

**Meeting Notes**  
**Outpatient Data Work Group**  
**November 22, 2011**  
**2:00 p.m.**

Agenda Item	Discussion	Action/Results
Item 1 Opening Remarks	Opening remarks were given by Kimberly Martone. Group introductions. Plan on holding 2 or 3 work group meetings.	All information will be posted onto OHCA's website.
Item 2 Discuss submission of outpatient surgical facility and hospital providing outpatient surgical services data	Recommendations to address obstacles to data reporting are due by February 1, 2012. Additional reporting of outpatient data is due by July 1, 2015. There are currently 60 Ambulatory Surgery Centers ("ASC") throughout the State. They run from private to hospital owned. In 2004 Licensure and CON's were required for moderate sedation, which would make some data available. OHCA is in the process of hiring an IT analyst to work on the outpatient database. Getting information from the ASC will be challenging because they might not have the software or IT personnel available if they are not connected to a hospital. There are still some claims being filed in paper format, not all submit electronically. ASC's do not have the incentives that hospital's do from the federal government to have electronic medical records.	Lisa Winkler will take care of polling, probably through emails. Jim Iacobellis will do an electronic survey asking 1) System name or vendor. 2) Who are your users? 3) Are you submitting claims electronically? 4) Who is responsible in the facility for billing?
Item 3 Discuss submission of patient identifiable inpatient discharge data and ED data	Data elements were discussed. CHA currently submits data to another division of DPH and would prefer not to have that duplication since they submit the same data to OHCA. Patient discharge data and billing codes were discussed. Race and ethnicity would be difficult data elements to obtain. They are used in measuring electronic health record meaningful use through access and quality indicators; however since ASCs do not have the same incentives they have been moving relatively more slowly to race and ethnicity data collection. Physician offices might have some data we would want but ASC might not. Part of the survey may include a profile of each of the facilities to see identify which are single versus multi-specialty. Cost of software and availability of IT skills are factors in some of the smaller facilities. Inpatient and Emergency Department regulations are moving forward. OHCA follows HIPPA requirements and NAHDO will assist us with the public use files. OHCA would like to have a manual because it would be easier to update through policy changes rather than by regulation. It would be easier to refer to the latest changes using the manual. CHA would like to be made aware of any edits that OHCA makes. OHCA's current priority is the Facility Plan.	Mary Lyon will review ICD-10 billing and give her comments at the next meeting.  OHCA will share a summary profile of ASCs in the state from the Facility Plan's inventory survey.
Item 4 Next Steps	OHCA will keep group informed of any updates as Regulations move forward. Would like to have this group's work completed by January. Would like to go over survey and polling results at the next meeting.	Next meeting date will be in December

Attending in person: Kimberly Martone, Kaila Riggott, Melanie Dillon, Olga Armah, Jim Iacobellis, Lisa Winkler, Mary Lyon, Jane Deane Clark  
Absent: Jill Kentfield