

SECTION 4 CHAPTER 11 DATA SOURCES AND LIMITATIONS

11.0 DATA SOURCES AND LIMITATIONS

11.1 DATA SOURCES

In developing this plan, OHCA relied on the following primary sources of data:

- The OHCA Acute Care Hospital Inpatient Discharge Database (HIDD) which contains demographics, clinical and charge data for each inpatient discharged from the acute care hospitals in the state each year. Unless otherwise stated, HIDD data are reported semi-annually by hospital fiscal year (FY), that is, October 1 of a year through September 30 of the subsequent year.
- The OHCA Hospital Reporting System (HRS) database Twelve Month Actual Filings reports, which contain financial and inpatient/outpatient utilization data from the acute care hospitals, electronically submitted to OHCA by March 31 of each year. Data are reported in hospital FY.
- OHCA 2011 surveys administered to hospitals, outpatient surgical (OSFs), imaging providers and hospital-operated primary care facilities. Related data were reported for calendar year 2010 for surgery and imaging.
- DPH health care practitioners and facilities licensing online eLicense database and paper license submissions.
- DPH Primary Care Office data on U.S Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) designations of a geographical area, a population group or health care facility in the state experiencing medical, dental and behavioral health professional shortages as a health professional shortage area (HPSA) or medically underserved area or population (MUA/P).
- Department of Children and Families behavioral health licensure dataset, October 2011.
- Connecticut Hospital Association, ChimeData emergency department (ED) database.
- U.S. Census Bureau population estimates.

11.2 DATA LIMITATIONS

- The HIDD does not include Connecticut residents that out-migrated or were discharged from hospitals in other states, including the border states of New York, Massachusetts and Rhode Island.
- Inpatient and outpatient services utilization data from the HRS are only available at hospital aggregate level.
- A panel of experts determined that the Acute Care Bed Need Methodology tool, in Chapter 3, may be enhanced with out-of-state hospital inpatient stays and Connecticut hospitals' observation stays. However, both types of data are currently unavailable to OHCA.
- Participation in the three OHCA administered surveys was not mandatory, therefore not all facilities responded to the surveys or filled out the questionnaires completely. Also, there was some inconsistency with respect to respondents' interpretation and approach to responses.
- There is no comprehensive data repository in the state on health care practitioners actively providing direct patient care, especially private practitioners and their place of work, hours of availability, indications that they are accepting new patients and utilization, for determining availability, utilization and access in outpatient settings as required by CGS 19a-634 (Appendix A).
- In lieu of an unavailable comprehensive database on primary care practitioners providing direct patient care and their place of work, OHCA relied on a) the U.S Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators tool for identifying potentially "preventable" hospitalizations; and b) a New York University Center for Health and Public Health Research algorithm for identifying ED visits and conditions presented that were potentially avoidable and/or treatable in a primary care setting for indications of gaps in the primary care system.
- While OHCA obtained behavioral health service data from CT Clearinghouse and Value Options to ascertain service level detail, OHCA was unable to fully verify and accurately compare the data to provide service line detail for providers.

- Beginning on October 1, 2012, OSFs will be subjected to the Ambulatory Surgery Center (ASC) Quality Reporting Program, a new federal regulatory requirement implemented by the Centers for Medicare and Medicaid (CMS). Under this program, OSFs must ensure they are using a safe surgery checklist and have a system in place to capture surgical volume data as of January 1, 2012.²¹⁹ CGS Section 19a-654 requires outpatient surgical facilities and facilities that provide outpatient surgical services as part of the outpatient surgery department of a short-term acute care general or children's hospital, to submit patient-identifiable encounter data to OHCA by July 1, 2015.
- OHCA acknowledges that all analytical forecasting models have limitations; however, statistical models help to provide an objective comparison that can be applied across similar entities. Models are generally used in coordination with other current/relevant supplemental information to help provide accurate assessments. Additional factors and other known unique circumstances with merit may be considered in addition to results derived from a particular forecasting model to determine unmet need or gaps in service for Connecticut's health care system.

²¹⁹Federal Register. Wednesday, November 30, 2011. Rules and Regulations. 76 (230), 74126 &74127.