

MA Center for Health Information & Analysis

Case Mix User Workgroup

July 25, 2017

Agenda



- Announcements
 - Update on the status of Case Mix FY16
- New CHIA report: <u>Emergency Department</u>
 <u>Visits after Inpatient Discharge</u>
- User Questions
- Q&A





CURRENT RELEASE TIMEFRAMES FOR EACH FILE:

Inpatient (HIDD)

READY NOW

Emergency Department (ED)

AUGUST

Outpatient Observation (OOD)

SEPTEMBER





Recap of Changes for 2017:

- Now charge per year of data requested
- Can now request future years of data
 - Future years require no DRC review, absent major changes to the project or data being requested
- Can request to use data for one project for a subsequent project
- Comprehensive DUAs for each organization (will cover all projects instead of multiple DUAs for each specific project)





Applicants can now request **FUTURE YEARS OF DATA**

- Initial project requires Data Privacy Committee and Data Release Committee review
- Additional years (up to 5 years) or release versions of data will be released *upon availability* and the Recipient's completion of a <u>Certificate of Continued</u> <u>Need</u> (Exhibit B of the revised DUA)
- No additional review required for these additional years of data
- Normal data fees still apply





- Applicants should not use "de-identified" in their application in referring to the data received from CHIA. CHIA datasets are not de-identified as the term is defined by HIPAA.
- Also, make sure your IRB approval is valid for the period you intend to use the data.
- Please remember your application documents must be <u>signed</u> by the appropriate people when you submit them on IRBNet.

More Reminders



- If you're requesting user support, <u>please do not</u> <u>send us any data</u>
 - Aggregate, de-identified data is fine, but sending us any other data may not be allowed. As a general rule, users should not send record or claim-line data to the User Support Team
 - Considered a breach of our Data Use Agreement
 - Run the risk of not being allowed to request data from CHIA in the future



QUESTIONS?

New Papers and Reports Using CHIA Data

CHIA Data Users asked to be alerted to when new papers and reports are available using CHIA Case Mix Data or All Payer Claims Data. The following new papers and reports are available:

All Payer Claims Data

Barnett ML, Song Z, Rose S, Bitton A, Chernew ME, Landon BE. Insurance Transitions and Changes in Physician and Emergency Department Utilization: An Observational Study. **Journal of General Internal Medicine**. 2017 May 18:1-0. https://link.springer.com/article/10.1007/s11606-017-4072-4

Figueroa JF, Frakt AB, Lyon ZM, Zhou X, Jha AK. Characteristics and spending patterns of high cost, non-elderly adults in Massachusetts. **InHealthcare** 2017 July 1. Elsevier. http://www.sciencedirect.com/science/article/pii/S2213076417300350

McCoy TH, Castro VM, Cagan A, Roberson AM, Perlis RH. Validation of a risk stratification tool for fall-related injury in a state-wide cohort. **BMJ** open. 2017 Feb 1;7(2):e012189. http://bmjopen.bmj.com/content/bmjopen/7/2/e012189.full.pdf

Case Mix Data

França UL, McManus ML. Availability of Definitive Hospital Care for Children. **JAMA pediatrics.** 2017 July 10:e171096 Supplement. http://jamanetwork.com/journals/jamapediatrics/article-abstract/2634361

Center for Health Information and Analysis, Emergency Department Visits After Inpatient Discharge in Massachusetts State Fiscal Year 2015, July 2014. http://www.chiamass.gov/emergency-department-visits-after-inpatient-discharge

New Papers and Reports Using CHIA Data (continued)

Case Mix Data (Multi-State Comparison using AHRQ HCUP Data)

Weiss AJ (IBM Watson Health), Bailey MK (IBM Watson Health), O'Malley L (IBM Watson Health), Barrett ML (M.L. Barrett, Inc.), Elixhauser A (AHRQ), Steiner CA (Institute for Health Research, Kaiser Permanente). Patient Characteristics of Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by State, 2014. HCUP Statistical Brief #224. June 2017. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf

Massachusetts Highlights from AHRQ HCUP Report

- In most States in 2014, females had a higher rate of opioid-related inpatient stays than males but males had a higher rate of opioid-related ED visits than females. However, in Massachusetts males had both a higher rate of opioid-related inpatient stays and ED visits.
- Across all patient sex and age groups in 2014: Opioid-related inpatient stays were lowest in Iowa, Nebraska, Texas, and Wyoming and highest in Massachusetts.

Patient sex with higher rate* of opioid-related inpatient stays, by State 2014 WA* MT* MN* OR* ID PA* NV* IN* AR* Note: Asterisks denote States MS AL where the difference between the higher and lower of the male and female rates was at least 10 percent. Opioid-related inpatient rates are per 100,000 population. State-level inpatient rates by sex are Patient sex with the higher rate of opioid-related inpatient stays in the State provided in Appendix A of report. Key: Males Nonparticipating State

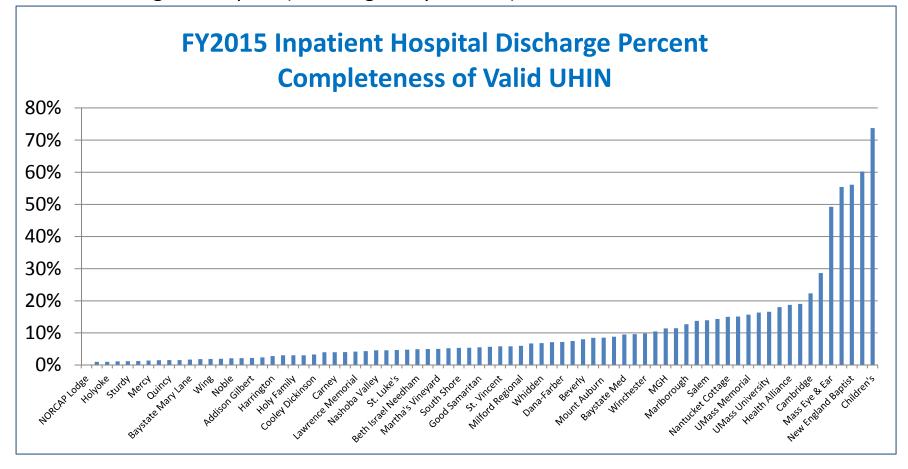


QUESTIONS SUBMITTED BY USERS

Question: Are there differences in the completeness of UHIN data by race, age, and facility?



<u>Answer</u>: Yes, when looking at the UHIN field for adults or the mother's UHIN for infants, 72% of hospitals have less than 10% incomplete UHINs (see table below). The four hospitals with greater than 50% incomplete UHINs have a higher proportion of pediatric population, such as Children's Hospital (mean age 8 years old), and a higher proportion of senior population, such as New England Baptist (mean age 67 years old).

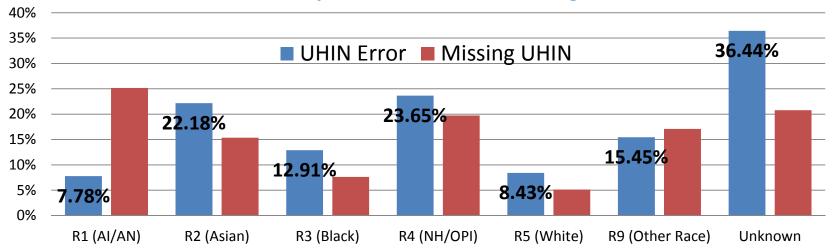


Question: Are there differences in the completeness of UHIN data by race, age, and facility? (continued)



<u>Answer</u>: In looking at the completeness of UHIN by Race 1 in the FY2015 Inpatient Discharge, patients with Unknown Race 1 had the highest percentage of UHIN errors and American Indians/Alaskan Natives had the highest percentage of missing UHINs.

FY2015 Race 1 Comparison of Percent Missing and UHIN Error



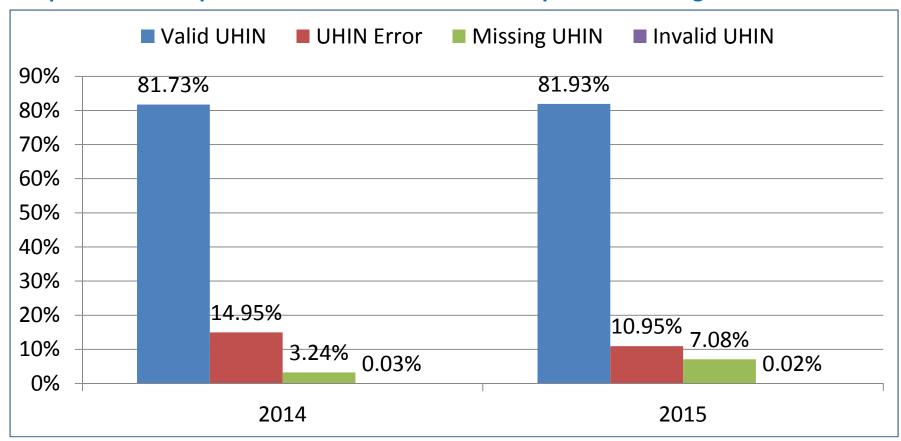
		Missing	
Race 1	UHIN Error	UHIN	Invalid UHIN
R1 (American Indian/Alaska Native)	7.78%	25.18%	0.09%
R2 (Asian)	22.18%	15.35%	0.02%
R3 (Black)	12.91%	7.62%	0.03%
R4 (Native Hawaiian or Other Pacific Islander	23.65%	19.76%	0.00%
R5 (White)	8.43%	5.14%	0.05%
R9 (Other Race)	15.45%	17.09%	0.04%
Unknown	36.44%	20.77%	0.02%

Question: Are there differences in the completeness of UHIN data by race, age, and facility? (continued)



<u>Answer</u>: In the Hospital Inpatient Discharge data from FY2014 to FY2015, there has been small 1.67% increase in Valid UHINs attributable to a decrease in UHIN errors and invalid UHINs but paralleled by an increase in missing UHINs.

Comparison of Completeness of FY2014 and FY2015 Inpatient Discharge UHINs



Question: Why would a patient with a length of stay of 1-day be admitted instead of seen in Observation Stay?

Answer: While the CHIA Case Mix data contains data collected from acute care hospitals on inpatient hospital discharges, emergency department visits, and observation stays, 105 CMR 130.000 Massachusetts Hospital Licensure Regulations which falls under the regulatory authority of the Massachusetts Department of Public Health provides specific guidance and standards for the utilization of different hospital care settings.

See: http://www.mass.gov/eohhs/docs/dph/regs/105cmr130.pdf





- Questions related to APCD: (apcd.data@state.ma.us)
- Questions related to Case Mix: (casemix.data@state.ma.us)

<u>REMINDER</u>: Please include your **IRBNet ID**#, if you currently have a project using CHIA data

Where can I find old User Workgroup presentations?



http://www.chiamass.gov/ma-apcd-and-case-mix-user-workgroup-information/

CHIA Data » MA APCD » MA APCD and Case Mix User Workgroup Information

MA APCD and Case Mix User Workgroup Information

These webinar workgroups bring together users of CHIA's APCD and Case Mix data with CHIA's in-house experts to discuss analytical techniques, issues with the data, and quality of the data. CHIA also uses these webinars to make announcements regarding new data releases, enhancements, and features. Each meeting features a segment where CHIA staff answer common questions from data users and field live questions from webinar participants.

Please register for one or both of these separate registration links. All meetings take place on Tuesday afternoons at 3:00 p.m.





Previous MA APCD / Case Mix Meeting Materials

MA APCD Tuesday, February 28, 2017

· Presentation (PDF) | PPT

Case Mix Tuesday, January 24, 2017

· Presentation (PDF) | PPT





If there is a **TOPIC** that you would like to see discussed at an MA APCD or Case Mix workgroup, contact Adam Tapply [adam.tapply@state.ma.us]

If you are interested in **PRESENTING** at an MA APCD or Case Mix workgroup, contact Adam Tapply [adam.tapply@state.ma.us]

You can present remotely from your own office, or in-person at CHIA.