



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

February 2014

# Reminder and Recall Functions

imMTrax User Training

### Reminder and Recall Functions

An imMTrax tool allowing the user\* to generate a series of reminder and recall notices, including:

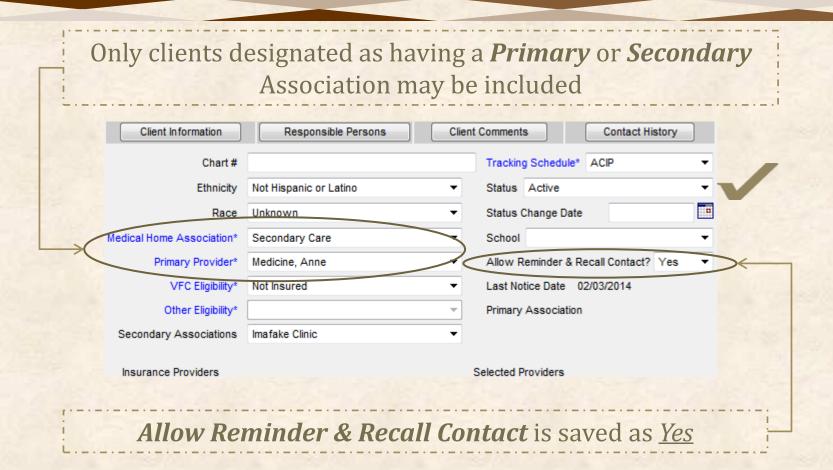
- O Immunization Reminder/Overdue Letters and Cards
- O Mailing Labels
- Client Lists (available in downloadable spreadsheet or report formats)

<sup>\*</sup> Read Only and Read Only with Consent imMTrax users do not have access to Reminder/Recall functions

## Reminder and Recall Functions, Required Conditions

- O Client imMTrax status is Active
- O Client is assigned as having a Primary or Secondary Care Association (site-specific)
- O Client has **Allow Reminder & Recall Contact** saved as <u>Yes</u>
- A minimum of one Responsible Person assigned in the client's record as Primary and designating approval to receive notices
- O Primary Responsible Person has sufficient contact information

## Reminder and Recall Functions, Required Conditions



# Reminder and Recall Functions, Required Conditions

At least one *Responsible Person* must be assigned in the client record as *Primary* and must have adequate contact information saved

Responsible	e Persons Lis	ting					
Select La	ast Name	First Name	Relationshi	ip City	Notices	Primary	New Person
. <b>o</b> so	OUP	POTATO	UNK	Helena	Υ	Y	Delete
Details for I	Responsible I	Person: POTAT	O SOUP (Las	st Updated: 02	<u>/04/2014)</u>		1 of 1
Last Name*	SOUP		Street Address* 555	55 Montana Ave	:		Next
First Name	POTATO		Other Address				Previous
Middle Name			P.O. Box				
Relationship*	Unknown	-	City* Hel	lena			
E-Mail			State* MC	NTANA •	-	Zip* 59601 ▼	+4
Telephone 1	406 444	4444 L	anguage	▼	C	ounty* LEWIS & CL	ARK ▼
Extension 1	Ту	ype 1 Business	-		Recall No	tices? 🔻	<
Telephone 2	406 444	4444			Pri	mary? 🔽	
Extension 2	T	ype 2 Business	•		Preferred I of	Method Recall Phone	•
<b>Recall Notices?</b> is checked and saved							

# Reminder and Recall Functions, Navigating Options

### imMTrax Montana Immunization Information System

### TEST 3.13.11.2.1

#### Clients

manage client last client mass immunization

### Inventory

manage inventory
manage cold chain
cold chain report
reconcile inventory
manage orders
manage transfers
data extract for billing

### Reports - Coverage

request uptodate rpt request imm coverage check imm rpt status

#### Reports R/R

request reminder request callback check reminder status

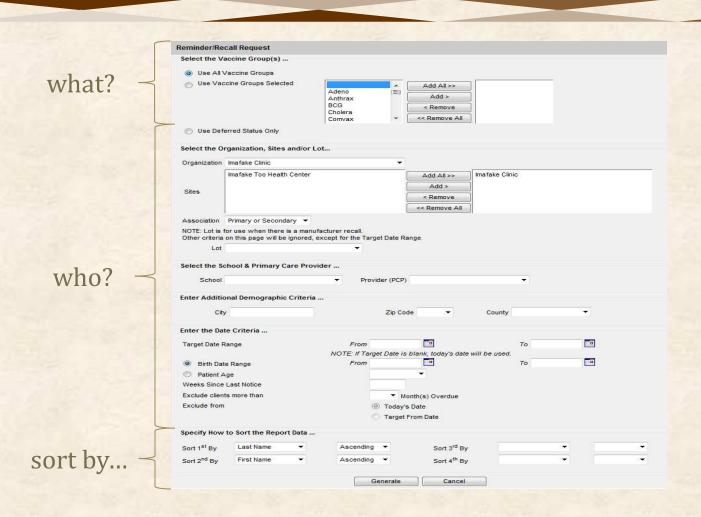
### Manage Locations

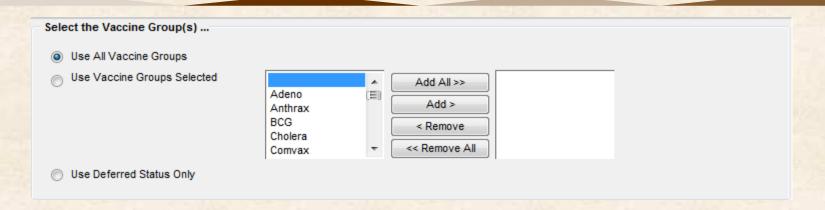
switch organizations switch sites

### Data Exchange Administration

change password system user manual request reminder- choose parameters to generate new client or mailing lists

**check reminder status-** return to a recently queued or generated list



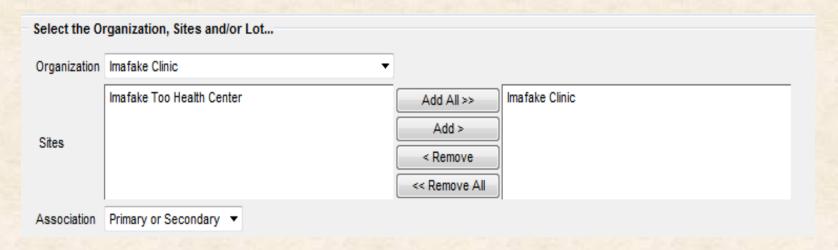


Choose the vaccine(s) or vaccination category:

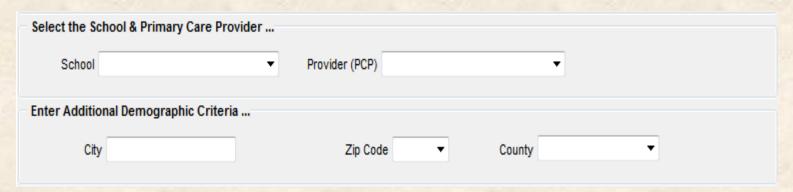
- O All Vaccines Groups
- O Specific Vaccine Group(s)
- Clients with an immunization under Deferred Status (designation located under Client Comments)
   example: HIB deferred- Vaccine Shortage

Verify or modify the site(s) to be included

Select the association(s) to be included: *Primary, Secondary* or both



Further refine your list by isolating a school, provider, city, zip code or county.



If your organization/site does not have a school or provider affiliated, no options will be available to select.

Enter the Date Criteria		
Target Date Range	From To	
	NOTE: If Target Date is blank, today's date will be used.	
<ul><li>Birth Date Range</li></ul>	From To	
Patient Age	<b>▼</b>	
Weeks Since Last Notice		
Exclude clients more than	▼ Month(s) Overdue	
Exclude from	Today's Date	
	Target From Date	

**Target Date Range-** clients that are due or overdue for immunizations within a period in time (may use a future date in the "To" field)

Birth Date Range- clients that are born within a selected period in time

Patient Age- clients that are a specific age

**Weeks Since Last Notice-** excludes clients that have received a notice within the selected number of weeks

Exclude clients more than \_\_\_\_ Month(s) Overdue
Exclude from- Today's Date or Target From Date

### Select sorting preferences Specify How to Sort the Report Data ... Sort 1st By Last Name Ascending ▼ Sort 3rd By Sort 4th By Sort 2nd By First Name Ascending • Cancel Generate Choose from: O Last Name Review selections and O First Name select Generate O School O County O Birthdate

im/VIT rax Montana Immunization Information System

### TEST 3.13.11.2.1

manage client last client mass immunization

#### Inventory

manage inventory manage cold chain cold chain report reconcile inventory manage orders manage transfers data extract for billing

### Reports - Coverage

request uptodate rpt request imm coverage check imm rpt status

### Reports R/R

request reminder request callback check reminder status

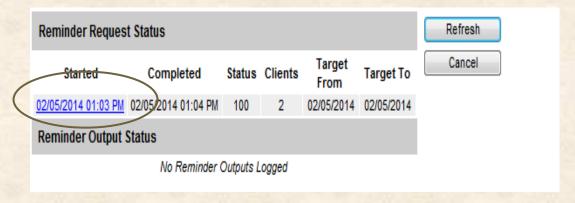
### Manage Locations

switch organizations switch sites

### Data Exchange Administration

change password system user manual

Your search may take a few moments. Click **Refresh** to check the status. Once completed a blue hyperlink will appear. Select the link to proceed.



Return to view results by selecting check reminder status

imMTrax
provides a
step-by-step
process
summary
showing how
selections
impacted overall
results

Step		
	Criteria Evaluated at this Step	Clients
1 (	Clients associated with Imafake Clinic/Imafake Clinic, Imafake Too Health Center.	5
,	Clients that are active within Imafake Clinic/Imafake Clinic, Imafake Too Health Center and allow Reminder & Recall Contact.  Additional criteria includes:  Birthdate range is not specified;  County is not specified;  School is not specified;  Provider is not specified;  Weeks Since Last Notice is not specified.  Clients with the following medical home association: Primary or Secondary;	3
	Clients that have one or more responsible persons that meet the following criteria regarding address information.  City is not specified  Zip Code is not specified.	2
4	Clients that Allow Sharing of Immunizations.	2
5	Clients that have one or more responsible persons that Receive Notices.	2
	Clients that meet the following criteria regarding vaccination status:  Clients that are Recommended or Overdue for one or more vaccinations as of 02/05/2014;  Use all vaccine groups;  Use CDC Schedule for all clients.  Exclude Overdue Reminders is not specified.	2
	Total Number of Clients Eligible for Reminder	2
	Total Number of Responsible Persons Eligible for Reminder Mailings	2

Unless imMTrax does not identify <u>any</u> clients matching your parameters, the following options will be directly under the process summary

Output	Description	Additional Input
Reminder Letter	Standard Reminder Letter.	Report Name
		Free Text Schedule your appointment today
		Phone # 406-444-4444
Reminder Card	Standard Reminder Card (4x5).	Report Name
		Free Text
		v
		Phone #
Mailing Labels	Avery Mailing Labels.	Report Name
Client Query Listing	A list of clients based on the report criteria.	Report Name
Reminder/Recall Extract	Reminder Recall extract file	Report Name
		Hallo

Name your report, add additional text or contact numbers

Once the "last reminder date" specifications have been chosen or set to default, choose the desired output

Select the blue hyperlink to the format you'd like generated

Output	Description		Additional Input	
Reminder Letter	eminder Letter Standard Reminder Letter.			
		Free Text	Schedule your appointment today	^
		Phone #	406-444-4444	+
Reminder Card	Standard Reminder Card (4x5).	Report		
		Name Free Text		^
				v
		Phone #		
Mailing Labels	Avery Mailing Labels.	Report Name		
Client Query Listing	A list of clients based on the report criteria.	Report Name		
Reminder/Recall Extract	Reminder Recall extract file	Report Name		

# Reminder and Recall Functions, Output

Once your selection has generated, follow the blue hyperlink to view and print.

Reminder Request Status						
Started	Completed	Status	Clients	Target From	Target To	Cancel
02/05/2014 01:03 PM	02/05/2014 01:04	PM 100	2	02/05/2014	02/05/2014	
Reminder Output Status						
Name	Type	Requested	Started	Comple	ted Status	
Mailing Labels	Mailing Labels	Wed Feb 05 13:10:23 MST 2014	Wed Feb ( 13:10:24 M 2014	05 Wed Feb ST 13:10:24 2014	MST Ready	
Reminder Letter	Reminder Letter	Wed Feb 05 13:10:11 MST 2014	Wed Feb ( 13:10:12 M 2014		MST Ready	

Select the original hyperlink to create multiple formats or revised outputs

### Additional options impacting future outputs

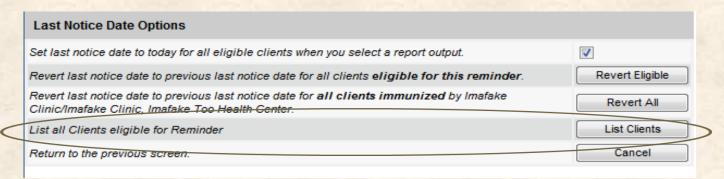
	Last Notice Date Options	
	Set last notice date to today for all eligible clients when you select a report output.	<b>✓</b>
	Revert last notice date to previous last notice date for all clients eligible for this reminder.	Revert Eligible
	Revert last notice date to previous last notice date for <b>all clients immunized</b> by Imafake Clinic/Imafake Clinic, Imafake Too Health Center.	Revert All
-	List all Clients eligible for Reminder	List Clients
	Return to the previous screen.	Cancel

Set last notice date to today for all eligible clients when you select a report (default)

Revert last notice date to previous notice date for <u>all clients eligible</u> for this reminder

Revert last notice date to previous last notice date for <u>all clients</u> immunized by your organization

To view the listing of eligible clients, select *List all Clients* eligible for Reminder.





Selecting

Generate Report

will populate all
information into
a spreadsheet

# Reminder and Recall Functions, Output

Dear Potato Soup,

Our records indicate that Broccoli Cheddar Soup has received the following immunizations:

Immunizations History				
Immunization Date Administered Series				
HepB	01/01/2010	1 of 3		
HepB	02/01/2010	2 of 3		
HepB	07/01/2010	3 of 3		
MMR	01/15/2011	1 of 2		
Polio	03/15/2010	1 of 4		
Rotavirus	03/15/2010	1 of 3		
Rotavirus	05/15/2010	2 of 3		

Our records also show that Broccoli may be due for the following immunizations. If Broccoli received these or other immunizations from another health care provider, please call our office so that we can update Broccoli's record. Otherwise please take Broccoli to a health care provider to receive them.

Vaccines Recommended by Selected Tracking Schedule		
Vaccine	Date Needed	
DTP/aP	03/01/2010	
Hep A	01/01/2011	
Hib	03/01/2010	
Influenza	07/01/2010	
MMR	01/01/2014	
Pneumococcal	03/01/2010	
Polio	05/15/2010	
Tdap > 7 years	01/01/2021	
Varicella	01/01/2011	

The number for our office is: 406-444-4444

Schedule your appointment today

Warm Greetings,

This postcard is a friendly reminder.

Don't forget to contact your Doctor to schedule routine vaccinations (shots) for you and your family.



The Number for our office is: 406-444-4444

Reminder/Recall Functions Are Awesome!

### sample card

POTATO SOUP

BROCCOLI CHEDDAR SOUP

5555 MONTANA AVE

HELENA MT 59601

POTATO SOUP

TOMATO SOUP

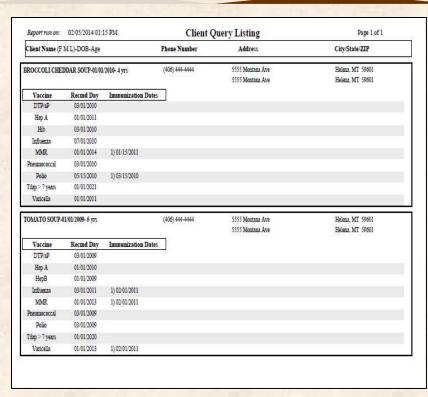
5555 MONTANA AVE

HELENA MT 59601

sample letter

sample address labels

# Reminder and Recall Functions, Output



## 42405-02-05-14-13-15-53.csv [Read-Only]

## A B C D E F G H I J K L M

1 ImMTrax I Client Las Client Firs Street Adv City State Zip Code Responsit Responsit Home Phc Cell Phoni Business F Email

2 4261709 SOUP BROCCOLI5555 Moni Helena MT 59601 POTATO SOUP (406)-444-4444

3 4261708 SOUP TOMATO 5555 Moni Helena MT 59601 POTATO SOUP (406)-444-4444

sample Reminder/Recall Extract

sample client query listing

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

Immunization Program

# Questions?

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