9/12/2019 Meeting

* Quick App Demo
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  + 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