tom or Andy or Jackie instead of Thomas, Andrew or Jacqueline
7. **Marriage/Divorce/Adoption** - a person may have had a MCIR record created with a previous name.

## Indications that a duplicate record may exist

- Finding a record in MCIR with one shot for your patient that was entered by an OB/GYN or Pharmacy
- Not finding the immunization your patient is stating was given in Michigan
- Not finding a record at all for your patient that is a Michigan resident

Reviewing the Roster for your site may show duplicates with an incorrect date of birth. Please

review the MCIR video for flagging duplicate records or using the wildcard - both can be found at the following link:

<https://www.mcir.org/providers/provider-training-video-library/>

**Videos take less than 5 minutes – so take advantage of the quick info refresher!**

## How to Avoid Creating Duplicates

The provider should use the applicable demographics and unique identifiers when searching for the individual's MCIR record, to ensure an exact record match.

- **Verify the legal name of the patient before entering into your EHR.**
- **Check with client for name changes during office visit.**
- **Check EHR for nicknames or misspellings and correct; merge EHR records.**

Search using first name and DOB in MCIR – especially for 20yr + patients!

The provider should review, and make the required updates, to an individual's demographics and Patient Status whenever contact is made with patient information.

Remember to use the wildcard (\*) when searching for a MCIR record – Sa\* for Samantha or Samuel... that will help catch the misspellings and nick names that are already in MCIR.

If a legal name change has occurred MCIR requires a Petition for Modification to be sent to MCIR for corrections. Contact your MCIR Regional office for assistance.

**It takes Team Work and cooperation to keep the MCIR records.**