

POSTER ABSTRACTS

15th Annual HMO Research Network Conference
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11:30 am–Noon & 1:30–2:00 pm
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PS1 – 27

The HMORN VDW Utilization Files: Strengths, Issues, and Recommendations for the Future

Don Bachman, MS, Center for Health Research, Kaiser Permanente Northwest; Debra Ritzwoller, PhD, Kaiser Permanente Colorado; Terry Field, DSc, Meyers Primary Care Institute; Julia Kay, Kaiser Permanente Northern California; Mark Schmidt, Center for Health Research, Kaiser Permanente Hawaii; Jennifer Ellis, MSPH, Kaiser Permanente Colorado; Lauren Perkins, Center for Health Research, Kaiser Permanente Georgia

Background/Aims: The VDW utilization files contain encounter, diagnosis, and procedure information from outpatient, inpatient, and long-term care encounters. The utilization files are an incredible resource and can be used to determine study eligibility, build disease registries, track access and patterns of care, measure health status, calculate costs, and evaluate appropriateness of care. The utilization files are constructed from many local data sources that vary significantly across health plans with respect to their content and structure, so building standardized VDW utilization files requires complex decisions and programming. Thus, it is vital that the utilization data be systematically scrutinized for quality and consistency within and across all HMORN health plans. Although the utilization files have been used for various projects and studies, these data have not been systematically reviewed across health plans. The purpose of this analysis is to identify data quality and consistency issues across the VDW utilization files.

Methods: Dataset-subject area committees were formed as part of the new HMORN governance of the VDW. Each committee is charged with analyzing the quality of the subject area VDW files at the various HMORN health plans. The Utilization QA subcommittee has prepared a list of quality assurance tables and implemented a metadata survey inquiring about how the sites have interpreted the utilization data specifications. From the utilization files, we have created tables that compare annual health plan utilization rates for many variables like type of encounter, diabetes diagnoses, ultrasounds, etc. Data values are also validated against the VDW specifications.

Results: Preliminary analyses based on the VDW utilization data show that inpatient stay and hip fractures rates are consistent across health plans and remain stable over time. This poster describes the extent and quality of the utilization data at the various sites, identifying inconsistencies and making recommendations for changes in the specifications.

Conclusions: While we anticipate that the data are of high quality, we do expect to find some limited inconsistencies among health plans. The report will serve as a basis for establishing the current state of the utilization files at the HMORN health plans, and for making recommendations for future improvements. It should also prove quite useful as a reference for future grant writing efforts.