Introduction and Welcome:
Shannon Canfield, MPH
Center for Health Policy
MO HIT Assistance Center

Presenters:
Debbie Bonchonsky
and
Gregg Parvin
Bureau of Immunization Assurance and Assessment
Missouri Department of Health and Senior Services
Before we begin...

- Phone lines are now muted

- Find this or any previous webinar, go to
  http://www.EHRhelp.missouri.edu click on Webinars
MO HIT Assistance Center

Missouri’s Federally-designated Regional Extension Center

- University of Missouri:
  - Department of Health Management and Informatics
  - Center for Health Policy
  - Department of Family and Community Medicine
  - Missouri School of Journalism

- Partners:
  - EHR Pathway
  - Hospital Industry Data Institute (Critical Access Hospitals)
  - Missouri Primary Care Association
  - Missouri Telehealth Network
  - Primaris
Vision

Assist Missouri’s health care providers in using electronic health records to improve the access and quality of health services; to reduce inefficiencies and avoidable costs; and to optimize the health outcomes of Missourians.
What is our role?

- For providers who do not have a certified EHR system - We help you choose and implement one in your office
- For providers who already have a system - We help eligible providers meet the Medicare or Medicaid criteria for incentive payments
MO HIT Assistance Center
Now Serves
Large Practices & Specialists

- Contact MO HIT Assistance Center for details and pricing
CME & AOA Credit
Now Available

- Instructions provided after today’s presentation
Disclosures

- The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

- The Office of Continuing Education, School of Medicine, University of Missouri designates this live Internet educational activity for a maximum of one AMA PRA Category 1 Credit™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

The learning objectives of this live Internet educational activity are:

- Choose an appropriate electronic health record for the practice, create a change team, redesign practice workflow and successfully implement transition to electronic records.

- Appropriately track quality measures in electronic health records and to create accurate reports of quality indicators; physicians will understand how to use indicators to improve patient outcomes.

- Identify potential privacy and security issues in individual practices that are utilizing electronic health records and provide tools for practices to use to assess their security measures to see if they are appropriate.

- Measure and track the way individual practices are reporting on the meaningful use requirements in the federal HI Tech Act; understand additional clinical reporting requirements contained in meaningful use phases two and three.

- Appropriately design and implement patient portals for patients to access their health care information and learn how to better take care of their health conditions.

- The planning members and presenter for this activity have no commercial relationships to disclose.
Disclosures

This regional extension center is funded through an award from the Office of the National Coordinator for Health Information Technology, Department of Health and Human Services Award Number 90RC0039/01

Cerner and the University of Missouri Health System have an independent strategic alliance to provide unique support for the Tiger Institute for Health Innovation, a collaborative venture to promote innovative health care solutions to drive down cost and dramatically increase quality of care for the state of Missouri. The Missouri Health Information Technology Assistance Center at the University of Missouri, however, is vendor neutral in its support of the adoption and implementation of EMRs by health care providers in Missouri as they move toward meaningful use.
Data Submission Categories

- Meaningful Use (MU) Only Attestation
- Operational Interface (OI)
Data Submission Process

- Initiation
- Validation (OI only)
- Production (OI only)
Initiation – MU Only Attestation

- **STEP 1:** Organization contacts Missouri Immunization Program

- **STEP 2:** Missouri Immunization Program
  1. Gathers basic information (Organization’s name, address, software vendor, etc.).
  2. Provides pertinent documents for submitting ‘test’ message (Missouri’s HL7 Implementation Guide, SFTP instructions, CMS EP/EH guidance, etc.).
STEP 2 continued: Missouri Immunization Program

1. Researches Sending Facility ID, provides that ID to the organization Point of Contact (POC).

2. Provides organization POC with login credentials for test message submission.
STEP 3: Organization configures message

STEP 4: Submits test message; notifies Missouri Immunization Program that message has been submitted

STEP 5: Missouri Immunization Program confirms receipt of message and requests Acknowledgement Letter
Initiation – Operational Interface

- Same steps as Initiation phase of MU Only Attestation; sample message is submitted and feedback given to correct any formatting issues.

- In addition to the documents mentioned previously in MU Only Attestation, Missouri Immunization Program will also provide:
  - Memorandum of Agreement (MOA)
  - Missouri’s HL7 Validation Guide
STEP 1: Data Extract

- Organization submits data extract to Missouri Immunization Program for data review.
- Missouri Immunization Program provides feedback on any issues.

STEP 2: Message Validation

- Organization configures message; HL7 format and PROD data.
STEP 2 (continued): Message Validation

- Missouri Immunization Program provides access codes and login credentials to Organization.

- Organization submits HL7 messages from their PROD environment to DHSS validation (test) environment.

- Validation messages processed; Missouri Immunization Program reviews and provides feedback on any issues.

(STEP 2 repeats as often as needed)
STEP 1: Organization determines Go Live date and shares date with Missouri Immunization Program.

STEP 2: Missouri Immunization Program provides new access codes and login credentials to organization for submission to DHSS’ production environment.

STEP 3: Messages submitted are pooled for a period to review one final time.
STEP 4: Messages processed into production environment, updating the registry.

STEP 5: Continual monitoring of data processing.
  - If errors occur, errors in messages are trapped; Missouri Immunization Program notifies organization if errors are being caused by EHR.
ShowMeVax
Missouri Statewide Immunization Registry
ShowMeVax

- ShowMeVax (SMV) replaces HmClient as the Missouri Immunization Registry.

- Web Based – all you need is the Internet. Can be used anywhere and at any time.

- The development of SMV began in July 2008 and was brought into production in December 2009. Pilot testing began in February 2010.

- Full Implementation in Spring of 2011.
A “train the trainer” approach to training is being used. Bureau of Immunization Assessment and Assurance (BIAA) trained provider staff who trained their staff.

BIAA has implemented a designated help desk for ShowMeVax. 877–813–0933 or email showmevaxsupport@health.mo.gov

Immunization providers, schools, and childcare providers are signing up to use ShowMeVax daily.
ShowMeVax Requirements

- High-speed Internet access
- Windows Operating System
- Internet Explorer 7.0 or 8.0
- Application training (1 day) (Highly Recommended but not required)
ShowMeVax manages 3 things:
  - Clients
  - Immunizations
  - Inventory
Client Search
Client Search

- This page is used to search for an existing client in the ShowMeVax registry and also to register a client with the ShowMeVax registry.
- A new client can be registered only after performing a search.
- Users can perform either a person identifier (DCN, SSN or Client ID) search or a person name search (Last Name, First Name, Gender, Date Of Birth, Mother’s Maiden Last Name).
- The DSS search button and the Register without DCN will be enabled only after performing a ShowMeVax Registry search.
- The Register with DCN button will be enabled only after performing a DSS search.
- The minimum required fields for performing a person identifier search are either Client’s DCN or SSN or Client Id.
- The minimum required fields for performing a person name search (like, soundex, like and soundex) is either Clients Last Name (min 2 characters) and First Name or Mother’s Maiden Last Name (min 2 characters) and Clients Year of Birth.
- The minimum required fields for performing a person name search (exact) is either Clients Last Name and First Name or Mother’s Maiden Last Name (min 2 characters) and Clients Year of Birth.
- The minimum required fields for performing a person name DSS search is Clients Last Name, First Name, Gender and Date Of Birth.
- The required fields to register a person with DCN are: Clients Last Name, First Name, Date Of Birth and Gender.
- The required fields to register a person without DCN are: Clients Last Name and First Name.
- Clicking on the Clear Search button will clear the search criteria and the search results.

**Person Name** (Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth)

- Last Name: [Field]
- First Name: [Field]
- Gender: [Dropdown]
- Date of Birth: [Dropdown]
- Mother’s Maiden Name: [Field]
- Search Type: [Dropdown]

**Person Identifier** (Minimum Required Fields: Either Client’s DCN or SSN or Client Id)

- DCN: [Field]
- SSN: [Field]
Client Search by Name

Client Search Instructions

- **Person Name** (Minimum Required Fields: Either Client’s Last and First Name or Mother’s Maiden Name and Date of Birth)
  - Last Name:
  - First Name:
  - Gender:
  - Date of Birth:
- **Person Identifier** (Minimum Required Fields: Either Client’s DCN or SSN or Client Id)
  - DCN:
  - SSN:
  - Client Id:

Search Result: 500 Records Found

Search results exceed more than 500 possible matches. Displaying only the first 500 matches.

Please refine your search criteria to narrow your results.

<table>
<thead>
<tr>
<th>Client Id</th>
<th>Client Name</th>
<th>Mother’s Maiden Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>DCN</th>
<th>Primary Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>14375812252</td>
<td>WAHOFF, UNKNOWN</td>
<td></td>
<td>FEMALE</td>
<td>01/09/2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1441983601</td>
<td>WALTERS, UNKNOWN</td>
<td></td>
<td>MALE</td>
<td>01/17/2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017236</td>
<td>WARREN, UNKNOWN</td>
<td>BRADSHAW, G</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017243</td>
<td>WARREN, UNKNOWN</td>
<td>WARRIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017245</td>
<td>WARREN, UNKNOWN</td>
<td>WARRIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017249</td>
<td>WARREN, UNKNOWN</td>
<td>WARRIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017250</td>
<td>WARREN, UNKNOWN</td>
<td>WARRIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017251</td>
<td>WARREN, UNKNOWN</td>
<td>WARRIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017252</td>
<td>WARREN, UNKNOWN</td>
<td>WARRIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Client Search

Client Search Instructions

**Person Name** (Minimum Required Fields: Either Client's Last and First Name or Mother's Maiden Name and Date of Birth)

- Last Name: 
- First Name: 
- Gender: 
- Date of Birth: Mon, Day, Year
- Mother's Maiden Name: 
- Search Type: **EXACT**

**Person Identifier** (Minimum Required Fields: Either Client's DCN or SSN or Client Id)

- DCN: 
- SSN: 
- Client Id: 

Search Result: 1 Records Found

<table>
<thead>
<tr>
<th>Client Id</th>
<th>Client Name</th>
<th>Mother's Maiden Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>DCN</th>
<th>Primary Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>200212527</td>
<td>X, M</td>
<td>X, M</td>
<td>MALE</td>
<td>09/20/1975</td>
<td></td>
<td>63234405</td>
<td></td>
</tr>
</tbody>
</table>
## Client Search by Person Identifier

### Client Search Instructions
- **Person Name** (Minimum Required Fields: Either Client's Last and First Name or Mother's Maiden Name and Date of Birth)
  - Last Name: 
  - First Name: 
  - Gender: 
  - Date of Birth: 
  - Mother's Maiden Name: 
  - Search Type: 
  - Search

- **Person Identifier** (Minimum Required Fields: Either Client's DCN or SSN or Client ID)
  - DCN: 
  - SSN: 
  - Client ID: 

### Search Result: 3 Records Found

<table>
<thead>
<tr>
<th>Client Id</th>
<th>Client Name</th>
<th>Mother's Maiden Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>DCN</th>
<th>Primary Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005372</td>
<td>POPE, CARMEN Y</td>
<td>VANDEGRIFF</td>
<td>FEMALE</td>
<td>09/06/1973</td>
<td>XXXX-XX-9020</td>
<td>63232832</td>
<td>305 W MAIN ST PRINCETON, MO 64673 USA</td>
</tr>
<tr>
<td>2005372</td>
<td>VANDEGRIFF, CARMEN Y</td>
<td>VANDEGRIFF</td>
<td>FEMALE</td>
<td>09/06/1973</td>
<td>XXXX-XX-9020</td>
<td>63232832</td>
<td>305 W MAIN ST PRINCETON, MO 64673 USA</td>
</tr>
<tr>
<td>2005372</td>
<td>LATHAM, CARMEN Y</td>
<td>VANDEGRIFF</td>
<td>FEMALE</td>
<td>09/06/1973</td>
<td>XXXX-XX-9020</td>
<td>63232832</td>
<td>305 W MAIN ST PRINCETON, MO 64673 USA</td>
</tr>
</tbody>
</table>
Client can be registered in SMV only after a SMV Search has been performed followed by a DSS Search.

A DSS search requires you to have Last Name, First Name, DOB, and Gender.

Register with DCN makes a client a Medical client.

All required fields have to be entered for Registration Process.
Personal Information & Demographics
Adding/Deleting Contact Information
If a relationship already existed for the client, then the only option available is to close.

After clicking the Close button, user can enter the Closed Date and Closed Reason.

If a client’s relationship is closed, the provider can re-open or open a new relationship by clicking the Add Provider–client Relation button.

In the Add screens, the only required field is the effective date.
# Medicaid Eligibility Information

**Kirkley, Heaven L**  
**Client ID:** 2000961  
**DCN:** 63232834  
**VFC Reviewed:**  
**Eligible:** NO  
**Date of Birth:** 02/20/1993

### Medicaid Eligibility Instructions:

- **Status:** CLOSED  
- **Status Date:**  
- **Refreshed Date:** 12/29/2009  
- **Edit VFC Information**

**Parent/Guardian Medicaid Case Information:**

- **DCN:** 9450834  
- **Status:** UNKNOWN  
- **Phone:**  
- **Address:** 2896 US HIGHWAY 65  
- **City:** URBANA  
- **State:** MO  
- **Zip:** 65767

### Client's Medicaid Dates:

<table>
<thead>
<tr>
<th>Medicaid Eligibility Begin Date</th>
<th>Medicaid Eligibility Ending Date</th>
<th>Level of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/02/2009</td>
<td>12/01/2009</td>
<td></td>
</tr>
<tr>
<td>10/01/2009</td>
<td>09/14/2009</td>
<td></td>
</tr>
<tr>
<td>04/01/2009</td>
<td>04/07/2009</td>
<td></td>
</tr>
<tr>
<td>12/30/2008</td>
<td>03/31/2009</td>
<td></td>
</tr>
<tr>
<td>05/01/2007</td>
<td>12/29/2008</td>
<td></td>
</tr>
</tbody>
</table>

### Client's Managed Care (Medicaid Only):

<table>
<thead>
<tr>
<th>Begin Date</th>
<th>Ending Date</th>
<th>Enroll Plan</th>
<th>Plan Number</th>
<th>PCP Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/13/1996</td>
<td>12/31/1998</td>
<td>HEALTHCARE USA</td>
<td>818101305</td>
<td></td>
</tr>
<tr>
<td>05/05/1999</td>
<td>11/09/1999</td>
<td>HEALTHCARE USA</td>
<td>816101305</td>
<td></td>
</tr>
<tr>
<td>06/30/2005</td>
<td>03/30/2007</td>
<td>HEALTHCARE USA</td>
<td>816101305</td>
<td></td>
</tr>
<tr>
<td>06/26/2007</td>
<td>08/21/2008</td>
<td>MISSOURI CARE</td>
<td>816920407</td>
<td></td>
</tr>
<tr>
<td>12/19/2008</td>
<td>03/10/2009</td>
<td>MISSOURI CARE</td>
<td>816920407</td>
<td></td>
</tr>
<tr>
<td>07/15/2009</td>
<td>09/14/2009</td>
<td>MISSOURI CARE</td>
<td>816920407</td>
<td></td>
</tr>
</tbody>
</table>

**VFC Eligible:** NO
VFC Eligibility Information

KIRKLEY, HEAVEN L

ClientID: 2000961

DCN: 63232834

VFC Reviewed: 3/3/2011

Eligible: NO

Date of Birth: 02/20/1993

Edit VFC

Client ID: 2000961

VFC Status

Race: WHITE

Medicaid: Insured?

VFC Status: NO

Under insured?

Apply Cancel

Client’s Medicaid Dates:

Medicaid Eligibility Begin Date  Medicaid Eligibility Ending Date  Level of Care
Family Unit

ClientID: 2098820410
DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

Personal Information Address/Contact Information Family Unit Provider-Client Relation Medicaid Eligibility

Family Unit Instructions

Primary Responsible Pr Responsible Pr Responsible Person Name Family Unit Address Family Unit Phone

Assign the Current Client as Responsible Person Add a Responsible Person

Client Search

Person Name (Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth)

Last Name: Duck First Name: Donald
Gender: MALE Date of Birth: Mon 03 Day 08 Year 1957
Mother’s Maiden Name:

Search Result: No Records Found
Family Unit
Family Unit

Add Responsible Person

Adding DUCK, ABIGAIL as member of the selected Responsible Person’s Family Unit.

*Is this the Client’s Primary Family Unit: Yes

*Responsible Person’s Relationship with the Client: FATHER

Apply Cancel

Family Unit Instructions

<table>
<thead>
<tr>
<th>Primary</th>
<th>Responsible Person</th>
<th>Responsible Person DCN</th>
<th>Responsible Person Name</th>
<th>Family Unit Address</th>
<th>Family Unit Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200212961</td>
<td></td>
<td>DUCK, DONALD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member Id</th>
<th>Member DCN</th>
<th>Primary</th>
<th>Member Name</th>
<th>Address</th>
<th>Responsible Person’s Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>200212961</td>
<td></td>
<td></td>
<td>DUCK, DONALD</td>
<td>SELF</td>
<td></td>
</tr>
<tr>
<td>200212953</td>
<td>63237157</td>
<td></td>
<td>DUCK, ABIGAIL</td>
<td>FATHER</td>
<td></td>
</tr>
</tbody>
</table>

Assign the Current Client as Responsible Person Add a Responsible Person
# Family Unit With Responsible Persons

**Client ID:** 200212953  
**DCN:** 63237157  
**VFC Reviewed:**  
**Eligible:** NO  
**Date of Birth:** 02/01/2012

## Family Unit Instructions

<table>
<thead>
<tr>
<th>Primary</th>
<th>Responsible Person</th>
<th>Responsible Person DCN</th>
<th>Responsible Person Name</th>
<th>Address</th>
<th>Responsible Person’s Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>200212961</td>
<td>DUCK, DONALD</td>
<td>63237157</td>
<td></td>
<td>SELF</td>
<td></td>
</tr>
<tr>
<td>200212953</td>
<td>DUCK, ABIGAIL</td>
<td>63237157</td>
<td></td>
<td>FATHER</td>
<td></td>
</tr>
<tr>
<td>200212973</td>
<td>DUCK, HUEY</td>
<td>63237174</td>
<td></td>
<td>FATHER</td>
<td></td>
</tr>
<tr>
<td>200212984</td>
<td>DUCK, LUEY</td>
<td>63237158</td>
<td></td>
<td>FATHER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary</th>
<th>Responsible Person</th>
<th>Responsible Person DCN</th>
<th>Responsible Person Name</th>
<th>Address</th>
<th>Responsible Person’s Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>200212995</td>
<td>DUCK, DAISY</td>
<td>63237157</td>
<td></td>
<td>SELF</td>
<td></td>
</tr>
<tr>
<td>200212953</td>
<td>DUCK, ABIGAIL</td>
<td>63237157</td>
<td></td>
<td>MOTHER</td>
<td></td>
</tr>
</tbody>
</table>
INVENTORY
Adding Inventory Sites

CASS COUNTY HEALTH DEPARTMENT

Site Inventory Instructions

Step 1: Choose a Site
2BSK TEST SITE

Step 2: Set Search Filters (Optional)
- Show Active
- Show Depleted
- Show Expired
Filter by Vacciner: ALL

Search Result: 0

Add Inventory Site

- Site Name: [field]
- Site Type: [PUBLIC]

Apply Cancel

Add Inventory Site

- Site Name: [field]
- Site Type: [PUBLIC, PRIVATE]

Apply
Adding Inventory in a Site
Adding Inventory in a Site
### DOH-CENTRAL OFF

#### Site Inventory Instructions

**Step 1: Choose a Site**

317 FUND SHELF 221

- Manage Site
- Add Site

**Step 2: Set Search Filters (Optional)**

- Show Active
- Show Depleted
- Show Expired
- Filter by Vaccine: ALL

#### Search Result: 11

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Lot #</th>
<th>NDC Number</th>
<th>Unit</th>
<th>Exp Date</th>
<th>On Hand</th>
<th>Manufacturer</th>
<th>Trans Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTAP</td>
<td>TRIPEDIA</td>
<td>1234567</td>
<td>111111-1111-23</td>
<td>0.5</td>
<td>4/7/2012</td>
<td>10</td>
<td>SANOFI PASTEUR</td>
<td></td>
</tr>
<tr>
<td>DTAP</td>
<td>ACEL-IMMUNE</td>
<td>ABC</td>
<td>111111-1111-11</td>
<td>0.5</td>
<td>4/8/2012</td>
<td>8</td>
<td>WYETH</td>
<td></td>
</tr>
<tr>
<td>DTAP</td>
<td>DAPTACEL</td>
<td>ABCDE</td>
<td>111111-1111-12</td>
<td>0.5</td>
<td>4/11/2012</td>
<td>10</td>
<td>SANOFI PASTEUR</td>
<td></td>
</tr>
<tr>
<td>TYPHOID</td>
<td>TYPHIM VI</td>
<td>BSK171</td>
<td>49261-3790-20</td>
<td>0.5</td>
<td>4/1/2013</td>
<td>20</td>
<td>SANOFI PASTEUR</td>
<td></td>
</tr>
<tr>
<td>TYPHOID</td>
<td>TYPHIM VI</td>
<td>BSK272</td>
<td>49261-3790-51</td>
<td>0.5</td>
<td>4/1/2013</td>
<td>20</td>
<td>SANOFI PASTEUR</td>
<td></td>
</tr>
<tr>
<td>TYPHOID</td>
<td>VIVOTIF BERNA</td>
<td>BSK393</td>
<td>58337-0003-01</td>
<td>0.5</td>
<td>4/1/2013</td>
<td>20</td>
<td>BERNA</td>
<td></td>
</tr>
<tr>
<td>HEP B (4 DOSE)</td>
<td>DIALYSIS/IMML</td>
<td>RECOMBI/AX HB</td>
<td>BSK509</td>
<td>0.5</td>
<td>4/1/2013</td>
<td>20</td>
<td>MERCK</td>
<td></td>
</tr>
<tr>
<td>DTAP</td>
<td>ACEL-IMMUNE</td>
<td>D12</td>
<td>111111-1111-11</td>
<td>0.5</td>
<td>4/12/2012</td>
<td>13</td>
<td>WYETH</td>
<td></td>
</tr>
<tr>
<td>INFLUENZA, PR FREE</td>
<td>FLUZONE</td>
<td>FLU345</td>
<td>49261-3010-10</td>
<td>0.5</td>
<td>3/8/2013</td>
<td>10</td>
<td>SANOFI PASTEUR</td>
<td></td>
</tr>
<tr>
<td>DTAP</td>
<td>ACEL-IMMUNE</td>
<td>S123</td>
<td>111111-1111-11</td>
<td>0.5</td>
<td>4/12/2012</td>
<td>12</td>
<td>WYETH</td>
<td></td>
</tr>
<tr>
<td>INFLUENZA, LIVE FOR INTRAN</td>
<td>FLUMIST</td>
<td>TEST12</td>
<td>66019-0108-10</td>
<td>0.2</td>
<td>9/1/2011</td>
<td>19</td>
<td>MEDIMMUNE</td>
<td></td>
</tr>
</tbody>
</table>

- Add Inventory
- Show Inactive Items
Adjusting Inventory
Wastage Reasons
If alerts exist, you can view & navigate from here to Medical History Screen

If other family members exist, you can switch between their immunization records from here.

User may expand/collapse the list to see all vaccines

Print
ACIP Recommendation

Summary of ACIP Recommendations for Childhood and Adolescent Immunization for POLIO

- Give to children at ages 2m, 4m, 6-18m, 4-5yrs.
- May give dose #1 as early as age 5wks.
- Not routinely recommended for U.S. residents age 18yrs and older (except certain travelers).
Immunization Schedule and Dose Validity

Duck, Luay

ClientID: 2002123953
DCN: 632234342
YPC Reviewed: Eligible: NO
Date of Birth: 8/15/2010

Immunization Schedule Instructions:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Next Dose</th>
<th>Next Dose Date</th>
<th>Min Date</th>
<th>Overdue</th>
<th>Recommendation</th>
<th>Dose Validity</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNEUMOCOCCAL</td>
<td>1</td>
<td>10/14/2010</td>
<td>10/26/2010</td>
<td>COMPLETE</td>
<td>COMPLETE</td>
<td></td>
</tr>
<tr>
<td>ROTAVIRUS</td>
<td>1</td>
<td>8/10/2011</td>
<td>8/20/2011</td>
<td>OVERDUE</td>
<td>OVERDUE</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>1</td>
<td>8/10/2011</td>
<td>8/10/2011</td>
<td>OVERDUE</td>
<td>OVERDUE</td>
<td></td>
</tr>
<tr>
<td>HAVELLA</td>
<td>1</td>
<td>8/10/2011</td>
<td>8/10/2011</td>
<td>OVERDUE</td>
<td>OVERDUE</td>
<td></td>
</tr>
<tr>
<td>HEP A</td>
<td>1</td>
<td>8/10/2011</td>
<td>8/10/2011</td>
<td>OVERDUE</td>
<td>OVERDUE</td>
<td></td>
</tr>
<tr>
<td>INFLUENZA</td>
<td>1</td>
<td>8/10/2011</td>
<td>9/20/2011</td>
<td>OVERDUE</td>
<td>OVERDUE</td>
<td></td>
</tr>
<tr>
<td>HUMAN PAPILLOMAVIRUS (HPV)</td>
<td>1</td>
<td>8/10/2011</td>
<td>9/20/2011</td>
<td>OVERDUE</td>
<td>OVERDUE</td>
<td></td>
</tr>
</tbody>
</table>

Dose Validity:

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Vaccine Name</th>
<th>Valid? *</th>
<th>Next Dose</th>
<th>Next Dose Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/15/2010</td>
<td>HEP B (3 DOSE) PED/ADOL</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/17/2010</td>
<td>HEP B (3 DOSE) PED/ADOL</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/25/2011</td>
<td>DTAP/IPV/HEP B</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This column indicates if the dose was considered as valid or invalid by immunization scheduler according to ACIP recommendations.
**Medical History and Alerts**

This patient is allergic to EGGS.

**DUCK, DUEY**

- ClientID: 396175310
- DCN: 70004965
- VFC Reviewed: 
- Eligible: NO
- Date of Birth: 4/4/1

**DUCK, ABILGAIL**

- ClientID: 396175323
- DCN: 67579249
- VFC Reviewed: 7/20/2011
- Eligible: YES
- Date of Birth: 9/1/2010

**Multiple Alerts**

- Vaccine Exempted: ROTAVIRUS
- Start Date: 12/1/2010
- End Date: 
- Confirming Doctor: DR ROTO
- Alert Source: SHOWMEVAX/HM
Adding Historical Immunizations
Adding Historical Immunizations
Adding New Immunizations
Adding New Immunizations

This patient has a medical exemption for INFLUENZA.

<table>
<thead>
<tr>
<th>Common Vaccines</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DT</td>
<td>2/3/2011</td>
<td></td>
</tr>
<tr>
<td>POLIO</td>
<td>2/3/2011</td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>2/3/2011</td>
<td></td>
</tr>
<tr>
<td>Hep B</td>
<td>2/3/2011</td>
<td></td>
</tr>
<tr>
<td>PNEUMOCOCCAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROTAVIRUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VARICELLA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEP A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFLUENZA</td>
<td>2/3/2011</td>
<td>&quot;MEDICAL EXEMPTION FROM 10/12/2010 TO 11/1/2010&quot;</td>
</tr>
<tr>
<td>MENINGOCOCCAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMAN PAPILLOMAVIRUS (HPV)</td>
<td>3/25/2011</td>
<td></td>
</tr>
<tr>
<td>ZOSTER (SHINGLES)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel Vaccines</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Local intranet

100%
Linkage Between Inventory and Doses Administered

COLUMBIA-BOONE CO HD

Site Inventory Instructions

Step 1: Choose a Site

VFC

Step 2: Set Search Filters (Optional)

- Show Active
- Show Depleted
- Show Expired

Filter by Vaccine: ALL

Search Result: 3

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Lot #</th>
<th>NDC Number</th>
<th>Unit</th>
<th>Exp Date</th>
<th>On Hand</th>
<th>Manufacturer</th>
<th>Trans Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTAP/ IPV/HIB</td>
<td>PENTAGEL</td>
<td>1234</td>
<td>49261-0510-05</td>
<td>0.5</td>
<td>3/20/2014</td>
<td>20</td>
<td>SANOFI PASTEUR</td>
<td>B</td>
</tr>
<tr>
<td>TDAP</td>
<td>BOOSTRIX</td>
<td>45678</td>
<td>58160-0942-11</td>
<td>0.5</td>
<td>3/30/2014</td>
<td>29</td>
<td>GLAXOSMITHKLINE</td>
<td>B</td>
</tr>
</tbody>
</table>

Transaction Summary Report

INVENTORY SITE: VFC - PUBLIC
VACCINE: DTAP/ IPV/HIB
LOT #: 1234
REPORT PERIOD: 3/28/2012 - 3/28/2012
BALANCE: 26

ENTRY DATE | TRANSACTION | DOSES | DETAILS | ENTERED BY
-----------|-------------|-------|---------|-------------------|
03/28/2012 07:41:10 AM | RECEIVED | +30 | ON 03/28/2012 | SMV32
03/28/2012 08:31:20 AM | ADMINISTERED | -1 | DUCK, LUEY ON 02/17/2011 | SMV32
03/28/2012 08:31:20 AM | ADMINISTERED | -1 | DUCK, LUEY ON 04/18/2011 | SMV32
03/28/2012 08:31:20 AM | ADMINISTERED | -1 | DUCK, LUEY ON 07/05/2011 | SMV32
03/28/2012 08:31:20 AM | WASTAGE | -1 | BROKEN/DROPPED ON 03/28/2012 | SMV32
Data Warehouse Project

- This allows for a quicker and better analysis of immunization records.

- Currently in the development process to be able to implement a new data warehouse where data is stored to run specific reports associated to the agency.
Thanks!

- Dedicated users (SME) through constant input and feedback who helped design the system.
- BIAA and IT technical employees for dedication and extra effort.
- DHSS management for being our project sponsor(s).
- User group for patience, use and feedback on improvements.
Inquiries may be submitted by email to the ShowMeVax designated Help Desk at

showmevaxsupport@health.mo.gov

Thank You for your interest in the use of the Missouri State Immunization Registry ShowMeVax.
Your Phone Line is Now Open!

- Click on the “hand” on your computer to ask a question & press * 6 to unmute your phone.
To Receive CME Credit

1. Go to: http://www.EHRhelp.missouri.edu

1. Click on Webinars on our home page

1. Look for today’s Webinar title

2. Download pdf or complete online questionnaire

1. Submit or fax completed questionnaire to 573-882-5666 by: Friday, September 14, 2012
To Receive AOA Credit

1. Go to: http://www.EHRhelp.missouri.edu

1. Click on Webinars on our home page

1. Look for today’s Webinar title

2. Download pdf questionnaire by Friday, September 14, 2012

3. Mail or fax completed questionnaire to the American Osteopathic Association
Upcoming Advanced Webinar:

October 11th

Patient Portals and the Patient Service Strategy
A Webinar series for New & Non-EHR Users
For More Information:

- Website: [http://ehrhelp.missouri.edu](http://ehrhelp.missouri.edu)

- E-Mail:
  - [EHRhelp@missouri.edu](mailto:EHRhelp@missouri.edu)

- Phone:
  - 1-877-882-9933