H·CUP

HEALTHCARE COST AND UTILIZATION PROJECT

Cross-Border Hospitalization Data Exchange

Denise Love, NAHDO

HCUP Partners Meeting
September 25, 2018

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

Agenda

- Introductions and Overview
- HCUP Cross-Border Hospitalizations
- Uses of Cross-Border Data
- Data Exchange Considerations
- CDC Tracking Network and Uses of Cross-Border Hospitalization Data
- Partner Survey and Cross-Border Hospitalization Data
- Wrap up

What do we mean by Cross-Border Hospitalizations?

- Cross-border hospital discharge data of a state's or jurisdiction's residents discharged in another state
  - Also referred to as the exchange of non-resident discharge data between states, both bordering and not adjacent

Overview and Introductions

- Data gaps exist from cross-border migration of residents to hospitals
- Data users want more complete population information, including out-of-state hospitalizations
- Cross-state data exchange has been a goal for some states and a number of states are receiving cross-state data
- Challenges exist to establish cross-state data exchanges
- Past initiatives for cross-border data exchange have created useful solutions

Webinar Goals and Actions

The primary goal for this presentation is to create awareness of and explore Partner interest in cross–border data exchanges between States

Other goals include–

- Highlighting the frequency of out-of-state hospitalizations
- Share information about users seeking more complete data
- Introduce efforts to acquire cross-border data by CDC Tracking, including examples of uses for data exchange
- Assess Partners interest in follow-up activities

HCUP Cross-Border Hospitalizations

2015 HCUP Cross-Border Hospitalizations Report shows:

- Volume range: 0.98% to 45.3%
- 14 states—range between 5% to 10%
- 7 states greater than 10%
- District of Columbia had 45.30%
- 4.18% average percent across the states
- Highest number of cross-border discharges in a state with 5% was 86,980 cross-border discharges in Pennsylvania

* 2015 HCUP State Inpatient Databases (SID) Border Crossing Report is available on the Partners section of HCUP-US (password required) located at: https://www.hcup-us.ahrq.gov/login.jsp

States with >10% Cross-Border Discharges*

States	% Cross-Border Discharges	Count Cross-Border Discharges	Percent and Count Cross-Border Discharges Contributing Over 1%			
District of Colombia	45.3%	61,266	MD 34.66% 46,881	VA 8.66% 11,712		
North Dakota	23.2%	21,296	MN 19.32% 17,760	SD 2.07% 1,905		
South Dakota	14.4%	15,264	MN 5.95% 6,319	IA 4.25% 4,516	NE 1.72% 1,826	
West Virginia	12.6%	32,874	OH 7.04% 18,462	KY 1.66% 4,358		
Tennessee	11.4%	83,248	GA 2.84% 20,871	VA 2.56% 18,795	KY 1.87% 13,754	MS 1.39% 10,229
Missouri	10.4%	85,565	IL 5.64% 48,022	KS 2.50% 21,340		

* 2015 HCUP State Inpatient Databases (SID) Border Crossing Report

States with High Frequency Cross-Border Discharges*

States	% Cross-Border Discharges	Count Cross-Border Discharges	Percent and Count Cross-Border Discharges Contributing Over 1%			
Pennsylvania	5%	86,980	NJ 2.27% 39,500			
Missouri	10.4%	85,565	IL 5.64% 48,022	KS 2.50% 21,340		
Tennessee	11.4%	83,248	GA 2.84% 20,871	VA 2.56% 18,795	KY 1.87% 13,754	MS 1.39% 10,229
District of Colombia	45.3%	61,266	MD 34.66% 46,881	VA 8.66% 11,712		
Indiana	6.4%	50,042	IL 2.98% 23,202	KY 1.15% 8,957		
Massachusetts	5.4%	42,950	NH 2.08% 16,619			

* 2015 HCUP State Inpatient Databases (SID) Border Crossing Report

Common Uses of Cross-Border Exchange Data

- Evaluate and report health issues using population based data (including opioid use)
- Examine market share and readmissions of patients who cross over the border for hospital care
- Examine true cost of care for the full population of state residents that are hospitalized (would otherwise underreport impact)
- Determine if there are cost savings from crossing border for care

Data Exchange Development Considerations

- Format differences
  - Lack of needed data elements
  - Different data collection periods
- Legal restrictions
  - State and Federal privacy laws
  - Data disclosure statutes, requirements, and limitations
- Proprietary vs public data agencies
  - Limitations sharing exchanged data outside of organization
- Organizational issues:
  - Staff availability (vendor contracts)
  - Competing priorities

A User Example—CDC Environmental Public Health Tracking Program

- CDC's Environmental Public Health Tracking Program information and data are used to protect the nation from environmental-related health issues
- Expands tracking reach by integrating health data through state partnerships and linkages with CDC environmental information
- Produces and reports timely environmental and health surveillance information (relevant and community actionable)
- Workgroups were used early on to address common issues:
  - Hospitalization Content Work Group streamlined measures, created or refined standard definitions for the Emergency Department, refined release practices for geospatial display (i.e. address)

Partners in Tracking Efforts

- CDC funds health departments in 25 states & 1 city to integrate environmental data with public health data sets

  AZ, CA, CO, CT, FL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, NH, NJ, NM, NY, NYC, OR, RI, UT, VT, WA, WI
  (former grantees PA, SC)

  https://ephtracking.cdc.gov/showStateTracking

- Health outcomes data and measures require access to Statewide Hospital Discharge Data (IP and ED)

Why it Matters

In addition to core measures, states monitor conditions that vary depending on local concerns:

- **Vermont** cross-border public health investigation: Tritium contaminated groundwater at Vermont Yankee Nuclear Power Stations bordering Massachusetts and New Hampshire required data-sharing to investigate and remediate.
- **Washington** monitors carbon monoxide poisonings from generators and charcoal burners, and higher asthma rates for American Indians & Alaska Natives.
- **Wisconsin** tracks outdoor wood-fired boilers (an energy source) affecting air quality and aggravating lung and heart disease.

More examples of why it matters..

- **Colorado** tracks high radon levels (raises cancer risk)
- **Connecticut** monitors asthma, cancer, mercury poisoning.
- **Florida** tracks environmental contaminants and birth defects, the leading cause of infant mortality in FL.
- **Maryland** is concerned about hazardous wastes and brownfields, and old housing with high lead levels.
- **New Mexico** sees high uranium levels from well water
- **Utah** monitors high arsenic levels from well water and elevated lead levels in children from soil mine waste

CDC Workgroup on Cross-Border Hospitalizations

H·CUP
HEALTHCARE COST AND UTILIZATION PROJECT

Key Drivers–

1. *Epidemiologic surveillance of outcomes in the Tracking Program*
2. *State and industry need for hospital readmissions data*

Both are population-based measures that require more complete data

HCUP Survey Cross-State Data Exchange

- Does your organization currently have a cross-state data exchange arrangement in place, providing another State with hospitalization data or receiving hospitalization data?
  - ✓ What State(s) participate in the exchange?
  - ✓ What patient identifiers are provided/received with the data?
- If there is no exchange in place, what prevented it from happening or stopped a previous exchange from operating?
- If you do not currently exchange data with another State, would you like to exchange data in the future?

2018 Partner Cross-State Data Survey

H·CUP
HEALTHCARE COST AND UTILIZATION PROJECT

32 HCUP Partners responded to the Cross-State Hospitalization Data Survey in August 2018:

- 16 Partners have a cross-state data exchange in place:
  AK, CO, DC, IN, KS, KY, MI, MN, MO, NC, NE, SC, SD, TN, TX, VT
- 9 Partners have no exchange
- 7 Partners had a past exchange no longer occurring (or attempt)
- 9 Partners are interested in cross-state data
- 4 interested but require more information or organization input

Data Exchanged

- For Partners exchanging cross-state data, most provide data to and receive data from the exchange state(s)

- Patient Identifiers:
  - Six Partners do not provide or receive any patient IDs
  - One Partner includes DOB, unique patient number, zip
  - One Partner receives partial DOB, zip

- Reasons why exchanges are no longer occurring:
  - Change in priorities
  - Format or timeline incompatibility for use

Next Steps: Future Activities

- Are HCUP Partners interested enough in cross-border data sharing to become actively involved in this work?

- Are you interested in a Cross-Border Data Exchange with other States?
  - If yes, what are the areas of interest?

- Are there specific topics that are part of an exchange that HCUP could help to facilitate in follow-up webinars or small group discussions?

Questions?

Contact Information

We welcome your input and feedback regarding the HCUP Partner Cross-State Data Exchange
Today's Presenters and Contacts:

- Denise Love, NAHDO dlove@nahdo.org
- Barbara Rudolph, NAHDO Contractor, Barbara.Rudolph@chsra.wisc.edu
- Kevin Heslin, AHRQ Kevin.Heslin@ahrq.hhs.gov
- Questions about the meeting or suggestions for topics, please contact Judy Parlato judy.parlato@us.ibm.com
- For other Partner support or HCUP matters, please contact Jenny Schnaier, HCUP Project Officer, at Jenny.Schnaier@ahrq.hhs.gov