REMINDER/RECALL functionality has been added to the North Dakota Immunization Information System (NDIIS). Reminder/Recall is a cost-effective method whereby children in need of vaccinations are identified and contacted to come to their healthcare provider’s office. A Reminder is a communication to an individual that he/she is due now or on a future date for immunization(s). A Recall is a communication to an individual that he/she is past due for immunization(s).

The Reminder/Recall function in the NDIIS is available under the “System Maintenance” tab, which is located on the main client/provider look-up screen. Individuals in need of reminders and recalls are identified based on the immunization forecaster. Providers may print labels, postcards, or create lists of individuals in need of vaccination. Currently, the Reminder/Recall system does not list which vaccines the patient needs. A provider must look-up each client’s immunization record and use the forecaster to determine which vaccines the patient needs. In the near future, a new report will be available which lists which vaccines each client is in need of.

The North Dakota Department of Health (NDDoH) recommends that all immunization providers implement reminders and/or recalls in their practices. The NDDoH will not be routinely conducting statewide reminder/recall.

Training on how to use the Reminder/Recall function in the NDIIS is available at www.ndhealth.gov/Immunize/NDIIS/NDIIS.htm. Attached are business rules for using the Reminder/Recall function in the NDIIS.

The NDDoH Immunization Program is aware of an error with the forecaster and influenza vaccine. This error does not affect who needs to be recalled for influenza vaccine. We are working to correct the issue.

Please feel free to contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.
North Dakota Immunization Information System
Reminder/Recall Business Practices

Reminder/Recall (RR):

A Reminder is a communication to an individual that he/she is due now or on a future date for immunization(s).

A Recall is a communication to an individual that he/she is past due for immunization(s).

The primary benefit of RR is to improve the timeliness and completion of recommended immunizations to prevent disease.

RR can be generated from the North Dakota Immunization Information System (NDIIS) based on the immunization forecaster, which forecasts immunizations based on Advisory Committee for Immunization Practices (ACIP) recommendations.

RR in the NDIIS is available under the “System Maintenance” tab on the main client look-up page.
Responsibility for Reminder/Recall:

A health care provider is responsible for the immunization and RR process for his/her patients. The local public health unit is responsible for the immunization and RR process of the population as a whole within its Jurisdiction (county, district, etc.). Health care providers and local public health units should coordinate RR activities for their areas to ensure efforts are not duplicated and patients are not missed.

The North Dakota Department of Health (NDDoH) recommends that the “last provider visited” for each patient be responsible for conducting RR. In NDIIS, private health care providers will be assigned the “last provider visited” status based on where the client received their last immunization. When conducting RR in the NDIIS, clients will automatically be included with a specific provider, based on where their last immunization was received. Providers will have the option to either include or exclude influenza vaccine from the “last provider visited” status. For example, if a client received all of his/her immunizations at a private healthcare provider office, but received influenza vaccine as the last dose at a local public health unit, a provider can exclude the influenza vaccine dose from the “last provider visited” status, so the client will be included with the private provider and not the local public health unit.
The NDDoH recommends that providers always “exclude influenza from last provider visited.” This is the default setting in the NDIIS.

Local public health units have access to conduct RR for their own patients, if they are the “last provider visited.” They also have access to conduct county-wide RR, including RR for clients with an unknown “last provider visited”. Local public health units that are multi-county districts have access to conduct RR for the entire district. If no provider in a county considers an individual a patient, there would be no responsibility for the RR process for this individual at the provider level, but on the next level of hierarchy (county), a local public health unit is responsible for the RR process for this individual. When conducting county-wide or district RR, the health units are able to only include “clients only with unknown last provider visited.” By checking this box in the NDIIS, the health units can conduct RR only for children with an unknown “last provider visited.” These clients wouldn’t be included in the RR conducted at any other providers in the county or district.

A communication directly from a patient’s provider is more effective than a statewide communication. The NDDoH will only conduct RR during special circumstances, such as vaccine shortages or emergencies (i.e., pandemics, outbreaks).

Both private providers and local public health units may choose to only include certain genders or races in RR. The NDDoH recommends always including all genders and races when conducting RR. This is the default setting in the NDIIS. Providers may also choose whether to include or exclude Air Force Base Clients in the RR process. The Air Force Bases in North Dakota do not enter immunizations into the NDIIS, so Air Force Base children will always show up as being behind on immunizations and needing recall. If “no” is selected for “include Air Force Base clients,” these clients will not show up on the RR list generated in NDIIS. This functionality is most important for providers and local public health units in Ward and Grand Forks counties.

In order for a patient to be considered an “Air Force Base Client” in the NDIIS, they must be marked as such on the client demographics page.
**Timing of Reminder/Recall:**

The RR process should be initiated on a regular basis (i.e., weekly, monthly, quarterly). Current ACIP and well child visit schedules should be used to determine when to send RR.

*A single Reminder Notification should be considered 2 to 4 weeks before the recommended due date/date range for each recommended vaccine/vaccination visit.* To avoid invalid doses being administered, providers should be sure to not schedule immunization appointments prior to the minimum due date. This can be avoided by printing a child’s forecast prior to immunizing.

*One reminder and up to 3 follow-up Recall Notifications for each recommended vaccine/vaccination visit should be considered for children 0-6 years of age.*

*Adolescent and Adult RR should also be considered.*

If immunization is recommended for a patient at 2 months of age, the recall for this immunization could be initiated at 3 months of age. For a dose of vaccine recommended for a patient at 15 – 18 months of age, the recall could be initiated at 19 months of age. The RR originator should consider the timeliness of reporting and recording data in the NDIIS in determining when to initiate an RR process. For example, if a provider enters data into the NDIIS monthly, a RR process for recall of immunizations due at 2 months of age could be initiated at 4 months of age to account for the delay of up to one month in entering data.
In the NDIIS, providers are able to enter the number of days prior to the recommended due date to include individuals for reminders. Providers are also able to determine the number of days past due to include individuals for recall. Providers can conduct both reminders and recalls or just one.

In NDIIS, providers are able to set the number of recall tries (i.e., the number of times to include an individual in a recall).

**Reminder/Recall Criteria:**

The NDIIS allows providers to conduct RR by determining minimum and maximum ages, pre-set age ranges based on ACIP and well child visit schedules, and birth date ranges.

*If more than one vaccination is due or overdue at the time of RR, all vaccinations should be accommodated in a single RR Notification.* It is not prudent to send multiple RR for multiple vaccines that are due at the same time. For example, if a patient is due for DTaP and PCV13, one notification should be made to the patient, not two.

The NDIIS allows providers to select specific vaccines for RR. *The NDoH recommends that providers not select specific vaccines for RR. If no vaccines are selected for RR, then all forecasted vaccines will be included for which a patient is due or past due will be included.*
Reminder/Recall Notification Method:

The most cost-effective RR Notification methods to improve timeliness and completion of immunizations, ranked from the most to least cost-effective are: telephone call (person-to-person), letter, postcard, autodialer, and home visit. Effectiveness of RR can be increased by combining various RR Notification methods. The NDDoH recommends that providers send postcards to patients and follow-up with telephone calls or an autodialer system. The RR notification method should be based on available demographic information in the NDIIS. If the patient’s phone number is not available, then a postcard should be sent.

The NDIIS allows providers to either print labels to put on postcards, print addresses directly on postcards, or to download a list for mailings, telephone calls, or autodialers. If printing postcards, providers must type in a return address that will print on the postcard.
When printing labels, Avery 75160 must be used. When printing postcards, Avery 5 ½ x 4 ¼ postcards must be used. If a provider downloads a list for RR, the list is downloaded as a CSV file. Lists are useful for creating labels of a different size than the NDIIS default, to call clients, and to upload files to an autodialer system.

After running RR, a list of clients will appear in NDIIS. Then the provider must choose to either print labels, postcards, or download a list. If the address for a patient is not complete, it will be highlighted in red. If the patient is marked as an Air Force Base Client, he/she will be highlighted in yellow.

Currently, the RR system does not list which vaccines the patient is due for. A provider must look-up each client’s immunization record and use the forecaster to determine which vaccines the patient needs. In the near future, a new report will be available which lists which vaccines each client is in need of.

*If resources are limited, providers should prioritize Recall over Reminders.* Infants, ages 0 – 24 months, should be prioritized for RR over other age groups. *The NDDoH recommends that providers recall all infants ages 8 months and 24 months.*

**Content of the Reminder/Recall Notification:**

The RR notification must be compliant with the provider’s interpretation of HIPPA requirements. *The HIPAA Privacy Rule permits healthcare providers to communicate with patients regarding their health care. This includes communicating with patients at their homes, whether through the mail or by phone or in some other manner.* In addition, the Rule does not prohibit covered entities from leaving messages for patients on their answering machines. However, to reasonably safeguard the individual’s privacy, covered entities should take care to limit the amount of information disclosed on the answering machine. For example, a covered entity might want to consider leaving only its name and number and other information necessary to confirm an appointment, or ask the individual to call back.

A covered entity also may leave a message with a family member or other person who answers the
phone when the patient is not home. The Privacy Rule permits covered entities to disclose limited information to family members, friends, or other persons regarding an individual’s care, even when the individual is not present. However, covered entities should use professional judgment to assure that such disclosures are in the best interest of the individual and limit the information disclosed. See 45 CFR 164.510(b)(3).

In situations where a patient has requested that the covered entity communicate with him/her in a confidential manner, such as by alternative means or at an alternative location, the covered entity must accommodate that request, if reasonable. For example, the Department considers a request to receive mailings from the covered entity in a closed envelope rather than by postcard to be a reasonable request that should be accommodated. Similarly, a request to receive mail from the covered entity at a post office box rather than at home, or to receive calls at the office rather than at home are also considered to be reasonable requests, absent extenuating circumstances. See 45 CFR 164.522(b).

For more information about HIPPA, visit www.hhs.gov/ocr/privacy/hipaa/faq/index.html.

A RR notification must contain at least the patient’s name, the fact that the patient is due or past due for immunizations, and contact information for where to go to get the immunizations. The RR does not have to be specific as to which immunization(s) the patient is due for.

Responses to Reminder/Recall:

Immunization providers are responsible for updating their patients’ contact information in the NDIIS when needed. Patient address and phone number are required fields in the NDIIS. In order to have a successful RR effort, valid contact information for each patient is necessary.

The NDDoH Immunization Program is notified of deceased North Dakota residents and then those residents are marked as such in the NDIIS and removed from RR. There is an occasional delay in the death notification, so it is important for providers to review RR lists to ensure that deceased clients are not included in RR. The NDDoH is not notified of out-of-state resident deaths, so providers must notify the NDDoH immunization program of out-of-state deaths of individuals in the NDIIS to ensure they are not included in RR.

After an unsuccessful RR attempt, providers should consider a different RR notification method. For example, if a provider mails a postcard to a patient and the postcard is returned, then the provider should try calling the patient.

If the provider is notified of an address or phone number change for a patient after attempting RR, then the provider should update the NDIIS with new contact information to facilitate future RR. If a patient moves out-of-state or reports moving out of the provider or local public health unit’s jurisdiction, the NDDoH should be notified (800.472.2180) to remove that patient from the “last provider visited” list.

If the provider receives no response to a RR notification after three tries, the NDDoH should be notified (800.472.2180) to remove that patient from the “last provider visited” list.
For more information about NDIIS RR, please contact the NDDoH at 701.328.3386 or toll-free at 800.472.2180. An online training on how to use the RR function in the NDIIS is available at www.ndhealth.gov/Immunize/NDIIS/NDIIS.htm.