

How Researchers Can Access OSHPD Data

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Using Data to Improve Maternity Care in California:
Research Collaborations and Future Opportunities

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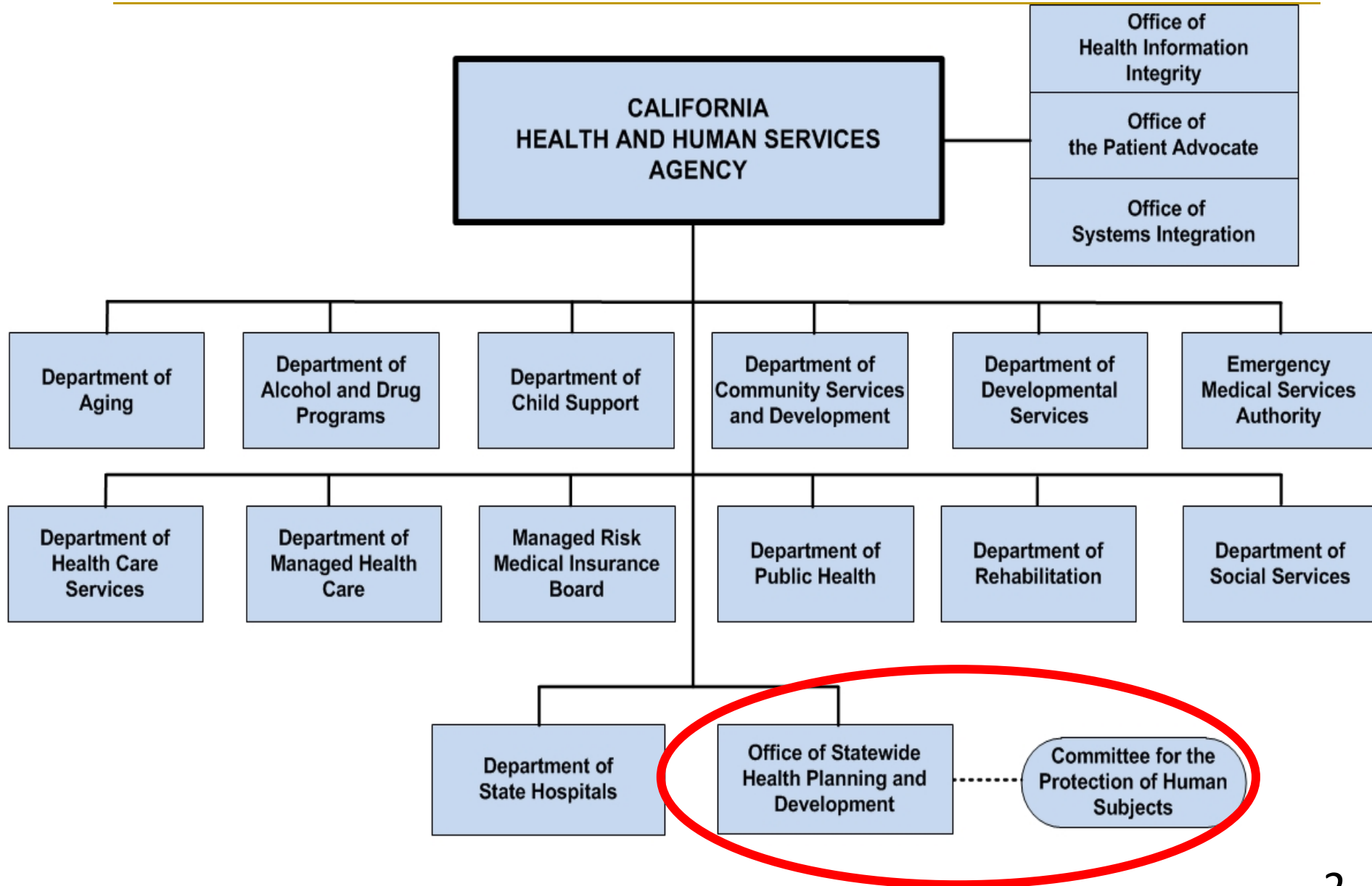
CALIFORNIA
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INSTITUTE FOR POPULATION
HEALTH IMPROVEMENT



California Department of
HealthCareServices

Part of CA Health & Human Services Agency



Data Users

- State & Federal Government*
- Universities*
- Hospitals*
- Other Health Providers & Facilities
- Trade Associations & Lobbyists
- General Public
- Insurers
- Investors
- Media
- Others

* Some have special access

Hospital Confidential Patient Records

- **In-Patient Discharges: 4 million/year**
(diagnosis, procedures, DRG, age, gender, race, zip code, admission source, payer, charges)
- **Emergency Department Visits: 10 million/year**
(as above but no charges or clinical groupings)
- **Licensed Freestanding or Hospital-Based Ambulatory Surgery Centers: 2 million/year**
(as above but no charges or clinical groupings)

Public Patient Data

- De-identified
 - Most sensitive info (e.g., dates of birth & service, ZIP Code, all HIPAA identifiers) deleted
- Removed demographics; hospital-specific records with unique diagnosis, treatment or E (external cause of injury) codes
- Designed to maintain maximize usefulness & minimize risk to patient privacy
- Various products created to provide additional access to data

Public Products that Use Patient Data

Coronary Artery Graft Bypass Outcomes (by hospital and surgeon)

53 AHRQ Measures (by hospital or geography)

- Prevention (access to community primary care) (13)
- Utilization (9)
- Patient volume (6)
- Patient safety (7)
- **Pediatric quality (6)**
- Inpatient Risk-Adjusted Outcomes (12; plan 3 new submeasures)

AHRQ Pediatric Measures @ OSHPD

Geographic distribution, from 2005 onward

1. Asthma (2-17 yrs)
2. Diabetes short-term complications (6-17 yrs)
3. Gastroenteritis (3 months-17 yrs)
4. Perforated appendix (1-17 yrs per 1,000 pop.)
5. Urinary tract infection (3 months-17 yrs)

[above are inpatient admission rates per 100,000 population]

6. Low birth weight (newborn <2,500 grams per 1,000 population)

AHRQ Utilization Measures – By Hospital

- OSHPD reports 11 conditions or procedures
- @ every CDPH-licensed hospital
- from 2007 through 2012
- Birth-Related @ Rates per 100 deliveries
 - ✓ C-Sections – all types
 - ✓ C-Sections – primary or 1st time
 - ✓ Vaginal Birth After C-Section (VBAC)
 - ✓ VBAC uncomplicated

Confidential Data

- Patient level records (non-deidentified)
- **Legal requirements must be met to access data of:**
 - ✓ **CA Information Practices Act (IPA): Civil Code Sec. 1798.24**
 - ✓ **Health Data Act – CA Health & Safety Code Section 128766**
- IPA allows access for university-sponsored researchers

Committee for the Protection of Human Subjects (CPHS)

- California Health & Human Services Agency's Institutional Review Board (IRB)
- Reviews confidential data requests/research protocols concurrently or prior to OSHPD review
- Current protocol must be maintained for duration of access to OSHPD data – annual renewal
- CPHS has statutory responsibilities for privacy protection under Information Practices Act

Forms and information @ www.oshpd.ca.gov/CPHS/index.htm

OSHPD Confidential Data Requirements

- Release of “minimum necessary” data required to conduct the proposed research
 - ✓ Data will be “sub-set” to achieve this:
Reduce records to those required (including control/comparison groups; geographical, age & gender subsets)
 - ✓ Reduce data fields in each record to those needed for research
- The more precise the subset, the easier to approve

Contact: (916) 326-3802
or HIRC@oshpd.ca.gov

Requesting Non-public Data

- Two principal steps:
 - Approved OSHPD application for data
 - Approved CPHS Project Protocol
- Both must be consistent in terms of the data desired and purposes for which sought
 - Suggest: Contact OSHPD first to ensure data specifications consistent between

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Requesting Non-public Data

- Detailed justification for each data element
- Sensitive elements entail more scrutiny
- “Non-profit educational institution” must sponsor the request
 - Signatures by PIs and Department Chair or equivalent university official & on Protocol
- OSHPD Director may authorize disclosure unless “unreasonable risk to patient privacy” (Health & Safety Code 128766)

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Confidential Data Access

- Typically loaned on time-limited basis
- Receiving newer data years (“refresh option”) faster than initial release
- Assistance from Healthcare Information Resource Center staff
- On-site data use @ OSHPD office

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Pricing

- Most recent 3 years of data @ no charge to eligible non-profit requestors
- \$200/year for other data years
- Linked with CDPH Vital Statistics (Death or Birth) requires additional payment to California Department of Public Health

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Goal of Linkage

Population-based studies of risks and outcomes using demographic, prenatal or other control variables.



Not track individual cases.

Linking OSHPD & CDPH Data

OSHPD Records:

- ✓ Newborn Discharge
- ✓ Mother's Delivery
- ✓ Post Infant Visits within 1st year (inpatient, emergency, ambulatory surgery)
- ✓ Mother prenatal and postnatal (inpatient, emergency, ambulatory surgery)

CDPH Vital Statistics Records

- ✓ Birth
- ✓ Fetal death
- ✓ Death



All in Vital Statistics
Birth Cohort File

Problem #1: Duplicate Records

Problems #2 & #3: Coding Errors & No Universal Identifier to Link Across Data Sets

Solution: Probabilistic match using multiple fields

Vital Statistics

- Hospital (4-digit code)
- Infant Birth Date
- Infant Sex
- C-Section Delivery (Y/N)

- ZIP Code of Mom's residence

- Payer source for L&D
- Maternal Race/Ethnicity
- Birth Weight

OSHPD

- Hospital (6-digit code)
- Patient Birth Date
- Patient Sex
- C-Section Delivery (Y/N based on ICD-9-CM DX)
- Patient ZIP

- Payer Source for encounter
- Patient Race/Ethnicity
- Birth Weight (based on ICD-9-CM DX)

[Thanks Beate Danielsen, Ph.D., Health Information Solutions for information on this slide.]

Contact Us

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