



All models are wrong, but some
are useful:

The case for integrating EHDI
with other child health
information systems

Karen Torghele

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Public Health **INFORMATICS** *Institute*



Objectives

- (1) **Describe** rationale for developing business case for integrating EHDI information system (IS) with others
- (2) **List** health, programmatic, and financial effects of integrating EHDI IS
- (3) **Discuss** business case model (BCM) assumptions and methodologies





Current PH Info System Problems

Individuals, families, and society pay the price

Preventable illness, possible life-long disability

Duplicate, incomplete immunizations, screenings, follow-up

Lack of timely, complete, and accurate health information

Info not shared: providers, PH, social services, families

Few or no linkages exist among information systems



Business case

“Using **credible estimates** based on factual inputs and expert opinion allowing health officials to articulate the **costs** and **benefits** of information systems integration in terms of dollars, time, and other resources.”

Business Case Model User Guide





Making a business case for EHDI Info System integration

- Document costs and benefits to stakeholders
- Project short- and long-term benefits
- Show added effects of integrating EHDI





**Before I make my decision, I'd like
to see those meaningless
statistics again**



What is the Business Case Model?

- Tool to quantify benefits and costs of ICHIS
- Contains pre-loaded state-specific data
- Documents projected ROI of ICHIS
- Shows results by stakeholder group:
 - Family, Employer, Insurer
 - Government
 - Society





Integration benefits reflected in BCM

- Improvement in data quality
- Providers have complete picture
- Support for health care decisions
- Increase in quality and coordination of care
- Better health outcomes





BCM assumptions

- **Better tracking**
- **Changes in referral patterns**
- **Improved timeliness of services**
- **Better financial and health outcomes**





BCM assumption illustration

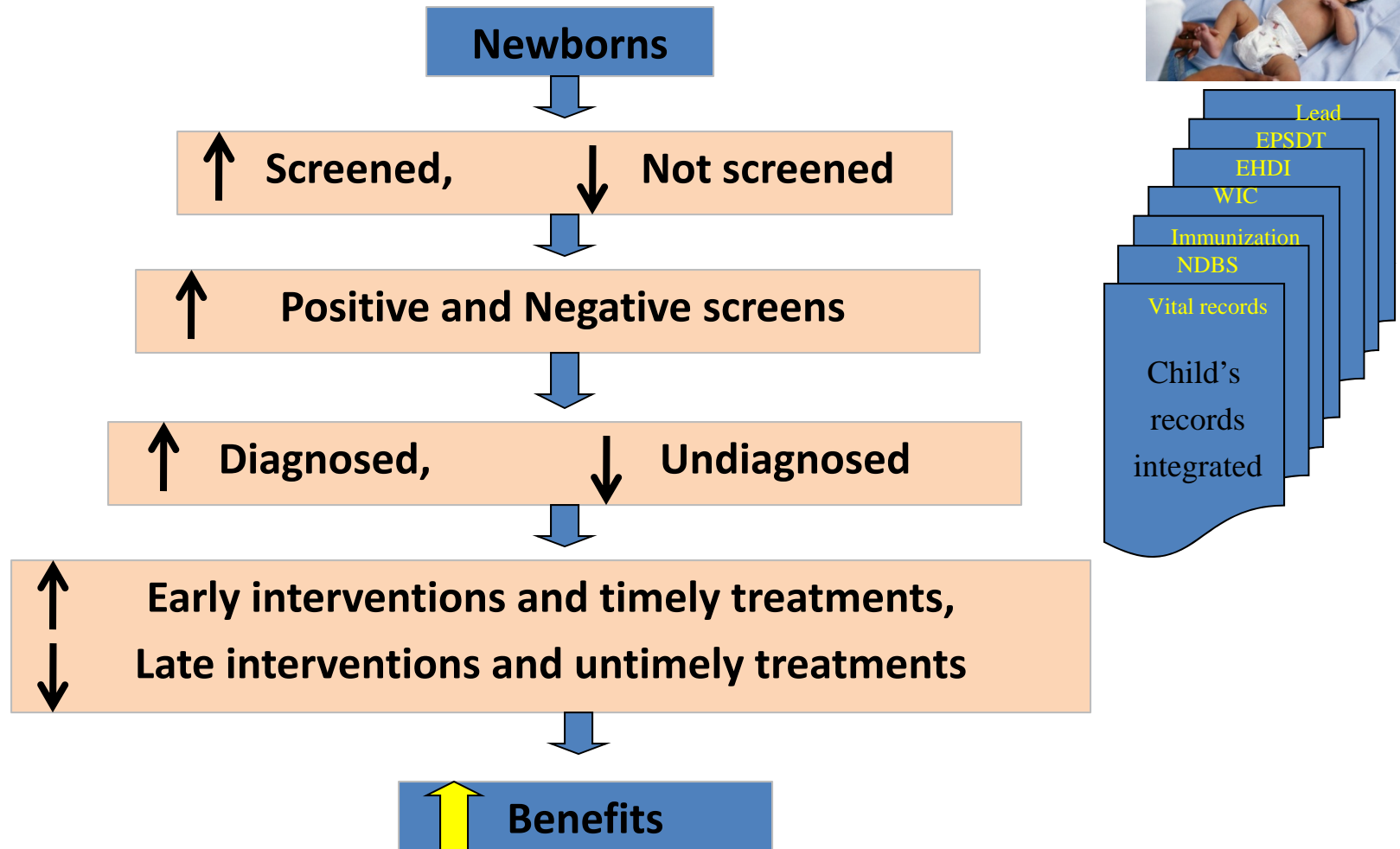
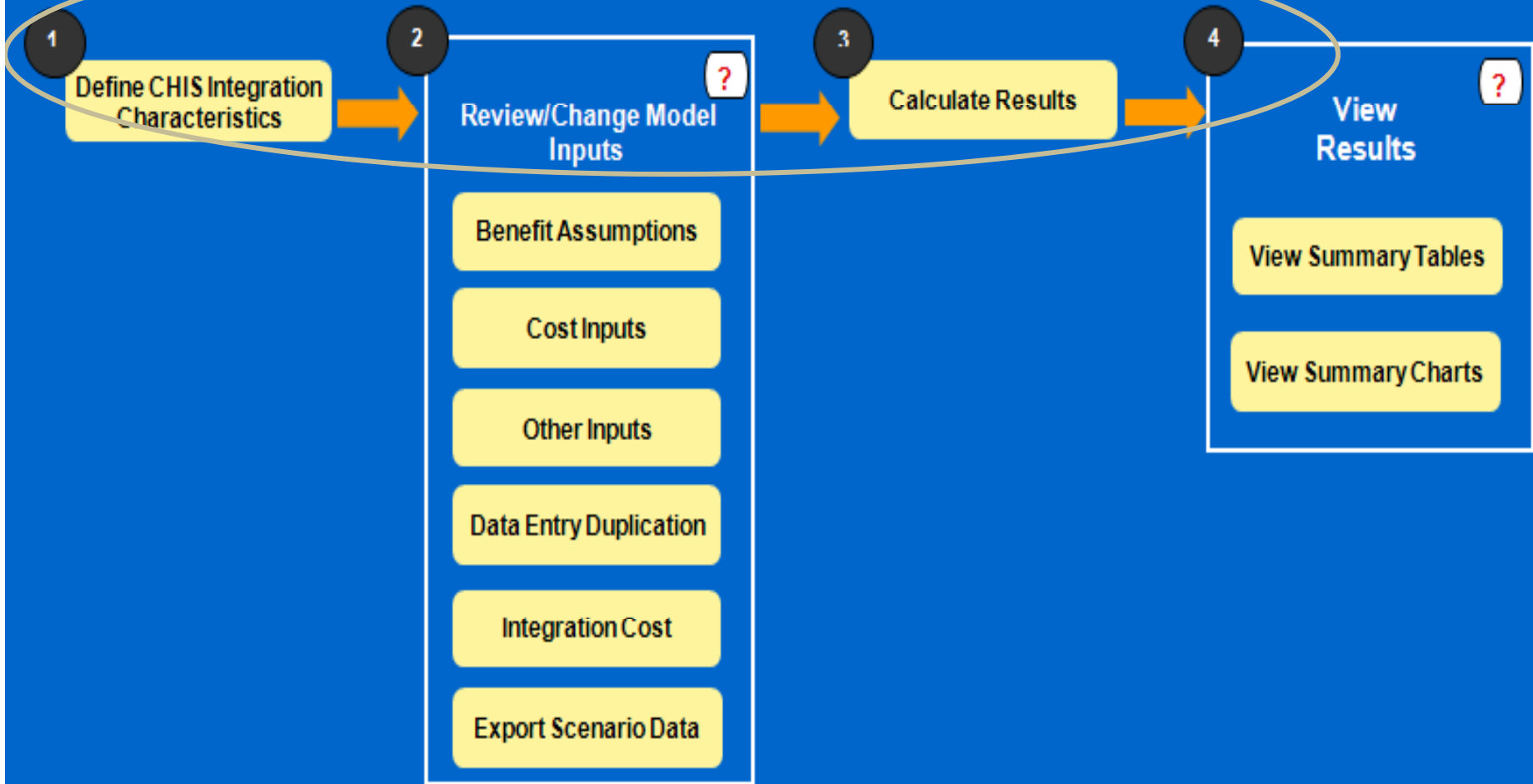


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Additional Resources

About the model

Building a Business Case

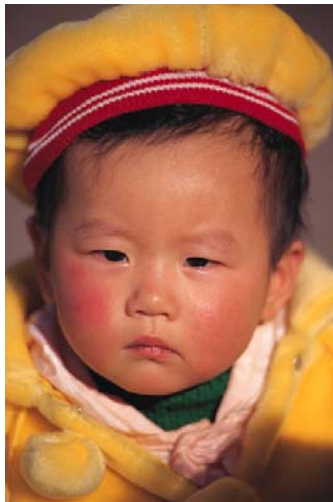
Definitions

Other Potential Public Health Benefits

Advanced Modeling

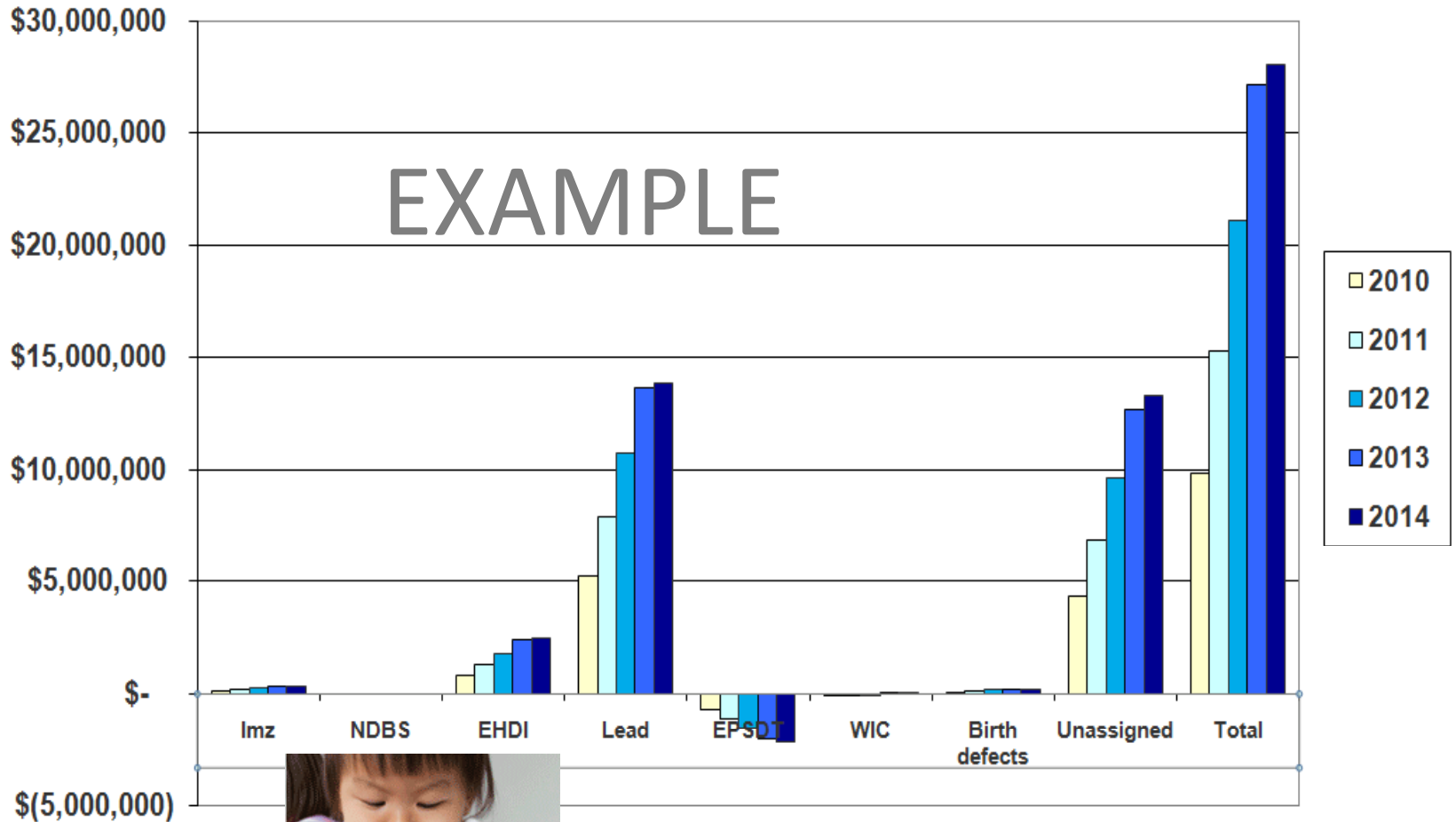
i EHDI-related tables and charts in BCM

- **Summary chart of ICHIS**
- **Increase in EHDI participation after integration**
- **Additional hearing loss cases detected before six months of age after integration**



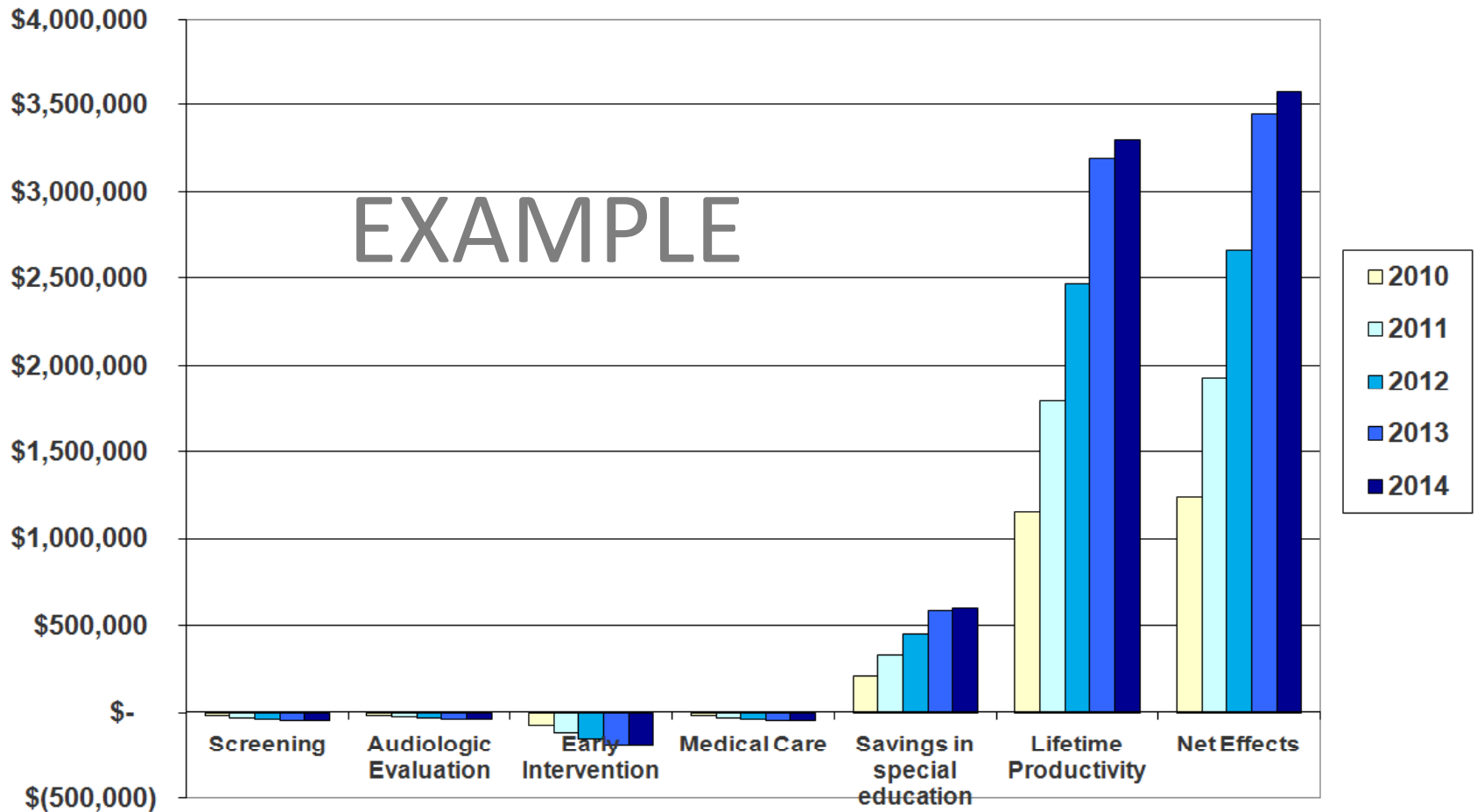


Projected annual net effects of integration by program



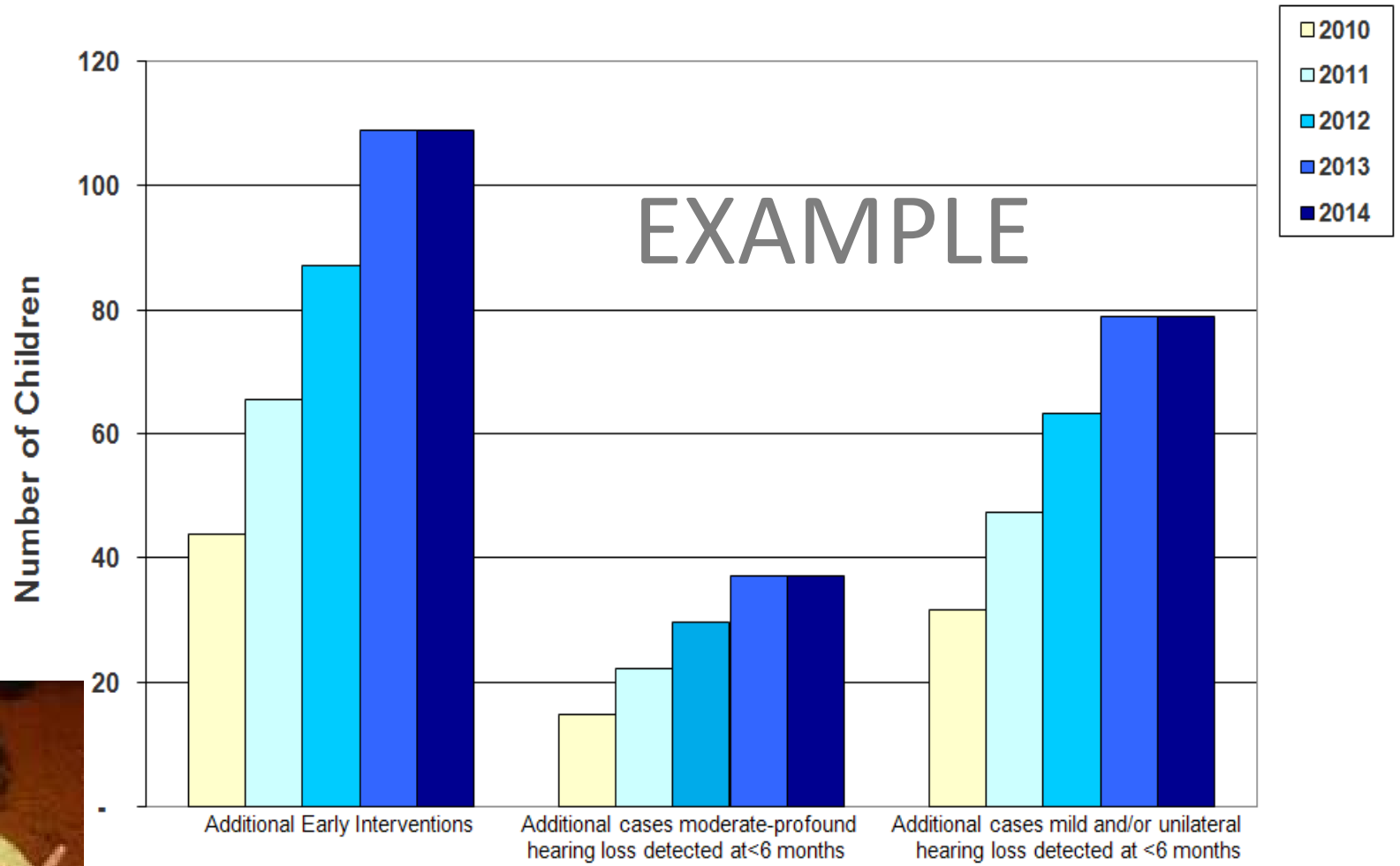


Increase in EHDI participation after integration: Effects on society





Increase in detection and early intervention for hearing loss before 6 months of age after integration



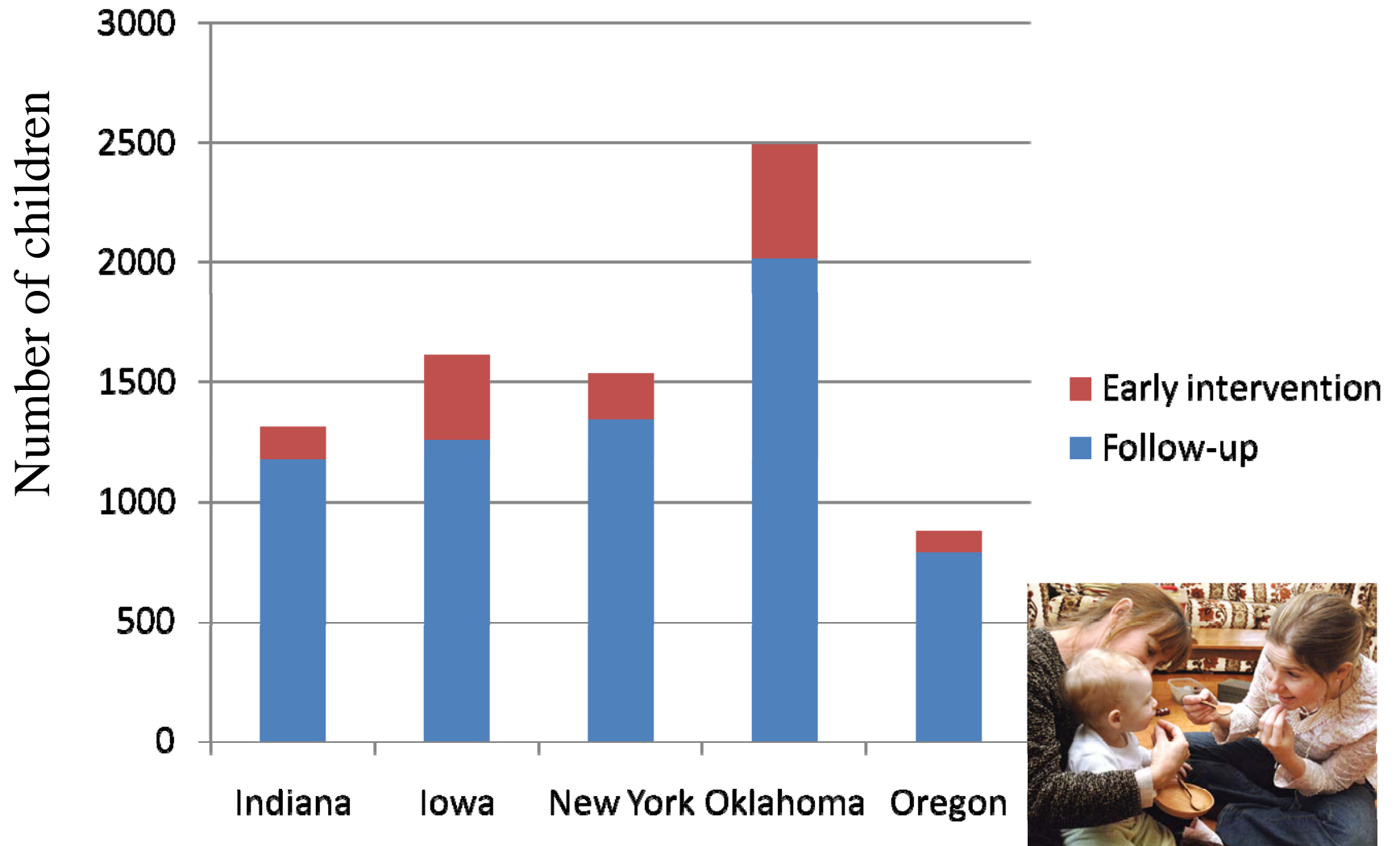


Projected increase in follow-up, EI after integration over 5 years

State	Receive recommended follow-up	Enroll in early intervention by 6 months
Indiana	1,178	132
Iowa	1,253	361
New York State (excluding NY City)	1,341 (Preliminary data)	192 (Preliminary data)
Oklahoma	2,011	480
Oregon	784	92



Projected increase in follow-up, EI in 5 states after integration over 5 years



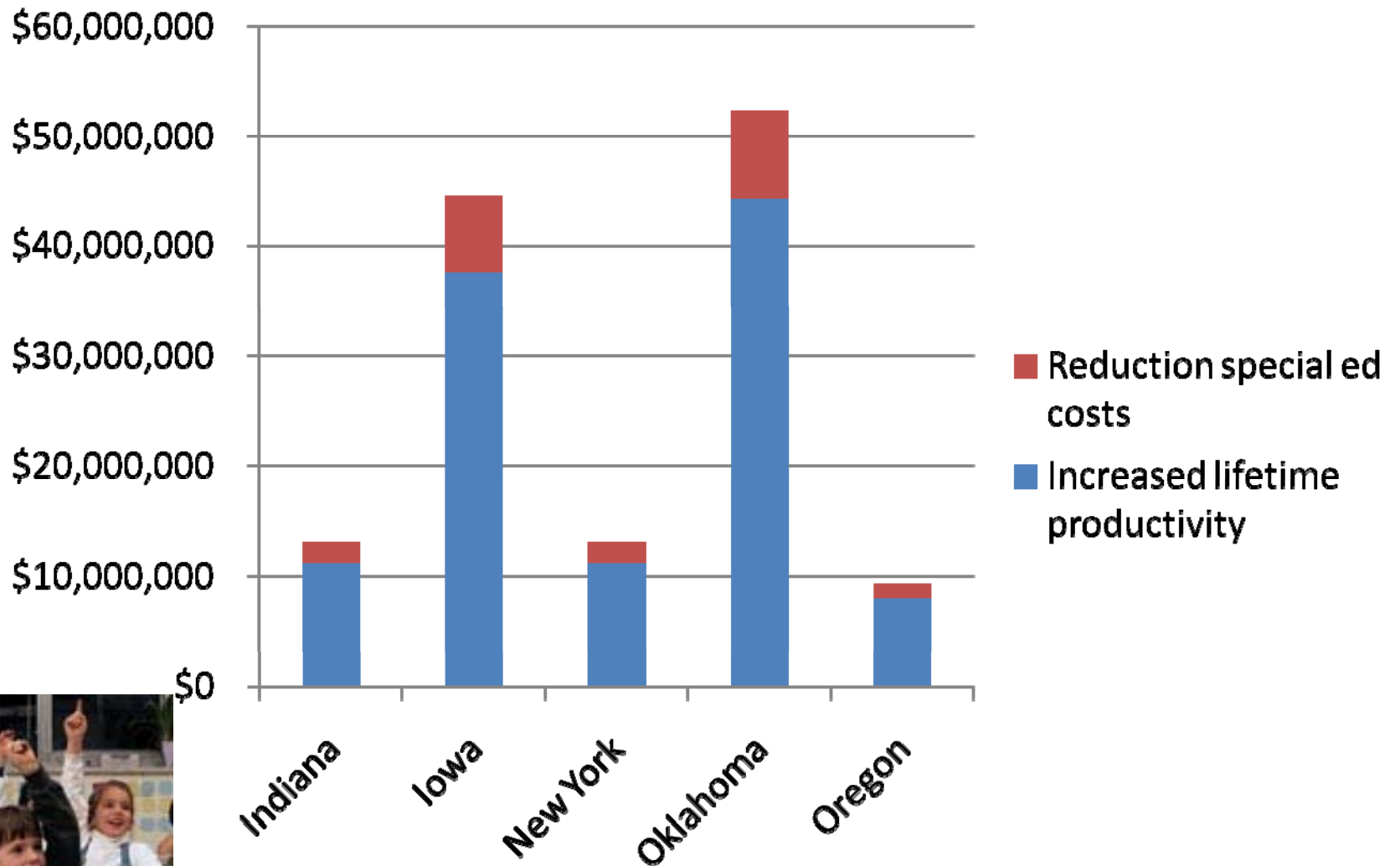


Projected reduction in special ed costs, increase in lifetime productivity for 5 states after integration over 5 yrs

State	Reduction in special education costs	Increase in lifetime productivity
Indiana	\$2,023,727	\$11,074,890
Iowa	\$6,967,454	\$37,498,389
New York State (excluding NY City)	\$2,023,727 (Preliminary data)	\$11,074,890 (Preliminary data)
Oklahoma	\$8,086,385	\$44,252,705
Oregon	\$1,433,325	\$7,843,843

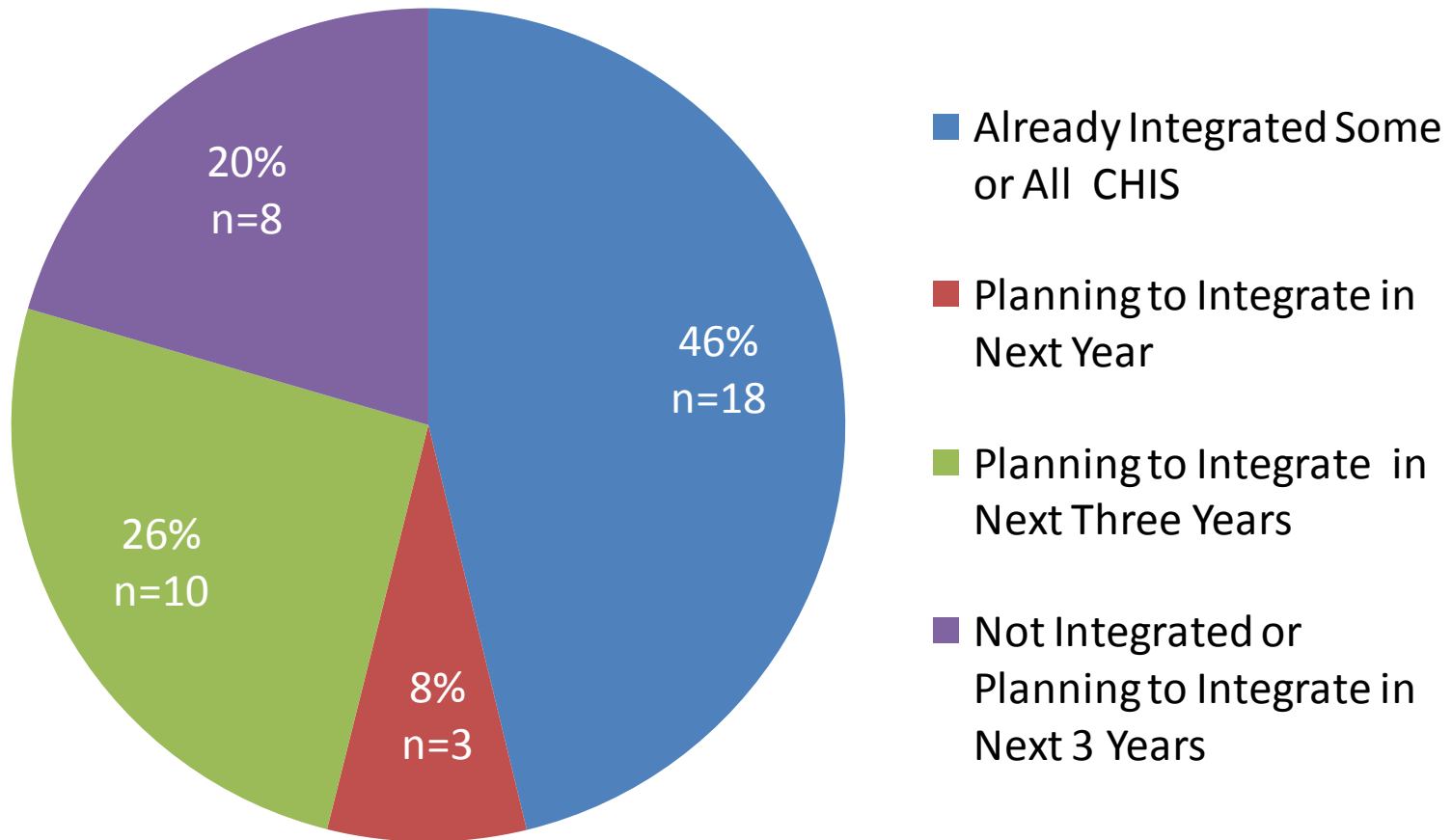


Projected reduction in special ed costs, increase in lifetime productivity for 5 states after integration over 5 yrs





Level of Reported Integration (2008)



N = 39



Acknowledgements

- **BCM workgroup and technical advisors**
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For more information:

- **Contact Information:**
 - **Email: Businesscase@PHI.org**
 - **Public Health Informatics Institute**
 - **www.PHI.org**
 - **Call: (866) 815-9704**

Thank you!