

How-To Guide: Chronic Obstructive Pulmonary Disease (COPD) Hospitalizations

Provided by CDC's Environmental Public Health Tracking Program

May 2022

PURPOSE AND USE OF THIS DOCUMENT

This document describes the steps for extracting and formatting the necessary data required for the Tracking Program's Nationally Consistent Data and Measures (NCDM) for chronic obstructive pulmonary disease (COPD) hospitalizations.

HOW-TO GUIDE

	Description
Measures	Chronic Obstructive Pulmonary Disease (COPD) Hospitalizations
Data Source(s)	Inpatient Hospitalization Admissions
NCDM Data Requirements	<ul style="list-style-type: none">• Health outcome = Chronic Obstructive Pulmonary Disease (COPD)• State/county of residence• Hospital admission year/month• Age group• Sex <p>Optional:</p> <ul style="list-style-type: none">• Race and ethnicity
Definitions Relevant to Indicator	<p><i>Admission Date:</i> The date of the hospital admission; month, day, and year. Month and year of admission are required in data submitted to CDC.</p> <p><i>COPD:</i> Chronic Obstructive Pulmonary Disease (COPD) is a large group of lung diseases characterized by airflow obstruction and is often associated with symptoms related to difficulty in breathing but can be present without any symptoms. The most important and frequent conditions in COPD are chronic bronchitis and emphysema, but also includes other diagnoses; ICD-9-CM 490-492, 496 as the primary diagnosis or 493.2 as a primary diagnosis when 490-492, 496 is present in any other diagnosis codes; ICD-10-CM codes J40-J44</p> <p><i>Discharge Date:</i> The date of discharge from hospital.</p>

	Description
	<p><i>Duplicate Records:</i> More than one record for the same person with the same hospital admission data (e.g., where sex, date of birth, admission date, and ZIP code have exactly same information).</p> <p><i>Event/Event Year:</i> A hospital admission for the health outcome of interest during specific calendar year. Event year is based only upon admission year, even when discharge year is different.</p> <p><i>Hospital Transfers:</i> Generally, a patient discharged from one facility and readmitted to a second facility on the same day (within 24 hours).</p> <p><i>Hospitalization/ Hospital Admission:</i> Condition of being placed (admission) or treated as a patient in an acute care hospital for treatment as an inpatient. Treatment as an out-patient is not considered to be hospitalization. To be considered as inpatient hospitalization, a minimum stay is required (often over 23 hours).</p> <p><i>Multiple Admissions:</i> Second or subsequent admission for the same person for the same primary diagnosis code but on a different date and related to a separate event within a given year. Multiple admissions are considered separate events (generally at least 48 hours apart).</p> <p><i>Out-of-State Admissions:</i> When a resident of your county/state is admitted to a hospital located in another state (usually an abutting state).</p> <p><i>Primary Diagnosis Code:</i> The first diagnosis field(s) of the coded clinical record (i.e., primary or principal diagnosis).</p> <p><i>ICD-9-CM:</i> Prior to October 1, 2015, diagnosis codes are represented by ICD-9-CM codes (the International Classification of Diseases, 9th Revision, Clinical Modification).</p> <p><i>ICD-10-CM:</i> As of October 1, 2015, diagnosis codes are represented by ICD-10-CM codes (the International Classification of Diseases, 10th Revision, Clinical Modification).</p> <p><i>Resident:</i> Any person with a residential address in your county/state at the time of the hospital admission.</p>
HTG Requirements and Cautions	<ul style="list-style-type: none"> • This How-to Guide provides instructions for the development of the dataset for submission to CDC and for calculating the required and optional measures. The Data Dictionary should be referred to for the standardized definitions and notations of the variables to be submitted to CDC. The data file should be converted to the .XML file format and the required header inserted into the XML file, according to the Schema found on SharePoint. Additional How-to Guide is available for instructions for calculating the measures. • <i>Data Source:</i> The data source is an individual level state inpatient hospital admission data based on primary diagnosis at an acute care facility. Please consult your data steward and data managers to understand the variables and coding system, specifically for race and ethnicity variables.

	Description
	<ul style="list-style-type: none"> • <i>Complete Dataset Guidelines:</i> The Tracking Network's NCDM are based upon date of admission because of the goal of relating a hospitalization event with an environmental event. Most hospitalization data (inpatient and outpatient) are released in annual discharge-based datasets; sometimes quarterly files are also released. Because the NCDM is based on admission date, it is necessary to have the dataset of the year of interest as well as that for the subsequent year (or first quarter of the subsequent year) in order to capture admissions that were discharged in the subsequent year. For example, 2005 data should not be submitted prior to receipt of either the first quarter 2006 or annual 2006 discharge dataset from the data steward. Some discretion on this rule is allowed if a program can show that inclusion of the subsequent year's data does not impact the data for the year of interest to a degree that would require re-submission. Re-submission due to incomplete data should be avoided. • <i>Duplicate Records:</i> This How-to Guide presumes that the user has removed duplicate records (see definitions for more information), while keeping multiple admissions. • <i>Out-of-State Admissions:</i> Admissions of residents to out-of-state hospitals should be included when available, but are not required to be included. For states with significant out-of-state admissions, it is preferable to wait until the out-of-state data are available for inclusion so as to avoid the need for re-submission of more complete data in the future. However, some consideration of timeliness is also appropriate; if out-of-state data are overly delayed then submission without them is acceptable. It is noted that some states must include out-of-state admissions of its residents. Use the Metadata Creation Tool (MCT) to acknowledge the disposition of these admissions and provide any additional information about out-of-state data. • <i>Federal Facilities:</i> Admissions to federal facilities, such as Veteran's Hospitals, are not included. Be certain to inform CDC if your state requires that your dataset includes admissions to federal facilities so that the measures can be appropriately footnoted. • <i>Transfers:</i> Hospitalizations due to transfers between acute care hospitals (for any outcome except AMI) are not excluded from the counts/measures to be generated. Use the MCT to capture if and how transfers were excluded.
Step #1	<p>From a state inpatient hospital admission data with duplicate records already removed, select all hospital records that meet the following criteria:</p> <ul style="list-style-type: none"> • Admitted during the year(s) of interest • State of residence is your state • Date of admission is not missing <p>Retain, at least, the following variables. Additional variables may be necessary depending on your state's data. The actual names of the variables may differ. Please consult your data steward and data managers to understand the variables and coding system, specifically for race and ethnicity variables:</p> <ul style="list-style-type: none"> • State of residence

	Description
	<ul style="list-style-type: none"> • County of residence • Date of admission • Date of discharge • Date of birth or age at time of admission • Sex • Race • Ethnicity • Primary diagnosis code field <p>* County of residence data collection varies by state. These methods can include a patient self-reporting county of residence, data organizations assigning county of residence by ZIP code, or geocoding patient address. Recipients that have access to patient address and have geocoded that address have observed disagreement between the county of residence field and the geocoded county. This is likely due to data vendors assigning county by ZIP code, which can overlap county boundaries. When possible, use the geocoded county of residence for data accuracy.</p> <p>For more information, please refer to the <u>Environmental Public Health Tracking Program - Geocoding Standards</u> document.</p>
Step #2a (ICD-10-CM)	<p>Flag admissions where primary diagnosis code is J40.* -J44.* by creating a variable (<i>for example Ishospital</i>) that takes the value of 1, if admission is due to diagnosis codes targeted; else, its value is 2.</p> <p>ICD-10-CM Code Description</p> <p>J40.* Bronchitis, not specified as acute or chronic</p> <p>J41.* Simple and mucopurulent chronic bronchitis</p> <p>J42.* Unspecified chronic bronchitis</p> <p>J43.* Emphysema</p> <p>J44.* Other chronic obstructive pulmonary disease</p> <p>Note: '*' includes all sub variation codes.</p> <p>Retain only admissions identified as targeted diagnosis codes.</p>
Step #2b (ICD-9-CM)	<p>Flag admissions where primary diagnosis code is listed below by creating a variable (<i>for example Ishospital</i>) that takes the value of 1, if admission is due to diagnosis codes targeted; else its value is 2.</p> <p>ICD-9-CM Code Description</p> <p>490.* Bronchitis, not specified as acute or chronic</p> <p>491.* Chronic bronchitis</p> <p>492.* Emphysema</p> <p>496.* Chronic airway obstruction, not elsewhere classified</p> <p>493.2* Chronic obstructive asthma is included only when 490.* - 492.* or 496.* is present in any of the secondary</p>

	Description
	<p>diagnosis codes.</p> <p>Note: '*' includes all sub variation codes.</p> <p>Exclude cases with 493.2 as a primary diagnosis if none of the secondary diagnosis fields contain 490.*- 492.* or 496.*</p> <p>Retain only admissions identified as targeted diagnosis codes.</p>
Step #3	<p>Create demographic variables:</p> <p><u>AgeGroup</u></p> <p>Create AgeGroup variable using either patient's date of birth and date of admission or age at time of admission. The base format for AgeGroup is by 5-year age groups beginning 0-4 and ending with 85+ resulting in 18 age groups plus one for unknown. Hospitalization counts must be submitted to CDC by these 5-year age groups coded from 1 to 19 (see Data Dictionary).</p> <p><u>Race and Ethnicity (optional)</u></p> <p>Race and ethnicity variables are optional for submission to CDC. If race and ethnicity data is being provided, be sure that the coding structure conforms to that laid out in the Data Dictionary. Counts and measures may be generated for recipients portals without specifying race or ethnicity if these data are missing or considered unreliable/inaccurate.</p> <p>Note: For Race and ethnicity, the code 'W' includes White alone. The code 'B' includes Black alone. The code 'O' includes American Indian or Alaskan Native or Asian or Pacific Islander or two or more races. The code 'H' includes those who are 'Hispanic alone' and those who are both 'Hispanic and non-Hispanic'.</p>
Step #4	<p>Create variable "MonthlyHosp" and summarize data by the following variables coded according to data dictionary:</p> <ul style="list-style-type: none"> • AdmissionMonth • AgeGroup • County (patient's county of residence as 5-digit FIPS code) • Ethnicity (if using) • Race (if using) • Sex • YearAdmitted <p>Do not expand dataset to include all combinations of these variables where MonthlyHosp equals zero. CDC will expand data and fill in zeros after data are validated. If missing combinations of these variables should not be interpreted as zero (for example, county X didn't report data in year Y), then please include this information in your metadata.</p>

	Description
Step #5	<p>Create the following variables and code according to data dictionary:</p> <ul style="list-style-type: none"> • HealthOutcomeID
Step #6	<p>Create new variable called "RowIdentifier".</p> <p>RowIdentifier should be a sequence of numbers from 1 to the number of rows in your dataset.</p>
Step #7	<p>Order the variables according the schema</p> <ul style="list-style-type: none"> • RowIdentifier • AdmissionMonth • AgeGroup • County • Ethnicity (optional) • HealthOutcomeID • MonthlyHosp • Race (optional) • Sex • YearAdmitted
Step #8	<p>Convert to XML</p> <p>Before converting to XML, create separate data files for each year of data. The data file should be converted to the .XML file format and the required header inserted into the XML file, according to the Schema found on SharePoint. Insert your state FIPS code in the XML header.</p> <p>This completes the required steps for data submission.</p>



CDC'S ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM

Contact us: trackingsupport@cdc.gov

Visit the Tracking Network today: www.cdc.gov/ephtracking

Follow us on social media:

- Twitter (@CDC_EPHTracking)
- Facebook (facebook.com/CDCEPHTracking)