

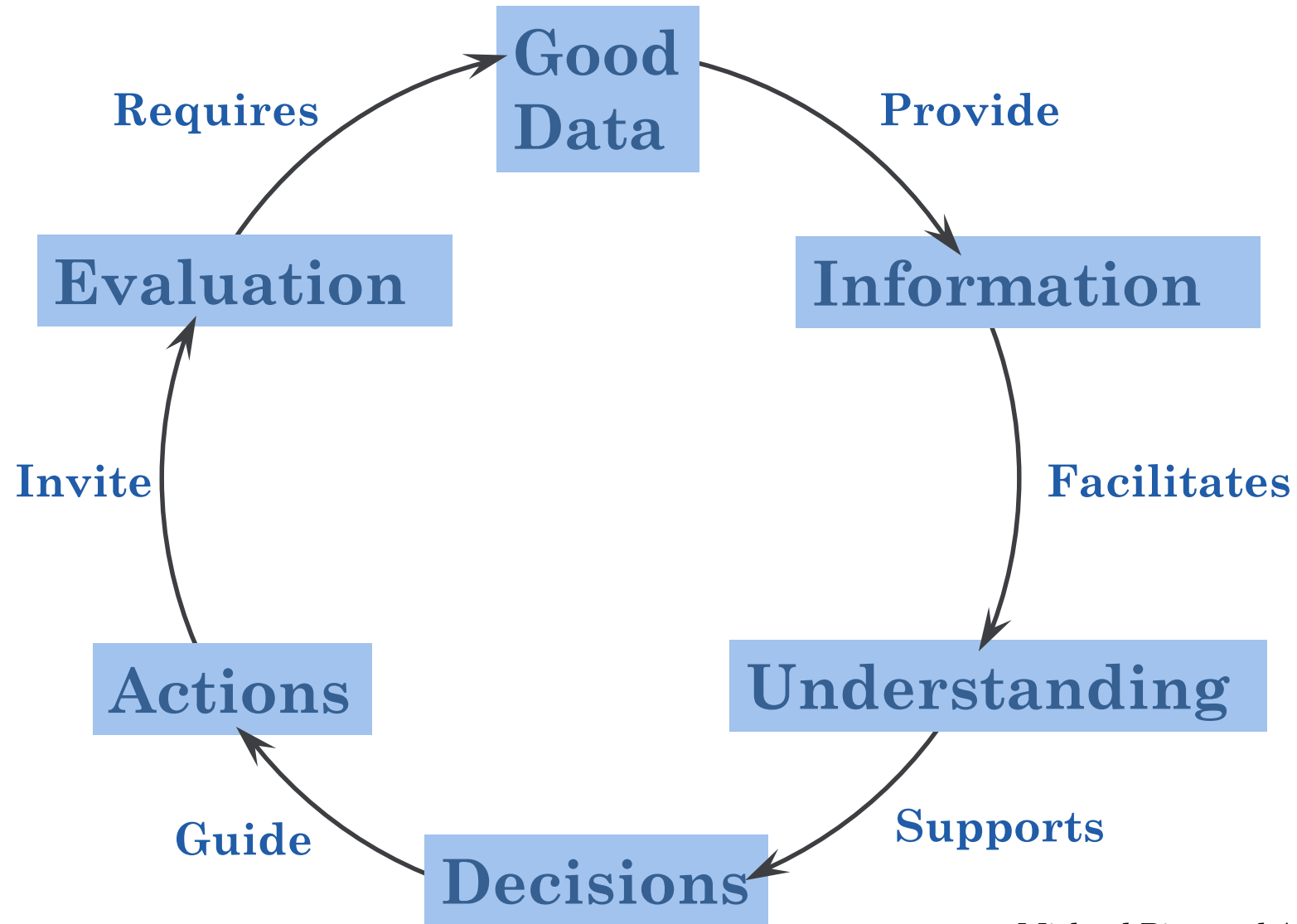


ROUNDTABLE: HOSPITAL ADMINISTRATIVE DATA STEWARDSHIP

Today's Uses of the Data and Current Challenges for Stewards

2015 NAHDO Annual Conference
October 29, 2015

GOOD DATA ARE ESSENTIAL FOR GOOD DECISION MAKING, INTELLIGENT ACTION, AND CONTINUED IMPROVEMENT



HEALTHCARE DATA STEWARD

Healthcare Data Stewards—those parties who have been given authority to collect, process, and release data on healthcare services (hospital, outpatient, and ambulatory) for the public good

Chief Mission: Public release of data and the results of analyses done on their databases

Challenges for the Steward:

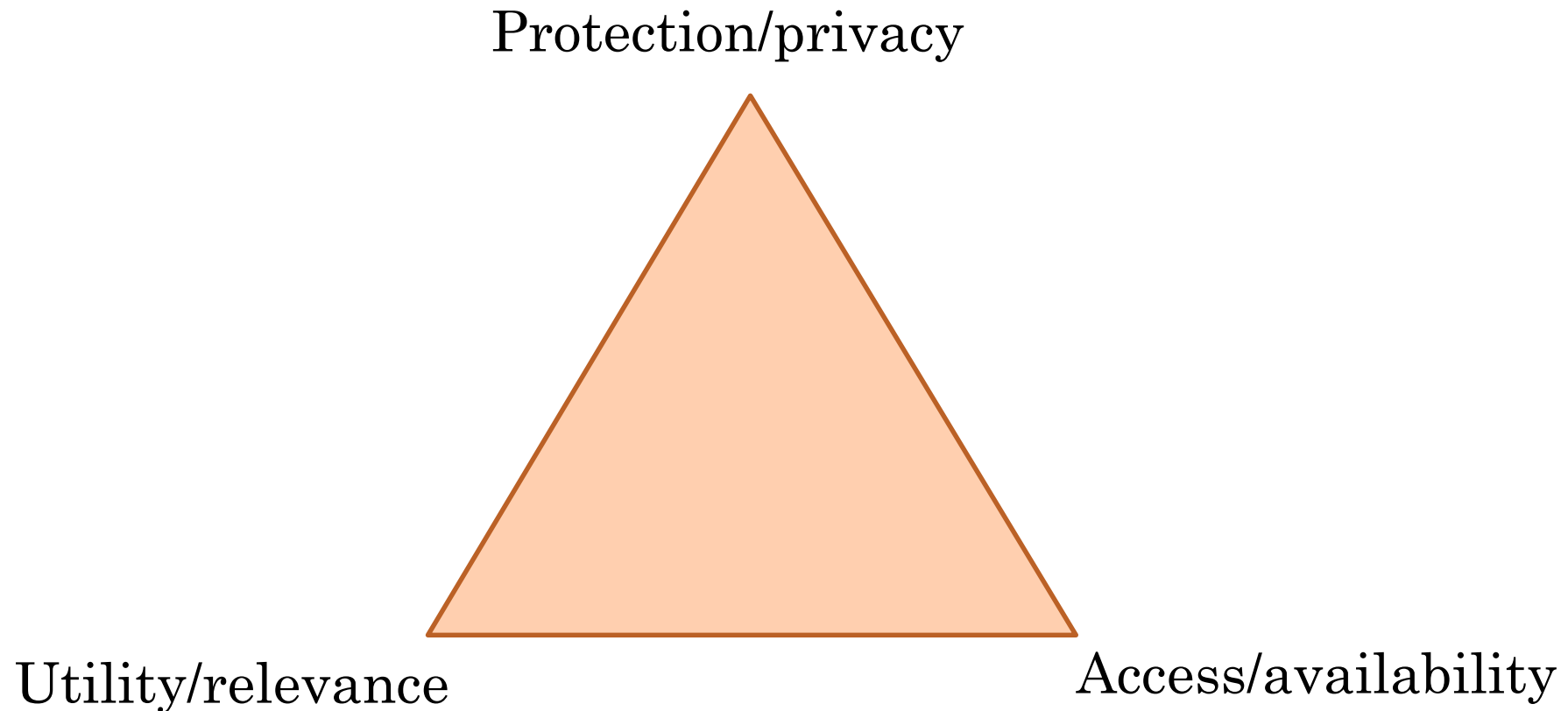
1. Lack of resources (Multiple Funding Sources—GPR, Provider Assessments, Data and Analysis Revenue, Grants)
2. Complex environment (consumers, providers, legislators, government agencies or provider based associations with state mandates)
3. Competing roles—protect privacy, disseminate data with high utility
4. Technical complexity—risk adjustment, episode grouping, integration with other databases, data security

PRINCIPLES (AND REALITIES) OF PUBLIC DATA STEWARDSHIP

Principles	Reality
Accurate, Complete and Timely Data	Databases are falling behind in timeliness; data quality slipping
Data collected for one purpose are “repackaged” for multiple purpose uses	Data sharing/release practices vary across datasets, states, agencies, organizations
Data are harmonized/standardized across data systems (and across states)	Formats, definitions vary. Every state/database is special...differential treatment of routine elements
Patient identifiers are collected and needed for linkage/longitudinal studies, spatial analyses	Increasing threats--legislative and regulatory prohibitions to collection and/or release of identifiable elements
Data integration and exchange are mechanisms for filling critical information gaps	There are multiple barriers to sharing/exchanging of data: legal, political, lack of resources
Sustainable funding for public data systems as a part of the health information infrastructure	Funding for data competes with other programs/priorities; is too often reduced to meet other priorities

BALANCED DATA POLICY: IF ONE PRINCIPLE IS OVER-EMPHASIZED AT THE EXPENSE OF THE OTHERS...

The public good is not served



RESOURCES FOR DATA STEWARDS

**Guidance Document on Creating and Releasing
Hospital and Facility Discharge Data Public Use
Files**

January 2012

Available at
www.nahdo.org

**The National Association of
Health Data Organizations**



TODAY'S SPEAKERS

Ann Elixhauser, PhD



**Senior Research
Scientist, AHRQ**

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Heather Strosnider, MPH

**Epidemiologist, Environmental Health
Tracking Branch, Centers for Disease Control**

hks9@cdc.gov

Tracking Hospitalizations and ED Visits

Use of hospital and emergency department data in CDC's
National Environmental Public Health Tracking Network

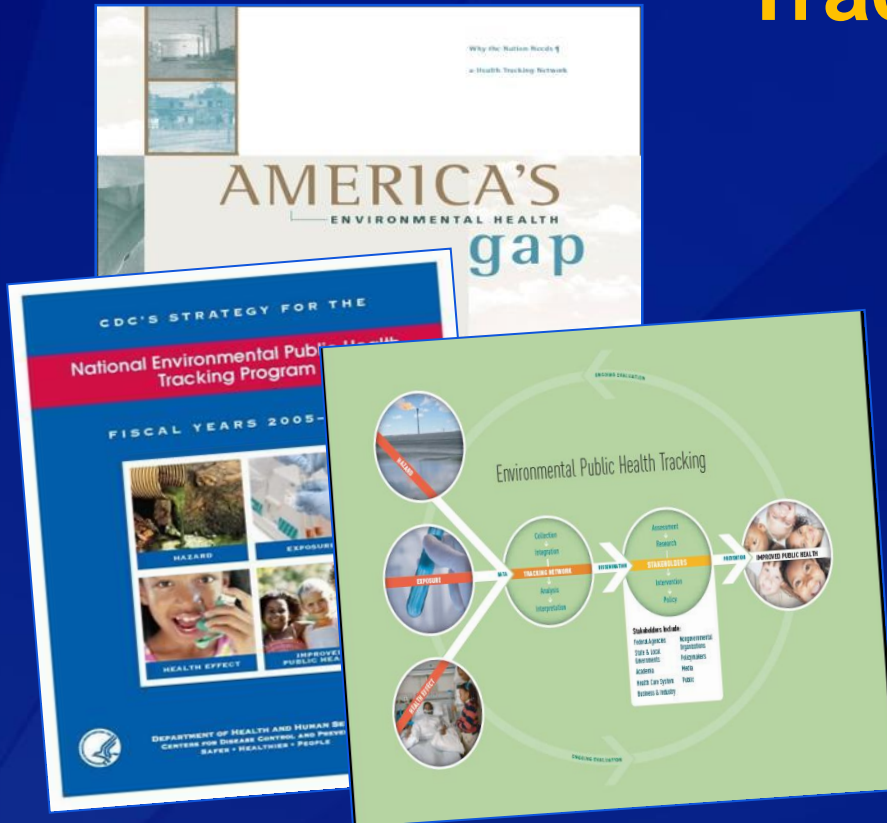
Heather Strosnider, M.P.H.

Environmental Health Tracking Branch,
Division of Environmental Hazards and Health Effects
National Center for Environmental Health

Objectives

- ❑ What is Tracking
- ❑ How is Tracking using hospital and ED data
- ❑ What successes have we had
- ❑ What challenges are we facing
- ❑ What are future opportunities and interests

National Environmental Public Health Tracking Program



- ❑ Created in 2002 in response to Pew Commission report
- ❑ Recommended a “Nationwide Health Tracking Network for diseases and exposures”

25/1

200+

34

Partnerships



302+

Legend:

- Tracking Grantee State
- Tracking Grantee City
- ▲ ASTHO Fellow State
- ▲ ASTHO Fellow City

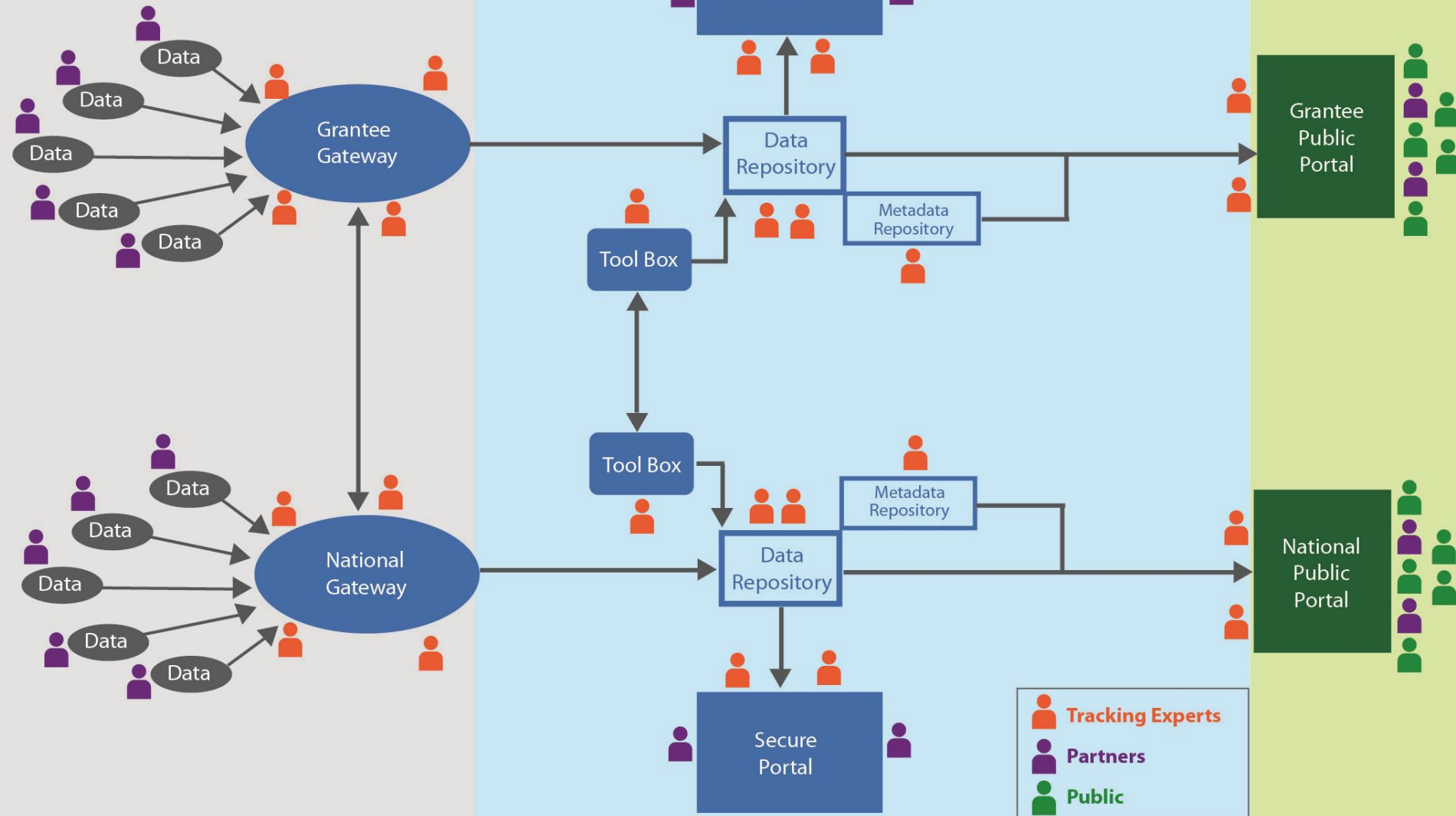
Data from Map:

Category	Location
Tracking Grantee State	CA, WA, OR, ID, UT, CO, KS, MO, IL, IN, OH, WV, VA, NC, SC, GA, FL, LA, MN, WI, MI, IA, NE, OK, TX, NM, AZ, NV, MT, ND, SD, NY, PA, ME, NH, VT, MA, RI, CT, NJ, DE, MD
Tracking Grantee City	New York City (NYC)
ASTHO Fellow State	AK, HI, VT, NH, ME, MA, RI, CT, NJ, DE, MD, VA, NC, SC, GA, AL, MS, AR, TN, KY, IL, IN, OH, WV, PA, NY, ME, NH, VT
ASTHO Fellow City	Portland, ME; Boston, MA; New York City, NY; Washington, DC; Atlanta, GA; Dallas, TX; Phoenix, AZ; Salt Lake City, UT; Denver, CO; Kansas City, MO; St. Louis, MO; Chicago, IL; Indianapolis, IN; Columbus, OH; Charleston, WV; Richmond, VA; Raleigh, NC; Columbia, SC; Savannah, GA; Montgomery, AL; Jackson, MS; Little Rock, AR; Nashville, TN; Louisville, KY; Springfield, IL; Indianapolis, IN; Columbus, OH; Charleston, WV; Richmond, VA; Raleigh, NC; Columbia, SC; Savannah, GA; Montgomery, AL; Jackson, MS; Little Rock, AR; Nashville, TN; Louisville, KY; Springfield, IL

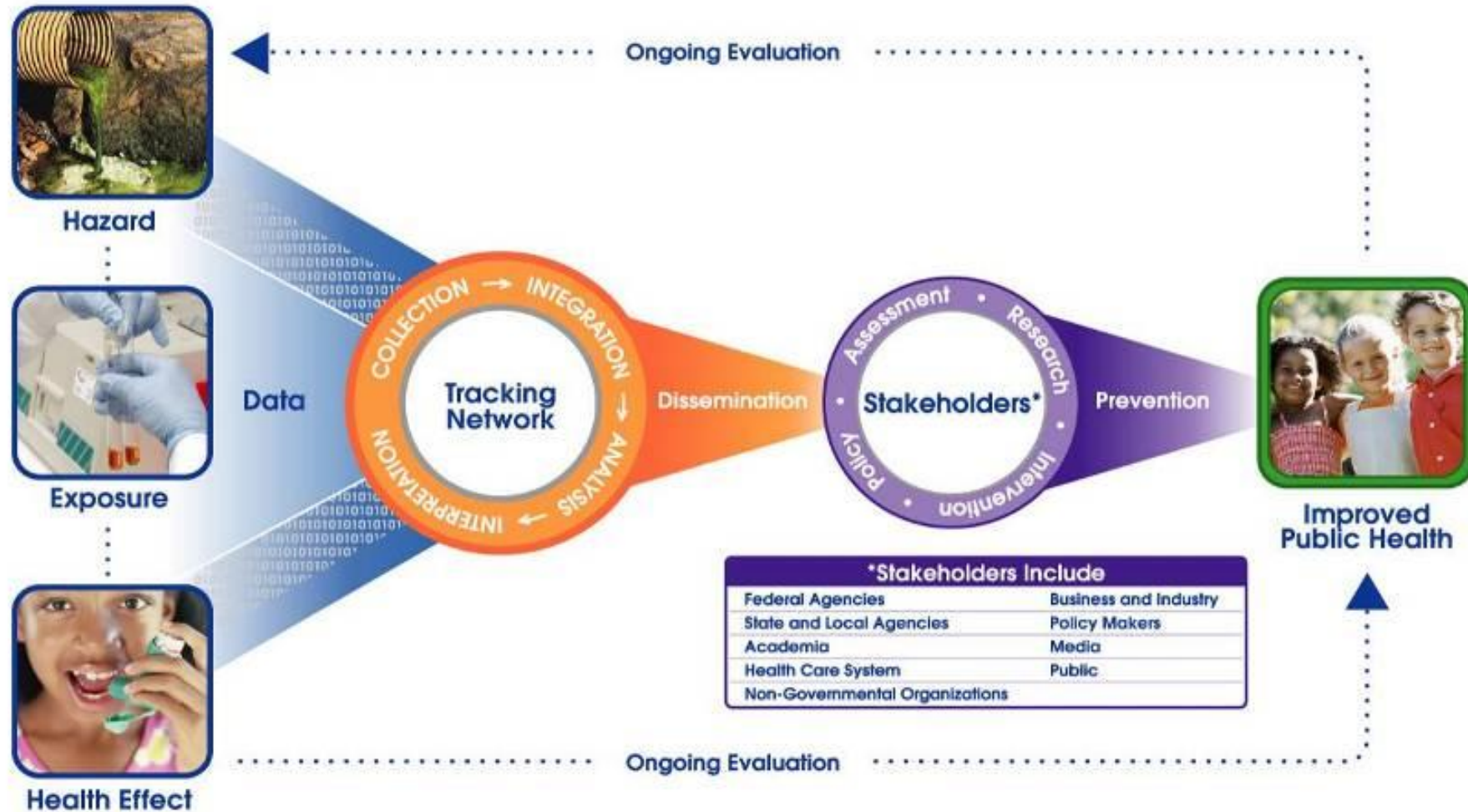
August 2014

August 2014

National Environmental Public Health Tracking Network



ENVIRONMENTAL PUBLIC HEALTH TRACKING

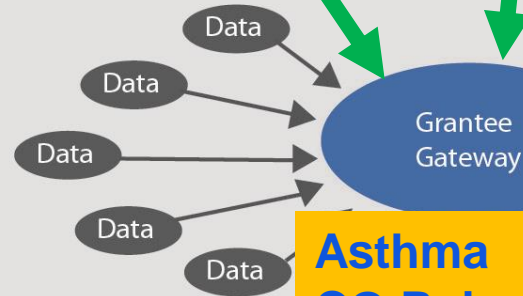


MISSION: To provide information from a nationwide network of integrated health and environmental data that drives actions to improve the health of communities

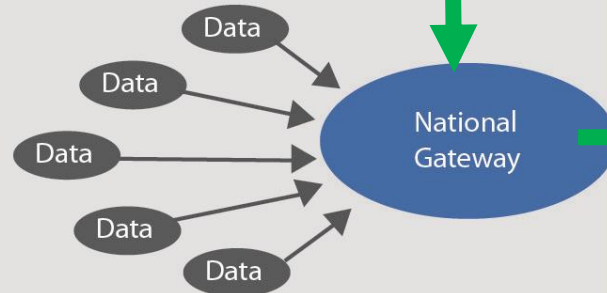
National Environmental Public
Health Tracking Network

Hospital Data

ED Data



Asthma
CO Poisoning
Heart Attacks
Heat Stress



Nationally Consistent
Data and Measures

Secure
Portal

Data
Repository

Metadata
Repository

Tool Box

Tool Box

Data
Repository

Metadata
Repository

Secure
Portal

Grantee
Public
Portal

State & County
Counts & Rates
Annual

National
Public
Portal

State & County
Counts & Rates
Annual

Grantee Tracking Networks

□ Collect and disseminate additional data

- Other outcomes
- Finer geographic resolution
- Real-time data

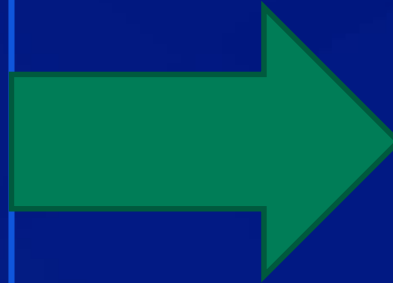
COPD
Heart Disease
Hypothermia
Injuries
Pesticide Poisonings
Work-related Outcomes

Driving Public Health Actions

- Detect and monitor trends
- Identify populations at risk
- Identify exposure to hazards
- Examine the relationship between hazards and disease
- Assess potential disease clusters or exposures

Driving Public Health Actions

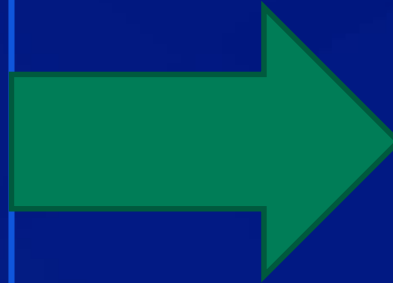
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- Address community concerns
- Guide interventions
- Assist in response
- Evaluate policy
- Inform decision-making
- Track progress

Driving Public Health Actions

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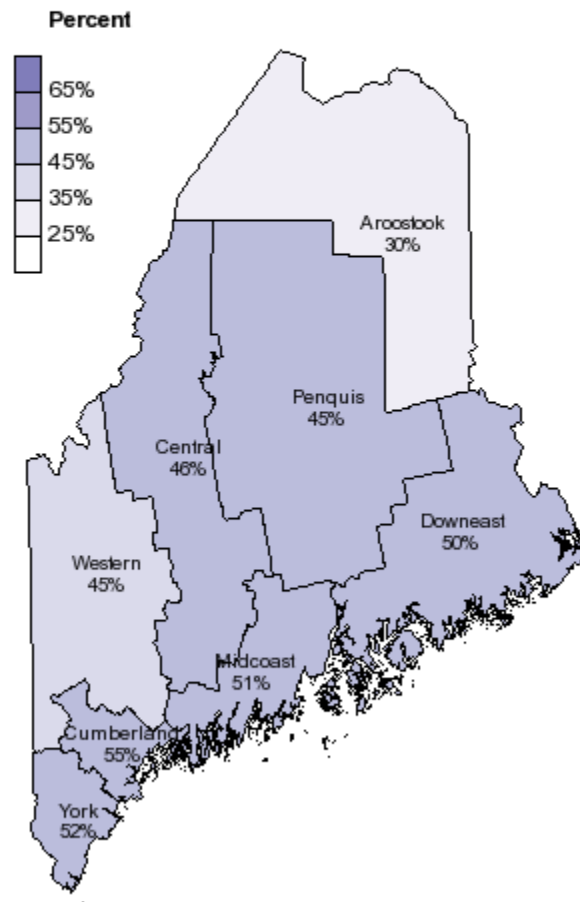


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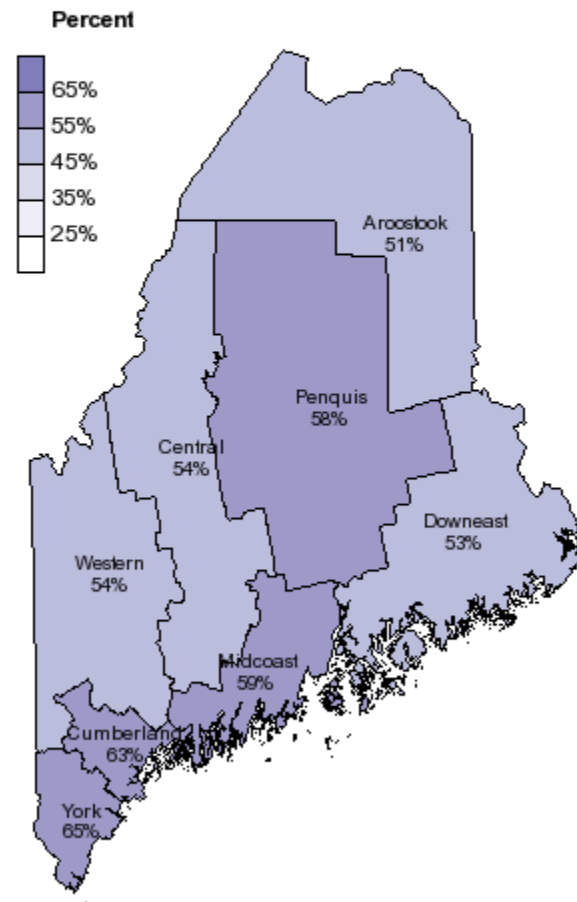
22% of reported PHAs by grantees used hospital & ED data

Reducing CO Poisoning in ME

Percent of homes with one or more carbon monoxide (CO) detectors, by Public Health District, Maine 2009



Percent of homes with one or more carbon monoxide (CO) detectors, by Public Health District, Maine 2011



Topic (1)

- ☐ CO ED Visits
- ☐ CO Hospitalizations
- ☒ CO Detectors

Topic (2)

- ☐ CO ED Visits
- ☐ CO Hospitalizations
- ☒ CO Detectors

Customize (1)

Select one option at a time and wait for refresh

Options CO Detectors

- 1) Measure
Rate
- 2) Survey Year
2009
- 3) Housing Status
All
- 4) Data Scale
Preset 65x10

Tips

After changing an option please wait for the screen to refresh.

Map View

Double

Select and wait for refresh.

Customize (2)

Select one option at a time and wait for refresh

Options CO Detectors

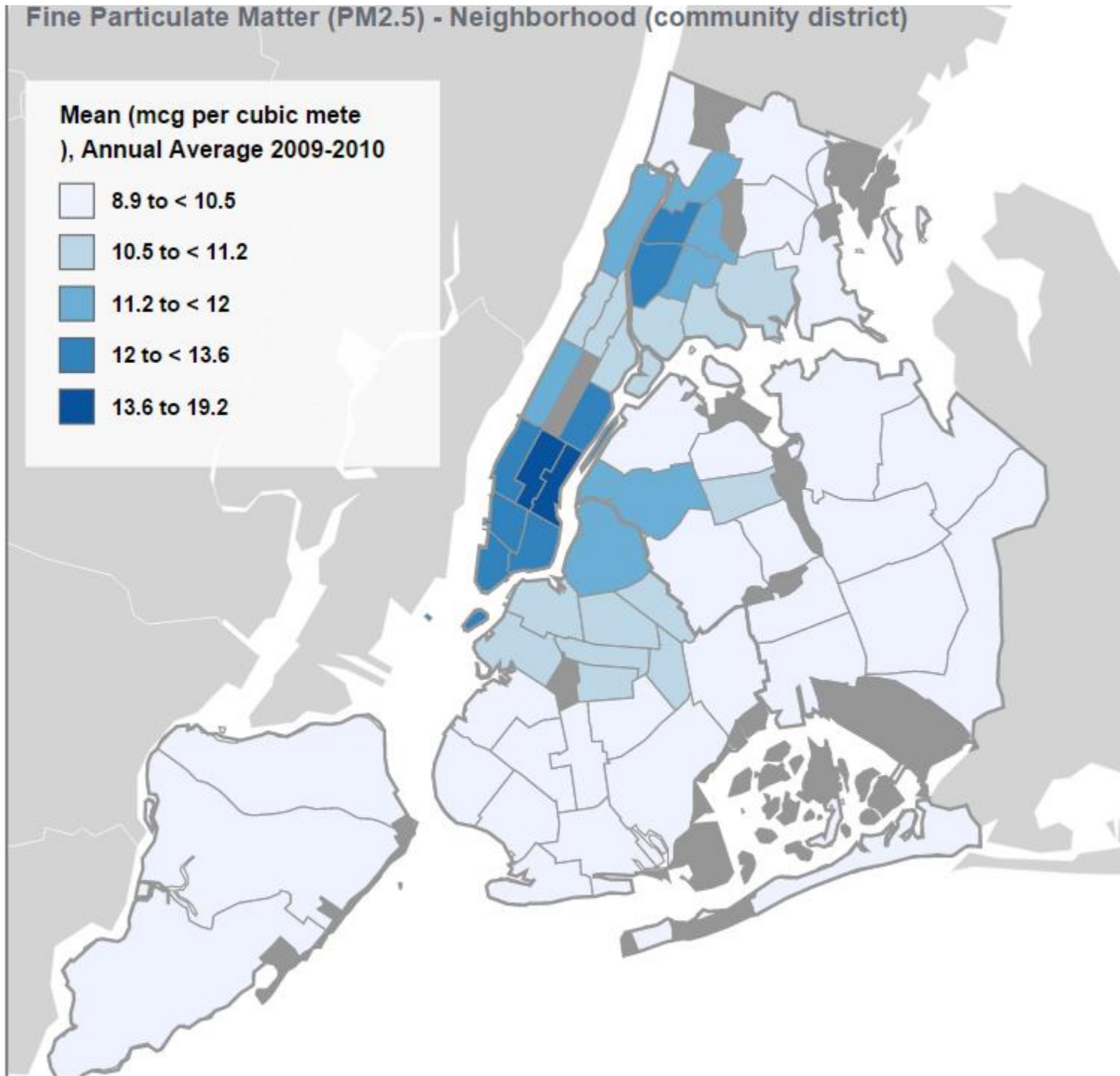
- Measure
Rate
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2011
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Preset 65x10

Tips

After changing an option please wait for the screen to refresh.

[Generate PDF](#)

Targeting Sources of Air Pollution in NYC



CLIMATE CHANGE & **EXTREME HEAT**



CAUSES MORE DEATHS

each year than hurricanes, lightning,
tornadoes, earthquakes, and floods



COMBINED!

WHO'S AT RISK?



Adults over 65, children under 4, people with existing medical problems such as heart disease, and people without access to air conditioning

WHAT CAN YOU DO?



STAY COOL

- Find an air-conditioned shelter
- Avoid direct sunlight
- Wear lightweight, light-colored clothing
- Take cool showers or baths
- Do not rely on a fan as your primary cooling device



STAY HYDRATED

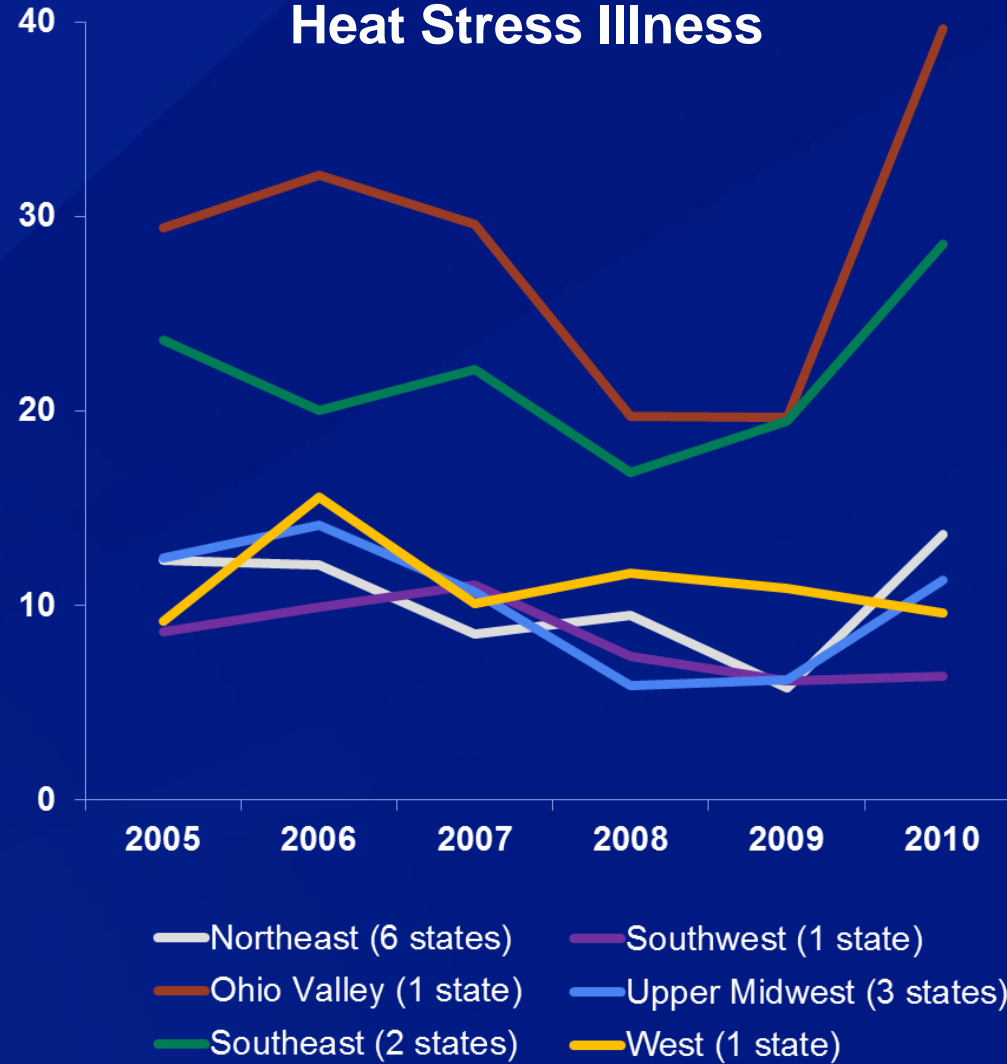
- Drink more water than usual
- Don't wait until you're thirsty to drink more fluids
- Avoid alcohol or liquids containing high amounts of sugar
- Remind others to drink enough water



STAY INFORMED

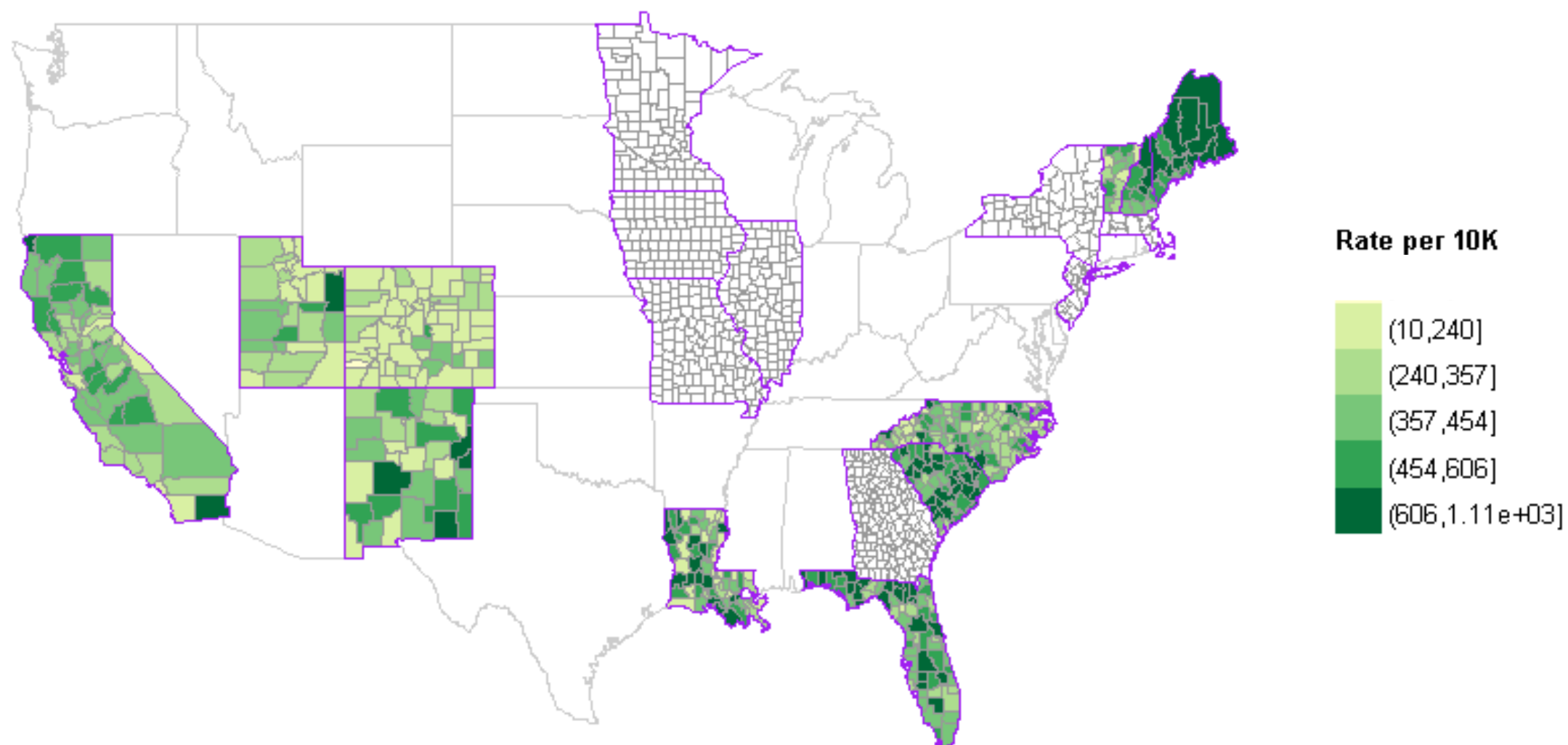
- Check local news for extreme heat alerts and safety tips
- Learn the symptoms of heat illness

Age-Adjusted Rate of ED Visits for Heat Stress Illness



Multi-state Surveillance Summaries

Average Annual Rate of Respiratory ED Visits per 10,000 Population



Challenges

- ❑ **Transition to ICD-10**
- ❑ **Understanding factors that affect the data**
 - Variations in hospitals reporting
 - Consistency in coding
- ❑ **Identifying ED visits from inpatient data**
- ❑ **Identifying and evaluating transfers**
- ❑ **Timeliness**
- ❑ **Accessibility**
 - In a state, between states, and with CDC
- ❑ **Disseminating useful data while protecting confidentiality**

Opportunities and Interests

- ❑ **Increase geographic resolution of data for use and dissemination**
 - Geocoding address data to generate census tract level data
- ❑ **Incorporate more real-time data and syndromic surveillance**
- ❑ **Increase consistency in data within and across states
(Or at least better understand those inconsistencies)**
 - Share data for non-residents with neighboring states
 - Identify transfers between facilities
- ❑ **Add more outcomes with known or suspected environmental etiology**
- ❑ **Increase and facilitate availability of data for environmental public health research**

**Visit the Tracking Network at:
ephtracking.cdc.gov**

**For more information about Tracking:
HStrosnider@cdc.gov**

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.