U.S. Department of Health and Human Services

Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Today's Reality, Tomorrow's Opportunities

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National Association of Health Data Organizations 30th Anniversary Meeting

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How AHRQ Makes a Difference

- AHRQ **invests in research and evidence** to understand how to make health care safer and improve quality
- AHRQ creates materials to **teach and train** health care systems and professionals to **catalyze** improvements in care
- AHRQ **generates measures and data** used to track and improve performance and evaluate progress of the U.S. health system

Improvements in Patient Safety From 2010 to 2013

17% ↓
Hospital Acquired Conditions

50,000
LIVES SAVED

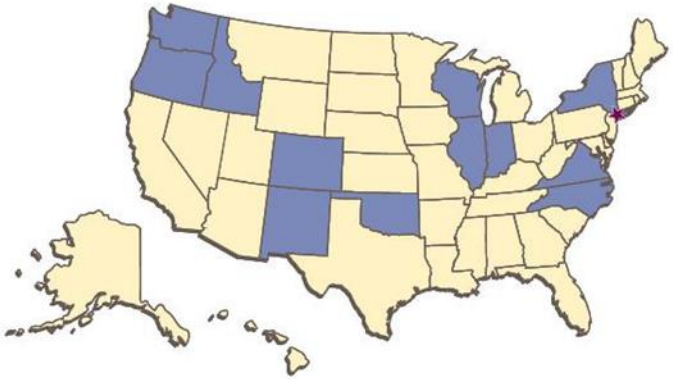
1.3 million
Patient harm events avoided

$12 billion
in savings

Research and Evidence

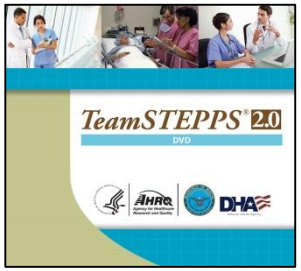
- Evidence-based Practice Centers
- Support for U.S. Preventive Services Task Force
- EvidenceNOW
- Centers of Excellence in Comparative Health Systems Performance
- Investigator-Initiated Research

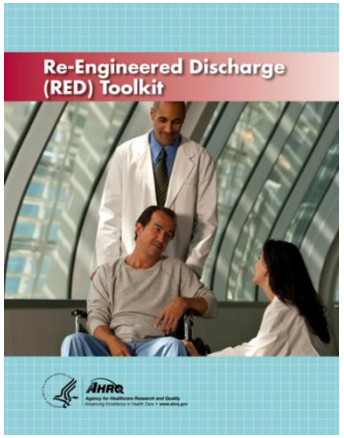
EvidenceNOW
Advancing Heart Health in Primary Care

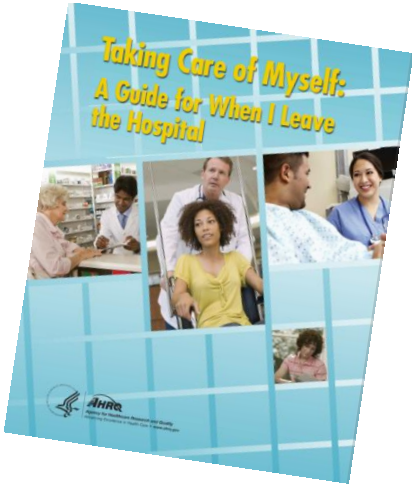


Tools and Training Materials

- Patient Safety Culture Surveys
- TeamSTEPPS® team training materials
- Comprehensive Unit-based Safety Progam (CUSP) toolkits for reducing CLABSI, CAUTI, etc.
- Re-Engineered Discharge (RED) tools to reduce avoidable hospital readmissions
- Guide to Patient and Family Engagement
- NGC/NQMC





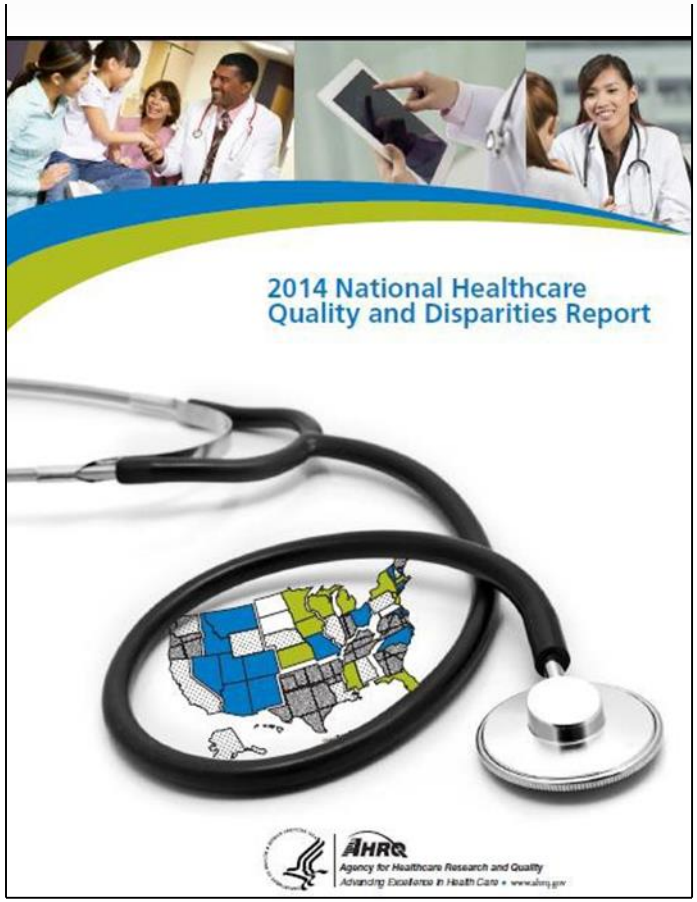


National Guideline Clearinghouse™
www.guideline.gov

NQMC National Quality Measures Clearinghouse™
www.qualitymeasures.ahrq.gov

Measures and Data

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Quality Indicators
- Healthcare Cost and Utilization Project (HCUP)
- Medical Expenditure Panel Survey (MEPS) – Insurance and Household components
- National Quality and Disparities Report



Shared Vision

- Maintain and improve health care data through positive relationships between Federal and State-level data organizations
- Illustrate how anonymous health care data can be widely disseminated without public harm
- Demonstrate benefits that result when health care data are made available for dissemination

Value of Administrative Data

- Tracking and trends for conditions and procedures
- Public health planning and community assessments
- Comparative reports
  - Cost and quality of care
  - Performance improvement
  - Inform policy and legislation
  - Market share, patient origin, strategic planning

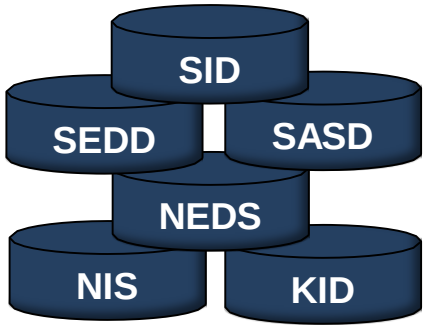
What Is HCUP?

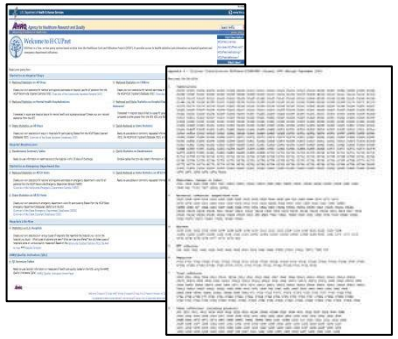
HCUP is a comprehensive set of publicly available all-payer health care data

H-CUP
HEALTHCARE COST AND UTILIZATION PROJECT

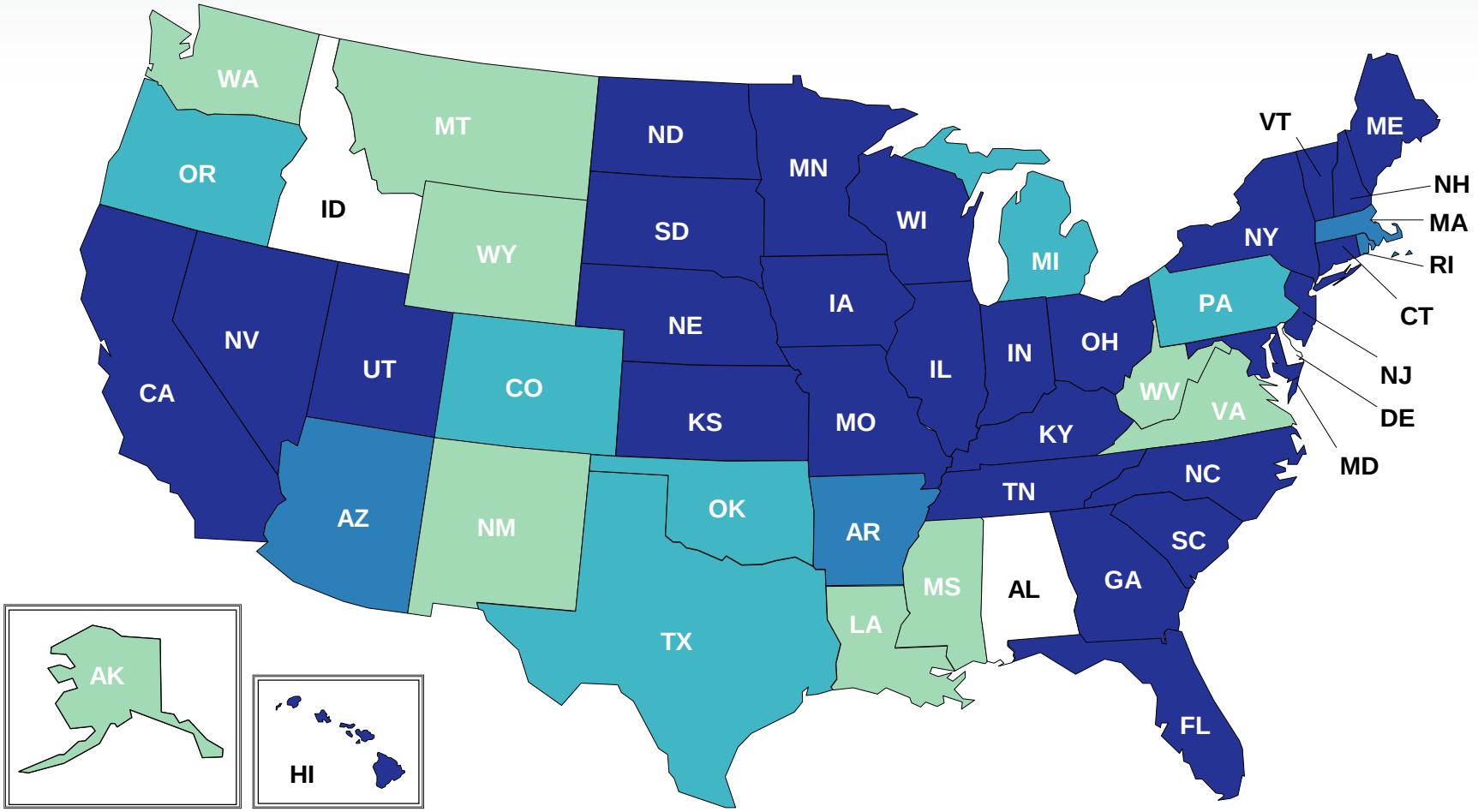
Includes multiyear inpatient and outpatient data based on hospital billing records

- HCUP Databases
- Research Tools
- Research Publications
- User Support





Partnership: HCUP Database Participation By State



HCUP Supports Health Services, Policy, and Clinical Research

Research Using HCUP Data

Costs of care	Septicemia was the most expensive reason for hospitalization in 2012—totaling over $20 billion in aggregate hospital costs (NIS)
Access to care	Americans in low-income areas visit EDs at rates 90 percent higher compared to those in the highest income areas (NEDS)
Quality of care	Observed inpatient mortality rates among adults declined continually and substantially from 2000 through 2012 for four high-volume conditions: 46 percent for acute myocardial infarction, 34 percent for congestive heart failure, 29 percent for stroke, and 49 percent for pneumonia (NIS)
Readmissions	For CHF, schizophrenia, and renal failure, at least 1 in 5 patients were readmitted within 30 days (SID with readmissions link)
Patient Safety	In 2011, the four most frequent causes of adverse drug events (ADEs) originating in the hospital were steroids, antibiotics, opiates and narcotics, and anticoagulants (SID)
Geographic variation	ED visits were higher in counties with fewer primary care MDs per capita (SEDD)

HCUP Data Used Across the Federal Government

Centers for Medicare & Medicaid Services (CMS)	Partnership for Patients: National estimates of all-cause, all-payer readmission, obstetric healthcare-associated conditions (HACs)
Centers for Disease Control and Prevention (CDC)	• National Million Hearts Campaign: State and national benchmark estimates for cardiovascular and cerebrovascular conditions. • National Center for Health Statistics (NCHS): All-payer costs for common operating room (OR) procedures for Health US
Office of the National Coordinator for Health Information Technology (ONC)	Estimates on hospital-acquired adverse drug events
Federal Trade Commission	Trends and impacts on quality and costs of hospital market concentration and consolidation in health care markets
Assistant Secretary for Planning and Evaluation	Affordable Care Act Dashboard Project: Tracks potentially preventable conditions
ASPE and OECD	State-level statistics on discharges and procedures
National Action Plan – HAIs	Rates of infection following same day surgery; estimates of *C. difficile*
National Institutes of Health (NIH)	Link between rotavirus vaccine and intussusception in infants; influenza-associated hospitalizations

Recent HCUP Innovations

- Nationwide Readmissions Database: Released November 2015
- Redesigned HCUPnet: Available next year
- Fast Stats: Now available

Discharge and All-Payer Claims Data:
The Synergy of Two Powerful Data Sources

Hospital-based Discharge Data	All-Payer Claims Data
Major source of health care data in almost all States	Emerging source of health care data in many States
Routinely collected administrative data from facility billing	Routinely collected administrative data from insurer claims
Census of health care provided in acute care facilities (inpatient, emergency department, ambulatory surgery, hospital outpatient)	Medical (facility and clinician), dental and pharmacy claims from insurers (private and public) for covered beneficiaries
Insured and uninsured populations	Insured populations

Discharge and All-Payer Claims Data:
The Synergy of Two Powerful Data Sources

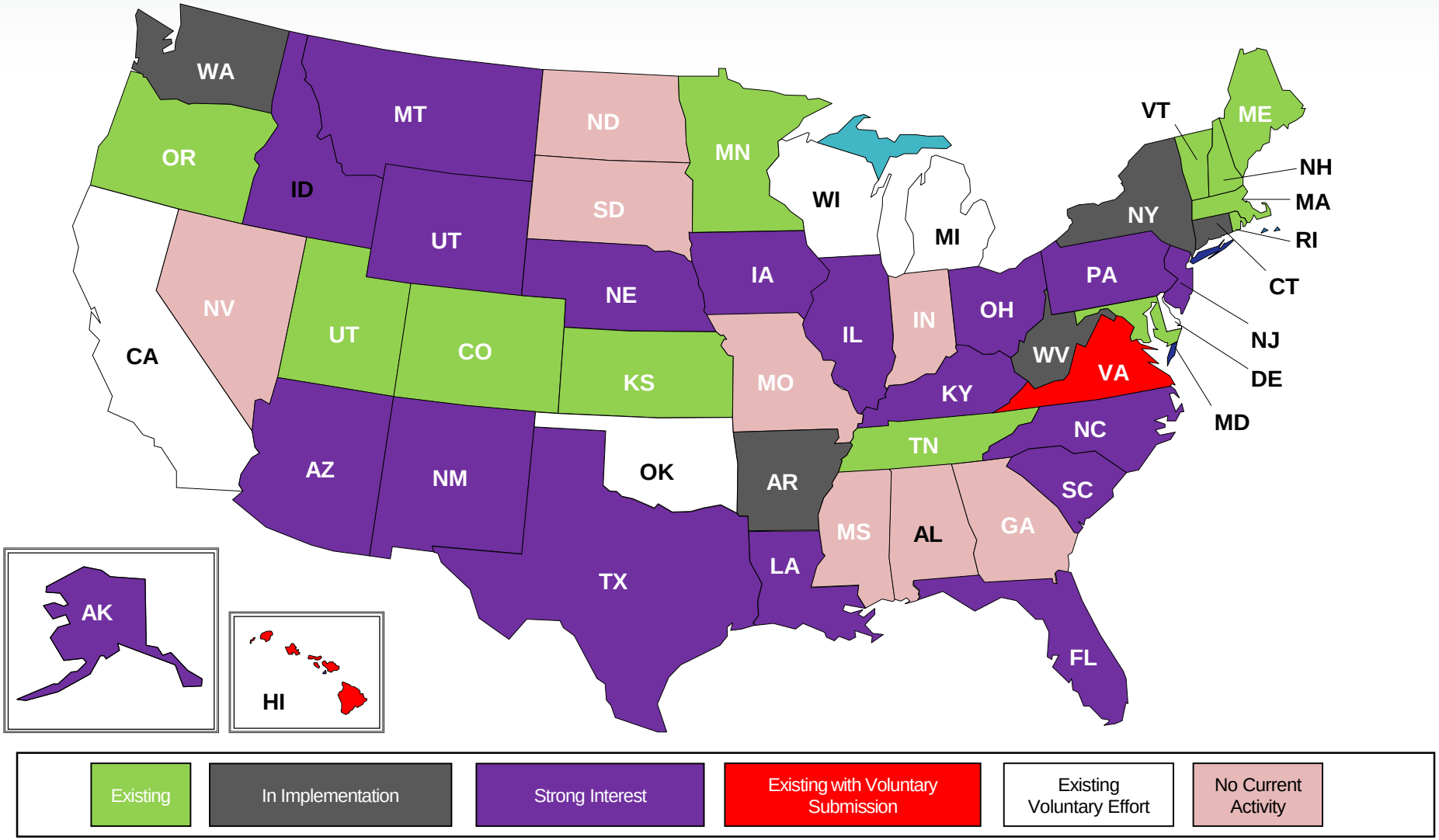
Hospital-based Discharge Data	All-Payer Claims Data
Linkage across hospital, ED, and ambulatory surgery settings possible for those states with patient identifiers	Episodes of care (inpatient and outpatient) can be constructed
Facility charges and costs of care	Price and payments for care
Mature databases with sophisticated measurement and analytic tools	Databases, analytics, and tools being developed
Supports national, regional, state, and local analysis because of relatively uniform databases; facility-specific analyses done by data organizations	Support state and facility-specific analyses

Comparative Uses and Strengths

	Readmissions	Episodes of Care	Population and Public Health Monitoring	Payment and Price	Uninsured and Self-Pay	Disparities in Race and Ethnicity	Quality and Outcomes	Comparative Effectiveness Evaluation
Discharge Data	✓		✓		✓	✓	✓	✓
APCD		✓		✓			??	??

Making Progress:

12 States With APCDs, 6 in Development



All-Payer Claims Database Project

- Opportunity for AHRQ to contribute to the process
- Inventory and Prioritization of Measures to Support the Growing Effort in Transparency Using All-Payer Claims Databases
  - Each State has its own approach to collecting data, using different methods and different definitions
  - Lack of standardization limits the ability of States to share analysis and applications, while making it more expensive for payers, particularly those operating in multiple States

Challenges to Address

- Standardizing data features and attributes
- Achieving consistent data release policies
- Creating more robust analytic schemes and ways to group data
- Developing new, more powerful analytic tools
- Balancing access to useful data and protecting public privacy
- Maintaining current data collection efforts given changing or uncertain sources of support
- Strengthening existing data by adding new sources of data *(e.g., EMRs, CMS data, private health plans)*

Thank You

Questions?