

Data Access and Use

NCVHS WG

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September 23, 2014

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W4H2 - Data Access and Use

1	What?	Who?	Where?	When?	How many?	How much?
2	Poverty Disparity Disease Dysfunction	Demographics Psychographics Facilities Professionals	Service sites Subject locations Event locations	Service dates Durations Cycles	Counts Frequencies Rates	Expenditures Trends Comparisons
3	Opinions Research Ideas	Censuses Inventories Samples	Geographies Locations	Transactions Receipts Tracking	Marginals Reports Statistics	Claims Budgets Programs
4	HP2020 NCHS reports	Census reports Inventories Surveys Projections	Individuals Households Families Communities	Life stages Time of day Day of week	Users Beneficiaries Providers	Dollars Personnel Assets Facilities

- 1 Questions and Concerns – Population Health and and Care Delivery
- 2 Conceptual and Analytical Frameworks – Organizing Facts
- 3 Data Collection and Measurement Processes – Scope and Accuracy
- 4 Likely Data Sources – Ownership, Stewardship, and Confidentiality

W4H2 - Data Access and Use

5	Transactional data	Inventory data	Utilization data	Cost data
6	Vital events Registrations Claims Payments	Facilities Professionals Locations of service	Diseases Procedures Services Forecasts	Prices Charges Costs Quantities
7	CMS – National paid claims Part A Part B Part D	CMS – National master reference Facility Professional DME	CMS & NCHS Forecasts Profiles Vital Events	CMS – National ICDs DRGs HSAs

- 5 Data Workflows – Type of Systems Producing Renewal Data
- 6 Key Data Elements – National Coverage and Finley Grained
- 7 Needed Data Files for Public Use and Evaluating Community Need

Definitions

New High Value* DHHS/CMS Data Assets - # 1

New Files – CMS Payment and Use - Public Use Files (generated from existing CMS data files)

- Medicare and Medicaid Paid Claims Series by USPS Zip Code Area
 - Major Diagnostic Categories (MDC's)
 - Major Enhanced Ambulatory Payment Classifications (EAPC's)
 - Major Provider Specializations
 - Major DME Categories
 - Location(s) of all Facility Providers (hospitals, op ctrs, NHs)

- * New data files would be packaged “Analysis-Ready” which means
 - All CMS coded fields would be “decoded” and not require subsequent record linking
 - This would require CMS cleanup and documentation (e.g., no provider data without a deliverable street address.)

New High Value* DHHS/NCHS Data Assets - # 2

New Files – NCHS Health Service Demand Forecasts Public Use Files (generated from existing NCHS data files)

- All Payer Health Service Utilization Demand by USPS Zip Code Area
- Age, Sex, and Race Adjusted
- Hospital/ER/OP Expected Volumes by MDCs and DRGs
- Physician Office Visits by Reason for Visit, Bodily System, and Treatment
- Prescription Drug Use by NDC

* New data files would be packaged for “Analysis-Ready” which means

- All NCHS coded fields would be “decoded” in the Public Use File(s) and not require subsequent linking.
- This would require NCHS cleanup and documentation of each dataset.

New High Value* DHHS/NCHS Data Assets - # 3

New Files – NCHS National Low Birth Weights Public Use File (generated from existing NCHS data files)

- Low Weight Births (< 2500 grams) by USPS Zip Code Area
 - Number
 - Weight Categories

*New data file would be packaged “Analysis-Ready” which means

- All NCHS coded fields would be “decoded”.
- NCHS would require all states to report all births within 24 hours.

The Most Useful DHHS Data Files

- CMS
 - National geographic coverage (all data carries a zip code reference- patient or provider)
 - High percentage of population served (Medicare and Medicaid beneficiaries)
 - Data workflows used in field governed by Federal rules and regulation.
 - Much data is historically consistent.
 - Confidentiality can be assessed before data is released to public.
- NCHS
 - National survey coverage with a time-tested uniform methodology
 - Scope of data includes all health care service payers – useful for local need assessments
 - Covers physician office visits for diagnosis, treatments, and expected payment
 - Covers hospital in-patient related encounters and visits by ICD and DRG
 - Has statistical capacity to create estimates by Zip Code from sampled data

Why CMS and NCHS Data?

- CMS

- Has sufficient data that can describe what is happening today and where > 50% of the public's tax dollars are being spent in providing healthcare services. While all payer transactional datasets would be a wonderful addition – it does not represent adequate geographic coverage (as of today) to be very useful to every community in the US.

- NCHS

- Has sufficient data across all payer sources to more precisely estimate the historical utilization and the likely future demand for healthcare services provided by hospitals, physicians, nursing homes, and OP surgery centers by very refined categories.

Problems in Access and Use Example

- No designated, real-time, National Healthcare Provider Inventory of healthcare providers eligible to receive CMS Payments.
 - Many provider records lack sufficient geographical accuracy to be used in any public-facing location services applications, fraud identification, or local needs assessment. Electronic claims generated within hospitals and physician practices and submitted electronically to CMS, lack uniform address management standards that insure CMS of a valid street address that can be accurately geocoded. (Note: Federal standards exist but have not been implemented).
 - Many different provider identification numbering systems have been used in recent years that a public data user needs to be a serious student of these various coding schemes in order to avoid mis-identification of providers who have merged, acquired, or no longer exist.
 - Many public data files require table linking and variable decoding in order to use directly. Flat files are typically created with embedded codes that require additional data files to be purchased and linked in order to get value out of the data quickly, thus minimizing the use of such data by people with limited computing resources and data management skills.