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# ***Adding Clinical Data to Administrative Datasets: Overview of AHRQ Pilots***

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**13th Annual Healthcare Cost and Utilization Project  
(HCUP) Partners Meeting**

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- **Lacks clinically important information**
  - Limited to ICD-9-CM diagnosis codes
  - Missing physiological data (lab values and vital signs)
  
- **May not include present on admission (POA) indicator for diagnoses**
  - POA distinguishes conditions at admission (comorbidities) from conditions that arose during a stay (complications)



# **AHRQ's Adding Clinical Data Project**

## ■ **Purpose:**

- Establish the feasibility of linking clinical and administrative data
- Develop a reproducible approach for joining clinical and administrative data
- Enhance capabilities of state data organizations
- Set the stage for future integration of clinical and administrative data streams

# Two Types of Contracts

## ■ In-depth Pilots

- Add or link hospital clinical information to administrative data
- September 2007 – September 2009

## ■ Planning Contract

- Not ready for pilot but want to investigate linkage
- September 2007 – March 2009



# Awards to Statewide Data Organizations

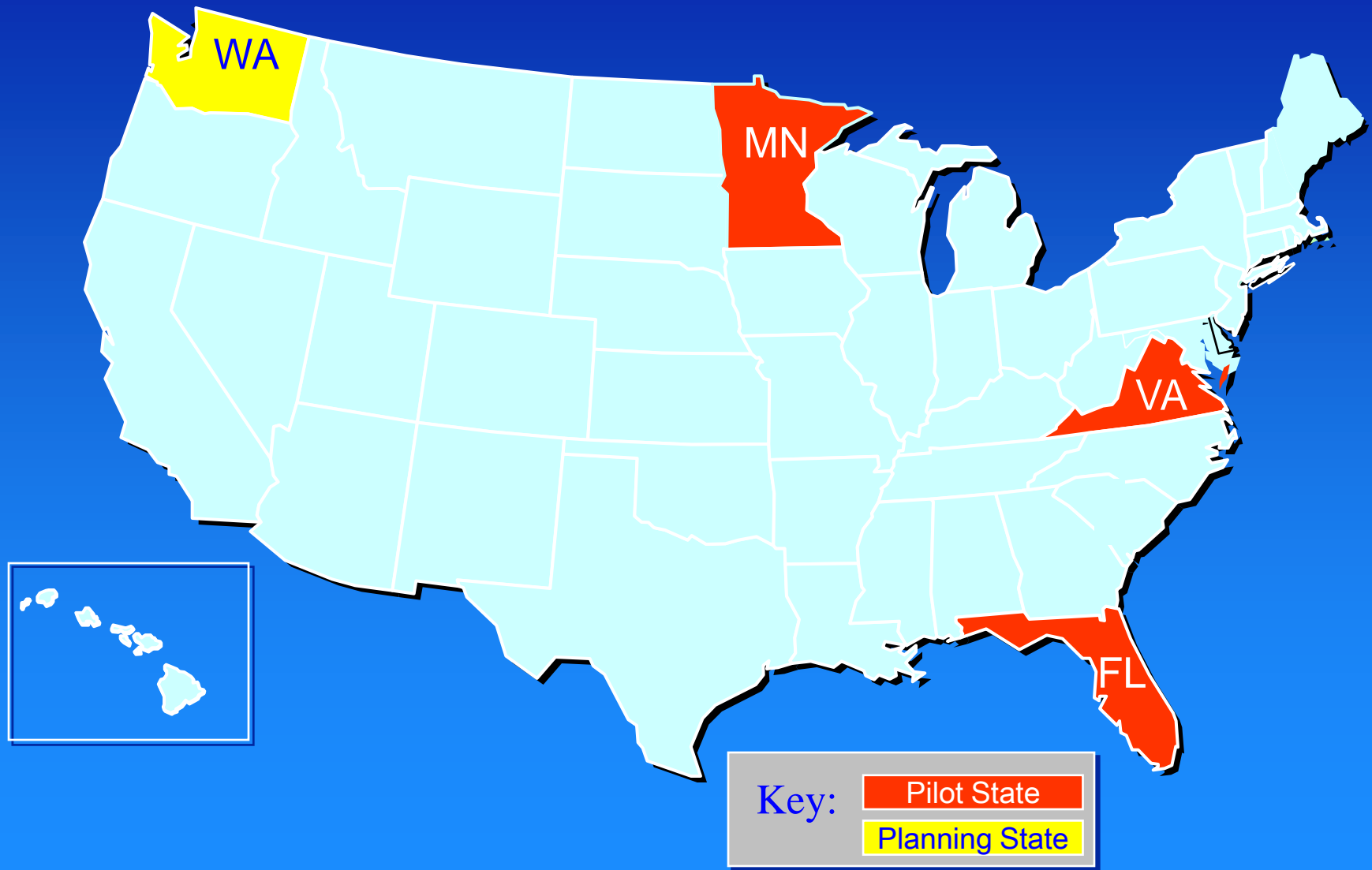
## Pilots

- **Florida** Agency for Health Care Administration
- **Minnesota** Hospital Association (MHA)
- **Virginia** Health Information (VHI)

## Planning

- **Washington** Center for Health Statistics, State Department of Health

# AHRQ Adding Clinical Data Pilot & Planning Awards



# Project Requirements

- **Identify and select clinical data elements**
  - Add POA if not already collected
- **Extract clinical data from electronic format**
- **Transfer data from at least 5 hospitals**
- **Link clinical and administrative data**
  - Create a multi-hospital database
- **Collaborate with stakeholders**



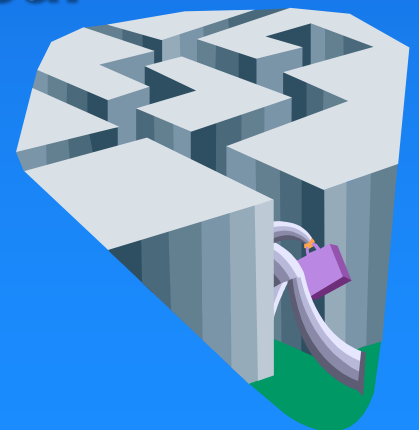
# Peer-to-Peer Learning Network

- **Monthly conference calls**
  - Supported by Thomson-Reuters and NASHP
  - Included California staff working on regs
- **Annual in-person meeting**
- **Purpose:**
  - Learn from and collaborate with peers
  - Understand, anticipate, and resolve implementation hurdles
  - Forge solutions for other data organizations
  - Share tools and materials



# Pilot Project Activities

- Developed project informational material
- Recruited hospitals
- Identified clinical data elements to add
- Standardized lab data using Logical Observation Identifiers Names and Codes (LOINC)



# *Pilot Project Activities*

- **Provided education and feedback on quality of POA coding**
- **Developed processes for data transmission, lab coding, data collection, and linking**
- **Provided technical assistance to hospitals**

# Project Successes

<b>Project</b>	<b>Number of Hospitals Expected</b>	<b>Clinically-Enhanced Data Elements</b>
Contract Requirement	5	POA (if not currently collecting) and others
Florida	22	34 lab values
Minnesota	13	POA, 26 selected numerical chemistry, blood gas, hematology lab results
Virginia	27	POA, approximately 30 lab values, several linking variables

# Challenges and Lessons Learned

- Project initiation
- Data standards and transmission
- Communication
  - Stakeholders
  - Hospitals
- Data analysis

# Next Steps for Pilot Organizations

- Continue analyzing data
- Develop reports and materials for volunteer hospitals
- Identify staffing, time, and funding needed for continuation of collection and analysis (sustainability)



# Next Steps for AHRQ

- Disseminate information about the pilots
- Develop online toolkit based on the pilots' experiences
  - Obtain Partner input at lunch today
  - Obtain Partner input through an information-gathering conference call
  - Create materials and templates for Partners



# ***Some Suggested Next Steps for AHRQ***

- **Develop materials on the business case for adding clinical data**
- **Estimate potential costs of adding clinical data**
- **Facilitate Partner education on LOINC**
- **Host vendor roundtable on LOINC**

***What suggestions do you have?***