



The Healthcare Cost and Utilization Project (HCUP)

Where we came from

Where we are Where we're going What we've learned

> Kevin Heslin, Ph.D. Anne Elixhauser, Ph.D.

NAHDO Annual Conference October 27, 2016

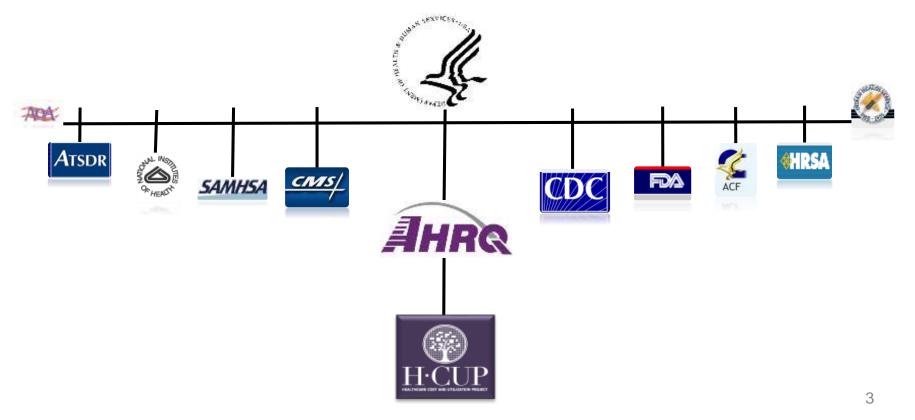




- A little history: National hospital data sources weren't widely available in the US.
 - How did HCUP happen?
- The Data and the Tools
 - The state of HCUP in 2016
- HCUP challenges along the way
- What can the APCD community learn from HCUP?



The Agency for Healthcare Research and Quality (AHRQ) is a federal agency under the Department of Health and Human Services.





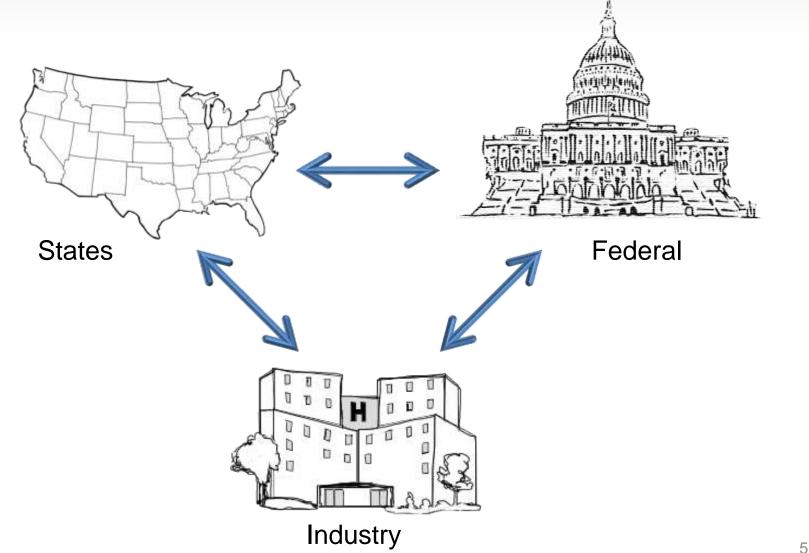


Create and fund *research* Invest in *tools and training* Invest in *data and measures*

Work with HHS and other partners to make sure that the evidence is understood and used

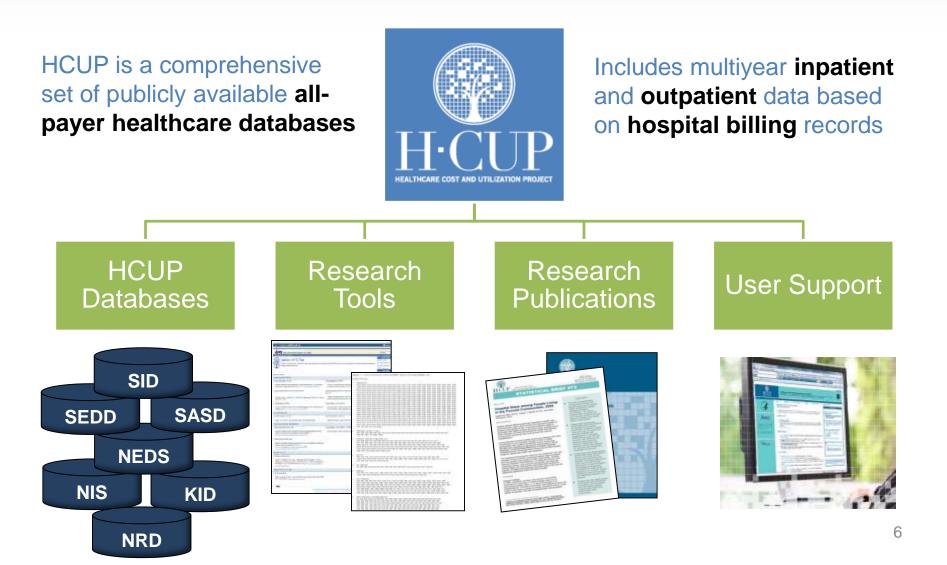
The HCUP Partnership: HRR Voluntary and Cooperative





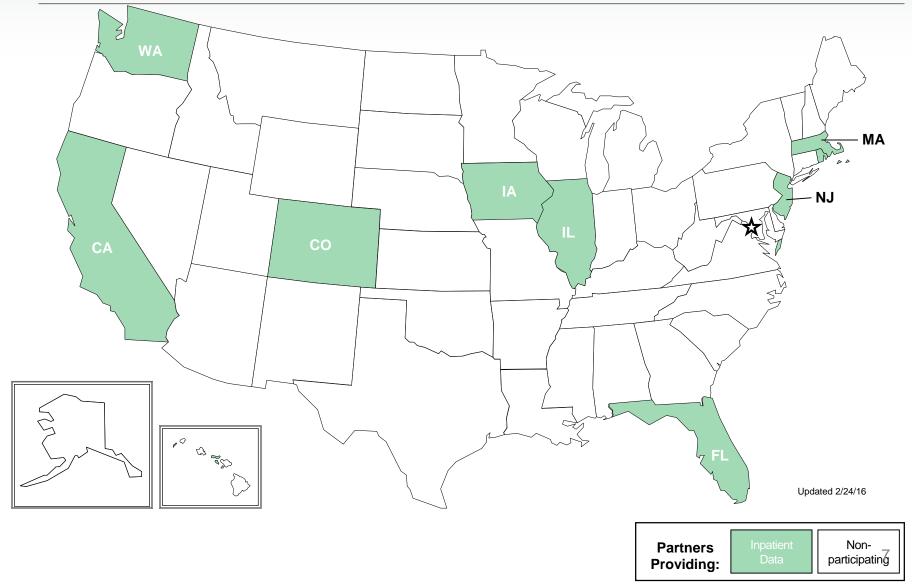


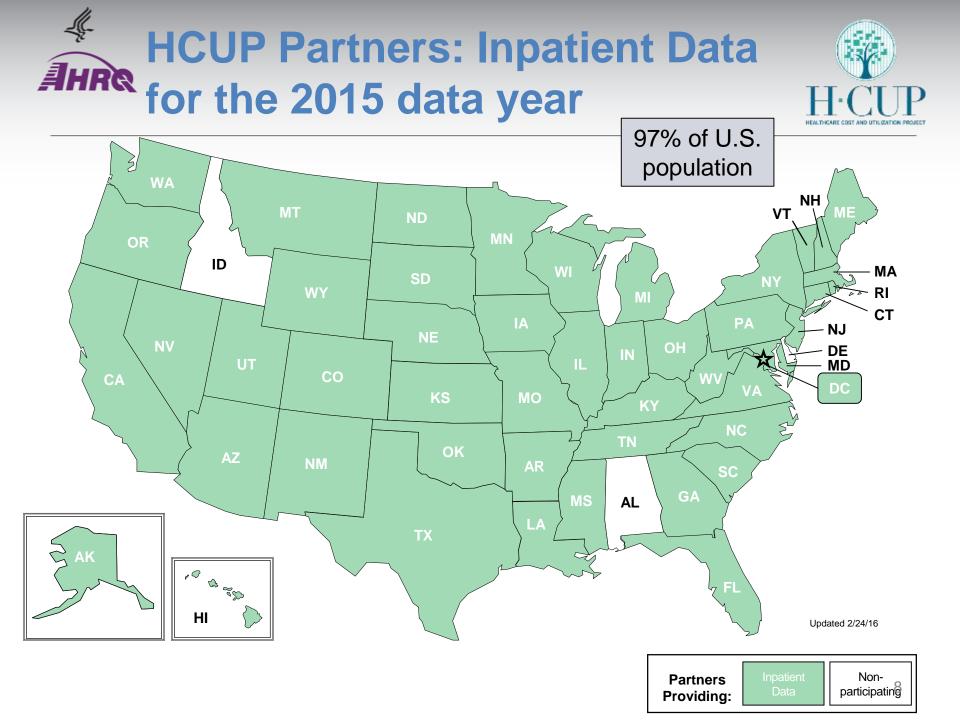




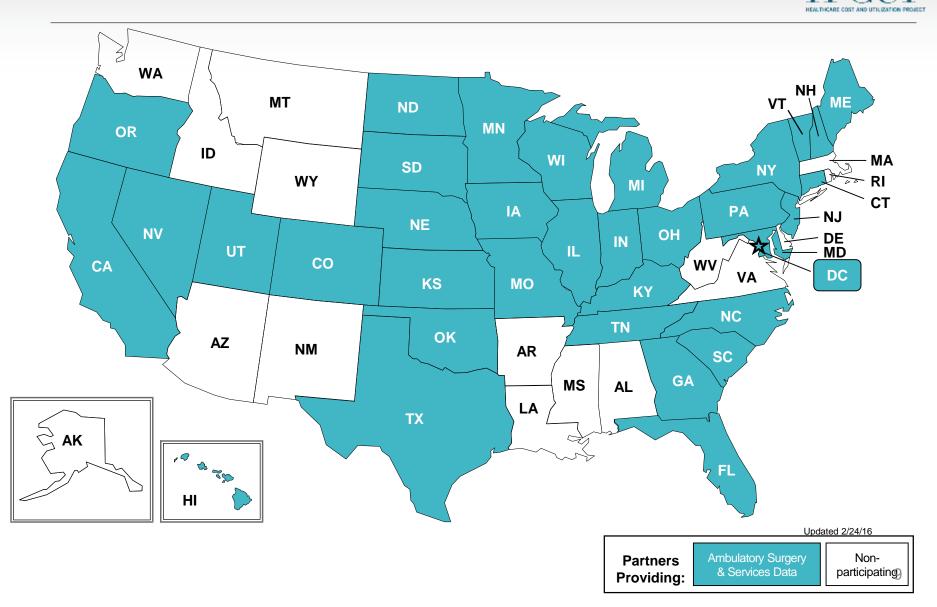
HCUP Partners: Inpatient Data for the 1988 Data Year



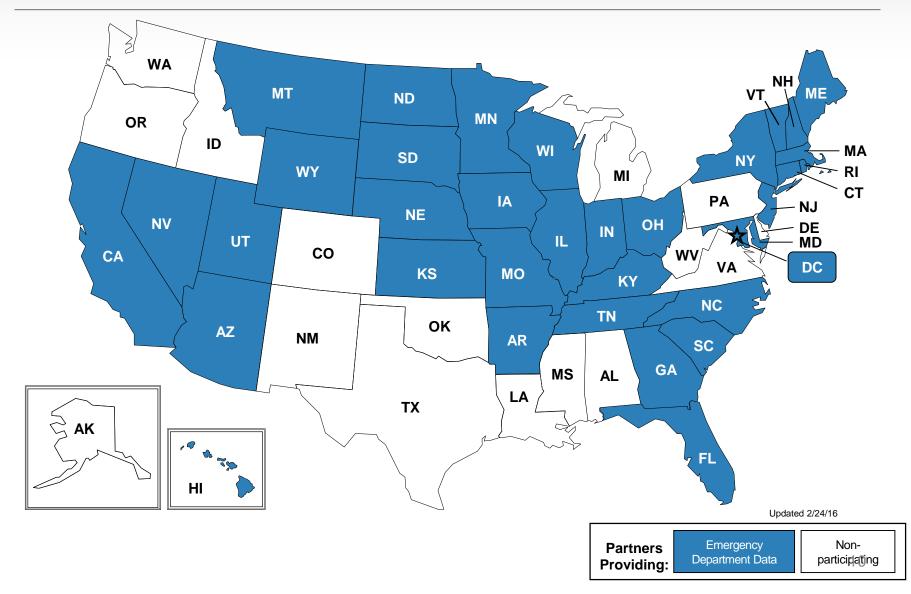




HCUP Partners Providing Ambulatory



HCUP Partners Providing Emergency Department Data







Alaska State Hospital and Nursing Home Association **Arizona** Department of Health Services Arkansas Department of Health **California** Office of Statewide Health Planning & Development **Colorado** Hospital Association **Connecticut** Hospital Association **District of Columbia** Hospital Association Florida Agency for Health Care Administration **Georgia** Hospital Association Hawaii Health Information Corporation **Illinois** Department of Public Health **Indiana** Hospital Association **Iowa** Hospital Association





Kansas Hospital Association **Kentucky** Cabinet for Health and Family Services **Louisiana** Department of Health and Hospitals Maine Health Data Organization Maryland Health Services Cost Review Commission **Massachusetts** Center for Health Information and Analysis Michigan Health & Hospital Association Minnesota Hospital Association **Mississippi** Department of Health Missouri Hospital Industry Data Institute Montana MHA – An Association of Montana Health Care Providers Nebraska Hospital Association



Nevada Department of Health and Human Services

- New Hampshire Department of Health & Human Services
- New Jersey Department of Health
- New Mexico Department of Health
- New York State Department of Health
- North Carolina Department of Health and Human Services
- North Dakota Minnesota Hospital Association
- **Ohio** Hospital Association
- **Oklahoma** State Department of Health
- **Oregon** Association of Hospitals and Health Systems
- **Oregon** Office of Health Analytics
- Pennsylvania Health Care Cost Containment Council





Rhode Island Department of Health

South Carolina Revenue and Fiscals Affairs Office

- South Dakota Association of Health Care Organizations
- **Tennessee** Hospital Association
- **Texas** Department of State Health Services
- **Utah** Department of Health
- **Vermont** Association of Hospitals and Health Systems
- Virginia Health Information
- Washington State Department of Health
- West Virginia Health Care Authority
- Wisconsin Department of Health Services
- Wyoming Hospital Association





- Originally one database released through HCUP
 - Added more databases over time: national, state, inpatient, ED, ambulatory surgery
 - Since 1999: 45,000 HCUP databases distributed
 - 6,900 databases sold in 2015 alone
- 2,200,000 web visits last year to HCUP-US online documentation system
- Over 4,500 peer reviewed papers published using HCUP



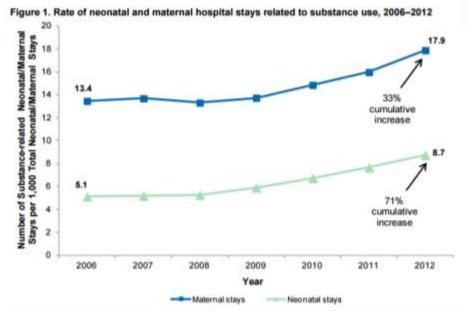
Types of Topics HCUP Can Address



- Use and cost of care
- Uncommon conditions
- Trends
- Readmissions and revisits
- Subgroup differences, e.g., sex, race, expected payer
- Geographic variation
- Medical treatment variations
- Hospital characteristics

- Cost and burden of illness
- Quality of care
- Patient safety
- Access to care
- Special populations and minorities
- Care of pediatric patients
- Epidemiology of diseases and treatments
- Injury surveillance

AHR Use and Costs of Hospital Care



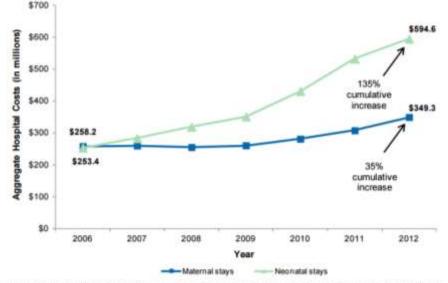
Note: Neonatal and maternal stays related to substance use were identified using all-listed conditions. Neonatal and maternal rates were calculated separately based on total neonatal or total maternal stays.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost any Utilization Project (HCUP), State Inpatient Databases (SID) from 38 States, 2006–2012

Aggregate hospital costs for these neonatal stays increased by 135%, from \$253 million to \$595 million.

Between 2006 and 2012, the rate of *neonatal hospital stays* related to substance use increased by 71%, from 5.1 to 8.7 per 1,000 neonatal stays.

Figure 2. Inflation-adjusted aggregate hospital costs for neonatal and maternal stays related to substance use, 2006–2012

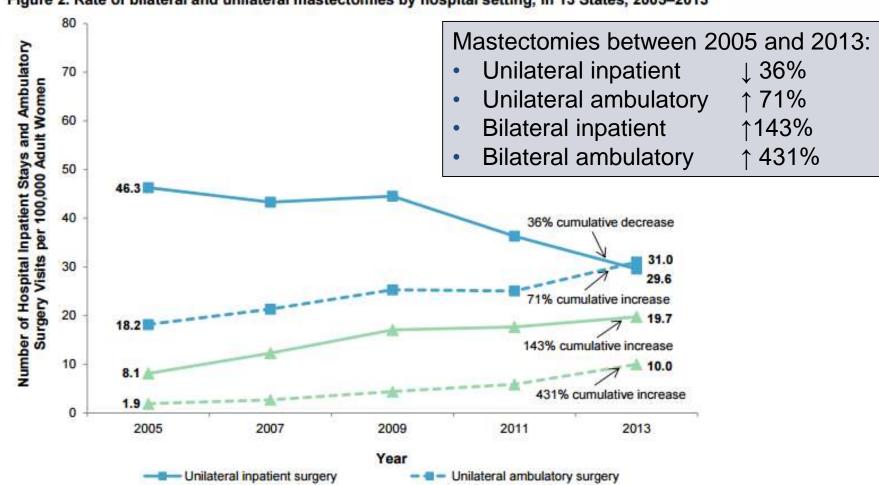


Notes: Neonatal and maternal stays related to substance use were identified using all-listed conditions. Inflation-adjusted costs are presented in 2012 dollars.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) from 38 States, 2006–2012 17

Trends in Procedure Use AHRA

Bilateral inpatient surgery



Bilateral ambulatory surgery

Figure 2. Rate of bilateral and unilateral mastectomies by hospital setting, in 13 States, 2005-2013



2.8 million ED visits and 105,000 inpatient stays for sports injury

- Bicycling #1 for ED
- Walking/hiking #1 for inpatient

Table 1. Top 10 specific sports activities associated with emergency department visits (discharged) and hospital inpatient stays, 2013

Specific sports activity	ED visits (discharged)			Inpatient stays		
	Rank	n	% of all sports- related visits	Rank	n	% of all sports- related stays
All sports activities	e 2 2 2	2,807,880	100.0		105,490	100.0
Bicycle riding	1	383,790	13.7	2	26,530	25.1
Walking, marching, and hiking	2	340,290	12.1	1	30,650	29.1
Other unspecified sports activity ^a	3	288,380	10.3	5	4,970	4.7
Basketball	4	268,580	9.6	10	2,020	1.9
American tackle football	5	211,220	7.5	7	2,830	2.7
School recess and summer campb	6	150,150	5.3	4	5,140	4.9
Running	7	148,650	5.3	8	2,240	2.1
Roller skating and skateboarding	8	143,780	5.1	6	4,600	4.4
Soccer	9	128,950	4 .6			
Baseball	10	113,420	4.0			
Downhill skiing and snowboarding ^c				3	5,320	5.0
Horseback riding		8	à	9	2,220	2.1

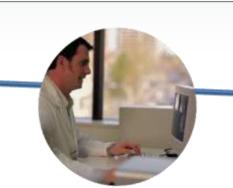
The HCUP Data Process– from Patient to Research





Patient enters hospital





Hospital sends data to State data organizations

States store data in varying formats





Data made available for research



HCUP sends uniform data back to State data organizations AHRQ standardizes data to create uniform HCUP databases





Three State-Specific Databases



State Inpatient Databases (SID)



State Ambulatory Surgery & Services Databases

(SASD)



State Emergency Department Databases (SEDD)

The first HCUP database

Four National (Nationwide) Databases





Nationwide Emergency Department Sample (NEDS)



Kids' Inpatient Database (KID)



Nationwide Readmissions Database (NRD)

What Data Elements are included in the HCUP Databases?

Data Elements:

- Patient demographics (age, sex)
- Diagnoses & procedures
- Expected payer
- Length of stay
- Patient disposition
- Admission type
- Point of origin
- Admission month
- Weekend admission







- Race/Ethnicity
- Patient county
- Patient ZIP Code
- Severity of illness
- Birthweight
- Procedure date (days from admission)
- Health plan details
- Additional expected payers
- Detailed charges
- Patient identifiers encrypted

- Physician identifiers encrypted
- Physician specialty
- Hospital identifier unencrypted



AHR Value Added Data Elements

- Clinical tools based on ICD
 - Comorbidities
 - Clinical Classification Software (CCS)
 - Standard DRG grouping across all data
 - Severity adjustment software
- Supplemental data elements and files

Linkages



"Tools





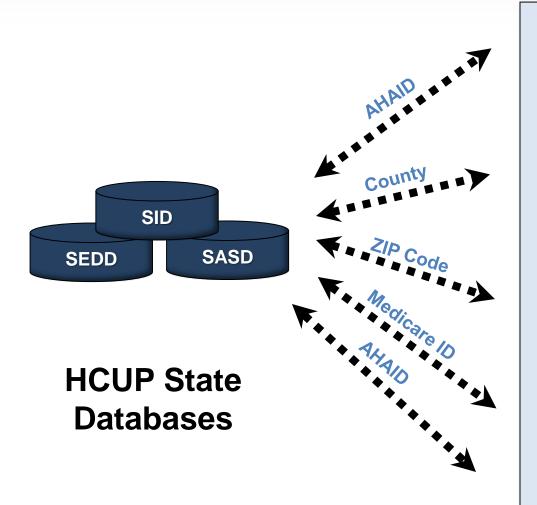


- Supplemental Variables for Readmission Analyses
- AHA Linkage Files
- Cost-to-Charge Ratio Files
- Hospital Market Structure Files
- Trend Weights Files (NIS & KID)
- NIS Hospital Ownership File









American Hospital Association (AHA) Annual Survey

Health Resources and Services Administration's (HRSA) Area Health Resource File (AHRF)

Zip Code Files from Census or Vendor

Medicare Cost Reports

Trauma Information Exchange Program (TIEP)





 HCUP Files vs. Data Files received directly from the Partners

HCUP Files	Partner Files		
Subset of data elements	All data elements		
Uniformly coded across the States	Not uniformly coded across states		
Lag time	More timely		
Standard data quality checks	Variability in quality checks by state		
Value-added data elements	May not have same value-added elements		

States Releasing Databases through HCUP Central Distributor



- Arizona
- Arkansas
- California
- Colorado
- District of Columbia
- Florida
- Georgia
- Hawaii
- Iowa
- Kentucky
- Maine
- Maryland

- Massachusetts
- Michigan
- Mississippi
- Nebraska
- Nevada
- New Jersey
- New Mexico
- New York
- North Carolina
- Oregon
- Rhode Island
- South Carolina
- South Dakota

- Utah
- Vermont
- Washington
- West Virginia
- Wisconsin

Not all States participate in all years and for all databases





National (Nationwide) Inpatient Sample (NIS)	Inpatient discharge data for a sample of discharges from all hospitals in SID
Kids' Inpatient Database (KID)	Pediatric inpatient hospital discharge data from a sample of pediatric discharges in SID
Nationwide Emergency Department Sample (NEDS)	Emergency department data (treat and release & admitted) from a sample of hospitals in SID and SEDD
Nationwide Readmissions Database (NRD)	Inpatient discharge data from all hospitals for SID with verified patient linkage numbers

NIS is a Stratified Sample of HRC Discharges from the SID



State Inpatient Databases (SID)

~ 4,400 hospitals~ 33 M records

Strata

- U.S. Division
- Urban/Rural
 Location
- Teaching Status
- Ownership/Control
- Bed Size

Within strata sort by hospital, DRG, and admission month and select 1 in 5 records

Stratified Sample

of Discharges

*State not included in the

stratum

National Inpatient Sample (NIS)

N = ~ 4,400 hospitals ~ 7 M records



KID is a Stratified Sample of Discharges from the SID



State Inpatient Databases (SID)

~ 4,380 hospitals ~ 34.3M records

Strata

Uncomplicated BirthsComplicated BirthsPediatric Non-Births

Stratified Sample of Discharges

*State not included in the stratum

•10% uncomplicated births

•80% pediatric discharges

Kids' Inpatient Database (KID)

N = ~ 4K hospitals ~ 3M records







State Inpatient Databases (SID) State Emergency Department Databases (SEDD)

Strata

- U.S. Region
- Urban/Rural Location
- Teaching Status
- Ownership/Control
- Trauma center

Stratified Sample of Hospitals

*State not included in the stratum



Nationwide Emergency Department Sample (NEDS) N = ~ 1K hospitals ~ 31M records



NRD is Constructed from SID with Verified Patient Linkage Numbers



State Inpatient Databases (SID)

Hospital and Patient Exclusions

Strata

- U.S. Region
- Urban/Rural Location
- Teaching Status
- Size
- Ownership/Control
- Patient Characteristics (age and sex)

All Discharges (after exclusions)

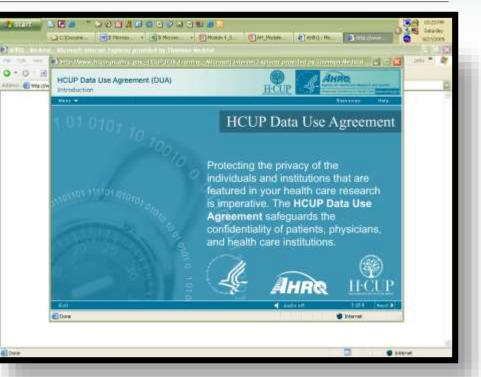


Nationwide Readmissions Database Sample (NRD) N = ~ 2K hospitals ~ 14M records





- Purpose of the Course:
 - Emphasize the importance of data protection
 - Reduce the risk of inadvertent violations
 - Describe your individual responsibility when using HCUP data



Takes 15 minutes to Complete

<u>http://www.hcup-</u> us.ahrq.gov/DUA/dua/index.htm





data sales

returned to State

Partners

Nationwide Databases (NIS, KID, NEDS, NRD)

- NIS: \$350 (2007-2013; 2013 student price \$100) \$160-200 (earlier years; student price \$20-\$50)
- KID: \$350 (2009 and 2012; 2013 student price \$50) \$200 (earlier years; student price \$20) Funds for State
- **NEDS**: \$500 (2013 student price \$75) (earlier years; student price \$75)

NRD: \$500 (student price \$150)

State Databases (SID, SASD, SEDD)

- Varies by state, database, year, and type of applicant
- \$35 \$3,185