

California Health Policy and Data Advisory Commission

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**Minutes
Health Data and Public Information Committee
September 18, 2007**

The meeting was called to order by Howard L. Harris, Chairperson, at 10:00 a.m. in suite 220, at The California Endowment Building, 1331 Garden Highway, Sacramento, California.

Present:

Howard L. Harris, PhD, Chair
Vickie Ellis
Jan Meisels Allen
Darryl Nixon
Stephen Clark
Denise M. Hunt
Jay R. Benson
Catherine Nichol

Absent:

Debra Lowry
Lark Galloway-Gilliam
Jacquelyn Paige
Dorel Harms
Lisa Simonson Mauiro
Santiago Munoz
Terri Smith O'Rourke

CHPDAC Staff: Kathleen Maestas, Acting Executive Director; Terrence Nolan, Office Manager

OSHPD Staff: David M. Carlisle, MD, PhD, Director; Elizabeth Wied, Chief Legal Counsel; Michael Rodrian, Deputy Director, Healthcare Information Division; Jonathan Teague, Manager, Healthcare Information Resources Center; Joseph Parker, Director, Healthcare Outcomes Center; Scott Christman, Data Manager II, ITSS; Mary Tran, PhD, MPH, Manager, Administrative Data Programs; Patrick Sullivan, Assistant Director, Legislative and Public Affairs; Kenny Kwong, Manager, Health Information Resource Center; Candace Diamond, Manager, Patient Discharge Data Section; Starla Ledbetter, Data Projects Manager

Also Present: Vito Genna, CHPDAC Chair; Anne Mcleod, Vice President, California Hospital Association; Annie Park, MSW, Community Health Councils, Inc.; John Benton; John Burich, Director, Bull Services; Scott Dunn

Approval of Minutes: Committee member Nixon moved to approve the minutes from the May 15, 2007 HDPIC meeting and Committee member Hunt seconded. The minutes were approved.

OSHPD Report: David M. Carlisle, MD, PhD



Dr. Carlisle reported that OSHPD will be relocating to 400 R Street by the end of October and most of the operation will be consolidated at that location.

In California, the major topic remains healthcare reform. The Governor has called for a special session to address this issue and OSHPD is looking forward to the introduction of legislation to affect his proposals. The Department has been very active in participating in discussions that have occurred within the Administration, particularly with respect to supplying data that could enlighten the discussion in terms of utilization and other parameters that OSHPD measures in the State.

There is also a competing initiative, Assembly Bill 8, by Speaker Nunez. One significant difference between the two proposals is that AB 8 requires a higher payroll charge against employers of 7.5 percent versus the Governor's proposal of 4 percent. AB 8 also has other significant components that are very relevant to this Committee and to all the data and outcome reporting activities of the Office in that it contains language that was added very late in the process through an amendment, that would entirely restructure collection of healthcare data and reporting of healthcare outcomes within the State. AB 8 proposes to essentially move the reporting functions, not the collection functions, out of the Office to transfer OSHPD's data reporting staff out of the Office to a new commission that would be created and housed within the Health and Human Services Agency. The commission would have appointees, by the Governor, but also by the Senate President and also by the Assembly Speaker.

There was a meeting with the sponsors of this concept: the American Association of Retired Persons, Consumer Unions, Pacific Business Group on Health, and Health Access, at which the Office was significantly criticized and dismay on the part of these consumer advocates was expressed about OSHPD's reporting process. The proposed removal of outcome reporting and essentially all healthcare utilization reporting out of the Office is a reflection of the consumer organizations' dissatisfaction with the ability of the Office to comply with the statutory requirements in this area.

CHPDAC Report: Vito Genna, CHPDAC Chair

CHPDAC Chair Vito Genna reported that the May TAC/HDPIC meeting was extremely helpful to the Commissioners. Following that joint meeting, Dr. Parker put together a summary guide prioritized listing of the 23 data elements sent forward by the Committees for further consideration and review. The list also indicated which data elements OSHPD staff felt should not move forward for further study at this point. Staff were hoping that the Commission could help pare down the list keeping in mind that the target would be fifteen and some data elements would possibly drop out in the study and review process.

The Commission settled on 18 data elements and requested that staff provide the Commission with regular progress reports on no less than a quarterly basis. The target for the final review before going to a regulation package would be nine months.

1. Aspartate Transaminase (AST)
2. K (Serum Potassium)

3. NA (Serum Sodium)
4. pH (blood gas)
5. International Normalized Ratio (INR)
6. Albumin
7. Creatinine
8. Blood urea nitrogen
9. Platelets
10. White blood cells
11. Hematocrit/Hemoglobin
14. Pulse/Heart Rate
15. Systolic/Diastolic Blood Pressure
16. Respiration
17. Temperature
18. Oxygen Saturation (by pulse oximetry)
19. Geocoded Address
23. Operating Physician

The Commission removed glucose from the list after extensive debate. There was an impassioned plea made by one Commissioner to leave glucose on the list as it relates to public health issues such as diabetes and obesity, but the weight of the scientific evidence presented at the joint meeting did not support its inclusion on the list at this time. This does not preclude the consideration of glucose at a future date.

The Commission acknowledged that there will be a great burden on the healthcare facilities because they will be required to buy the software or create programs to accommodate the collection of the additional data elements. The onus is on the Commission and its Committees in advising the Office to act definitively in this matter.

Commissioners also addressed the difficulties in determining definitions and parameters to be used in reviewing the additional data elements, for example, the times that a value is taken; on admission, half an hour later, or an hour later. Normal values also differ for different lab systems and age groups. HDPIC Committee member Ellis, who attended the CHPDAC meeting, stated that the true cost and feasibility of collecting additional data elements could not happen unless the definitions are extremely clear. Currently the OSHPD reporting system is separate for the clinical reporting system and so the additional reporting places a real burden on both systems. The Associations would like to work with OSHPD as they agree with the need for additional data elements in working with risk adjustment.

Legislative Report: Patrick Sullivan, Legislative and Public Affairs, Assistant Director

Assistant Director, Sullivan reported that the legislative session ended the week before. There are a number of bills that went to the Governor's Office that have an impact on OSHPD:

- AB 1559, by Assembly Member Berryhill, would require a community college district governing board to adopt and implement a merit based admissions policy for an associate degree nursing program if, for any academic term, there are more applicants seeking enrollment than can reasonably accommodated.

- SB 139, by Senator Scott, would create a Healthcare Workforce Clearinghouse. The clearinghouse, to be administered by the OSHPD, would serve as the central source of healthcare workforce data in California. OSHPD would collect, analyze, and distribute information on educational and employment trends for healthcare occupations in the State. This would give policymakers a better understanding of healthcare professions and education in meeting future needs.
- SB 615, by Senator Oropeza, would require the board to collect an additional fee of \$10 at the time a pharmacy license or pharmacy technician license is renewed to be deposited in the California Pharmacy Technician Scholarship and Loan Repayment Program Fund.

Assistant Director Sullivan said he would be back in January with all the new introductions that the Legislators will make at the beginning of the second half of the session. Chairperson Harris asked if there would be a presentation on AB 8.

Assistant Director Sullivan stated that he could do that after the Governor's special session which should lead to some concrete language for both the Governor's proposal and the competing proposal.

Chairperson Genna asked if any thought has been given to how the Scott bill, the clearinghouse to collect and track healthcare occupations, will be implemented. Patrick stated that the bill actually gives broad latitude as to how OSHPD could work with it. The goal will be to be as broad as possible and collect as much relevant information as possible on workforce issues.

HDPIC Chairperson Harris introduced Anne McLeod, Vice President, California Hospital Association, who has been working with the Governor on healthcare reform. Ms. McLeod reported that she and her staff had been working with the Governor's staff 24/7 and have come to an agreement on elements of healthcare reform as they relate to the hospital financing portion.

The CHA Board of Trustees did agree to the four percent provider fee on hospitals. The fee is based off of the hospital's aggregate net patient revenue, and then through different financial models CHA has determined that the fee will be assessed to individual hospitals based on a certain amount per patient day. There will be two separate fees, one fee for managed care days and one fee for service days. Medicare days will be deducted from that, as well as long-term care days. CHA also determined that rural hospitals, less than 50 beds, and district hospitals, less than 300 beds, will not be subject to the fee.

This should raise about \$1.7 billion in provider fees from the private non-designated public hospitals. The designated public hospitals, 20 of them, still remain to be modeled as they have a very different payment structure and payment criteria.

The hospitals that have been modeled would raise \$1.7 billion in provider fees. Assuming that California receives the federal matching funds on most of those dollars, California will get \$3.4 billion to spend in the State on increased Medi-Cal payments, increased coverage

for Medi-Cal, Healthy Families, and the uninsured that will find coverage through the individual mandate or the employer mandate programs.

There are about 44 hospitals that are not affiliated with a system, stand-alone hospitals, that will suffer a negative impact in this model and this is of great concern to CHA. But it is agreed that the billions in new money to the State would be beneficial and those payment shortfalls can be addressed in some other way.

Committee member Clark added that much of the data that was used in this modeling process was data from OSHPD reports, especially data with respect to the uninsured. It will be very important how hospitals report that kind of data because it will have direct bearing on this process.

Chapter 755, Statutes 2006 (AB 774, Chan): Kenny Kwong, Health Information Division Manager

Health Information Division Manager, Kenny Kwong, reported on the status of AB 774, the legislation that passed last year, requiring hospitals to provide pricing information and reduced fee information for people who are not covered or are not fully covered within certain poverty limits. The project is named SYFPHR, System for a Fair Priced Hospital Reporting.

HID Manager, Kwong covered four areas in his presentation:

- Recap of reporting requirements and update on the regulations
 - Hospitals must submit their charity care policy, their discount policy, eligibility procedures, review process
 - Hospitals are required to submit this information in one electronic file (in regulations) and the application form will be submitted as another electronic file
 - All documents must be submitted as either Word documents or a PDF format and must be submitted using SYFPHR
 - The regulation package was approved by the Office of Administrative Law on August 8th, 2007
- SYFPHR web-based reporting system
 - Reporting will begin January 1st, 2008 and it is required to be submitted every other year thereafter
 - Current timeline is to have SYFPHR up and running by early December 2007
- SYFPHR dissemination system
 - Three-step access process
 - Search for hospital
 - Select hospital from search results
 - View hospital data summary and policies/applications
- Examples of some charity care data that has been collected in the first quarter of 2007

Report from the Healthcare Outcomes Center – Joseph Parker, PhD, Director

HOC Deputy Director Joseph Parker reported that OSHPD is currently working with the final list of possible new data elements that was recommended by CHPDAC for the Office to move forward on in terms of study and possible adoption. This process is currently in the definition stage. Information has been gathered from other states, and discussion have been held with CHART (California Hospital Assessment and Reporting Task Force) about their experiences with collecting data from hospitals for public reporting on quality.

Joseph Parker briefly presented the plans for data collection to the California Hospital Association's Quality Committee, on August 8th. Some of the concerns expressed by the Committee members were: the timeframe for the values, the possibility of having multiple values, and what data sources would be considered. They also wanted assurance that OSHPD was aware of other data collection initiatives that are going on within the hospitals so OSHPD could, to the extent possible, align definitions with those that are currently being used.

National standards will be used to the maximum extent possible as the process goes forward. OSHPD is thinking about a phased implementation. In terms of a time table, OSHPD is planning on a May 2008 regulatory package, which would mean the regulations have been worked out and public hearings could begin. One of the requirements of the regulatory process is to have open public comment and the CHPDAC has been mentioned as a possible forum for public comments. The next quarterly update is scheduled to be given to the CHPDAC in December 2007.

Data Projects Manager Starla Ledbetter reported on the work being done in terms of communicating with hospitals and national standards for the POA (present on admission) indicator.

OSHPD actively participates in a number of national committees, consortiums and forums including:

- Public Health Data Standards Consortium
 - Work includes standardized payer typology and updates to the (HCSDRG) Healthcare Services Data Reporting Guide
- National Association of Health Data Organizations
 - OSHPD will attend the annual conference in October 2007 to present on POA and work being done by the Outcome Center
- X12 ANSI ASC Healthcare Claims Workgroup
 - Work includes adding Principal Language Spoken to HCSDRG and work on issues related to implementation of POA
- Public Health Informatics Joint Taskforce
 - Work includes moving towards unifying the public health voice for the advancement of electronic exchange of health data

The national standard for the POA indicator becomes effective October 1, 2007 and includes the following categories:

- Y=Yes
- N=No
- U=No information in the Record
- W=Clinically Undetermined

- 1=Not applicable

Not applicable applies to a list of ICD-9 codes that are exempt from reporting. There will also be a requirement for reporting POA on some external cause of injury codes. OSHPD currently just requires reporting of yes, no and uncertain on only principal and secondary diagnoses and not external cause of injury codes. CHIA (California Health Information Association) has voiced concern that the reporting was going to be very different between OSHPD and what the feds are requiring, so W and 1 will be allowed with discharges effective October 1, 2007.

OSHPD will also change the file format to allow for the collection of ICD-10 codes should pending legislation pass.

Chairperson Genna asked if the changes in the system could that be done in-house or would there have to be regulatory changes.

Ms. Ledbetter stated that there would need to be regulatory changes to mandate that. OSHPD is going to allow facilities to report W and 1, so it is not a huge burden on them. We cannot compel them to report that. But there will be regulations in effect January 1st of 2009 that will mandate that reporting. This regulation package is already drafted and is in its final stages of going through OSHPD approval and then to the Office of Administrative Law.

Patient Discharge Data Section Manager, Candace Diamond reported that CPAA will be going to POA and the transition will be handled in two steps. First, this October, OSHPD will allow facilities to report the additional values but will not require them. Second, when the regulation package hits in 2009, then Principal Language Spoken will be collected.

Regarding the forthcoming changes that Ms. Ledbetter spoke about, Ms. Diamond stated that OSHPD realizes that it cannot require new data elements if the staff does not understand what is behind the process. Initially, much in-house training will be done to impart an understanding of why new data is being collected, what the definitions are, and what constitutes good customer service, then the data provider training will begin which involves much on-site training.

Report on OSHPD Data Users: Jonathan Teague, Health Information Resources Center, Manager

HID Manager Jonathan Teague presented information on who uses OSHPD Data and how this data is used for research.

OSHPD data is collected for 3 primary purposes for which OSHPD collects confidential data and for which it gets used under law:

- Research
 - Typically university sponsored research institutions
- Public Health
 - Primarily through State agencies and local health departments
- Healthcare operations
 - California hospitals have broad access to information

In addition to the raw data, which is discharge data, emergency and ambulatory data, OSHPD also has product files that link these files with vital statistics data.

The research topic areas span subject areas from coronary and vascular disease, access to care, to queries on environmental and health issues including healthcare economics. OSHPD expects that as this data resource becomes more widely known, and more easily accessed, other topic areas will be added to this list.

HIRC Manager Jonathan Teague continued with another presentation on the status of the newly redesigned OSHPD website which he previously had presented to the CHPDAC. The website redesign project is going well and should be on target for the Statewide deadline of November, 2007, at which time all State websites must be reformatted using the State approved Cascading Style Sheets.

Demonstration of California Healthcare ATLAS: Scott Christman, ITSS Manager II

ITSS Manager Scott Christman presented the California Healthcare ATLAS II, which is the culmination of much of the web-based GIS applications. The idea behind the ATLAS II is that this should be a user friendly application where users of OSHPD data can enter the site and drill down to a facility or a group of facilities that they are looking for, then retrieve information that OSHPD manages. This represents a wealth of information collected in one location in a more manageable format.

One of the great benefits of the ATLAS II is that two-thirds of it is comprised of tables and printed text. Most online atlases present map after map but leave out the critically important contextual information. OSHPD has designed the ATLAS II with a text search so that the full volume of OSHPD data can be search in context, with the maps as a background, for information such as total number of discharges, average costs compared to the facility selected versus statewide. The real intent behind the ATLAS II was to design a strong user interface that allows the user to access the full set of OSHPD resources which is 80 million records strong and growing by about 20 million annually.

OSHPD designed a suite of work flows for the California ATLAS II that are easy for the user to walk through, locate things, select things and create standard products. There are three primary work flows or ways to navigate the ATLAS II: locate, select, and create. The locate navigation will allow a user to locate any kind of geography and will zoom to the map. The select navigation allows the user to select a certain set of facilities, or an individual facility, and return with the full suite of OSHPD data sets. The create navigation allows the user to create maps, given a whole set of filters, from diagnostic-related groups, race and ethnicity, to payer.

Presentation on Patient Profile 2005: Mary Tran, Administrative Data Programs Manager

Administrative Data Programs Manager Mary Tran presented the Profile of California Patients 2005 which was previously presented to the CHPDAC. This report is intended to be a general map for healthcare in California, including particular characteristics of the

patients, their demographics, geographics, diagnoses and procedures to highlight just a few of the areas covered.

“Patient Profiles, 2005” is a new report that OSHPD is considering. It is a descriptive report addressing patterns of healthcare utilization in California, and not an outcome report. The report makes use of the newly available (2005) outpatient data reported by emergency departments and ambulatory surgery centers. It compares patients receiving care in hospitals (inpatients) with patients receiving care in emergency departments and ambulatory surgery centers (outpatients) in terms of their demographic characteristics, their diagnoses, geographic area, payer, and the timing of when they sought care (day and month).

The data sources are the patient discharge data for inpatients, which include patients admitted from the ED to the hospital. The emergency department data will exclude patients that were admitted. Ambulatory surgery center data will include both licensed free-standing and hospital-associated facilities. Department of Finance demographic data are used for population numbers. Data from ALIRTS, the reporting system for the utilization and financials maintained by OSHPD, are also incorporated.

OSHPD has been collecting patient discharge data for many years and recently has begun collecting emergency department visits data and ambulatory surgery data. Looking at these data sources together will create an opportunity for synergy. The concept behind this new report is to show a big picture by combining these various datasets and hopefully provide useful information for discussions about emerging issues for the healthcare system in California.

Future Meeting Date: The next meeting will be held on January 15, 2008 in Sacramento.

Adjournment: The meeting adjourned at 1:43 p.m.

Pending:

1. As requested by Dr. Harris, Assistant Deputy Director Patrick Sullivan will present on the language of the Governor’s Proposal and the competing proposal AB 8.
2. Assistant Director, Patrick Sullivan will present new introductions made by Legislators at the beginning of the second half of the Legislative session.
3. Committee members Jan Meisels Allen and Committee member Stephen Clark requested a presentation on the bill by Senator Midgen (currently stalled) which would require hospitals to start reporting medical misadventures (never events) to OSHPD and a presentation on the 9 E-codes that were dropped from the regulatory package when E-code collection was mandated several years ago. Those nine comprise what are called misadventures (never events) that occur at hospitals and are only reported on a voluntary basis.
4. As per Candace Diamond, further updates on POA, patient discharge data, emergency department data, and ambulatory surgery data will be given at the November TAC and the December CHPDAC

5. Regulatory package for the additional data elements should be completed by May and public hearings would begin with CHPDAC suggested as a forum