Challenges in Health Data Collection for Rural Hospitals

Community Hospital Corporation

National Committee on Vital and Health Statistics

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CHC
Community Hospital Corporation

Presenter Information

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CHC Corporate Overview

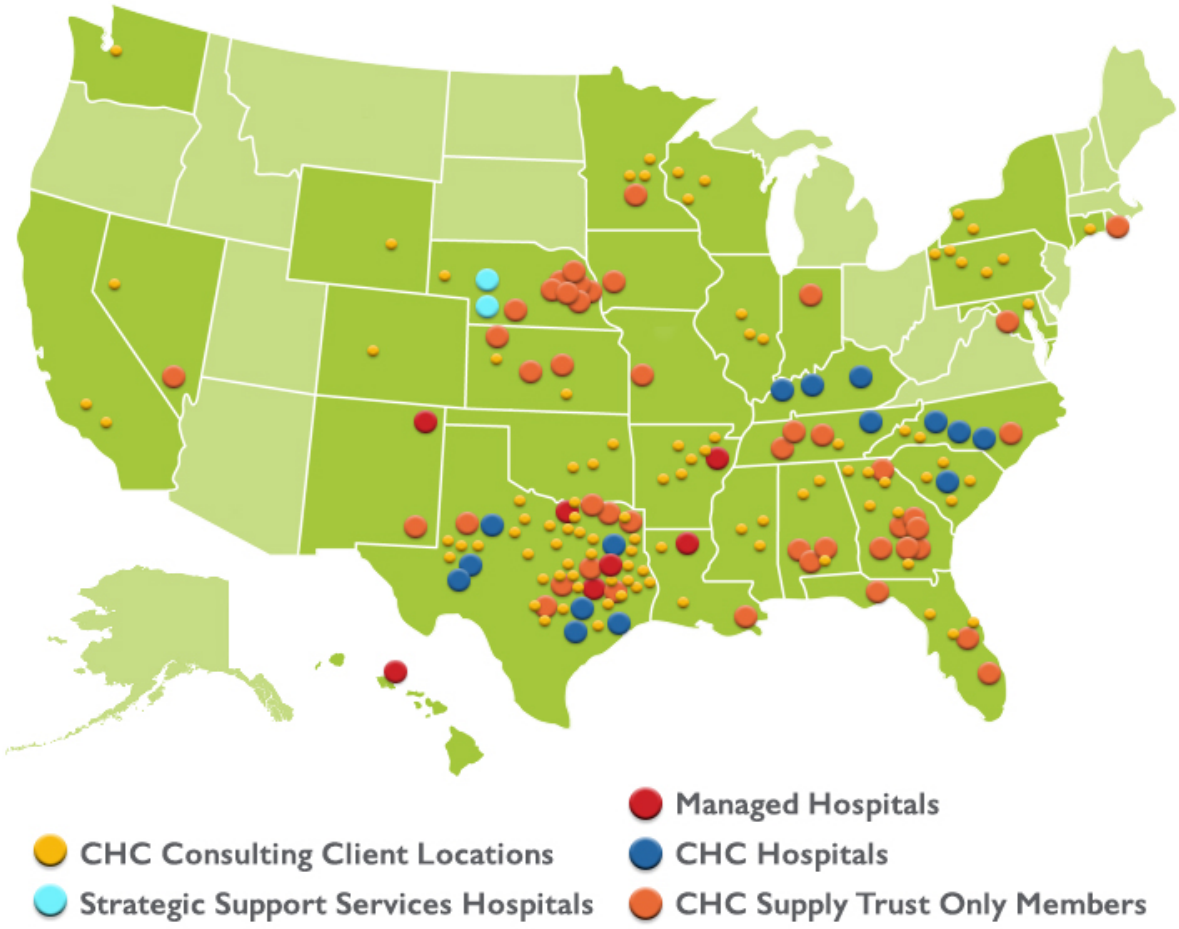
- Community Hospital Corporation (CHC) was founded in 1996 and is structured as a Support Organization (509(a)(3))
- CHC owns, manages and consults with hospitals through three distinct organizations: CHC Hospitals, CHC Consulting, and CHC ContinueCARE, which share a common purpose of preserving and protecting community hospitals

  - **Mission** – To guide, support and enhance the mission of community hospitals and healthcare providers

  - **Vision** – To be the nation's preeminent resource in advancing community healthcare

CHC Corporate Overview

- Corporate Member of 4 acute care hospitals and 11 LTACHs (owned/leased facilities)
- Provides Management and Strategic Support Services to 10 hospitals and health systems
- Includes over 70 hospitals accessing GPO/Supply Chain services
- Represents USAC/Telecommunications hospital clients in 7 states
- Provided consulting services to nearly 100 hospitals in past 5 years



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CHC Consulting Resources

Financial Improvement

- Charge Capture
- GPO Access
- Managed Care Evaluation
- Operational & Capital Budget
- Productivity Management
- Revenue Cycle Assessment
- Revenue Integrity (coding audits/CDM review)
- Supply Spend Analysis

Operational Improvement

- ★ Operational Assessment
- ★ Service Line Analysis / Development
- Internal Audit
- Clinical Assessment
- Perioperative Assessment
- Supply Chain Assessment
- Hospital Management
- Interim Management
- Executive Recruitment
- Information Technology
  - Systems Analysis & Selection (RFP) Support
  - Vendor Mgt. Support
  - Remote PACS Services
  - USAC/USF Program Mgt.
  - Offsite Backup/Disaster Recovery colocation / Mgt.

Regulatory Requirements

- Clinical Quality
- ★ Community Health Needs Assessment and Implementation Strategy
- Environment of Care
- Accreditation Survey Prep
- Technology Compliance
  - Meaningful Use
  - HIPAA
  - Security
  - ICD 10

Strategic Vision

- Annual Business Plan and Operational Budget
- Hospital Board Advisory
- Information Technology Planning / Budgeting
- ★ Market Assessment
- ★ Medical Staff Development and Planning
- Partnering and Organization Alternatives
- ★ Regional Strategies
- ★ Physician Alignment Strategies
- Physician Practice Management
- ★ Strategy and Vision Planning

Note: starred items indicate inclusion of health data components.

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Current Health Data Usage

- Resources CHC may utilize to inform various strategic planning reports include, but are not limited to:
  - Centers for Disease Control and Prevention
  - U.S. Census
  - Bureau of Labor Statistics
  - State Department of Health & Human Services
  - Behavioral Risk Factor Surveillance System
  - Truven Health Analytics/IBM
  - Community Commons
  - PolicyMap
  - Annie E. Casey Foundation
  - Health Resources and Services Administration
  - County Health Rankings
  - American Community Survey
  - Centers for Medicare and Medicaid Services
  - Enroll America
  - Community Health Status Indicators
  - Feeding America
  - State Cancer Registry
  - Various local/state studies or surveys

Rural Area Health Data Challenges

- Rural areas are at a disadvantage when accessing information
  - Lack of local data available
  - “Apples” vs. “oranges”
  - Currency of the data
  - Higher margins of error for small area estimates
- Fewer data points to pursue funding or other opportunities
- Access to data for rural areas has been improved through averaging
  - Combining of years/areas to calculate statistically reliable rates
- Issues with averaging data may include, but are not limited to:
  - “High” and “low” points are more difficult to identify
  - Smoothing of “highs” and “lows” may minimize significance of health concerns
  - Limitations in comparing data

Source: Rural Health Information Hub, Finding Statistics and Data Related to Rural Health, https://www.ruralhealthinfo.org/topics/statistics-and-data#american-community-survey; information accessed August 29, 2018.

Methods of Comparing Health Data

- The following are often utilized in order to understand the significance of health needs and compare local areas to various geographic points of reference:
  - Nearby counties
  - Similar counties across the country
  - Region
  - State
  - Nation
  - Benchmarks (Healthy People 2020; US Median)
- Challenges in comparisons may include:
  - Difficulties in trending
  - Differences across timeframes
  - Differences in data definitions across data tools

Comparison Challenges

Data Time Frames

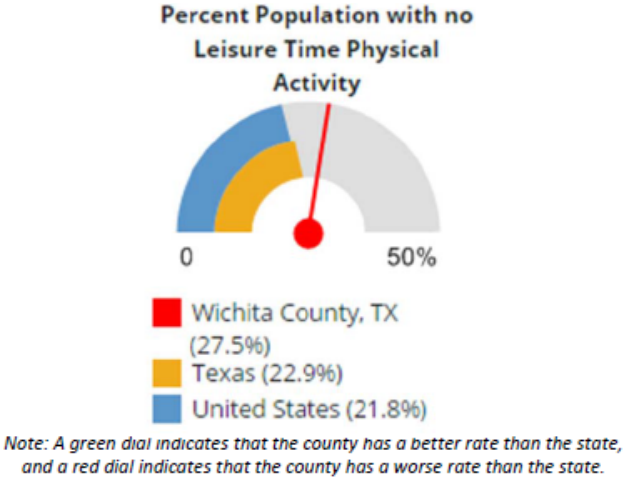
- **Determine the lowest common denominator**
  - Chronic Lower Respiratory Disease Mortality in Lavaca County, TX
    - Lavaca County, TX: 2016 rate unreliable
      - Required to combine 2014-2016 for statistical reliability
    - Nearby Travis County, TX: 2016 rate available
- **Rural area data lag for certain indicators**
  - High Blood Pressure (Hypertension) in Burke County, GA
    - Burke County, GA: 2013 rate via BRFSS
    - Augusta, GA: 2015 rate via CDC 500 Cities

Source: Centers for Disease Control and Prevention, CDC WONDER Tool, https://wonder.cdc.gov/; data accessed September 5, 2018.
Source: PolicyMap, Maps: High Blood Pressure (Hypertension), https://www.policymap.com/maps; data accessed September 5, 2018.

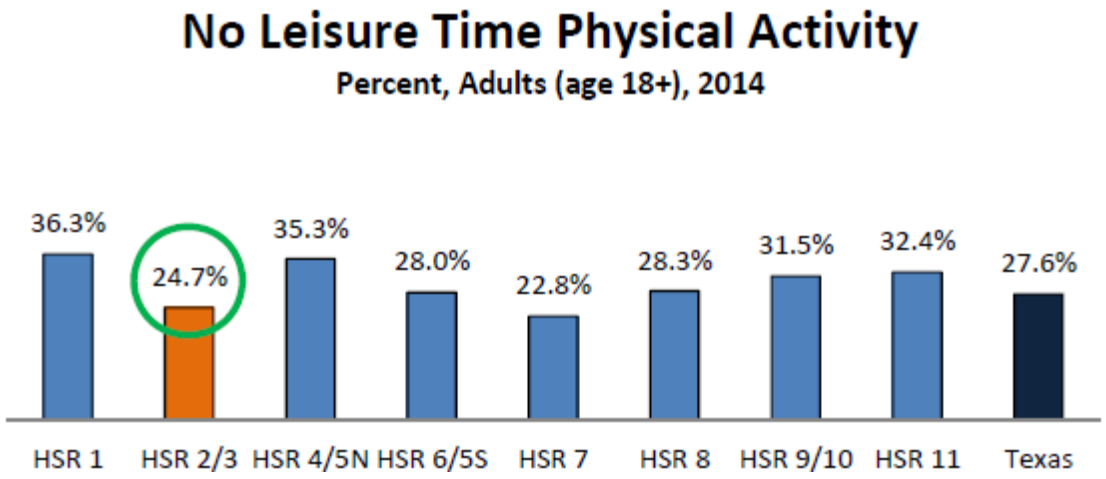
Comparison Challenges

Regional/County Data Conflict and Availability

- Conflicting county/regional data sends unclear message
- HSR 2/3 = 49 Counties



Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



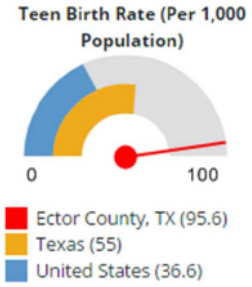
- County level data in rural areas is often unavailable for certain indicators

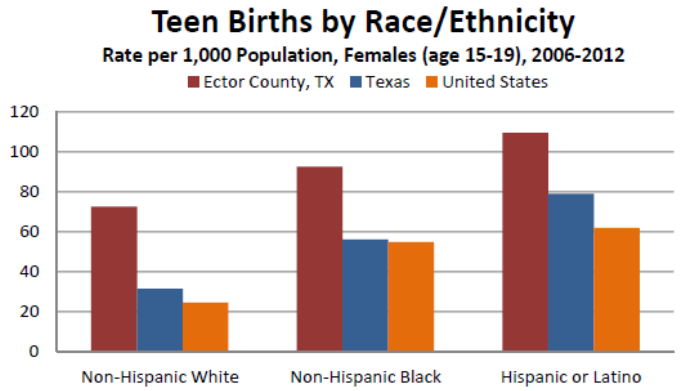
Source: Community Commons, Health Indicator Report filtered for Wichita County, Texas, www.communitycommons.org; data accessed July 18, 2016.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

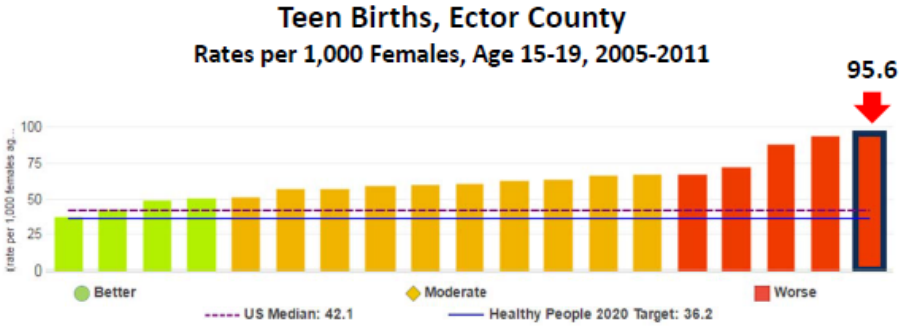
Comparison Challenges

Relatability

- Comparison points are most powerful when relatable
- Community Health Status Indicator (CHSI) data clearly communicated depth of health concerns in rural communities through peer comparisons
  - Now offered through different platform/different format that doesn't provide previous visualizations or analysis points







By Age	Ector	Peer Median	US Median
Aged 15-17 Years	57.7	31.1	20.3
Aged 18-19 Years	149.6	106.4	84.0
By Race/Ethnicity	**Ector**	**Peer Median**	**US Median**
Hispanic or Latino	109.5	74.5	72.3

Source: Community Commons, Health Indicator Report: logged in and filtered for Ector County, TX, www.communitycommons.org; data accessed April 25, 2016.
Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; http://wwwn.cdc.gov/CommunityHealth/; data accessed May 7, 2016.

Key Takeaways

- Disproportionate challenges on rural communities to access and analyze health data
- Lack of actionable data leads to barriers in addressing persistent community health needs
  - Size, dispersion or accessibility of rural population can impact adequacy of sample sizing
  - Data clarity, currency and availability leave rural hospitals to make decisions based on assumptions
  - Lagging data causes hospitals to question impact of initiatives
- Increased access to health data in rural areas can improve strategic planning, service line development, community benefit and physician recruitment
  - Better equip rural hospital clients with clear information to make strategic decisions
  - Support grant funding opportunities through stronger evidence of need
- Need tool to access health data and comparison points for rural communities

Thank You!

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