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Immunization Information Systems

Committee on Practice and Ambulatory Medicine

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Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

ABSTRACT

The American Academy of Pediatrics continues to support the development and implementation of immunization information systems, previously referred to as immunization registries, and other systems for the benefit of children, pediatricians, and their communities. Pediatricians and others must be aware of the value that immunization information systems have for society, the potential fiscal influences on their practice, the costs and benefits, and areas for future improvement.

BACKGROUND

IMMUNIZATION INFORMATION SYSTEMS (IISs), previously known as immunization registries, have rapidly developed over recent years.¹ Appropriate functioning standards for IISs² that also address privacy and confidentiality have been adopted by the National Immunization Program,³ and the American Immunization Registry Association has developed registry standards of excellence that provide a standardized self-assessment tool.^{4,5} The American Academy of Pediatrics (AAP) continues to welcome and support the development of this technology and other systems for the benefit of children, pediatricians, and their communities. It is important for pediatricians to be aware of the value that IISs have for society, the potential fiscal influences on their practices, and areas for future efforts.

IISs AND SOCIETY

Since 1993, the United States Public Health Service (through the Immunization Grant Program, also called the “317 program”), the Robert Wood Johnson Foundation, and the National Immunization Program of the Centers for Disease Control and Prevention have provided funding for the development of IIS projects in virtually every state.² The projected annual cost of a nationwide network of IISs is \$78 million for children 0 to 5 years of age (\$100 million for children 0–6 years of age).⁶ Annual cost offsets are estimated at \$280 million.^{6,7} These savings would result from improved efficiencies in the following areas:

- \$168 million in immunization-assessment activities for entry in school, child care, and Head Start programs;
- \$58 million in manual pulling of records for all children entering kindergarten;
- \$16.2 million in manual pulling of records for changing health care professionals;
- \$26.5 million in duplicated immunizations;
- \$2 million in Health Plan Employer Data and Information Set (HEDIS) reports; and

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Key Words

immunization registries, immunization information systems, pediatricians, fiscal influences, costs, reimbursement, practice

Abbreviations

IIS—immunization information system
AAP—American Academy of Pediatrics
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- \$11.1 million in the National Immunization Survey.

IISs would be helpful in identifying and improving immunization rates in vulnerable populations. They would also be a valuable tool for public health efforts in infection control and prevention during outbreaks. Also, recent catastrophic events suggest a need for seriously examining the role of IISs in disaster preparations.

IISs AND PATIENTS

Pediatric patients and their families would benefit from having a regional or national immunization record instead of a paper one. There would be a decrease in duplication of immunizations. Interstate agreements are being developed that would enable physicians to access IISs from an adjacent state.

Reports vary about whether IISs improve immunization rates. In Oregon, immunization rates improved from 32% to 36% as a result of having accurate immunization data from the registry.⁸ Another study reported improved accuracy of immunization data, but the “up-to-date” rate did not change after 3 years of IIS use.⁹ A report from Minneapolis stated improved rates in one practice environment but not in another.²

IISs provide an automated reminder recall system. One study with an inner-city population reported a 2% improvement (38%–40%) in immunization rates by 2 years of age using an automated telephone recall system¹⁰; another study showed no improvement in immunization rates and identified the rate-limiting step as reaching the families, not generating a reminder.¹¹

IISs AND PEDIATRIC PRACTICE

Although recently there has been more published research about IISs in the private sector, there continues to be a paucity of information on the fiscal effect on private practices. The savings from not having to manually pull a chart for immunization records are estimated at \$14.70 per chart.¹² The fiscal effect on a practice depends on whether immunization data can be directly downloaded into the IIS from billing information, which in most cases requires the practice to purchase appropriate software. This downloaded information would provide the date and type of vaccine to the IIS but not the other required fields, such as lot numbers, site, administering personnel, etc. One study reported that manually entered data would cost \$3.24 per shot, compared with \$0.24 if the entry were automated.¹³

A study in 2004 reported an increase in cost of \$0.56 per shot after implementation of an IIS in the private sector, with nurses spending 3.4 minutes per shot on registry activities.¹⁴ There are no reports on the cost to practices to enter historical immunization data on patients to populate the database of the IIS.

It is important that both the public and private sectors continue to study the financial implications of these

systems, not only on the practice, but on the system of care itself. A recent task force of America’s Health Insurance Plans (AHIP), an organization representing the nation’s major health plans, has been charged with exploring collaborative opportunities or promoting provider participation with IISs and to share health insurance plans’ experiences and initiatives.¹⁵

RECOMMENDATIONS

1. The AAP supports continued improvement in IISs.
2. The AAP supports the continued evaluation of IISs to determine their cost-effectiveness in increasing immunization rates.
3. The AAP supports further needed research into the cost and benefits of IISs for the practicing pediatrician.
4. Physicians should be reimbursed for entering historical immunization data into the database of the IIS.
5. Data in IISs should be used as tools to improve quality of immunization services and not to penalize physicians whose immunization coverage is below average.
6. IISs must be integrated with electronic medical chart systems.

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