

Hospital Discharge Data

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Background

Almost all states have statewide Hospital Discharge Data (HDD) collected by public or private data organizations. Statewide HDD, based on the hospital claim with state variations, contain useful core variables, and require minimal collection burden. Since 2004, hospitals in RI submit HDD files quarterly to the Department of Health in a standardized format as mandated by RIGL §§ 23-17-10 and 23-17.14-31. The Hospital Association of Rhode Island holds the statewide data vendor contract that's submit data on behalf of all hospitals in RI. Each hospital receives an assessment fee. The statewide data vendor is terminating their contract in September 2020.

What is collected?

Per the Uniform Reporting Section 17.0 under the RI Rules and Regulations for Licensing Hospitals (R2317-Hosp) data are received from 10 acute care hospitals, 2 psychiatric hospitals, and one rehabilitation hospital in RI. Datasets contain patient level information from all patients discharged from hospitals in RI. Available measures include admission and discharge dates, procedures, length of stay, costs, and demographic data.

Purpose

Statewide discharge databases were created nearly 40 years ago for state governments, local communities, and the hospital industry, they have been widely used by health services researchers to examine policy, care delivery, and clinical issues. In RI, the DOH uses the HDD to describe inpatient admissions and emergency department visits.

Pros

Because existing claims data are their foundation, the resources to create the datasets are modest when compared to primary data collection such as surveys or medical record abstraction. Hospitals in RI are using the HDD to meet quality improvement initiatives, marketing forecasts, advocacy, and health policy initiatives, as well as, for the Community Health Needs Assessment performed triennially.

The dataset includes records for all-payers including the uninsured. Currently , RI has maintained a complete statewide dataset since 2004.

Linkable files are available such as hospital characteristics, cost to charge ratios for each hospital using Medicare Cost Reports, hospital market structure files for studies on competition and market forces.

Cons

The All Payers Claims Database (APCD) are rapidly emerging as a new and essential information about outpatient services and healthcare payments. APCDs capture data not included in the HDDs such as, physician visits and pharmacy use but there are limitations. The APCD

does not include self-insured or uninsured. Twenty-six states have established APCD and others are submitting legislation to create an APCD or study the feasibility of creating a database.

Strengths of APCD, Hospital Discharge Databases and Both Combined

The HDDs are generated by the institution providing the care (e.g. the bill), where the claims database is generated as a result of payment (e.g. the claim). The following table illustrates how hospital discharge data and APCD data perform in categories of typical uses for state healthcare data sets. Individually, hospital discharge data and APCDs have relative strengths and weakness, but these data sources, used in tandem, fill more information gaps than a single data set alone.

	Population Public Health Monitoring	Cost	Episodes of Care	Quality & Outcomes	Uninsured & Self Pay	Disparities in Race & Ethnicity	Comparative Effectiveness Evaluation
APCDs	*	***	**	*			*
HDDs	**	*	*	**	**	*	*
Combined	***	***	***	**	**	*	**

* Moderate utility; **strong utility; ***stronger utility; Blank N/A

Source: NAHDO 2011