



NATIONAL CONFERENCE *of* STATE LEGISLATURES

The Forum for America's Ideas

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Subject: Immunization Registries

Dear Mr. Frandsen,

Thank you for reaching out to NCSL for information about low cost, effective statewide immunization registry systems. After researching the issue and consulting with immunization registry experts, I think the best way to answer this question is by separating it into four parts: Registries that are low Cost, effective, statewide and integrated. I included five state examples to highlight the four parts of that question. In this memo, I will use immunization registry and immunization information system interchangeably.

Low Cost

I. Part 1 – Considerations:

[Immunization Information Systems \(IIS\)](#) can be effective tools that help with outbreak management, generate coverage reports, identify pockets of need, forecast next doses needed, remind individuals of vaccines needed, and manage vaccine supply. There are aspects of an IIS that can replace a lot of manual work, for example during an outbreak, an IIS can save thousands of man hours by being able to review entire populations quickly such as a daycare or school and identify any persons at risk. This allows public health to rapidly follow up with unprotected individuals and minimize the spread of disease. Inventory management modules in an IIS can save hours of [clinic staff](#) time as well as resources in reducing paper work and unnecessary immunizations. However, each of these

examples requires an investment in getting data into the system and system costs (up front, ongoing maintenance, and enhancements). IIS contain a very large set of data and have complex functionalities which require an ongoing investment. There will always be increasing amounts of data in an IIS – new people and vaccination events are entered every day. It is difficult to define low cost because of these considerations. The resources below show how states calculate and define costs and savings.

Part 2 – State Figures:

This New Hampshire [report](#) details discussions of upfront costs vs. expected savings when considering the design of an immunization registry.

In a [report](#) to the Minnesota Department of Health, the Network for Public Health Law outlined the cost savings of immunization registries.

Effective

IIS are effective systems that assist with or complete a variety of functions. Ideally, an IIS should be interoperable with EHRs and other systems as well as population-based to be most effective.

The Colorado Department of Public Health and Environment (CDPHE) partners with the Colorado Regional Health Information Organization (CORHIO) on the [CDPHE-CORHIO Immunization Reporting Initiative](#). Through this initiative, the Colorado Immunization Information System developed an interface that [improves reporting methods](#). The reporting methods can also assist organizations in meeting meaningful use requirements.

Statewide

Over the years we have seen a natural consolidation of county or regional systems into a state-wide system. Currently, there are [64 systems](#) operating in the U.S. and the U.S. Territories, according to the CDC. California, Illinois, New York, Pennsylvania, and Texas all have more than one system operating within the state.

[The California Immunization Registry](#) (CAIR) includes languages that allows health care providers, school, child care facilities, etc. to disclose the information to the local health department regardless of whether the department is operating a countywide or regional registry.

Integrated

I provided a few examples above, but please note that each are at varying levels of integration and probably aren't directly comparable with one another. It is important to note that given the way public health has been funded over the years, it has often been categorical funding to be used only for one specific program or purpose. Instead we have more individual systems meeting one specific need vs.

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one system that supports all of public health data. Additionally, there are some state laws that specifically apply to IIS and in some instances strictly prohibit integration with other systems.

[The Michigan Care Improvement Registry](#) (MCIR) recently achieved MCIR integration with a local hospital organization so EHR users can query the state registry.

[This report](#) from New York State Immunization Information System (NYSIIS) details the rationale and implementation of standardizing reporting for NYSIIS with electronic medical records (EMR).

External Resources

This resource from the Association of State and Territorial Health Officials summarizes an immunization registries summit held in 2010. The report uses examples from Michigan, New York and Wisconsin to illustrate challenges and successes relating to immunization registry interoperability, integration with the EHR, effectiveness, etc.

<http://www.astho.org/Programs/Immunization/Immunization-Registries-Summit-Summary/>

NCSL provides links to other websites for information purposes only. Providing these links does not indicate NCSL's support or endorsement of the site.

I hope this information is helpful. Please do not hesitate to reach out if you have any further questions or clarification.

Best regards,

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