Should Nurse Practitioners be Required to Record Immunizations in Immunization Information Systems?

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SHOULD NURSE PRACTITIONERS BE REQUIRED TO RECORD IMMUNIZATIONS IN IMMUNIZATION INFORMATION SYSTEMS?

The United States Centers for Disease Control and Prevention (CDC)’s Vaccines for Children (VFC) Program, which provides the majority of childhood immunizations, has been in existence for over 20 years. The CDC also created the Immunization Information Systems (IIS) program in which states were allocated funding to create statewide immunization databases. The goal was to maintain a reliable immunization tracking system to keep children on schedule and avoid unnecessary immunizations. In most states, however, only health care providers who are enrolled in the VFC Program are required to enter data into the IIS. Should all providers be required to enter immunization data into the IIS?

YES

Many states cannot rely on the accuracy of their IIS, because, in most states, many providers are not required to enter immunization information. Requiring all providers to enter immunizations into the IIS would create accurate records that would in turn allow a more streamlined approach to managing immunization-preventable disease outbreaks. A more efficient response would lead to better protection of the health and safety of children enrolled in public schools.

The expertise of a school nurse is key to optimizing immunization and responding to disease outbreaks. Unfortunately, funding for school nurses is often lacking. A school nurse may oversee as many as 7,000 students. This number is implausible and goads the question, How do school nurses find the time and resources to ensure all students are adequately immunized?

An accurate record in the IIS would assist school nurses in their efforts to register students while maintaining high immunization rates in schools. Identifying unimmunized children and educating their parents is key to controlling the spread of diseases in schools. Thus, the ability to accurately track immunization records through the IIS would aid school nurses in protecting those who are not adequately immunized during an outbreak.

With increasing immunization exemptions and the rise in communicable disease outbreaks, now is a pivotal time to improve record keeping. Requiring all providers to record immunization information into the IIS would improve containment of disease outbreaks and aid school nurses to better protect the health of school-age children. As providers, nurse practitioners, along with public health officials and school nurses, can positively influence the health of all children by entering immunization data into the IIS. Requiring all providers to enter immunization records into the IIS would facilitate the work of public health professionals to contain outbreaks and assist school nurses in protecting those who are unimmunized.

Lacey Eden

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NO

Upon first glance, IIS mandates for providers may seem like a great idea. Accurate immunization data would decrease repeat immunizations, ensure timely administration, and improve response time during outbreaks. To make an IIS both accessible and useful, data must first be entered. Because providers administer immunizations, it makes sense to have providers enter the data. The problem, however, is with practicality, efficiency, and workflow.

Providers are immunization champions. But ask yourself: if providers are such effective immunization champions, and if IIS programs assist providers, why don’t 100% of providers voluntarily record patient immunizations in the IIS?” The answer is simple: because of the unfair financial burden IIS programs impose on providers and their practices.

The Affordable Care Act incentivized practices to implement use of the electronic medical record (EMR) by avoiding a financial penalty. EMRs enable providers to submit claims electronically, including for immunizations. Inputting immunization information into the EMR requires a time commitment, but this commitment is offset by the financial reimbursement. There is no financial incentive to record immunization information in an IIS. Furthermore, IISs are often unable to interface with EMRs. As a result, providers wanting to participate in the IIS must record immunizations twice. This duplication of record keeping is costly. If IIS entries are mandated, there would likely be a financial penalty, thus increasing provider burden.

The funds allocated for IIS creation by the CDC covered about 55% of the total cost. States supplemented those funds with another approximately 18%. The remaining 27% comes from alternate government and private sources. States need long-term financial support from the CDC if they are going to be successful in implementing meaningful statewide IIS programs. Until IIS programs are appropriately funded and able to interface with EMRs, providers should not be forced to participate.

Beth Luthy

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