

I am Fiona Wilson Vice President for Quality Initiatives at Brown and Toland Medical Group in San Francisco. We are a diverse group of 1500 MDs who practice in the community or University setting caring for 190,000 patients. I am also a practicing Internist at UCSF and ultimately an end user of the reports I develop.

Over the past years we have been striving to provide meaningful reports to the physicians on their managed care population, yet with enough detail to be actionable. Biannually I provide summary reports to physicians. These are organized around prevention: childhood immunization, and women's health, and chronic disease: asthma, DM, HIV, and recently CHF. These arise from encounter data, lab data, and pharmacy data (when available). Details on a patient who is missing important preventative care or is not well managed compared to guideline will be highlighted to the physician. With these overall reports we then created patient specific data sheets (to be filed in the patients chart) that integrate the lab and pharmacy info to give a more complete snapshot of the individual patient and their overall care. Thus the MDs have both a sense of the affected portion of their panel and their overall rates of care compared to our medical group averages. They also have the detail that is most helpful in managing the individual. Many of our physicians have overall practices that have other payor sources than I have data on. My hope is by giving in depth data to help manage patients to guideline, there is a spillover effect and ultimately all of their patients benefit.

These reports have been greeted enthusiastically, with occasional limitations around delayed pharmacy data, and an occasional hospital partner having difficulties with transferring lab data.

I am interested in taking this type of reporting to a new level; I would like to develop this more in an attempt to risk stratify by age and multiple chronic diseases including depression. Last year in the setting of the influenza shortage we were forced to do some data analysis to help tease out who might be our most in need patients. We ultimately identified a number of patients who had been essentially 'lost to follow-up'. It was from this discovery that the idea arose of mining the Medical Group encounter data to identify those who are in the physicians 'worry box' and in particular those patients that the PCP is not even aware should be in their 'worry box'. This next level of reporting which is in its infancy will attempt to be more comprehensive around chronic diseases and help to better focus the case management services that exist in the Medical Group for those at highest need.

A couple of take home points: data integrity is of utmost importance. Once you have a quality product, then stick to timelines and slowly morph the tool to fit the clinical needs. Beta test a report on a few physicians who really know their panels and can help work bugs out of your reporting. Lastly: don't be afraid to take on an undoable topic, in this case depression, which I want integrated into the new 'chronic disease' report.