INTRODUCTION

This document represents the second draft of the set of HCUP project and database descriptors requested by AHRQ in its effort to standardize the language used to describe the HCUP project, with the exception of the privacy statement. The rationale for this effort is described in more detail in Deliverable #248. The first draft of the descriptors was contained in Deliverable #249. For clarity, each descriptor is listed on its own page. Please note that in most cases, the short and medium length descriptors have been combined to render one short/medium descriptor that can be readily inserted into existing text.

In the first draft of the HCUP descriptors, we intentionally described similar concepts in different ways to see which approach suited AHRQ. The comments received from AHRQ (5/23/03 e-mail from Herb Wong) indicated that AHRQ wanted consistency throughout the HCUP descriptors. We have incorporated AHRQ's comments (received 6/13/03 via e-mail from Herb Wong) and attempted to make the structure and content of the descriptors uniform. In addition, to facilitate use of the descriptors, we have also defined for each entry the assumptions we make about whether the text can stand alone or needs to be supplemented with other HCUP text. We look forward to hearing your comments and suggestions.

HCUP PROJECT

HCUP Project Description (medium/long)

Assumptions: Text can stand alone.

As health care costs in the United States escalate and quality of care concerns become more pronounced, the need for accurate and timely health care data has increased dramatically. Policy analysts, administrators, and the research community require comprehensive and precise data resources in order to evaluate cost, quality, and access to care. The Agency for Healthcare Research and Quality (AHRQ) sponsors one such resource, the Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup").

HCUP develops and maintains a family of health care databases, related software tools, support services, and products whose information resources are grounded in vital partnerships among Federal, State, and Industry associations. HCUP databases integrate the data collected by state governments, hospital associations, private data organizations, and the Federal government (a mosaic of "Partners") to create a national health care information resource of hospital, ambulatory surgery center, and emergency department data. HCUP features the largest collection of longitudinal hospital care data in the United States. All-payer, encounter-level information is available beginning in 1988.

The multi-state databases contain discharge-level information in a uniform format designed to ensure patient privacy. The resulting HCUP databases facilitate research on a broad range of health policy and health services issues, including:

- Cost and quality of health services
- Medical practice patterns
- Access to health care
- Hospital costs and utilization, including utilization by special populations
- Diffusion of medical technology
- Effects of market forces on hospitals
- Treatment outcomes at the national, regional, state, and local market levels.

Because of their large size and scope, HCUP databases enable analyses, such as investigating specific medical conditions and procedures (including rare events); tracking utilization for population subgroups, such as minorities, children, women, and the uninsured; and analyzing different geographic levels (national, regional, state, and community) within the United States. To augment the HCUP databases, software tools and Web-based products are publicly available for use by audiences with varying levels of research experience.

HCUP Project Rationale Statement (short)
Assumptions: Text can stand alone.

The last several decades have witnessed unprecedented changes in health care costs, delivery, and health care settings. At present, more than $1.2 trillion is spent on personal health care expenses in the United States. Uniform, longitudinal health care databases at the national, regional, and state levels – and the tools for using them – are needed to facilitate research and inform decision making. The Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup") addresses this demand by providing timely and uniform data on both inpatient and outpatient services. These all-payer, multi-state databases offer researchers, policy analysts, and health care decision makers the analytical tools to examine quality, cost, and utilization of health care in the United States. The databases provide comprehensive information on hospital care and reveal demographic, technological, and health behavior changes nationwide.

HCUP DATABASES

NIS (short/medium)

Assumptions: Acronyms for HCUP and AHRQ have been previously defined. At some point in the document, the short HCUP Central Distributor and HCUP User Support descriptors are included.

The HCUP Nationwide Inpatient Sample (NIS) is a unique and powerful set of longitudinal hospital inpatient databases made possible through a Federal-State-Industry partnership, sponsored by AHRQ. It is the largest all-payer inpatient care database in the United States, containing data on more than seven million hospital stays from approximately 1,000 hospitals. Researchers and policy analysts use the NIS to identify, track, and analyze trends in health care utilization, access, charges, quality, and outcomes in the United States. Its large sample size is ideal for developing national and regional estimates and enables analyses of rare conditions, uncommon treatments, and special populations.

The NIS is available starting in 1988 and contains comprehensive discharge-level clinical, demographic, and total charge information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured. To safeguard patient confidentiality, the databases deliberately exclude data elements that would allow for the identification of individuals. Access to the NIS is available through the HCUP Central Distributor and is open to users who sign a Data Use Agreement. This agreement allows the data to be used for research and aggregate statistical reporting, but prohibits the identification of individual hospitals in disseminated materials. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov.

NIS (long)
Assumptions: Text can stand alone.

The Nationwide Inpatient Sample (NIS) is a powerful set of longitudinal hospital inpatient databases. It contains the largest all-payer inpatient care database in the United States, featuring data on more than seven million hospital stays from approximately 1,000 hospitals. The NIS is one in a family of databases and software tools developed as part of the Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup"), a Federal-State-Industry partnership sponsored by The Agency for Healthcare Research and Quality (AHRQ) to inform decision making at the national, regional, state, and community levels. The HCUP databases are made possible through the data collection efforts of state governments, hospital associations, and private data organizations.

Researchers and policy analysts use the NIS to identify, track, and analyze national trends in health care utilization, access, charges, quality, and outcomes. Key features include:

- The NIS contains data on all discharges from about 1,000 hospitals located throughout the country, approximating a twenty percent stratified sample of community hospitals in the United States.
- NIS data are available annually from 1988, allowing analysis of trends over time.
- The NIS includes comprehensive discharge-level clinical, resource, and demographic information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured.
- The large sample size of the NIS is ideal for developing national and regional estimates and enables analyses of rare conditions, uncommon treatments, and special patient populations.

The NIS can be linked directly to hospital-level data from the American Hospital Association (AHA) Annual Survey of Hospitals and to county-level data from the Health Resources and Services Administration, Bureau of Health Professions' Area Resource File (ARF), except in those states that do not allow the release of hospital identifiers. To safeguard patient confidentiality, the NIS deliberately excludes data elements that would allow for the identification of individuals.

Access to the NIS is available through the HCUP Central Distributor and is open to users who sign a Data Use Agreement. This agreement allows the data to be used for research and aggregate statistical reporting, but prohibits the identification of individual hospitals in disseminated materials. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov.

KID (short/medium)
Assumptions: Acronyms for HCUP and AHRQ have been previously defined. At some point in the document, the short HCUP Central Distributor and HCUP User Support descriptors are included.

The HCUP Kids' Inpatient Database (KID) is a valuable set of pediatric inpatient databases made possible through a Federal-State-Industry partnership, sponsored by AHRQ. It is the only all-payer pediatric inpatient care database in the United States, containing data from approximately two million hospital stays. Researchers and policy analysts use the KID to analyze hospital utilization, charges, quality, and outcomes for children across the United States. Its large sample size is ideal for developing national and regional estimates and enables analyses of rare conditions, such as spinal cord tumors and congenital anomalies, as well as uncommon treatments.

The KID is available for data years 1997 and 2000 and contains comprehensive discharge-level clinical, resource, and demographic information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured. To safeguard patient confidentiality, the databases deliberately exclude data elements that would allow for the identification of individuals. Access to the KID is available through the HCUP Central Distributor and is open to users who sign a Data Use Agreement. This agreement allows the data to be used for research and aggregate statistical reporting, but prohibits the identification of individual hospitals in disseminated materials. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov.

KID (long)
Assumptions: Text can stand alone.

The Kids' Inpatient Database (KID) is a valuable set of pediatric inpatient databases. It is the only all-payer pediatric inpatient care database in the United States, containing data from approximately two million hospital stays. The KID is one in a family of databases and software tools developed as part of the Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup"), a Federal-State-Industry partnership sponsored by The Agency for Healthcare Research and Quality (AHRQ) to inform decision making at the national, regional, state, and community levels. The HCUP databases are made possible through the data collection efforts of state governments, hospital associations, and private data organizations.

Researchers and policy analysts use the KID to analyze hospital utilization, charges, quality, and outcomes for children across the United States. Key features include:

- It contains a sample of pediatric discharges from more than 2,500 community hospitals in the United States.
- The data are available for 1997 and 2000, allowing analysis of trends over time.
- It includes comprehensive discharge-level clinical, resource, and demographic information on all patients, regardless of payer, including children covered by Medicare, Medicaid, private insurance, and the uninsured.
- Its large sample size (approximately two million hospital stays) is ideal for developing national and regional estimates and enables analyses of rare conditions and uncommon treatments.

The 2000 KID can be linked directly to hospital-level data from the American Hospital Association (AHA) Annual Survey of Hospitals and to county-level data from the Health Resources and Services Administration, Bureau of Health Professions' Area Resource File (ARF), except in those states that do not allow the release of hospital identifiers. The 1997 KID includes general descriptors of hospital types, but no hospital or state identifiers. Linkage to the AHA and ARF files is not possible from the 1997 KID. To safeguard patient confidentiality, the KID deliberately excludes data elements that would allow for the identification of individuals.

Access to the KID is available through the HCUP Central Distributor and is open to users who sign a Data Use Agreement. This agreement allows the data to be used for research and aggregate statistical reporting, but prohibits the identification of individual hospitals in disseminated materials. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov.

SID (short/medium)
Assumptions: Acronyms for HCUP and AHRQ have been previously defined. At some point in the document, the short HCUP Central Distributor and HCUP User Support descriptors are included.

The HCUP State Inpatient Databases (SID) are a powerful set of longitudinal hospital inpatient databases made possible through a Federal-State-Industry partnership, sponsored by AHRQ. These databases capture all inpatient discharges from a census of hospitals from more than seventy percent of states in the United States. Researchers and policy analysts use the SID to compare data from two or more states; to conduct market area variation analyses; and to identify state-specific trends in inpatient care utilization, access, charges, quality, and outcomes. The uniform format of the SID helps facilitate cross-state comparisons. In addition, the SID are well suited for research that requires area-based or state-based enumeration of hospitals and discharges.

The SID are composed of annual, state-specific files that share a common structure and uniformly-defined data elements. The SID contain comprehensive discharge-level clinical, resource, and demographic information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured. To safeguard patient confidentiality, the databases deliberately exclude data elements that would allow for the identification of individuals. Access to the SID from participating states is available through the HCUP Central Distributor and is open to users who sign a Data Use Agreement. This agreement allows the data to be used for research and aggregate statistical reporting, but prohibits the identification of individual hospitals in disseminated materials. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov.

SID (long)
Assumptions: Text can stand alone.

The State Inpatient Databases (SID) are a powerful set of longitudinal hospital inpatient databases. These databases capture all inpatient discharges from a census of hospitals from more than seventy percent of states in the United States. The SID is one in a family of databases and software tools developed as part of the Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup"), a Federal-State-Industry partnership sponsored by The Agency for Healthcare Research and Quality (AHRQ) to inform decision making at the national, regional, state, and community levels. The SID are made possible through the data collection efforts of state governments, hospital associations, and private data organizations.

Researchers and policy analysts use the SID to compare data from two or more states; to conduct market area variation analyses; and to identify state-specific trends in inpatient care utilization, access, charges, quality, and outcomes. The SID are well suited for research that requires complete enumeration of hospitals and discharges within geographic areas or states. Key features of the SID include the following:

- The SID contain the universe of inpatient discharge records from participating states, converted into a uniform format to facilitate multi-state comparisons and analyses.
- The SID are composed of annual, state-specific files that share a common structure and common data elements, subjected to a common set of edits.
- The SID include comprehensive discharge-level clinical, resource, and demographic information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured.
- When considered together, the SID encompass more than eighty percent of all hospitals' discharges in the United States. Some states include discharges from specialty hospitals, such as acute psychiatric hospitals.

The SID can be linked to hospital-specific information from the American Hospital Association (AHA) Annual Survey of Hospitals and to county-level data from the Health Resources and Services Administration, Bureau of Health Professions' Area Resource File (ARF), except in those states that do not allow the release of hospital identifiers. To safeguard patient confidentiality, the SID deliberately exclude data elements that would allow for the identification of individuals.

Access to the SID is available through the HCUP Central Distributor and is open to users who sign a Data Use Agreement. This agreement allows the data to be used for research and aggregate statistical reporting, but prohibits the identification of individual hospitals in disseminated materials. Most Data Organizations participating in HCUP release their SID files through the HCUP Central Distributor. The individual state databases are in the same HCUP uniform format and represent 100% of records processed by AHRQ. However, the participating Data Organizations control the release of specific data elements. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov.

SASD (short/medium)
Assumptions: Acronyms for HCUP and AHRQ have been previously defined. At some point in the document, the short HCUP Central Distributor and HCUP User Support descriptors are included.

The HCUP State Ambulatory Surgery Databases (SASD) are a distinctive set of longitudinal databases made possible through a Federal-State-Industry partnership, sponsored by AHRQ. These databases capture surgeries in which patients are admitted and discharged in the same day from ambulatory surgery sites. Researchers and policy analysts use the SASD to compare ambulatory surgery patterns; to conduct market area research or small area variation analyses; and to identify state-specific trends in ambulatory surgery utilization, access, charges, quality, and outcomes. The uniform format of the SASD helps facilitate cross-state comparisons. In addition, the SASD are well suited for research that focuses on hospital-based ambulatory surgeries within geographic areas or states.

The SASD are composed of annual, state-specific files that share a common structure and uniformly-defined data elements. The SASD contain comprehensive discharge-level clinical, resource, and demographic information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured. To safeguard patient confidentiality, the databases deliberately exclude data elements that would allow for the identification of individuals. Access to the SASD from participating states is available through the HCUP Central Distributor and is open to users who sign a Data Use Agreement. This agreement allows the data to be used for research and aggregate statistical reporting, but prohibits the identification of individual hospitals in disseminated materials. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov.

SASD (long)
Assumptions: Text can stand alone.

The State Ambulatory Surgery Databases (SASD) are a distinctive set of longitudinal databases that capture surgeries in which patients are admitted and discharged in the same day from ambulatory surgery sites. The SASD is one in a family of databases and software tools developed as part of the Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup"), a Federal-State-Industry partnership sponsored by The Agency for Healthcare Research and Quality (AHRQ) to inform decision making at the national, regional, state, and community levels. The HCUP databases are made possible through the data collection efforts of state governments, hospital associations, and private data organizations.

Researchers and policy analysts use the SASD to compare ambulatory surgery patterns; to conduct market area research or small area variation analyses; and to identify state-specific trends in ambulatory surgery utilization, access, charges, quality, and outcomes. The SASD are well suited for research that requires enumeration of hospital-based ambulatory surgeries within geographic areas or states. Key features of the SASD include:

- The SASD contain the ambulatory surgery encounter records from participating states, converted into a uniform format to facilitate multi-state comparisons and analyses.
- The SASD are composed of annual, state-specific files that share a common structure and common data elements, subjected to a common set of edits.
- The SASD include comprehensive discharge-level clinical, resource, and demographic information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured.
- All of the databases include abstracts from hospital-affiliated ambulatory surgery sites. Some contain the universe of ambulatory surgery encounter records for that state, including records from both hospital-affiliated and freestanding surgery centers.

The SASD can be linked to hospital-specific information from the American Hospital Association (AHA) Annual Survey of Hospitals for hospital-based facilities and to county-level data from the Health Resources and Services Administration, Bureau of Health Professions' Area Resource File (ARF), except in those states that do not allow the release of hospital identifiers. To safeguard patient confidentiality, the SASD deliberately exclude data elements that would allow for the identification of individuals.

Access to the SASD is available through the HCUP Central Distributor and is open to users who sign a Data Use Agreement. This agreement allows the data to be used for research and aggregate statistical reporting, but prohibits the identification of individual hospitals in disseminated materials. Many Data Organizations participating in HCUP release their SASD files through the HCUP Central Distributor. The individual state databases are in the same HCUP uniform format and represent 100% of records processed by AHRQ. However, the participating Data Organizations control the release of specific data elements. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov.

SEDD (medium)
Assumptions: Acronyms for HCUP and AHRQ have been previously defined.

The HCUP State Emergency Department Databases (SEDD) are a set of preliminary longitudinal databases made possible through a Federal-State-Industry partnership, sponsored by AHRQ. These databases capture hospital-affiliated emergency department encounters. Researchers and policy analysts could potentially use the SEDD to investigate access to health care in a changing health care marketplace, trends and correlations between emergency department use and environmental events, community assessment and planning, and emerging infections. The SEDD are suitable for research that requires enumeration of hospital-based emergency departments within selected states.

The SEDD are composed of annual, state-specific files that share a common structure and uniformly-defined data elements. The SEDD contain comprehensive discharge-level clinical, resource, and demographic information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured. To safeguard patient confidentiality, the databases deliberately exclude data elements that would allow for the identification of individuals. Because the SEDD are currently under development, they are not yet available for purchase.