## Increasing Appropriate Vaccination: Immunization Information Systems

## Summary Evidence Table - Economic Evidence

Lead Author, Year Study Design Economic Method	Study Location Sample Size Population Time Horizon	Intervention Description	Components	Program Costs/Savings	Economic Summary Measure
Bartlett	Study	Data on IIS	Personnel/	2002\$	Based on results
2006	Location/ Sample Size:	expenditures by source of funds	contractual costs:	Estimated annual IIS costs by category of spending and IIS size IIS size in thousands of patient records	from avg cost model:
2000	24 IIS from	collected (federal	Costs to develop	0-860 860-1,720 1,720-2,580 2,580-3,440	\$.20/patient
Descriptive	sample of 56	immunization	and operate IIS,	3,440+	record
Cost	states/cities	grants under Public Health	to enter data at central IIS, to	<b>IIS years*</b> N 79 12 17 10 2	\$75.6 million*
Analysis	Time: Each	Service Act 317b,	evaluate IIS,	66 10 14 8 2	(disct'ed) over 8
	IIS observed	CDC, MCH block	marketing efforts		yrs. for all 56 IIS
	once per yr for	grants, VCP	to recruit parents	<b>Total</b> Mean 3,606,105 7,494,123 5,960,495 10,533,124 1,538,762	to meeting
	5 yrs.; 1998- 2003	funds, CMS, state and local govt,	and health providers to	<b>Popul</b> (St. Dev) (3,150,708) (2,363,222) (4,422,892) (5,424,221) (280,246)	Healthy People 2010 goal.
	2003	private sector, in-	participate in IIS	(200,240)	2010 goal.
		kind		Child         Mean         298,844         654,015         507,237         911,436         2,074,273	\$56.4 million*
		contributions, fees from IIS	-Labor	<b>Popul</b> (St. Dev) (260,203) (178,398) (429,933) (564,371)	(dict'ed) to meet
		subscribers)	costs(personnel salaries, fringe	(49,338)	2010 goal and 95% provider
			benefits)	<b>Child</b> . Mean 29% 63% 72% 59%	participation.
			-Non-labor	44%	
		Calculated addt'l amount of	costs(non- personnel and	<b>Partic</b> (St. Dev) (0.54) (0.43) (0.29) (0.26) (0.14)	
		resources needed	indirect costs)		
		to meet national		Non Labor \$	
		health goals 2010 (95% of children<6y.o.	<b>Developmental</b> <b>costs:</b> Costs incurred prior to	Development         Mean         285,509         142,031         163,740         291,374         0           (St. Dev)         (578,487)         (286,985)         (337,863)         (481,137)         0	
		participate in fully operational	any iz data submission, or	Operations Mean 274,531 696,142 596,064 679,860 454,966 (St. Dev) (769,412) (541,044) (923,378) (1,029,998)	
		population-based IIS.	access by iz provider.	(124,004)	
			Software and	Total Non Labor <b>Mean</b> 560,040 838,174 759,804 971,233 366,191	
			hardware	(St. Dev) (1,039,098) (629,139) (1,098,955) (1,192,329) (301,553)	
			upgrade costs		
			Operational costs: Costs to	Labor \$ Development Mean 248,554 100,941 63,814 131,161 102,039 (St. Dev) (623,388) (159,685) (135,881) (370,508) (204,079)	
			maintain the current status of	Operations Mean 110,827 419,317 554,676 480,370 1,019,093	
			IIS after iz providers began	(St. Dev) (219,691) (559,807) (337,150) (534,342) (618,350)	

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Bartlett 2007	Study Location: Utah Sample Size: Utah Dept of Health (UDOH); 72 private Vaccine for Children (VFC)practices Time: Sept 2003 to March 2004	Timed staff of UDOH to assess practice coverage levels and process VFC reports manually or via Utah IIS; timed private VFC practices to produce VFC reports (manually vs IIS)	to submit data or access IIS records Discount: 3%	Total Labor       Mean       59,381       520,258       618,490       611,531       1,121,132         (St. Dev)       (600,991)       (489,775)       (304,919)       (601,790)       (414,271)         Overall Costs       Development Mean       534,063       242,972       227,554       422,534       102,039         (St. Dev)       (813,133)       (394,978)       (379,468)       (700,865)       (204,079)         Operations       Mean       385,358       1,115,459       1,150,740       1,160,230       1,019,093         (St. Dev)       (813,133)       (394,978)       (379,468)       (700,865)       (204,079)         Operations       Mean       385,358       1,115,459       1,150,740       1,160,230       1,019,093         (St. Dev)       (850,668)       (914,221)       (1,091,372)       (1,234,443)       (618,350)         Total       Mean       919,421       1,358,431       1,378,294       1,582,764       1,487,324         (St. Dev)       (1,121,652)       (900,971)       (1,237,504)       (1,592,114)       (715,824)         *IIS years connotes an observation for each of the 24 sampled IIS once per yr over a 5 yr period; therefore the sample for our analysis consisted of 120 data entries.         Assume 2003	Potential cost savings: state health dept ~\$11,740/yr; Utah VFC practices~ \$446/yr per practice
Boom 2007	Study Location/Sa mple Size:	2 IIS (Houston and Louisiana) were linked to	No discussion of direct/indirect systems cost.	<ul> <li>Assume 2005\$; Savings associated with overimmunization*</li> <li>Readministration of vaccine for every LINKS record found through HHCIR-</li> </ul>	Cost savings of ~3.04 million due to IIS
Descriptive	Houston, Texas and Louisiana	provide access of immunization records for	Costs to implement	<ul> <li>LINKS connection: \$1.6 million</li> <li>Vaccine costs+admin fee= \$3.04 million</li> </ul>	
Cost Analysis	Houston-Harris County Immunization registry (HHCIR) site	~200,000 evacuees from greater New Orleans area who went to Houston Texas.	HHCIR-LINKS connection (technical fees and training of addt'l personnel to use IIS)	Vaccine         N         VaccPrice (\$)         ReadminVacc(\$)         ReadminVacc           + adminfee(\$)	

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	Louisiana Immunization Network for Kids Statewide (LINKS) site— Astrodome and George R. Brown Convention Center	Both IIS were following Health Level Seven (HL7) standards, a nationally recognized standard for electronic exchange of health-related info between computer systems. Study evaluates the benefits of IIS in a public health emergency		<ul> <li>Hiring of a</li> <li>Allocation children</li> <li>Provider schools w</li> <li>Pain and frustration</li> <li>*cost savings are</li> </ul>	hipment, st additional p of physic time/resou hen IIS rec inconveni- ns and cost a high esti	al space to a rces used to ords not avail. ence to childr s assoc with rei mate because	1585 1,240,088 118,721 60,165 168,152 1224 319,682 214,680 35,417 248,881 <b>1,609,197</b> adling dminister shot to a contact Louisiana r ren of reimmunizati iz (lost work time, mi not all children for w vaccines are not adr	nedical homes or on; parents save ssed school) /hom records were	
Fontanesi 2002 Descriptive Cost Analysis (Para- metric)	Study Location: California Sample Size/Popul: 3 IIS in California 1 HMO database with 17 mill. records on 6 mill patients in	Predict cost of developing and maintaining IIS DOD MIL SPEC 881-B parametric model used Review of 3 IIS: Developed work breakdown structure (WBS) <sup>1</sup> to create model of cost structure,	Cost elements obtained for first 3 years of registry's operation.	<ul> <li><sup>3</sup>⁄<sub>4</sub> man-years (.75 application code af operational perform</li> <li>Total development</li> <li>Technical Infras</li> <li>Telecommunication</li> <li>Dial-up (\$4,100/m</li> </ul>	man-years ( FTE) for an fter 3 years mance) costs fixed structure C ns: th for <450 he study pe	(4 FTEs) for pla nual maintenar (in response to at \$250,000 ir ost Structure ) records, avg 3 riod than highe		1.5 FTE) to rewrite chedules, improve DN lines were	-Database development costs: \$250,000 -Costs to maintain registry~\$5,100/ end user/3-yr period.

<sup>&</sup>lt;sup>1</sup>Work breakdown structure (WBS) is a format for collecting and converting technical and cost information to common denominators.

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	Southern CA. 1 County PH dept database in urban county in Northern CA with 78,000 active records from 13 PH clinics, 3 hospitals, 15 private providers 1 County PH dept. database in rural area with >23,000 active records from County hospitals, and 23 private providers <b>Time:</b> data for 1 <sup>st</sup> 3yrs of IIS operations	and to determine key predictors of cost, also known as cost estimating relationships (CER)		<ul> <li>Hardware/software central repository: Computation/storage costs: \$5000 per MIP (mill. of instructions per sec) (i.e., used to produce coverage level reports)</li> <li>End-User Processor: IIS using PCs at the user level produced a yearly cost of \$1400 "per seat" (includes all end-user needs, i.e. PC, printers, software, telecommunication devices)</li> <li>Administrative Cost Structures: -Each IIS allocated ~28% of total budget to admin costs.</li> <li>Registry that spent \$177/year/end user had no significant improvement in coverage rates(2%), while 2 registries w/significant increases (28-33%) spent btw \$1,700-1,800.</li> <li>-Significant admin efforts (~\$5,100 per end user per 3-yr period) needed to "re- engineer" iz practices using functions of IIS.</li> <li>-Admin costs/end user was dominant CER (94% total cost) in predicting 3-yr registry costs (rather than cost per child per year)</li> <li>Data Entry: Data entry required 82.7 man-hours per 1,000 record entries. Much cheaper to use data entry personnel (vs nurses and MDs).</li> </ul>	
Glazner	operations Study Location:	Evaluation of differences in	Practice Staff: -Time spent on	2001\$ Vaccinations Administered:	IIS may provide net benefit to
2004 Before- After Cost Analysis	Colorado; select areas Sample Size/Popul: <u>Pre-period:</u> Rural: 6 private practices; 4 PH depts. or county nursing services; 3 CHC Urban: 3 pediatric	providers' labor cost of delivering vaccinations before participating in an IIS (Colorado Rural Immunization	vaccination activities during and before each visit when an iz was administered. -Time spent on IIS-related activities in post- period -Non-physician salary and benefits data <b>Physicians:</b>	Pre-period: 1335 shots to 610 children Post-period: 2244 to 991 children Cost of Providing Vaccinations: Increase from 1997 to 2001 Private +\$0.56 per shot CHC +\$0.56 per shot PH depts. +\$0.38 per shot Cost per shot formula: Sum (time spent by each health professional involved in giving immunization X applicable salary and benefits)/# shots provided Avg Cost/Shot (Before-After) (2001)	Priv/CHC by making vacc process more efficient and less costly (absent above avg salary increases) PH depts. may realize efficiency through IIS if they eschew use of paper vacc records

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	Post-period: Rural: 2 private practices; 2 CHCs; 2 PH depts./county nursing services (4 practices declined; 1 closed; 2 eliminated due to IIS pre- period) Urban: 3 pediatric practices Time: 1997 and 2001 (data collection periods)		interviewed once pre/ once post, about standard vaccination activities during a well-child visits	Nonroutine Iz ActivIz Admin (Nursing)Physc ActivRegistry ActivTotal Var. CostsDiffPractice TypePre Pre Pre PostPre PostPre PostPre PostPre PostPre PostPre PostPriv/CHC0.820.641.951.641.591.7700.874.374.930.56Priv/CHC0.820.641.951.641.591.7700.874.374.930.56PH depts1.061.122.731.960001.093.794.170.38	
Horne 2000 Descriptive Cost Analysis	Study Location: 16 All Kids Count (AKC) IIS sites; Sample Size: 16 IIS vs 15 clinics w/o IIS (manual); 14 clinics HMO in West and 1 large clinic in Midwest Time: Annual (1 yr)	Measured development, operational, maintenance costs to operate IIS compared to cost of manually reviewing records	IIS costs 1. Personnel costs: In-house and contractual; costs to plan, coordinate and operate IIS, enter data, and recruit providers 2. Equipment: Software and communications 3. Indirect costs: Rent, overhead 4. In-kind contributions Costs of Manually Reviewing	Assume 1997\$         Annual costs/child once IIS becomes fully operational (i.e. containing, at a min, iz histories, in addition to the first hepatitis B iz administered in the hospital) for at least 95% of children<25 mo for defined geographic area.	Potential net savings: \$201.8 million

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			Records 1. Personnel time to manually retrieve medical chart 2. Review iz records 3. Provide iz data to nurse/phys for evaluation and action 4. Record iz in chart 5. Return chart to file	Follow-up commentary by author estimated savings of 168 million from the education system perspective (school personnel in addition to individual perspective) 113.8 million + 168 million=280 million	
McKenna	Study	Measured costs of	1.	1998\$	"all child" cohort
2002	Location:	developing,	Development	Development and Operating Costs for IIS (1998)	(n=62,420)
2002	Boston	maintaining, and operating IIS	costs: a. Investments:	Costs Central IIS* IIS site Total	Average cost= \$5.45/child/yr
Descriptive	Setting:	oporating no	software,	Investment Amortized annual 48,057 76,843 124,900	¢o. io, oima, ji
	community	Compare IIS costs	hardware,	cost (1994)*	"active user"
Cost	health centers,	with non-IIS	personnel, tech	Amortized annual 11,606 3,539 15,145	cohort
Analysis	hospitals,	(performing same	support, training,	cost (1998)*	(n=34,572)
	private	functions			Average cost=
	practice	manually)	b. Maintenance:	Maintenance Personnel 26,582 87,072 113,654	\$10/child/yr
	Sample Size:	Data collected	personnel, tech support, training	Technical 61,000 61,000	Net savings of
	23 IIS versus	from 23 Boston	support, training	Support Training 687 3,828 4,515	\$26,768 (1998)
	groups w/o IIS	Immunization	2. Operating	Training 687 3,828 4,515	compared to
	(manual)	Information	costs: costs of		Non-IIS
		System sites. 13	operating IIS		
	63,420 "all	control sites	output functions,	Total Development Costs 319,214 (92%)	Non-IIS system
	children goup"	chosen randomly	such as "behind"		unable to
	(aged<23)	for a manual	list (summary	Operating Immunization 9,915 9,915	identify iz status
		immunization	report that	History	of children w/o
	34,572 "active	audit by	identifies	Immunization 13,085 13,085	apt. Cost of
	users"	Massachusetts Department of	children not	Assessment	underiz children
	(children<8 y.o.)	Public Health.	utd), vaccine usage report,	"Behind List" 130 130 Coverage-Level 675 675	is \$7,520. Generating
	y.0.)		coverage level	Coverage-Level 675 675 Reports	"behind list" in
	Time: Data		report,	Vaccine usage 2,538 2,538	IIS cost
	collected June		immunization	Reports	\$0.49/report.
	1998-May		history,		
	1999		immunization		Page 6 of 11

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			assessment	Total Operating Costs26,343 (8%)	
			(Hourly costs) X (Time required to complete each	Total Costs 345,557 *Development investments amortized over 5 yrs when actual costs incurred (5.5% in 1994 and 4.5% in 1998)	
			function) 3. <b>Manual costs</b> derived from findings of survey conducted at	Comparison of the costs of IIS and non-IIS (manual)         IIS       Non-IIS         Function       Min/Task       Total       Savings         Cost*       Cost**         IIS       Non-IIS         Function       Min/Task       Total       Savings         Cost*       Cost**         Imm. History       1       130,061       30       297,455       167,394	
				Imm Assment       3       171,643       10       43,616       -128,027         "Behind" List       1       1,705       3       7,520       5,815         Vaccine usage       30       33,292       90       7,614       -25,678         Reports	
				*Total Cost= Direct operating costs + allocated indirect cost (development costs treated as indirect costs; allocated among 5 registry functions in proportion to their direct operating costs) ** Without IIS, allocated indirect costs are zero Childhood immunization-related costs (1998-1999) 1998* 1999**	
				IIS       345,555       577,919         Non-IIS       372,323       1,267,322         *Net overall savings of \$26,768 compared with Non-IIS; most savings related to generation of immunization histories (\$167,294).       ***1999 costs are total annual projected costs of a hypothetical expanded IIS. Net overall savings of \$689,403.         -Development costs (\$359,068) and Operating costs (\$218,851).       Following assumptions made:         a.       IIS would expand to 59 sites citywide         b.       All sites would use IIS to its full potential for children<=10 yrs	

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O'Connor 2007 Descriptive Cost Analysis	Study Location: Michigan Sample Size: 1 health plan (Priority Health) and Michigan IIS* *Michigan Care Improvement Registry (MCIR) Time: 2003- 2007	Evaluated use of state IIS as a primary data source for HEDIS and physician incentive programs (PIP) and quality programs as opposed to claims data.	-Labor (\$38.08 for computer software engineers, systems software, compiled by BLS) -Administrative, overhead, and fringe expenses -cost of chart reviews, including costs for pulling and refilling (\$14.50/review, conducted by RN subcontractor)	<ul> <li>2007\$ -IIS data reduced chart reviews for HEDIS and physician quality and incentive programs by ~20,000* reviews in 2004-2007 * # of charts reviewed for HEDIS declined from 582 in 2003 to 51 in 2007; the administration of the health plan's physician incentive program had 18,881 fewer chart reviews from 2004-2007 when IIS was used compared to not used.</li> <li>-Total costs of using IIS data were estimated to be \$14,318</li> <li>-3.5 weeks of labor effort by network engineers and software programmers to program Priority Health's systems to receive data from MCIR, a one-time cost of \$10,662. Ongoing support accept IIS data was ~1 hour/month (\$914/year).</li> <li>-Net Benefits were \$107,854</li> <li>-Benefit to cost ratio of 8.01</li> <li>Benefits: <ol> <li>Reduced chart reviews</li> <li>IIS is a single point of electronic data entry which enables health plan to leverage providers' legal obligations to record childhood iz in IIS.</li> <li>Reduces reporting burden and unreported iz.</li> <li>Enables health plan to acquire iz data on members who receive iz outside provider network.</li> </ol> </li> <li>Using same reporting data (HEDIS-based benchmarks) for HEDIS and PIP improved transparency goals by allowing providers to update data via supplemental submissions and providing tools for providers to monitor their progress toward achieving benchmarks.</li> </ul>	Benefit-to-Cost ratio: 8.01
Rask	Location: Atlanta and	Compared 2 IIS	Estimated salaries for clinic	1997\$ Site # Pts. # shots IIS \$ Cost/pt Cost/shot	Annual costs range: \$6083-
2000 Cross- sectional Cost- analysis	Chatham County, GA Sample Size: 4 sites with Providers participating in either the Atlanta (MATCH) or Chatham county (All Kids Count) IIS. 4 sites selected because:	systems to determine provider costs of participating in the system. Focus was to determine if: -Costs vary by method used to enter and retrieve data from IIS -Participation costs vary across IIS. Interviews and	personnel using public labor statistics and fixed benefits rate of 22.8%, hardware costs amortized over 5 yrs at 5% discount rate with 10% scrap value	A       18500       50800       \$12065       0.65       0.24         B       1800       4300       \$13938       7.74       3.24         C       4000       9900       \$16377       4.09       1.65         BC       6600       16500       \$24246       3.67       1.47         D       1400       2400       \$6083       4.35       2.53         Lowest costs at Site A where they use automated data entry. This would be true even if substantially less than 100% of shots entered in automated system.         Personnel time and fixed equipment costs drove costs at clinic w/manual data entry.         Yearly data entry cost (1998 \$)         Type of cost       #pts       Annual Cost       Annual cost/pts         Sites B&C       6600 pts         Labor       \$7951       \$1.21         Equip       \$2030       \$0.31         Tot       \$9981       \$1.51	24,246 Annual costs/patient range: \$.65- \$7.74 Annual/patient costs were least expensive for IIS w/ automated data entry interface.

Immunization Information Systems – Economic Evidence Table

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	- consistently participated in one of the IIS, as reported by IIS activity logs - used different IIS interfaces (automated and manual entry)	direct observation at 4 sites to determine: -IIS processes -Evaluate patient flow in the clinics -Determine the method of entering and retrieving data from IIS		Site D       1400 pts         Labor       \$688       \$0.49         Equip       \$1015       \$0.72         Tot       \$1703       \$1.22         Costs higher at sites B&C due to longer time required for data entry and retrieval.	
Rask 2000 Descriptive Cost Analysis	Location: Atlanta, GA Setting: Public health clinics (county HDs, public hospitals, and CHCs) in Atlanta, GA Study population: IIS staff Time: 1995- 1997	Measuring direct IIS costs (development and maintenance) Directly observed and interviewed IIS personnel to identify technical and admin activities Data collected at MATCH (Metro Atl Team for Child Health) IIS. Services include: -Record look-ups -Clinical data interface or batch data entry interface -R/R capability (thru autodialer or postcard)	<ol> <li>Administrative (rent, financial admin, and ops mgmt)</li> <li>Equipment (computers, printers, phone lines)</li> <li>System devel. and maintenance (personnel time, system and manual upgrades, addressing data qual. Issues)</li> <li>IIS outreach functions (R/R and report generation</li> </ol>	1997\$         Start-up costs       Maintenance costs         Type of expense       Year 1 (1995)       Year 2 (1996)       Year 3 (1997)         Admin expenses       \$76,237 (60%)       \$77,929 (62%)       \$118,589 (63%)         Staffing       \$62,232       \$104,432         Donated effort       \$62,232       \$\$62,232       \$\$62,232         Rent/Supplies       \$\$14,005       \$\$15,697       \$\$14,157         System Design & \$\$33,198 (26%)       \$\$37,136 (30%)       \$\$56,933 (30%)         Maintenance         Equipment Exp       \$\$18,032 (14%)       \$\$9,823 (8%)       \$\$11,355 (6%)       Personnel costs*         \$\$95,430 (75%)       \$\$99,368 (80%)       \$\$161,365 (86%)       Non-personnel costs         \$\$25,520 (20%)       \$\$25,512 (14%)       Total Costs       \$\$127,467       \$\$124,888       \$\$186,877**         * Personnel costs account 75-86% of yearly registry costs; 2/3 was for staff       conducting admi	Estimated direct cost for maintaining IIS for 3 yrs: \$439,232 Estimated yearly range: 124,888- 186,877 Annual cost/child: \$5.26 (186,877/35,550 children who received immunizations in 1997)

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				Ops manager		38.5	\$1152		
				Equip/Supplie Software mar			\$10		
				Total	luai		\$2212		
Slifkin	Study	Measured costs of	Personnel:	1997\$					Total cost of
	Location: ?	developing,	Administrative/pr	IIS costs over	r the first 5	years (in tho	usands)		planning and
1999		maintaining, and	<u>ogram</u>						implementing
<b>D</b>	Sample Size:	operating IIS.	development	Cost	Site A	Site B	Site C	Site D	central IIS
Descriptive	411S from All Kinds Count I	Data collected	tasks- development of	Personnel	* • • • •	<b>\$</b> 040	AA 774	<b>*</b> ( <b>0 0</b>	ranged from \$2.4-7million
Cost	Initiative	from 4 sites	registry and	Administrative	\$373	\$212	\$1,774	\$629	over first 5 years
Analysis	miliative	participating in	keeping the	(% of personne	al)(18%)	(11%)	(48%)	(24%)	over mist o years
	Site A: covers	the All Kids count	registry running	(70 01 personne	51)(1070)	(11/0)	(4070)	(2470)	
	one small	I initiative, a		Computer/	\$1,350	\$881	\$1,798	\$1,959	
	health district,	national cohort of	Computer/	Technical					
	which includes	projects funded	technical tasks-	101 5	1) ( ( ( 0 ( ) )	(1=0)	(100())	(= ( 0 ( )	
	2 counties; part of	by the Robert Wood Johnson	system architecture,	(% of personne	el)(66%)	(45%)	(48%)	(76%)	
	computer	Foundation	programming,	Total	\$2,043	\$1,972	\$3,727	\$2,588	
	system that	(RWJF).	conversion of	Total	ψ2,043	$\psi$ 1,772	$\psi \mathbf{J}_{1} \mathbf{I} \mathbf{Z} \mathbf{I}$	Ψ2,500	
	contains WIC		electronic data,	(% of total 5-y	ear costs)				
	data & lead	On-site data	data entry, and		(85%)	(76%)	(54%)	(70%)	
	exposure	collected through	system		_				
	tracking	interviews with key personnel;	maintenance	Non-Personne		<b>\$1</b> (0)		<b>\$001</b>	
	Site B: covers	when possible,	Registry function	Administrative	\$93	\$162	Not Avail	\$221	
	1 city and	requested	tasks- report	(% of non-pers	(25%)	(26%)	Not Avail	(20%)	
	located in the	documentation to	generation,		(2370)	(2070)	Not Avail	(2070)	
	local health	verify data	reminder/recall	Computer/	\$279	\$449	Not Avail	\$890	
	dept	provided	activities, follow-	Technical					
	Cite C		up, and outreach	(a					
	Site C: collaborative		Non-personnel:	(% of non-pers		(740/)		(000()	
	IIS btw 2		Administrative		(75%)	(74%)	Not Avail	(80%)	
	counties;			Total	\$371	\$611	\$3,221	\$1,111	
	public/private		Computer-	lotal	<i><b>Q</b></i> (0) 1	<b>\$011</b>	\$0,221	<i><b></b></i>	
	partnership		related- i.e	(% of total 5-y	r costs)				
	City D. stat		external contract		(15%)	(24%)	(46%)	(30%)	
	Site D: state-		for software development	Crond Tatal					
	wide system focused		development	Grand Total, !	5-yr costs \$2,414	\$2,583	\$6,948	\$3,700	
	initially on				φ <b>Ζ,4Ι4</b>	\$Z,000	<b>Φ</b> 0,740	\$3,700	
	children seen								
	at public			Iz Registry Co	ost/Child (	under differer	nt scenarios)		
	health depts						•		

Lead Author, Year Study Design Economic Method	Study Location Sample Size Population Time Horizon	Intervention Description	Components	Program Costs/Savings	Economic Summary Measure
	<b>Time:</b> Nov 1992- Oct 1997			Cost per ChildSite ASite BSite CSite DCurrently enrolled w/ record&iz history\$217\$81\$122\$56Currently enrolled w/record, w/w/o iz history\$217\$23\$44\$35In target population*\$213\$22\$35\$21In target population over next 5-yrs\$80\$11\$19\$6In target population over next 10-yrs\$49\$7\$13\$3*Based on 1990 census-average cost/child decreases as cohort of children increases	
Urquhart 2007 Descriptive Cost Analysis	Study Location: Nationwide Sample Size: 21,295 children/adole scent iz queries made to IIS Study population: All children (aged 0-18) displaced by Hurricane Katrina. Time: Aug 29, 2005 to Oct. 11, 2005.	Study evaluated IIS use for a 13 month period following a public health emergency and costs savings related to prevention of revaccination	National mean costs for VFC vaccines and vaccine admin VFC vaccine Vaccine admin cost/dose cost/dose DTAP=13.40 \$8.89 Polio=\$11.32 \$8.89 MMR=\$16.67 \$8.89 Hib=\$9.33 \$8.89 Hib=\$9.33 \$8.89 Heb=\$10.06 \$8.89 Varicella=\$52.25 \$8.89 PCV=\$54.12 \$8.89 Meningococcal= \$68.00 \$8.89 Vaccine Costs/Admin— 2005	Assume 2005\$ Estimated revaccination costs if LINKS data not avail: 9.8 mill (vaccine) + 3.8 mill (admin fee) = 13.6 million Estimated revaccination savings due to vaccination data in LINKS=4.6 million Participation rate of private provider rates is 51%; with more complete iz histories, IIS can save more money in revaccination costs	Approx \$4.6 mill saved in revaccination expenses