Pairing Emory and external data for health services and health policy research

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Quick synopsis

- Government agencies provide a lot of utilization and performance related data
- Private firms are collecting and offering even more data
- There are lots of outstanding questions in health services research and health policy that Emory is potentially positioned to help answer

Government collected data

AHRQs Healthcare Utilization Project data

-All payer administrative claims databases

SID, SEDD & SASD files

-built around settings of care and are at the state level

-available only for participating states

NIS, NEDS, & KID files

-~20% sample of hospitals

Government collected data

NHAMCS and NAMCS

-These provide a serial look at patients

-Includes elements of their chart not in claims

Medicare and Medicaid data

-Claims

-Claims + Survey data (MCBS, HRS, NHIS, etc)

Data collected by private firms

Truven Market Scan

Optum Health

University Hospital Consortium (UHC)

‘Linking’ Emory data to other data can be powerful

Why the suspicious air quotes on linking?

What do I mean by powerful?

Do I have an example?

COST & PAYMENT

By Michael A. Ross, Jason M. Hockenberry, Ryan Mutter, Marguerite Barrett, Matthew Wheatley, and Stephen R. Pitts

Protocol-Driven Emergency Department Observation Units Offer Savings, Shorter Stays, And Reduced Admissions

DOI: 10.1377/hlthaff.2013.0662
HEALTH AFFAIRS 32,
NO. 12 (2013): 2149–2156

What did this paper address

Observation services is delivered four different ways

EXHIBIT 1

Hospital Settings In Which Observation Services Are Provided

Setting	Description	Characteristics
Type 1	Protocol driven, observation unit	Highest level of evidence for favorable outcomes Care typically directed by ED
Type 2	Discretionary care, observation unit	Care directed by a variety of specialists Unit typically based in ED
Type 3	Protocol driven, bed in any location	Often called a "virtual observation unit"
Type 4	Discretionary care, bed in any location	Most common practice Unstructured care Poor alignment of resources with patients' needs

What did this paper address

Observation services is delivered four different ways

Emory has what is considered a type I delivery approach

There is a question as to what this means for efficiency, and for the patient

How did we address it?

Step 1

Analyze Emory data on LOS & short stays

Step 2

Analyze data from all GA hospitals on OBS and short stays

Step 3

Analyze data from NHAMCS

Step 4

Compare and project results

EXHIBIT 2

Observation Services, Patients, And Top Twelve Conditions Across Three Study Groups

	Emory/Grady,[a] 2010	Georgia,[b] 2010	US,[c] 2009–10
ED visits	185,901	4,194,602	133,957,000
OBSERVATION VISITS			
Number	7,199	101,593	1,392,000
Length-of-stay			
Average (hours)[d]	17.2	27.6	22.3
Visits >24 hours	10.4%	44.4%	29.0%
Visits >36 hours	0.1	24.7	14.9
Visits >48 hours	0.1	7.2	6.9
Visits >72 hours	0.0	1.6	0.9
Rate of inpatient admission	13.1%	15.8%	23.2%
PATIENT CHARACTERISTICS			
Average age (years)	52.8	51.6	47.9
Percent male	42.9%	44.2%	44.2%
Payer (%)			
Medicare	26.5	37.9	29.8
Medicaid	11.4	15.1	26.1
Self-pay or uninsured	27.7	15.3	8.0
PROTOCOL OR CLINICAL CLASSIFICATION SOFTWARE CATEGORY[e]			
1st most common condition	Chest pain	Chest pain	Abdominal pain
2nd	Syncope	Syncope	Chest pain
3rd	Dehydration	Fluid and electrolyte disorders	Fluid and electrolyte disorders
4th	Transient ischemic attack	Appendicitis	Cardiac dysrhythmias

Conclusion

Was this a one-off? *Probably not.*

Emory does a lot of quality related interventions

As a large academic system, comparing our performance before and after these interventions to other providers brings insight