

HMORN health plans. The subcommittee has prepared a list of quality assurance tables, and is in the process of writing VDW programs to produce them. There is an ongoing interest in the ethnic diversity of our combined HMO population and a renewed interest in studying health care disparities. It is important that we can use the race/ethnicity data to describe our populations in appropriate terms. The Quality Assurance subcommittee is developing a set of programs to produce useful population descriptions using different methods to combine and report multiple ethnicities. These reports can provide the information needed in grant proposals, IRB progress reports and for study reports. **Results:** Our report to the Operations Committee will describe the extent and quality of the VDW Demographic and Enrollment data at the various sites, identifying inconsistencies and making recommendations for changes in the specifications. The proposed poster will highlight our findings. **Conclusions:** We anticipate that the data are of high quality, however, we do expect to find some limited inconsistencies among health plans. In addition, we anticipate that we will recommend some enhancements to the specifications.

PS1-27:

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

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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.

PS1-38:

Catalyzing Innovation at the Front Lines of Health Care

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Background/Aims: To find new ways for Group Health, its research center and its community foundation to work together, we pilot tested the Partnership for Innovation, a grant program to encourage and seed organization wide innovation. Innovation is defined as new ideas or approaches that have the potential to add value and change the way the organization works. The program gives staff funding to develop, implement, and evaluate innovations within the healthcare system. Evaluations assess the effect of the innovations in terms of costs, patient satisfaction, organizational readiness, and other aspects. These results inform decisions about adopting the innovation organization wide. **Methods:** We disseminated an initial call for proposals to medical center leaders, and developed a two-step selection process in which we first reviewed brief concept proposals for their innovativeness, likely effectiveness, impact, feasibility, congruence with strategic priorities, and overlap with other efforts. We next invited selected applicants to expand their proposals for review by the program's steering committee. In step three, the Partnership program itself was refined and improved through Plan-Do-Check-Act cycles after each of the two funding rounds in 2008. **Results:** We received 19 proposals in 2008 (12 in the first round). Funded proposal topics included nasal flu vaccine for children, an online chronic disease self-management program, infectious disease management for long-term care facilities, and enhancing medication safety for patients with complex medication regimens. The first round of four pilots are currently underway and the second round of two funded pilots will begin in 2009. Viable but unfunded proposals were rerouted to other departments to encourage discussion about whether the idea could be developed through other channels. **Conclusions:** Offering a pilot grant program to frontline staff may enhance engagement, empowerment, and creativity. Evaluating the pilot programs is an essential component of this initiative, both to improve the pilots themselves, and the innovation program as a whole. The partners found the collaboration promising and worth continued funding in 2009.

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