

Administrative Data Sources

Dec 14, 2015

Decrease MPOG data contribution variation

- Current “required” data elements for MPOG sites
 - Intraoperative anesthesia record “mini” preop
- Requirements approved by Executive Board (by Dec 2015)
 - Death data
 - Historically, used SSDMF
 - No longer possible with new Dept of Commerce rules
 - Two options: state death indices vs local data
 - Local data
 - In-hospital (or out) mortality
 - Easy data stream: 1) patient ID 2) DOD 3) data source

Data contribution

- Requirements approved by Executive Board (by Dec 2015)
- Administrative schemas
 - Pro fee “per case”: used for case categorization, case inclusion/exclusion
 - Discharge ICD9 “per visit”: much more standardized, need your political capital
- Exclusions
 - International contributors: Must use some case-categorization lexicon
- Impact: No PCRC proposal unless submitting these data types

Professional Fee Data

- Goal
 - What case was done? CABG versus fem-pop bypass
 - Research and QI (case inclusion / exclusion)
- Options
 - Text searching of actual procedure text: Laborious
 - May not reflect what actually happened (does that data get back into the AIMS/perioperative EHR?)
 - Hospital specific case codes (DPC)
 - Billed CPT / ICD9 procedure code

Professional fee data

- What are the limitations
 - Only one anesthesia base code per procedure
 - Highest complexity/base fee is typically used
 - For complex/multiple service cases, may misrepresent reality
 - It doesn't have risk adjustment or outcome data (unless the outcome is a re-operation)
- What is the process?
 - Contact your practice billing company
 - They need to create a data extract that sits on your local MPOG server
 - We have scripts to turn it into MPOG data
 - Every month...

What does it look like?

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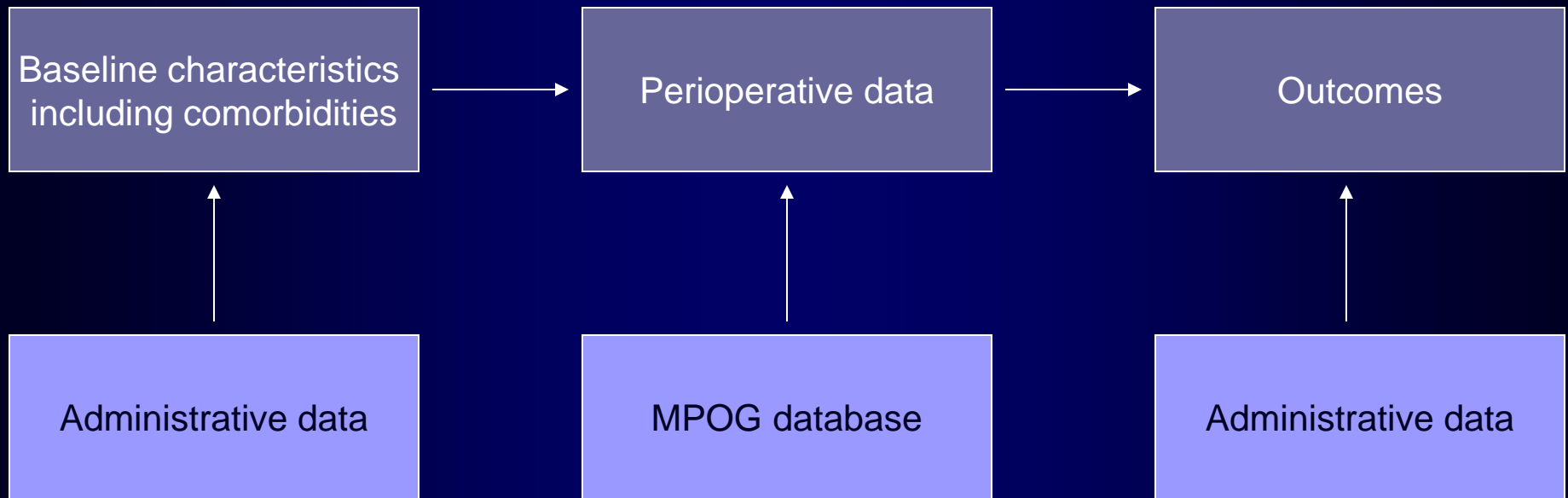
Pro fee summary

- Necessary for case categorization
- Politically, should be very easy
- Technically, not bad either
- Does require a process to maintain the interface

“Discharge” diagnoses

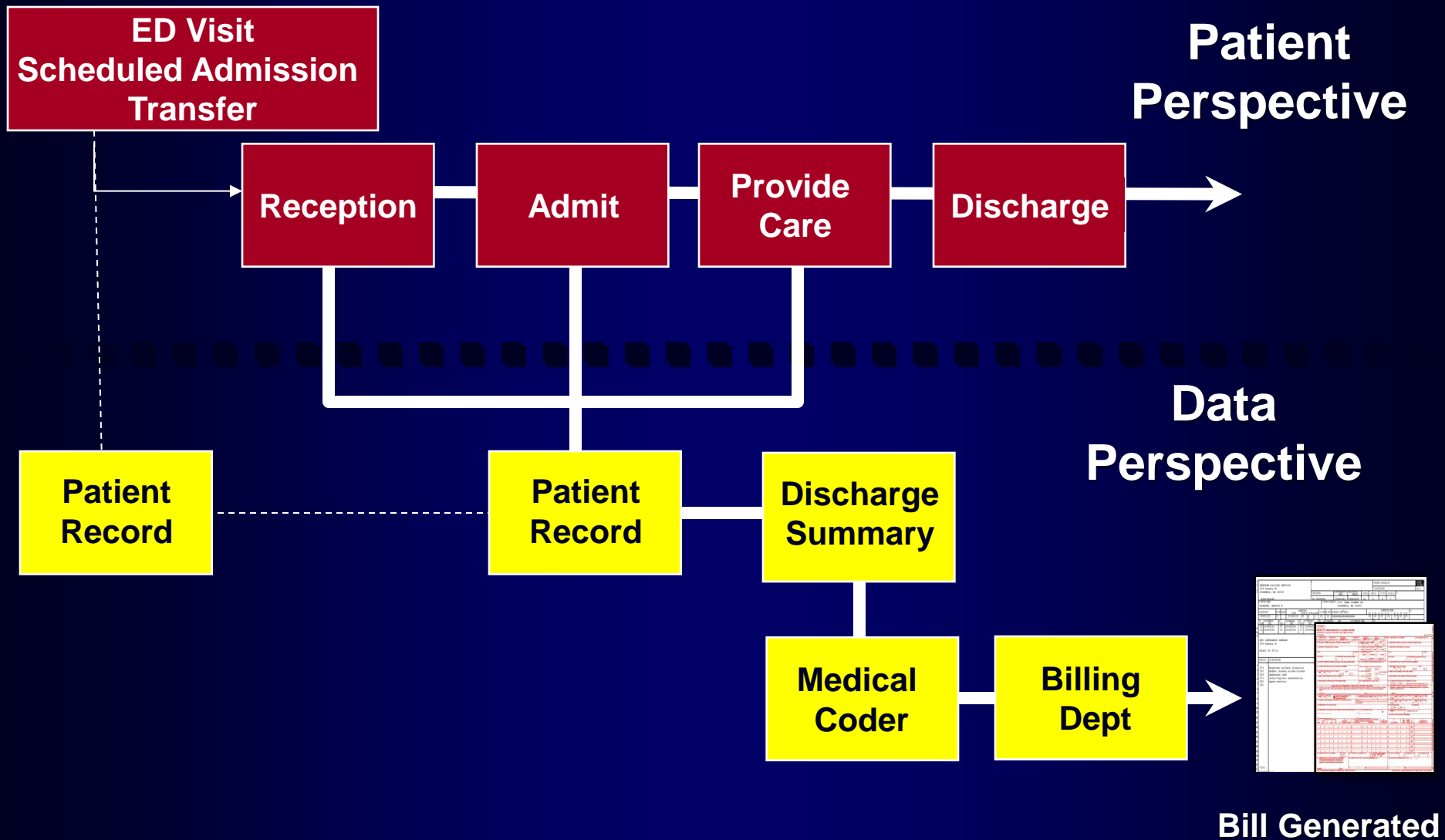
- Data from your hospital / surgery center regarding the patient and procedure
- Used to receive facility fee compensation
- Applies to outpatient and inpatient surgeries
- What is it used for?

Administrative data use and MPOG



From Bateman (ASA presentation 2012)

Generation of administrative data



Generation of administrative data

UB-04 or CMS 1500 Billing Forms

The image displays two forms used for medical billing: the UB-04 (Premier Billing Service) and the CMS 1500 (Health Insurance Claim Form). The CMS 1500 form is highlighted with a red border and contains a '1500' label in a red box. The CMS 1500 form includes sections for patient demographics, insurance information, and medical services.

Diagnoses & procedures
(ICD-9-CM, DRG)
Patient demographics
(age, sex, race/ethnicity)

Expected payer
Length of stay
Patient disposition
Admission source & type
Admission month

What does it look like?

- Global_Patient_ID (varchar(200), null)
- Patient_ID (varchar(200), null)
- Visit_ID (varchar(200), null)
- Operation_ID (varchar(200), null)
- Invoice_Number (varchar(200), null)
- Procedure_Code_ID (varchar(200), null)
- Procedure_Code (varchar(20), null)
- Diagnosis_Code_ID (varchar(200), null)
- Diagnosis_Source_Type (varchar(200), null)
- Date_of_Service_Start (datetime, null)
- Date_of_Service_End (datetime, null)
- Date_of_Admission (datetime, null)
- Date_of_Discharge (datetime, null)
- Date_of_Diagnosis_Start (datetime, null)
- Date_of_Diagnosis_End (datetime, null)
- Diagnosis_Code (varchar(20), null)
- Diagnosis_Lexicon (varchar(200), null)
- Diagnosis_Code_Priority (int, null)
- Was_Primary_Diagnosis (bit, null)
- Present_On_Admission (bit, null)

What is it used for?

- Risk adjustment
 - Easy, quick
 - Limitations of billing data
- Outcome ascertainment
 - Using ICD
 - Using length of stay
 - Using discharge disposition
- Case identification
 - Using procedure ICD9

The process

- Work with hospital folks
 - Data warehouse (operational or research)
 - Get ALL discharge ICD9 records for operative patients
 - NOT just operative cases
 - We want readmissions, pre-admissions, etc
- Staging table in local MPOG database
- Our scripts will do the rest
- Monthly
- Maybe EPIC can help

The process

