

Testimony
Health and Human Services Committee
Tuesday, March 23, 2010
North Dakota Department of Health

Good afternoon, Chairman Weisz and members of the Health and Human Services Committee. My name is Laura Olson, and I am the PROtect ND Kids business manager for the North Dakota Department of Health. I am here today to provide information regarding the status of the public health units' immunization programs and the quality improvement evaluation of the state's immunization program.

Status of the Public Health Units' Immunization Programs

As you may recall, the business process for immunizations provided at local public health units (LPHU) is for them to enter the shots provided and appropriate insurance/billing information into the North Dakota Immunization Information System (NDIIS). This then triggers the billing process whereby Blue Cross Blue Shield of North Dakota (BCBS) pays LPHUs for their claims and sends non BCBS claims and BCBS member-liable claims to UND for billing. The following is the status of several issues we've been working on over the last year or so.

Electronic HL7 Bi-directional Transfer Process

Local public health units participating in the PROtect ND Kids program have been involved in a process to move records electronically between their health units and NDIIS, which is housed and maintained by Blue Cross Blue Shield of North Dakota (BCBS). This process, known as HL7 bi-directional transfer, is important because it allows the sharing of data electronically in two directions, and would no longer require dual entry of immunization information for local public health units or private health-care providers that have electronic billing systems. It shares the information in two directions and provides billing and records information.

Many different options have been attempted throughout this process. Due to stringent software requirements of the U.S. Centers for Disease Control and Prevention, as well as individual system requirements of local public health units and private health-care providers, this process has been one of extensive research and discovery. It has taken considerable trial and error to bring us to this point where we are able to determine the most workable option for providers.

To provide the most rapid connection for the least cost, we are now partnering with Altru Health System in Grand Forks to pilot the HL7 bi-directional transfer. Altru has a progressive practice management system in place in its hospital that will migrate to its clinic by next week. This system is able to connect with HL7, and the goal is to have a fully operational test environment by the first week of April. Altru has agreed to participate with us in this endeavor. Once effective testing has taken place and the process moves forward, we will have further information to move ahead within the local public health unit pilot environment.

Electronic Transfer of Member-Liable Claims

As you may recall from previous testimony in November, there was discussion about the use of electronic claims transfer between BCBS and the University of North Dakota School of Medicine and Health Sciences (UND) for member-liable claims. The electronic (as opposed to manual) transfer of non BCBS claims and claims with a patient balance avoids manual entering of these claims into the UND claims software program used for billing purposes. This time-saving step became operational this past fall. BCBS and UND have been working through needed programming changes since that time. Now the project is steadily progressing forward and billing is proceeding accordingly. An approximate timeframe for becoming current with member-liable claims is estimated for the end of May.

Reconciliation Process

A necessary piece of a successful system is the reconciliation process. The local public health units receive monthly reports based on payment and claim information that provide charge, vaccine and patient data. UND and the North Dakota Department of Health (NDDoH) have been working together to create a more user-friendly approach to reconcile patient records at the local public health unit to UND payment system monthly reports. In addition, we have been working to provide clear guidance about the reconciliation process. As a result, several health units have responded that they have been able to successfully reconcile their accounts. One unit indicated that this was the first time they were able to reconcile and understand the process.

It is our expectation that reconciliation will assist local public health units to better manage their immunization programs.

Independent Quality Improvement Study on Immunization

An expert in quality improvement in public health has been retained for the immunization study. Dr. William Riley, associate dean of the School of Public

Health at the University of Minnesota, has agreed to assist us in this important endeavor.

At the March 12 PROtect ND Kids Task Force meeting, pilot site selection for the study was discussed. Public health unit size, immunization volume, structure, willingness and level of use of the systems were considered in selecting potential pilot sites. Four local public health units volunteered to be pilot sites.

A planning meeting to discuss the project goals, deliverables, timelines and pilot sites was held last week with Dr. Riley and NDDoH staff. A steering committee comprised of a representative from one local public health unit and NDDoH staff has been established to work with Dr. Riley to make prompt decisions on the project.

The four local public health unit pilot sites chosen were First District Health Unit in Minot, Walsh County Health District in Grafton, Central Valley Health District in Jamestown, and City-County Health District in Valley City.

A kick-off conference call with Dr. Riley, the four pilot sites, UND, BCBS and NDDoH staff has been scheduled for later this week. This conference will provide information about the quality improvement portion of the study, the timelines, and the expectations of the team lead and team members of each pilot site. Weekly calls will be held with the pilot sites.

We look forward to working with the committee on this important program. This concludes my testimony. I am happy to answer any questions that you may have.