



LHN

Lakeshore Health Network

EBCR Data Reporting

PHO Mission Statement

*A partnership to provide
excellence through quality,
value and customer service to
meet the healthcare needs in
our community.*

Objectives

- Evaluation of EBCR Data
- Data Entry into Registry
- The Provider Response
- Findings: Data Gaps & Attribution
- Lessons Learned
- Next Steps

Evaluation of EBCR Data

- Data is received via Secure FTP
- Evaluation of the file
 - Truncation of data
 - Missing data
 - Data is old
- Comparison of Data
 - 4Q2007
 - 1Q2008

Report Date: June 2008
Measurement Period: 1/1/2007-12/31/2007

Blue shading indicates a rate in the top quartile
Yellow shading indicates a rate in the bottom quartile

Measure	RDN	RDN Comparison 2007-4Q	RDN Comparison 2008-1Q
Overall			
Total members in Panel	36,424		37,194
Diabetes			
Total members with Diabetes	1,339	1,404	1,387
Diabetes: % of panel with condition	3.7%	3.7%	3.7%
HbA1c Testing	84%	83%	84%
LDL C Screening	83%	83%	82%
Monitor for Nephropathy	78%	77%	77%
Lipid Lowering Drug Rate	69%	66%	66%
Statin Use	63%	60%	60%
ACE/ARB Use with Comorbidity CHF	86%	86%	84%
ACE/ARB Use with Comorbidity Nephropathy	80%	80%	74%
ACE/ARB Use with Comorbidity Hypertension	75%	75%	71%
Diabetes Evidence Based Care Score	82%		
Asthma			
Total members with Asthma	261	262	270
Asthma: % of panel with condition	0.7%	0.7%	0.7%
Asthma: Appropriate Medication Use	92%	92%	91%
Asthma Evidence Based Care Score	92%		
Congestive Heart Failure			
Total members with CHF	25	28	34
CHF: % of panel with condition	0.1%	0.1%	0.1%
CHF LDL C Screening	76%	77%	86%
CHF Beta Blocker Prescription last 12 months	82%	82%	87%
CHF Rate of ACE/ARB	87%	87%	84%
CHF ACE/ARB Persistence [®]	67%	67%	45%
CHF Evidence Based Care Score	81%		
Coronary Artery Disease			
Total members with CAD	310	329	308
CAD: % of panel with condition	0.9%	0.9%	0.8%
CAD LDL C Screening	85%	85%	86%
CAD Beta Blocker Use After AMI	77%	77%	73%
CAD Persistence of Beta blocker after AMI [®]	45%	45%	64%
CAD Lipid Lowering Drug Rate	86%	82%	86%
CAD Statin Use	82%	78%	82%
CAD Evidence Based Care Score	84%		

Measure	RDN	RDN Comparison 2007-4Q	RDN Comparison 2008-1Q
Other			
Antibiotics: Appropriate Use URI (Children)	74%	26%	27%
Antibiotics: Inappropriate Use Bronchitis (Adults) [†]	75%	73%	73%
ABX Evidence Based Care Score	48%		
Total Members with COPD	135	135	155
COPD: % of panel with condition	0.3%	0.3%	0.4%
COPD: Use of Spirometry in diagnosis	33%	39%	90%
COPD Evidence Based Care Score	38%		
Total members with low back pain	461	469	449
Low Back Pain: % of panel with condition	1.3%		1.2%
Low Back Pain: % receiving appropriate care [‡]	72%	28%	31%
Low Back Pain Evidence Based Care Score	72%		
Breast Cancer Screening	77%	77%	76%
Cervical Cancer Screening	84%	83%	83%
Adult Prevention Evidence Based Care Score	81%		
Adolescent Well Care Visit	30%	35%	32%
Adolescent Immunization Status	35%	35%	42%
Childhood Immunization Status	52%	52%	55%
Well Child Visits (first 15 months) [§]	60%	60%	60%
Well Child Visits (Years 3-5)	57%	57%	62%
Child Prevention Evidence Based Care Score	37%		

Data Entry

- Data was broken down by disease by office
- 4Q2007 data was manually entered into the registry with the following rules:
 - If Last_Name is empty, use Sub_Full_Name for last name
 - If First_Name is truncated, look up person in registry to see if the patient exists (by last name and DOB)
 - Add BCBSM payer, physician name, medical conditions
 - Add patient only if they are not in registry and if first and last names are not truncated
- 1Q2008 data was manually entered into the registry without adding patients, only medical conditions

Provider Response

- Concerns with accuracy of data
 - This is not my patient
 - This patient is not assigned to this provider
- Acceptance of data and willingness to identify gaps/errors
- Frustration with inability to report corrections to BCBSM

Findings

- Not all EBCR detail is correct – patients assigned to wrong PCP's/Medical Homes
- 4Q2007 Data entered for 26 PCP offices, 1-3 new patients per office were added
- Disease states were accurate
- EBCR summary had different percentages that LHN calculated based on detail

Lessons Learned

- Do not change PCP/PC-MH assignment based on payor data
- Use clear, concise rules/directions when entering data
- Clearly identify the patients that had data added, whether it was just demographic, medical condition, and/or payer

Next Steps

- Work with BCBSM to get data more frequently
- EDDI mailbox access for Legacy Hackley PHO (completed)
- Send out lists to the office to verify prior to adding new patients
- Encourage BCBSM to accept changes/additional data

Questions and Comments

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