



Indiana State
Department of Health
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Mitchell E. Daniels, Jr.
Governor

Judith A. Monroe, M.D.
State Health Commissioner

DATE: October 1, 2009

TO: The Indiana Legislative Council

RE: Legislatively mandated report of panel recommendations for Indiana's Immunization Registry

In accordance with Indiana Code 16-38-5-3, established in Senate Enrolled Act 219 by the 116th Indiana General Assembly, the Indiana State Department of Health (ISDH) convened a panel to discuss expanding access to the immunization data registry, commonly referred to as CHIRP. The CHIRP Blue Ribbon Panel was convened on July 14, 2009 in Rice Auditorium at the ISDH. A list of participants and the organizations represented may be found in Appendix A at the end of this report. The panel met for three (3) hours in the afternoon and compiled a list of several recommendations for the ISDH to consider for the advancement and improvement of Indiana's immunization data registry.

The vision of CHIRP is to increase the use of the immunization registry to include more data to better support the mission of the ISDH Immunization Program to prevent disease, disability, and death in children, adolescents, and adults through vaccination. Some of the benefits of using CHIRP include: determining when patients are due or overdue for vaccinations; reduce under and over immunization of patients; reminder/recall notices to patients; print official immunization cards for school, day care, or camps; track immunization contraindications, deferrals, and history of varicella; simplifies vaccine management by tracking and reconciling inventory. Having more and better data would enhance the ISDH's ability to improve immunization rates, identify pockets of needs (i.e., communities with low immunization rates), and better predict vaccine needs in communities.

Maximizing statewide use of the registry by expanding access, as one means of maximizing use, was identified as a priority need and was the subject of a sub-group discussion by the panel. Ultimately the discussion evolved around two approaches: (1) increasing the number of providers that provide data, and (2) broadening the list of partners that may have access to the data in the registry. The panel recommended that CHIRP initially utilize a well thought out and organized public health campaign to educate the public and to increase the number of providers that input data into the registry. After a public health campaign, it may be prudent to then request that the legislature mandate the use of CHIRP by providers. This has been an approach utilized with success by the State of Michigan.

The second approach is less of a benefit to the registry itself unless the partners that have access to retrieving data from the registry also have the legislative authority to provide data to the registry so that a mutual exchange of data may be accomplished. Aggregate data is available to anyone who requests that data, however, due to privacy laws specific records of individuals may not be shared with anyone who has not been granted legislative authority by the Indiana General Assembly. It would be a necessity for properly worded legislation to be passed to accomplish this approach. The Health Insurance Portability and Accountability Act (HIPAA) and other state privacy laws need to be carefully considered to ensure legislation effectively provides the necessary authority to share personally identifiable information. Users that currently have legislative authority to access CHIRP data that includes individually identifiable information include the following: (1) immunization data registries of other states; (2) providers or provider's designee; (3) local health departments; (4) elementary or secondary schools attended by the individual; (5) licensed child care centers in which the individual is enrolled; (6) the office of Medicaid policy and planning or a contractor thereof; (7) licensed child placing agencies; (8) colleges or universities attended by the individual.

The panel discussed the value of increasing access to individual data to certain associations (i.e., the Indiana State Medical Association, Indiana Pharmacy Association, Indiana Academy of Pediatrics, etc.), all providers in general, managed care organizations and health plans. Managed care organizations and health plans are especially keen on obtaining access to CHIRP data by seeking the necessary legislative approvals. While this would ultimately be a beneficial collaboration if the managed care organizations and health plans are also legislatively mandated to share their data with the immunization registry, challenges exist that must first be considered and overcome successfully.

In addition to the legal issues regarding the exchange of data, technical capability and costs should be carefully considered. It would be imperative that the legislature include a sufficient line item budget for the purpose of expanding the registry. Currently there is no state money budgeted to fund the immunization registry. Federal funds that are used to maintain CHIRP at its present level are not available to accommodate this type of upgrade. The panel noted that this approach would require increased personnel and tech support. In addition, this effort would require upfront costs and resources for program development and testing, strengthening of privacy and security, and additional hardware. As the registry continues to grow, additional staff support will be necessary to better manage the data and provide tech support to users.

Restrictions within state government create additional challenges. Hiring freezes, pre-approval of marketing campaigns, and travel restrictions only further complicate the agency's abilities to grow and improve the registry.

The panel also determined other priorities for the agency to consider in regards to CHIRP. The additional priorities that were further discussed within sub-groups of the panel include: enhancing usability of the registry and integrating with other IT systems. It is likely that components of these priorities may also require legislative changes, but it is a definite need that a state budget for the immunization registry be included in the future in order for these tasks to be accomplished. A complete topics list of CHIRP priorities as identified by the panel is included in this report as Appendix B. The ISDH Immunization Program will continue to work toward addressing each of these priorities as resources become available.

Respectfully submitted by the Indiana State Department Health on October 1, 2009.

APPENDIX A

NAME	ORGANIZATION
Marilyn Bull, MD	Indiana Academy of Pediatrics
Debbie Chandler	Bloomington Hospital
Carla Chance	Indiana Primary Health Care Association, Inc.
Carol J. Clemons, RN	Peru Community Schools
Tabitha Cross	Indiana Pharmacists Alliance
Marlene Crouse	Fort Wayne - Allen County Health Department
Anne Doran	Ice Miller, LLP Representing America's Health Insurance Plans (A.H.I.P.)
Deborah K. Frank, R.N.	Kosciusko County
Shaun Grannis, MD	Regenstrief
Susan Graves	St. Francis Medical Group
Natalie Griggs, RHIA, CPHQ	Anthem Blue Cross and Blue Shield
Pete Grogg, MHA	Indiana University Health Center
Ella Sue Harmeyer	Indiana State Nurses Association
Bryan J. Mumaugh	Methodist Hospitals, Southlake Campus
Michael O'Brien	Bose Public Affairs Group
Patricia Oelkuch	Allen County Health Department
Carl Phillips	CDC/CCID/NCIRD
Carla Rowe	St. Vincent Medical Group
Lori Terrell	Southern Indiana Pediatrics
Kellie Wilkes, RN	Bloomington Hospital
Gregory A. Wilson, M.D.	Riley Hospital Developmental Pediatrics

APPENDIX B

CHIRP Priorities as identified by the Blue Ribbon Panel

Integrate with other IT Systems
Maximize Use and Access
Increase Statewide use of CHIRP
Mandate CHIRP Usage
Use more with Adult Immunization
Accuracy/Data Cleaning
Data Capture, Use, Management – Pre-Populate?
Include Other Providers
Marketing of Benefits
Meet CDC Requirement of Quality Registry
Expand Training
Capacity to Handle Data
Economic Incentive/Support
Interface with National System
Quicker Interface Capability
Increase Visibility
Increase Interface with Providers/Billing/Pharmacies Health Plans
Continual Development
Privacy Issues/Public Trust
School RN's Reporting Requirement Summary
Including managed care
Include Other Data Fields
Tech Support/User Input
Clarification of Data – Sharing Policies
“View Only” Inequitable
Reminder – Recall
Usability
Integration with CO-CASA
Interface with School Records
Use for Vaccine Management
Use of Data Epidemiologically
Assessing Tech Barriers
Include Other Data Sources: schools, EMR, etc.