

**Cabinet for Health and Family Services
Office of Health Policy
Data Advisory Subcommittee
Thursday, November 1, 2007
1:00 PM – 3:00 PM
Salato Wildlife Education Center**

MEMBERS PRESENT:

Melissa Adkisson
CHFS Office of Health Policy

James Berton
King's Daughters Medical
Center

Sherill Cronin, Ph.D.
Bellarmine University

Paige Franklin
KY Hospital Association

John Lewis, M.D.
Health Care Excel

Tim Marcum
Baptist Hospital East

George Robertson
Office of Vital Statistics

Paul Sinkhorn
Jewish Hospital

Ben Yandell
Norton Healthcare

MEMBERS ABSENT:

Larry Bone
Four Rivers Health Care
Purchasing Alliance

Ron Crouch
University of Louisville
Data Center

Chris Corbin
CHFS/Office of Health Policy

Wayne Higgins, Ph.D.
Western Kentucky University

Carol Ireson
UK College of Public Health

Louis Kurtz
KY Dept for Mental Health
and Mental Retardation

Joyce Robl
Kentucky Birth Surveillance
Registry

STAFF: Cabinet for Health and Family Services, Office of Health Policy
Sheena Lewis Allison Martinez Chandra Venettozzi

CHFS, Office of the Undersecretary for Health
Charles Kendell

GUESTS: Dustin Miller, Kentucky Association of Health Plans
Troy Shrout, Department of Insurance

CALL TO ORDER

Charlie Kendell called the meeting to order at the Salato Wildlife Center, Frankfort.

WELCOME AND INTRODUCTIONS

Charlie welcomed the committee and guests.

APPROVAL OF MINUTES

Minutes from the meeting of May 30, 2007, were approved as distributed.

ADMINISTRATIVE REGULATION UPDATE

Chandra Venettozzi provided information on the update to the administrative regulation. The primary reason for updating the regulation is due to the replacement of the UB92 by the 837 format. A copy of the regulation submitted to legal services was distributed with the meeting packet. The original regulation prohibited the submission of emergency room data; however, next year the hospital will start submitting ER data on a voluntary basis. The regulation was changed so as not to be in violation of the regulation by submitting the ER data. The definition of Ambulatory Surgery was eliminated and replaced by Outpatient Services. The codes for the data to be submitted for Outpatient Surgery have been moved from the regulation to the data reporting manual. Fields have been added for race and ethnicity. Sub IDs were added for different facilities that may have the same license number. Indicators for “present on admission” and National Provider Identifiers have been added, as well. The 837 expanded from 9 diagnosis fields to 25. Comments on the regulation are due by December 14 and the public hearing is scheduled for December 21. Written comments may be submitted until January 2, 2008. The regulation should become effective in April.

PATIENT SAFETY INDICATOR DISCUSSION

HCUP is currently working on placing patient safety indicators out for public use. Chandra recently participated in a conference call with HCUP in which they were trying to choose specific PSIs to publish at the state level as opposed to facility totals. As an end result of the call, HCUP chose 9 different PSIs that they will be publishing on their website for statewide information. Based on this, we would like Kentucky to also publish that information on our website. Only 3 of the PSIs chosen by HCUP had enough provider information to get down to the provider level. These PSIs are: Selected infections Due to Medical Care; Obstetric Trauma – Vaginal without Instrument; and Obstetric Trauma – Vaginal with Instrument. Paul Sinkhorn voiced his concern that we may not be capturing all of the codes in the system either because of limitations as it relates to current reporting structure of the 837 format or potential inconsistency in the level that some of the codes are assigned.

Ben Yandell stated that, starting on October 1, hospitals were required to report “present on admission” by diagnosis code. The bill will be rejected if this question is not answered. Beginning in October 2008, hospitals will be paid differently based on what that field says. Ben said that it feels like an odd time to push to publish data when AHRQ is in the process of upgrading to new definitions. With some of these

indicators, that will make a big difference. He also stated that up to 60% of cases identified as having post-op sepsis do not actually have post-op sepsis.

The 9 PSIs chosen by HCUP are: Death in Low-Mortality DRGs; Iatrogenic Pneumothorax; Selected Infections Due to Medical Care; Postoperative Sepsis; Postoperative Wound Dehiscence; Brain Trauma – Injury to Neonate; and the 3 Obstetric Trauma, with Instrument, without Instrument, and Cesarean Delivery.

Chandra stated that there is not enough data to provide information for the area indicators.

Charlie announced that this issue will be placed on the agenda for the February meeting. He also felt it might be useful to continue to run the reports, adding a new quarter each time, in order to see how things are changing, particularly since the “present on admission” will begin to show up.

PREVENTION QUALITY INDICATOR REPORTS

During the May meeting, there was some discussion regarding how things were progressing from a historical stand point with the Prevention Quality Indicators (PQIs). Using data from 2002 – 2006, Chandra created a *Prevention Quality Indicator Analysis for Kentucky Years 2002 – 2006*. The results of this analysis show that despite increasing total charges, the actual number of Ambulatory Care Sensitive Conditions (ACSC) discharges is going down. The analysis showed that pneumonia is our leading cause for discharges. Despite the number of discharges going down; however, Kentucky is still higher than the national average on all of the PQIs. Melissa asked for feedback from the group, stating that the report is something that we would like to put on the website soon. Facilities are mentioned on page 22 of the report in the ACSC Discharge Volume by Hospital. ASCSs as a share of all hospital discharges, was over 50% for 2 hospitals and over 40% for an additional 9 hospitals. Ben suggested taking all hospitals out. Charlie stated that from a public health standpoint, they would be very concerned that a hospital in a particular county is treating patients for conditions for which Public Health should have been seeing them.

DRG CHARGE DATA DISCUSSION

Melissa directed the group’s attention to the DRG hand-out included in the meeting packet. This hand-out was created by Allison Martinez, who has spent a great deal of time grouping the data by DRG and severity level and breaking out the charges based on those. The median, minimum, and the maximum charges for the top elective DRGs for each facility are included. These were then compared to the

Medicare reimbursement rate in order to compare the range of Medicare payments and the average charge for that facility. Melissa asked for suggestions. She stated that a different version of this document will probably be presented at the next meeting.

TRANSPARENCY WEBSITE UPDATES

Medical definitions have been added to the site as well as a link that will allow users to go to another website to research a particular condition. Charts have been added to provide better representation of the data.

NEXT MEETING DATE

The next meeting is scheduled for February 6, 2008, from 1:00 to 3:00 pm, at the Game Farm's Salato Wildlife Center, Frankfort, Kentucky.

COMMENTS

Melissa announced that the Transportation Cabinet awarded Kentucky a \$150,000 Emergency Department grant. This money will be used to collect Emergency Department data from Kentucky's hospitals using COMPData. A statewide Diabetes report is expected to be released before the end of November. Copies of that report will be distributed to the subcommittee.

ADJOURNMENT

The meeting was adjourned at 3:02 p.m.