9/12/2019 Meeting

* Notes (Most participants were with the Healthcare Analytics Branch):
  + Key contacts:
    - Julie Costa: ICD-10 coding
    - Steven Sotana: data warehouse
  + Review CCS codes in addition to ICD codes
  + Hospital Discharge data system DOES NOT include VA, military, tribal health, and?
  + “Hospitalization” versus “Discharge”
    - Is somewhat different conceptually between different types of facilities / “type of bed”
      * Acute (“kindred”?)
      * Long-term care
      * Chemical dependency (Mike Tigopa expertise here…)
      * Mental Health
    - Consider stratifying on these in the CCB
  + “Type of Facility” mapping variable is available on the Open Data Portal
  + “Initial Encounter” \*is\* part of the ICD-10-CM code string, but has not yet been used much at OSHPD; no guidance at the moment
  + Mental Health ICD-10 codes may need more explanation/context in the CCB
  + Homelessness codes (different in ED and HD):
    - V60 in ICD-9
    - Z59.0 in ICD-10
    - Also, zzzzz zip code indicates homeless

* Quick App Demo
  + [michael.samuel@cdph.ca.gov](mailto:michael.samuel@cdph.ca.gov)
  + 925-285-2926
  + cdph.ca.gov/communityBurden
* Roadmap
  + Race Coding
  + ED Data
  + Multiple years
  + Logical Inconstancies check
* Review
  + Get the data directly from OSHPD based on “Business Use Case” agreement?
  + Initial visit? (nature of ICD-CM codes)
  + Expected payer
  + Lessons/thoughts on DRGs / MDCs
  + Length of stay cut point? [see output]
  + Charges cut point? (but will use median)

7/24/2019 meeting notes

-definitions of “maternal conditions” and other common/expensive/important conditions

-Select initial visit?

-stratify by “expected payer” (medical)

-DRGs for billing so not necessarily accurate for “public health”

CCB/OSHPD Meeting notes

6/4/2019

Scott Christman, Phil Morris, Carolina Downie, Michael Samuel

* OSHPD generally excited and supportive
* Phil wants to meet with Merry and other in her Branch
* They suggested possibly getting the data from them directly rather than via CHSI and/or Scott offered support to get it more efficiently from CHISI—Michael made it clear that some of the delay was on his side/administrative, not just CHSI
  + Get the data from them based on “Business Use Case” agreement, rather than processes that are more complex
  + 2017 data are available now
  + 2018 will be in August
* Cautionary notes about the data
  + CHARGES not costs
  + $1 charges indicate pro-bono situation
  + If length of stay is > 1 year, charges are to be prorated to year, but not clear that this is done consistently
  + Charges are total charges per hospitalization, not just for “cause” being shown in CCB
* Things we will do in the CCB regarding these data
  + Clearly and “heavily” note the data are charges not costs
  + Truncate low and high outliers to some degree
  + Consider grouping small counties
  + Consider using medians rather than means
* Other notes/discussion
  + OSHPD has some cost:charge ratio data
    - Importantly, it differs by payer other factors
  + “Charge Master” files have “retail” costs of all procedures for all hospitals, BUT metrics are not necessarily consistent across hospitals (e.g. one may include doctor’s charges and another may not)
  + Hospital “Financials” data are exciting/important source of new data, and are on the way