Hospitalization Data Acquisition for Tracking

NAHDO Webinar
December 10, 2009

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Acknowledgement of Support:

- CDC Environmental Public Health Tracking
  NAHDO-CDC Cooperative Agreement, “Establish a Health Data Partnership in Environmental Public Health Tracking”
Agenda

- Overview of state health care data reporting programs

- Uses and limitations of health care data for EPHT

- Lessons learned from the NAHDO and Tracking grantees Proof of Concept, Multistate Health Care Data Sharing Demonstration Project.
NAHDO and CDC EPHT

- NAHDO through their co-operative agreement with the CDC EPHT aim to:
  - Promote access to and use of statewide hospital inpatient (IP) and emergency department (ED) data for EPHT functions
  - Reduce the barriers to accessing hospital IP and ED data within and across EPHT states
  - Emphasize the integration of health care and environmental data sets and measures
  - Assist Tracking programs to access other health care data sets and fill important data gaps
    - Out of state resident health care data
    - Promote use of street address
About Hospital Discharge Data

Who’s Collecting the Data?

- Hospital Discharge Data Systems
  - 47 states collect IP data; 40* states have a legislative mandate to collect this data
  - 29 states collect ED data; 21 states have a legislative mandate to collect

* Only 39 collect under mandate
Characteristics of Statewide Discharge Datasets

- Discharge data include;
  - Patient demographics,
  - Source of payment (includes self pay and uninsured)
  - Coded diagnoses and procedure information, based on ICD-9-CM standards
  - Utilization patterns
Characteristics of Statewide Discharge Datasets.

- Useful for:
  - morbidity surveillance
  - accountability
  - consumer information
  - policy making
  - market and purchasing
  - quality improvement
  - community assessment
In general there are three models of governance for state health data agencies, which may impact release of data and allowable uses:

1. A **state agency** with a legislative mandate collecting the data.

2. A **delegated authority**, such as hospital association or private entity, collecting data under a state mandate.

3. A **private agency**, usually a hospital association, collecting the data voluntarily from its members and community hospitals.
Strengths of Discharge Data

- Available and Accessible
  - Most states
  - History of multiple uses and users

- Reliability and Consistency
  - Not survey or self reported
  - Large numbers
  - Uniform standard format (UB04)
Strengths of Discharge Data

- **Scope of Coverage**
  - All payer, all patient

- **Full acute care admission census Analytic utility**
  - Comparable for benchmarks, trend analyses

- **Enhancement Potential**
  - Linkage
Limitations of Discharge Data

- Release processes and policies vary across states

- Data element issues:
  - Unique patient identifier in some states
  - Patient address in some states
  - E-coding varies
  - Charges only, not paid amount
  - Lack of clinical detail

- Population exclusions:
  - Federal/tribal hospitals in some states

- Timeliness, or lack thereof

- Coding practices vary by hospitals
Hospital Data Acquisition

- Release practice’s vary-usual mechanisms:
  - Data Use Agreements (DUA)
  - Public Use Files (micro data files) (PUF)
  - Research Level Data –IRB

- Institutional policies and law influence:
  - How the end users can access the data
  - What data elements available
  - Linking of data sets
  - Re-release of data
  - Penalties for misuse
Multi-State Data Sharing Demonstration Project (Pilot Project)

- **Goal**
  - Identify unique and cross-cutting issues inherent in the hospital data recruitment and acquisition process for the EPHT network.
  - Contribute toward the development of a common data sharing template for multi-state collection.
Pilot Project

- Objectives
  - Facilitate state and local access to IP and ED data and measures
  - Facilitate re-release of hospitalization data to the EPHT network
  - Develop a process for expedited access to hospitalization data in subsequent years
Pilot Project: Process

- Recruit volunteer states
- Establish an advisory group to guide pilot activities
- Draft a master memorandum agreement template
- Assist as needed with state Tracking data acquisition issues
- Share results and findings
Pilot Project: Issues and Challenges

- Out-of-state hospital records for state residents (still an issue)
- Understanding data quality and how states validate/edit their data sets
- Data element issues:
  - Patient address
  - Defining inpatient
- Navigating the legal and institutional constraints to hospital data release
- Data use at the state/national levels: e.g. re-release of data
Pilot Project

- **Success factors**
  - **Collaboration with data stewards** early on in the project development. Work with them, educate them about your project/program, jointly negotiate terms in the DUA.
  - Clarity/specificity in data needs and uses.
  - Emphasis of the national aspects of the EPHT program. Knowing other states are participating adds legitimacy to the data request and assurance to the data steward.
  - **NAHDO as a liaison** between some grantees and the state health data program. Technical assistance guidance as grantees face hurdles.
  - **Model DUA template** served as a starting place in some states.
  - **Partner with the data steward** to understand the data set and interpret results.
Slides and next webinar

- Slides from today will be available at www.nahdo.org


- Upcoming NAHDO webinar
  - Reporting and Measuring Health Disparities: Evaluation of Quality of Care
  - Thursday, December 17, 3 pm ET
Data partnerships improve the quality of data as users provide feedback and demand for better data.
Thank You

- Hospital discharge data citations/resources:
  - AHRQ HCUP (http://www.ahrq.gov/data/hcup/)

- Contact NAHDO
  - Esullivan@nahdo.org