

Frequently Asked Questions

Business Case for Integrated Child Health Information Systems

Why is integration of child health information systems important?

Integration of child health information systems help:

1. Provide comprehensive and accurate child health information in a timely manner to support the provision of services through the medical home, public health program needs, and decision-making at the point of service..
2. Ensure children receive necessary preventive, screening, therapeutic and follow-up services (e.g., newborn dried blood spot screening, hearing screening, lead screening, and immunizations)
3. Coordinate medical care and public health activities through continuous exchange of health information.
4. Support the provision of services by coordinating public health programs.
5. Eliminate duplicative services.

What is a business case?

A business case is a tool that supports planning and decision-making, including decisions of whether to buy or develop an information system and when and how to implement. It commonly answers the question, "What are the financial and business/organizational consequences of making specific decisions and taking different actions?" Most business cases try to assess both the benefits and the costs of various alternatives in order assess whether an investment is worthwhile.

Why do we need a business case for integrated child health information systems?

The business case for child health information systems will develop estimates of the costs and benefits of integrating child health information systems – **not** of individual information systems. It will demonstrate the value of child health information systems integration to society, providers, parents, and public health programs.

For many public health programs and other initiatives aimed at improving long-term health or social service outcomes, making a strong financial business case can be challenging because the results of a program will not accrue for many years, and a sector from that which bore the initial costs often benefits. Nonetheless, a convincing business case that outlines the value proposition of the investment is necessary to assure stakeholder support and long-term sustainability of the program.

Who are the stakeholders of the business case?

Stakeholders of the business case include:

- Funding bodies (e.g., Center for Medicare and Medicaid Services – CMS, insurance plans)
- Federal Health Agencies (e.g., Health Resources and Services Administration – HRSA, Agency for Healthcare Research and Quality - AHRQ, Centers for Medicare and Medicaid Services - CMS, Centers for Disease Control and Prevention - CDC)
- State and local health departments
- Provider associations (e.g., American Association of Pediatrics - AAP, American Association of Family Practitioners - AAFP)
- Public health associations (e.g., Association of State and Territorial Health Officials - ASTHO, Association of Maternal and Child Health Programs - AMCHP, Association of Public Health Laboratories – APHL, National Association of County and City Health Officials - NACCHO)
- Policy makers/leaders in child health (e.g., National Initiative on Child Health Quality - NICHQ, National Association of Children’s Hospitals and Related Institutions - NACHRI, and March of Dimes)
- Providers, parents, schools, health plans, academic institutions, foundations, and state and community policymakers

How will stakeholders benefit from the business case?

Stakeholders will use the results of the business case to articulate the value of integrated child health information systems and support planning and decision-making, including decisions of whether to buy or develop an integrated information system and when and how to implement. Users will also be given an interactive tool to develop a business case for their own state or community integrated child health information system.

What information systems will be analyzed in the business case?

The business case will address the costs and benefits of integrating information systems for various child health information programs including vital records, immunizations, newborn dried blood spot screening, newborn hearing screening, lead screening, WIC, EPSDT, birth defects surveillance, early intervention, and children with special health care needs.

How will the business case be developed?

The development of the business case is supported jointly by the Public Health Informatics Institute’s contract with the Health Resources and Services Administration, Genetic Services Branch (HRSA/MCHB) and a grant from The Robert Wood Johnson Foundation. Individuals representing key child health stakeholder groups will inform the business case through interviews, surveys, and possibly focus group discussions. Tim Dall, a health economist with the Lewin Group, will facilitate and conduct the analysis.

When will the business case be available?

The business case will be completed in December 2005 and submitted to a peer-reviewed journal for publication.