



## imMTrax Advanced Demographics and Reports

Montana Immunization Program

Last revised 5/2020

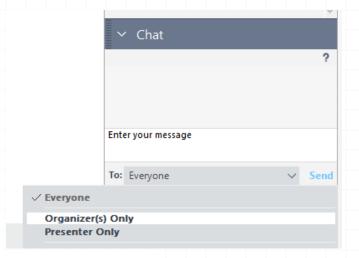


## Housekeeping

 All participants are muted upon entering the presentation. Please do not put the line on hold.

### To ask a question:

1. Send the host a message through the "Chat" function.



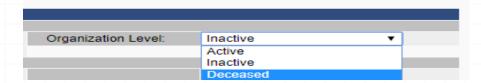


## Webinar Objectives

- Discuss Facility ownership and patient active/inactive status
- Review new Jurisdictional Status (state/county)
- Review best practices for updating patient demographics
- Review available patient records
- Go over how to run:
  - Coverage Rate Report
  - Patient Detail Report
  - Lot Usage and Recall Report

Organizational Level a field containing three options in the new imMTrax that two main purposes:

- 1. Updates and displays the relationship between the facility the user is logged in under:
  - 1. ACTIVE (current facility owner and active patient in facility's population)
  - 2. INACTIVE (not the current facility owner or this patient is inactive in facility's population)
    -OR-
- 2. Displays the patient's vital status as DECEASED.





Q: In a patient's demographics, what does it mean when Organizational Level = Active?

### A: Three things are always true when Organizational = Active:

- 1. The facility you are logged in under is the facility owner,
- 2. The patient is part of your active (imMTrax) patient population, and
- 3. The patient may be included in various reports and assessments (coverage reports, reminder/recall, etc)

Patient Demographic Ma	ister View			
Record Info				
SIIS Patient ID:	1310723			
Organization Owner:	15853 - PARTNERS IN PEDIATRICS			
Facility Owner:	17718 - PARTNERS IN PEDIATRICS			
Entry Date:	05/05/2020	Last Update:	05/20/2020	
Entered By:	SARAH KEPPEN	Last Updated By:	SARAH KEPPEN	
Patient Status				
State Level:	Active	Organization Level:	Active	
County Level:	Active (Cascade)			



Q: In a patient's demographics, what does it mean when Organizational Level = Inactive?

#### A: It depends! Here are the possibilities:

- 1. If the facility you are logged in under is displayed as the facility owner, you are the most recent owner of the patient. However, this your former patient is NOT part of your active (imMTrax) population.
- 2. If the facility you logged in under is displayed as the facility owner, you are the most recent owner of the patient. However, the patient consent status = DENIED. Persons with a denied consent status may not be part of any facility's active population.
- 3. If the facility you logged in under does NOT display as the facility owner, you are not the current facility owner. If the facility owner is not your facility, the Organization Level status will always be "inactive".





Q: Will facility ownership and patient status change automatically when another eligible facility inserts a newly administered immunization?

A: An eligible facility that submits a newly administered immunization electronically (direct from their EHR) will become the new facility owner upon imMTrax receiving that data. The patient status for that facility will be ACTIVE.

An eligible facility that manually enters an immunization into imMTrax as newly administered (deducts from inventory) will become the new facility owner unless they manually check the box "Do Not Take Ownership When Adding Vaccinations" BEFORE proceeding to adding administered vaccines.

Do not take ownership when adding vaccinations.		
Add Administered	Clear	Add Historicals



Q: Are there other ways facility ownership and Organizational Level will be changed automatically?

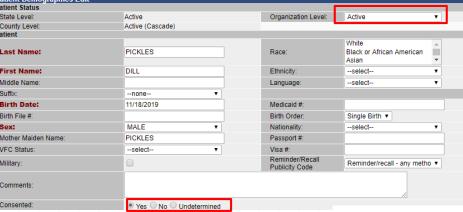
A. One. If an eligible facility edits a patient's consent status (moving consent from NO or Undetermined to YES) the patient's ownership and Organizational Level status will change to that facility unless the user manually changes the patient status back to inactive BEFORE SAVING.

Change Organizational Level back to INACTIVE to

prevent taking ownership when updating consent

status only.

Patient Demographics Edit						Patient Demographics Edit
Patient Status					_	Patient Status
State Level:	Active		Organization Level:	Inactive	¥	State Level:
County Level:	Active (Cascade)					County Level:
Patient						Patient
Last Name:	PICKLES		Race:	White Black or African American Asian	<u></u>	Last Name:
First Name:	DILL		Ethnicity:	select	▼	First Name:
Middle Name:			Language:	select	•	Middle Name:
Suffix:	none	▼				Suffix:
Birth Date:	11/18/2019		Medicaid #:			Birth Date:
Birth File #:			Birth Order:	Single Birth ▼		Birth File #:
Sex:	MALE	▼	Nationality:	select	•	Sex:
Mother Maiden Name:	PICKLES		Passport #:			Mother Maiden Name:
VFC Status:	select	▼	Visa #:			VFC Status:
Military:			Reminder/Recall Publicity Code	Reminder/recall - any meth	10 ▼	Military:
Comments:	○ Yes ● No ○ Ur			//		Comments:
Consumod.	○ res ◎ No ○ Ur	idetermined				Consented:





Q: Can I manually change facility ownership to be my facility?

A. Yes. Simply edit the patient's demographics to an Organizational Level of Active. Upon saving, your facility will be the new facility owner and will have an Organizational Level of Active.

Patient Demographics Edit					
Status					
Patient Status:	Active	~			
Patient					
Last Name:	TEST		Race:	White Black or African American Asian	<b>\$</b>
First Name:	TEST		Ethnicity:	select	~
Middle Name:			Language:	select	~
Suffix:	none	~			
Birth Date:	08/27/2008		Medicaid #:		
Birth File #:			Birth Order:	Single Birth 🗸	
Sex:	FEMALE	~			
Mother Maiden Name:			VFC Status:	select	~
Military:			Reminder/Recall Publicity Code	select	~
Comments:				$\hat{\mathcal{Q}}$	
Consented:	● Yes ○ No ○ U	ndetermined			



Q: My facility is the current facility owner and has an Organizational Level of active to a patient that has moved to another jurisdiction or practice. They are no longer part of our active patient population. Can I update imMTrax so they will no longer be part of our active imMTrax population?

A. Yes. Simply edit the patient's demographics to an Organization Level of Inactive. Upon saving, your facility will still be the facility owner (most recent) but will have an Organizational Level of Inactive.

Patient Demographic I	Master View			
Record Info				
SIIS Patient ID:	1310723			
Organization Owner:	15853 - PARTNERS IN PEDIATRICS			
Facility Owner:	17718 - PARTNERS IN PEDIATRICS			
Entry Date:	05/05/2020	Last Update:	05/20/2020	
Entered By:	SARAH KEPPEN	Last Updated By:	SARAH KEPPEN	
Patient Status				
State Level:	Active	Organization Level:	Active	
County Level:	Active (Cascade)			



The "new" imMTrax only allows ONE facility owner a time!

### Q: What if no eligible\* facility owner exists?

A: If no eligible\* facility owner exists, the facility ownership may be null. An example would be a patient record that contains only a single immunization given and reported by a pharmacy.

If the (sole) eligible facility previously designated that patient as MOGE or otherwise Not Associated, they may still display as the facility owner. However, they will have an Organizational Level of "INACTIVE". This patient will be owned jurisdictionally at the State and County level.

\*Certain facilities are set up as NOT eligible to be a facility owner. These include hospitals/ERs, pharmacies, schools (non-SBHC), etc.



## **Jurisdictional PAIS**

 Patient status will be maintained at a facility-organization and a geographicjurisdiction level. The previous "Patient Status" data field has expanded into three categories. The new categories will allow better identification of Montana's population.

Patient Demogra	aphic Ma	ster View					
Record Info							
SIIS Patient ID:		1310723					
Organization Own	er:	80812 - A	BCD				
Facility Owner:		24821 - T	RAINING CLINIC				
Entry Date:		05/05/202			Last Update:	05/20/2020	
Entered By:		SARAH K	H KEPPEN Last Updated By: SARAH KEPPEN				
Patient Status				_			
State Level:		Active			Organization Level:	Inactive	
County Level:		Active (Ca	scade)				
Patient							
Last Name:		PICKLES			Race:		
First Name:		DILL			Ethnicity:		
Middle Name:					Language:		
Suffix:							
Birth Date:		11/18/2019	9		Medicaid #:		
Birth File #:					Multi Birth Indicator:	N	
					Birth Order:		
Age:			6 months, 0 yrs		Military:		
Code	er/Recall Publicity Reminder/recall - any method			Recall Attempts:	2		
Sex:		MALE			Nationality:		
Mother Maiden Nr	n:	PICKLES			Passport #:		
VFC status:		(Unknown	)		Visa #:		
					Vaccine Supply:	PRIVATE	
Consented:		Yes					
<ul> <li>Primary Addre</li> </ul>	SS						
Address 1:		1258 NOR	TH HIGHLAND AVE		Address 2:		
City:		GREAT FA	ALLS		State:	MT	
Zip Code:		59404					
Email							
Country:		United Sta	ites		County/Parish:	CASCADE	
<ul> <li>Patient Phone</li> </ul>	Number(s	s)					
Phone Number	Exten	sion:	Phone Use Cod	e	Equipment Type		Primary
(406)123-4567			Primary residen	ce number			Υ
(406)261-4530			Other residence	number	Cellular phone		N
- Family & Cont	act						
Contact 1:		DIDI PICK	LES				
+ Alias							
+ School							
+ Birth & Death							
+ Patient Specifi	ic Renorts						
T rudelit specifi	ic reports	,					



### **Jurisdictional PAIS**

### What stayed the same:

- The current patient ownership workflow still remains in place.
- The current patient facility ownership data is <u>not</u> being reassessed or migrated.
- The Organization and Facility ownership will remain unchanged,

### What changed:

- The Patient Status data field is now called "Organization Level".
- Two new patient status fields that are automatically determined and defined by data in the patient demographic and/or vaccination record:
  - State Level status and County Level status

Patient Status			
State Level:	Active	Organization Level:	Inactive
County Level:	Active (Cascade)		



### Demographics Best Practice: Address Maintenance





### **Demographics Best Practices:**

Patient Demographics Edit							
Patient Status							
State Level:	Active		Organization Le	evel:	Active	▼	
County Level:	Active (Cascade)						
Patient					White		
	ALEADI EX		_		vvnite Black or African Am	erican	
Last Name:	WEASLEY		Race:		Black or African Am Asian	erican 🛒	
First Name:	RONALD		Ethnicity:		select	•	
Middle Name:			Language:		select	▼	
Suffix:	none	▼					
Birth Date:	03/01/2009		Medicaid #:				
Birth File #:	00/01/2000		Birth Order:		Circle Dist.		
					Single Birth ▼		
Sex:	MALE	▼	Nationality:		select	▼	_
Mother Maiden Name:			Passport #:				
VFC Status:	Not VFC Eligible	▼	Visa #:				
Military:	0	7	Reminder/Reca Publicity Code	ill	select	▼	
Comments:			r condity occid				
Consented:	a a a						
- Address		rmined					
Address 1:	310 DIAGON ALLEY RD						
Address 2:			City:		GREAT FALLS		
Country:	United States	▼	State: MT	•	Zip Code:	59401	
County/Parish:	CASCADE	▼	Email:				
- Patient Phone Number(s)							
Phone Number Extension: Phone	ne Use Code	Equipment Type			Primary		
(408)123-4587 Prim	ary residence numb ▼	Cellular phone			▼ ⊝		Add
- Family & Contact							
First Name:	Middle Name:			Last Na	ime:		
	Wildele Harrie.						
Contact Type:select ▼				Guardi	an?		
Address 1:							
Address 2:			City:				
Country:	United States	▼	State:sel	ect ▼	Zip Code:		
Phone Number	Phone Use Code		Equipment Typ	9			
	select	▼	select				•
Email:							
First Last T 5	hara Nisahar	dia-0 Dhan 11	- 0		T		Add
	hone Number Guan	dian? Phone Us	e Code E	quipment	Type		
MOLLY WEASLEY						Edit R	Remove
+ Alias							
+ School							
+ Birth & Death							
						Cancel	Save



## Print Patient Record Report

#### Patient Specific Reports

School Form

Complete Immunization Report





#### State of Montana Official Immunization Record

Patient Name: WEASLEY, RONALD

Date of Birth: 03/01/2009

Gender: M

Vaccine Dose Lot Number Reporting Provider DTaP/DT/Td DTaP 02/04/2020 T753J PARTNERS IN PEDIATRICS MMR MMR INVALID 02/04/2020 R010474 PARTNERS IN PEDIATRICS MMR INVALID 02/14/2020 R027999 GREAT FALLS CLINIC FLU injectable, 1 01/16/2019 PARTNERS IN PEDIATRICS influenza. quadrivalent, preservative free **ZOSTER** zoster recombinant INVALID 03/10/2020 3FD3N ROOSEVELT COUNTY HEALTH DEPARTMENT

History of Varicella Noted: 02/03/2020



## Coverage Rate Report

Coverage Rate Report					
By Ownership					
By Service					
Select to run by series or individual vaccine					
• Series • 2	4-3-1-4-	3-1-4	▼ Se	eries Description	
○ Vaccine	select ▼				
Vaccine Date Range	From: mm/dd/yyyy To: mm/dd/yyyy				
	From:	24	Months	•	
• Age Range 3	Through:	35	Months	-	
Age as of Date (Todays date if left blank)					
Evaluate At Age 4	24	Months			
Limit Report By					
Organization Level Status	<ul><li>Active</li></ul>	Only I	active Only	All	
Patient VFC Status	Select				
Vaccine Status	O All Vac	cinations	<ul> <li>Valid Vaccinat</li> </ul>	tions Only	_
Patient Race	Select				
Gender	-select-	-	,	-)	
District/Region	select-		•)		
Patient County	select-	-	<b>-</b> )		
ZIP Code					
Organization Do Not Limit	select-	-			-
Facility     Do Not Limit	select-	- •			
□ VFC PIN	select-	- +			
Exclude patients who have either no forecast or aged out					
View By					
O District/Region					
O County/Parish					
○ ZIP Code					
Organization					
Facility					
O VFC PIN					
Aggregate (Total Only)					
Display Report Columns					
Complete By Vaccine					
☐ Incomplete Series ☐					
One Dose to Complete Series					
One Visit to Complete Series (Multiple doses needed by	ut could be g	given with or	ne visit to vaccina	itor)	
Not Yet Due					
Not Yet Due (Late by Age)					
☐ Missed Opportunities					
6 Back Reset Ex	port Patient	Liet Cre	ate Patient List	Export Coverage Report	t Create Coverage Repo
6 Back Reset Ex	port Patient	List Crea	ate Patient List	Export Coverage Report	Create Coverage Repo



## Patient Detail Report

Patient Detail Report	
Run By	
By Ownership     By Service	
Limit Report By	
Vaccination Date Range	From: 01/01/2020 Through: 03/31/2020
☐ Birth Date Range	From: mm/dd/yyyy Through: mm/dd/yyyy
Organization Status:	All Organization ▼
<ul> <li>Organization</li> </ul>	ST. PETERS HOSPITAL ▼
Facility	ST. PETER'S MEDICAL GROUP- BROADWAY ▼
O Do Not Limit	
☐ VFC PIN	select ▼
State	select ▼
Patient County	select ▼
☐ Zip Code	
Primary Care Physician	Select from the list below:
	select
Program	select T
Health Plan	
Race	White
Race	Black or African Amer ▼
☐ Patient VFC Eligibility	select ▼
Vaccine VFC Eligibility	select ▼
Funding Type	select ▼
✓ Inactive Status at the	Active patients only ▼
Organization Level	
	Unselected         Selected           AS03 Adjuvant         ▲ HPV. bivalent
	Adenovirus types 4 and 7  BCG HPV, quadrivalent HPV, unspecified formulation
	Botulinum Toxoid HPV9
	Botulism IG, human, intravenous [BabyBIG or BIG-hyphenIV]
	CMVIG
Vaccines	DT (pediatric) DT.IPV adsorbed
	DT,IPV adsorbed DTAP/IPV/HIB - non-US
	DTP
	DTP - unspecified
	DTP-Hib
	DTP/IPV DTaP
	DTaP, 5 pertussis antigens
☐ Vaccinator:	-select-
Lot Number	Select from the list below:
	select
Doses Decremented	All v
☐ District/Region	
School	Click to select
Do Not Limit	
Only Show Patient Info	
✓ Sort By	Last Name



## Lot Usage and Recall Report

Lot Usage and Re	call Report
Limit Report By	
Organization     Do Not Limit	PARK COUNTY HEALTH DEPARTMENT ▼
Facility     Do Not Limit	PARK COUNTY HEALTH DEPARTMENT *
□ VFC PIN	select ▼
✓ Active Lots	Unselected  PARK COUNTY HEALTH DEPARTMENT / HPV9 / N035032 / VFC PARK COUNTY HEALTH DEPARTMENT / Hep B, adult / 2NK52 / PRVT PARK COUNTY HEALTH DEPARTMENT / Hep B, adult / N754X / PRVT PARK COUNTY HEALTH DEPARTMENT / Tdap / 4P9CL / VFC PARK COUNTY HEALTH DEPARTMENT / Tdap / XJ5L2 / 317 PARK COUNTY HEALTH DEPARTMENT / Tdap / XJ5L2 / PRVT  Selected  PARK COUNTY HEALTH DEPARTMENT / Tdap / 9PD92 / VFC PARK COUNTY HEALTH DEPARTMENT / Tdap / XJ5L2 / PRVT  Selected  PARK COUNTY HEALTH DEPARTMENT / Tdap / 9PD92 / VFC  ***  ***  ***  ***  ***  **  **  **
✓ Inactive Lots	Unselected Selected  PARK COUNTY HEALTH DEPARTMENT / HPV9 / R008164 / PRVT A PARK COUNTY HEALTH DEPARTMENT / HPV9 / R011631 / PRVT  >>  <
	Unselected  PARK COUNTY HEALTH DEPARTMENT / influenza, injectable, quadrivalent, preservative free / ZA72G / PRVT  PARK COUNTY HEALTH DEPARTMENT / influenza, injectable, quadrivalent, preservative free / 2XFTE / VFC  PARK COUNTY HEALTH DEPARTMENT / influenza, injectable, quadrivalent, preservative free / 4DY9K / VFC  PARK COUNTY HEALTH DEPARTMENT / influenza, injectable, quadrivalent, preservative free / TL72B / VFC  PARK COUNTY HEALTH DEPARTMENT / influenza, injectable, quadrivalent, preservative free / 4H5PT / VFC  PARK COUNTY HEALTH DEPARTMENT / influenza, injectable, quadrivalent, preservative free / 8444T / VFC  PARK COUNTY HEALTH DEPARTMENT / influenza, injectable, quadrivalent, preservative free / 51943 / PRVT  PARK COUNTY HEALTH DEPARTMENT / influenza, injectable, quadrivalent, preservative free / FH9NA / VFC  PARK COUNTY HEALTH DEPARTMENT / influenza, injectable, quadrivalent, preservative free / 1091.92 / PRVT  **  **  **  **  **  **  **  **  **
Date Range	From: mm/dd/yyyy Through: mm/dd/yyyy
Lot Number	



## imMTrax Reports Guide



### imMTrax Report Guide: Introduction



This guide provides users with a brief description of each report in the Reports Module, including important considerations and what site could use this report. The Reports Module contains eight sub-sections and this guide lists each report in the same sub-sections.

#### Helpful Tips:

- · What kind of site am I?
  - 1. Integrated sites manually manage their inventory in VOMS within imMTrax and manually enter immunizations given at their facility as "administered" for each administered dose to be deducted from inventory.
  - 2. All other sites are aggregate sites. Aggregate sites can manually manage their inventory in VOMS within imMTrax by an aggregate count. Aggregate sites may be sending data electronically into imMTrax from their facility's electronic health record or entering all immunizations into imMTrax as historicals.
- An imMTrax user must have Client Maintenance level of access or higher to run reports. Some reports are not
  available to Client Maintenance users.

Report titles with a star next to them are recommended reports and are listed below:

- 1. Lot Usage and Recall Report (page 2)
- 2. Vaccine Lots to Expire (page 3)
- 3. Patient Detail (page 4)
- 4. Vaccine Administered (page 6)



Montana Department of Health
and Human Services
Public Health and Safety
Division
Immunization Program

## Questions?

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Thank you for attending!