Challenges in Health Data Collection for Rural Hospitals

Community Hospital Corporation

National Committee on Vital and Health Statistics

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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
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.
## 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

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

Comparison Challenges

Regional/County Data Conflict and Availability

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

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

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

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### Teen Births by Race/Ethnicity

**Rate per 1,000 Population, Females (age 15-19), 2006-2012**

- Ector County, TX
- Texas
- United States

### Teen Births, Ector County

**Rates per 1,000 Females, Age 15-19, 2005-2011**

<table>
<thead>
<tr>
<th>By Age</th>
<th>Ector</th>
<th>Peer Median</th>
<th>US Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 15-17 Years</td>
<td>57.7</td>
<td>31.1</td>
<td>20.3</td>
</tr>
<tr>
<td>Aged 18-19 Years</td>
<td>149.6</td>
<td>106.4</td>
<td>84.0</td>
</tr>
<tr>
<td>By Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>109.5</td>
<td>74.5</td>
<td>US Median</td>
</tr>
</tbody>
</table>

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Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; http://www.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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