Public Use Dataset Technical Notes

Release of public use data sets is governed by 900 KAR 7:040. Please note that KRS 216.2927 and 900 KAR 7:040 also **prohibit the sale and further release of the data sets** or any part of them to any person who is not a member of the organization specified in the Agreement for Use of Kentucky Health Claims Data. This encompasses the prohibition of including the data in any system (online or otherwise) or product that allows individuals not employed by the organization, to run queries, request summaries or use the data directly in any other way.

The Office of Data Analytics (ODA) collects both inpatient hospital discharge and outpatient services data (which includes emergency department data). To make this data available to the public while protecting patient personal identifying information, ODA has created public use data sets. Data sets are available for inpatient hospital discharges and outpatient services for the years listed below. The data will be transmitted in a CSV format. It is recommended that due to the size of the data, recipients utilize a software package such as SAS, Tableau, or SQL capable of handling large data sets.

Each year's public use data set includes all the data for the specified period and once created, it is not updated. Partial-year data sets are not created. Each data set includes a file layout and translation table to assist in data analysis. Below you will find those file layouts available to download as well as the number of cases for each yearly data set.

Discharge Year	Inpatient Cases	Outpatient Cases
2000	537,433	504,744
2001	600,469	616,119
2002	622,498	678,152
2003	632,041	702,649
2004	636,199	727,252
2005	644,316	782,493
2006	651,035	804,759
2007	640,215	769,952
2008	650,127	3,636,558*
2009	654,663	3,629,240
2010	638,292	3,651,692
2011	634,750	3,740,745
2012	623,548**	3,870,216**
2013	594,723	4,436,227
2014	588,427	4,873,300
2015	600,662	8,943,678***
2016	600,851	9,414,249
2017	603,131	9,855,349
2018	597,979	10,044,840
2019	596,178	9,711,149
2020	544,636	9,500,349
2021	552,237	11,593,831

* The Office of Health Data and Analytics, Division of Analytics started collecting emergency department and non-hospital outpatient (specified CPT codes in addition to ambulatory surgery or mammogram) data Jan. 1, 2008.
** March 20, 2014: A significant amount of corrected and missing data was submitted to the Office of Health Data and Analytics, Division of Analytics in March 2014 for 2012 inpatient and outpatient records. A new public use data set was created for each of these data sets.
*** Jan. 1, 2015: The Office of Health Data and Analytics, Division of Analytics started collecting all discharge records from all facilities required to report. This includes instances like outpatient lab work that previously did not qualify as a reporting required discharge.
**** Aug. 1, 2022: The Office of Health Data and Analytics was reorganized with a broader scope of focus and named The Office of Data Analytics.

2020 Data Advisory
The United States experienced a severe coronavirus pandemic in 2020. Because of the outbreak of this pandemic, there are several important features of the 2020 Kentucky Health Facilities and Services Data (HFSD) that researchers must consider when doing their analyses. These include historical reference points, pandemic-related policy decisions that uniquely impacted hospitals, and societal dynamics. While there were surges of hospital admissions for COVID-19, there were other important things that influenced the HFSD data. Specifically, researchers would be wise to consider four factors that notably influenced the operation of Kentucky hospitals and clinics during 2020: (1) Citizens began to avoid healthcare settings as a result of fear of contracting COVID-19; (2) Governor Andy Beshear issued executive orders requiring hospitals to cease performing elective procedures; (3) Kentuckians began to utilize telehealth at dramatically higher rates than they had in the past, and; (4) the economic fallout of the pandemic led to a severe rise of job losses and unemployment – which resulted in a dramatic shift in terms of the source of health insurance coverage (e.g., people who lost their employer-based coverage enrolled in Medicaid). In terms of notable historical points in time, this list includes:

Date	Executive Order from Governor's Office
3-6-2020	Governor Andy Beshear declared a state of Emergency and activated the Emergency Management Operations Center.
3-9-2020	Governor Beshear makes changes to Medicaid, including eliminating prior authorization and any type of fees associated with testing or treatment for the coronavirus.
3-14-2020	Governor Beshear asked Kentucky hospitals to cease elective procedures by close of business Wednesday, March 18.
3-18-2020	Made changes so that any of those who became unemployed, who have lost benefits, could immediately apply for Medicaid.
3-23-2020	Governor Beshear signed an executive order to cease all elective medical procedures.
3-25-2020	Governor's Office issued new orders to allow for more telehealth options in Kentucky than ever before.
3-30-2020	Issued an order that restricts out-of-state travel, with four exceptions: 1) travel to other states for work or groceries, 2) travel to care for loved ones, 3) travel to obtain health care and 4) travel when required by a court order.
5-6-2020	Kentucky Department for Public Health (KDPH) Commissioner Dr. Steven Stack said Health Care Phase would begin with outpatient and ambulatory surgery and invasive procedures.
5-13-2020	The Cabinet for Health and Family Services issued directives governing the opening of hospitals and other health care facilities. Beginning May 13, hospitals and care facilities can begin doing non-emergency surgeries and procedures at 50% of their pre-COVID-19-era patient volume. Facilities will determine their own patient capacities starting May 27, as long as progress continues.

Researchers may also want to consider the effects of major holidays (Thanksgiving, Christmas, etc.) on the progression of the pandemic in Kentucky, and how this may have affected the provision of healthcare in the state.