

Michigan uses report cards to enhance electronic laboratory reporting data completeness



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CATEGORY: **Laboratory Data Exchange**

Michigan Department of Health and Human Services (MDHHS) addressed electronic laboratory reporting (ELR) data completeness issues by developing and sharing a report card that compared completion rates among peer laboratories.

The “What”

Michigan has had ELR in place for seventeen years and, as in many other jurisdictions, the COVID-19 pandemic resulted in an exponential increase in ELR volume. With this increase in volume MDHHS also noted a paucity of race and ethnicity data, variables critical to addressing health equity issues in the state of Michigan. To improve demographic data completeness, MDHHS established a report card summarizing completion rates for fields essential to public health practice. Weekly report cards were shared with ELR submitters in a format that presented laboratories on a scale comparing them to their peers.



The “So What”

Sharing completion rates with submitters and comparing laboratories with similar reporting profiles to one another generated a sense of friendly competition that drove up completion rates for the variables of interest. Receiving more demographic information, such as race and ethnicity, allowed MDHHS staff to detect disparities in the distribution of testing and identify locations to bring testing centers and clinics to the under-served populations. Further, this information contributed to the ability to better describe the pandemic experience in Michigan.

The “Now What”

While this work was undertaken as a result of the pandemic, its impacts are lasting. Having more complete patient data reduces the burden on staff to track down this information and improves the overall quality of the data. With improved data quality, epidemiologists can spend more time conducting data analyses and identifying patterns and disparities to address by delivering services to under-resourced areas. This opens the door to eliminating disparities for other existing conditions and diseases that may arise in the future. Many jurisdictions do not have methods in place to evaluate and share findings regarding ELR data completeness and can benefit from this work and it is translatable to other core public health data systems like electronic case reporting (eCR).



Funding source: This work was supported in part by the Centers for Disease Control and Prevention (CDC) cooperative agreement #NU38OT000297. Its contents are solely the responsibility of the authors and do not necessarily reflect the views of the CDC.



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SUBMITTED MARCH 2023