



Texas Healthcare Information Collection

Presentation to the Senate Committee on Health and Human Services

Kirk Cole, Senior Advisor

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Presentation Overview



- Background on THCIC
- What THCIC collects
- How THCIC data is used at DSHS
- How THCIC data is used externally
- How stakeholders interact with THCIC data
- Possible collection, coordination, and utilization improvements



Background

- THCIC first enacted in 1995, existed as a standalone agency until 2003
- THCIC is directed broadly to:
 - Collect charges, utilization data, provider quality data, and outcome data
 - Through the data collected, facilitate the promotion and accessibility of cost-effective, good quality health care



Background: Funding

- Fiscal Year 2017 Funding
 - General Revenue: \$1.8 million
 - Data Fees Collected: \$586,000
- Fiscal Year 2017 Expenditures
 - \$1.4 million: Third party data collector
 - \$400,000: Staffing for communicating with and training facilities, data analysis, report and file production, staff training



What THCIC collects

THCIC collects inpatient and outpatient health care activity information from

- Discharge Data: All payor claims from specific health care facility types specified in statute (HCDCS)
- **Insurance Data:** Commercial insurance (HMO) organization data (HEDIS)

What THCIC Collects: Discharge Data

- Facilities currently authorized to collect from
 - Hospitals
 - Ambulatory Surgical Centers
 - Chemical Dependency Treatment Facilities
 - Renal Dialysis Facilities
 - Birthing Centers
 - Rural Health Clinics
 - Federally Qualified Health Centers
 - Free-Standing Imaging Centers
- Collection of discharge data is driven by
 - Authorization in statute to collect from a facility type
 - Appropriations to facilitate collection, analysis, etc.



What THCIC Collects: Discharge Data

Approx. 20 million inpatient and outpatient payor claim records collected annually

Data collected (examples)

Healthcare **charges**: what is initially billed, before adjustments

Length of stay

Patient demographics

Major procedures information

Quality of care indicators

Diagnoses

Data <u>NOT</u> collected

Actual healthcare costs to provide billed service

What is finally billed, what is actually **paid**, after adjustments

Data from electronic medical records

Physician charges

3/20/2018



What THCIC Collects: Discharge Data

- Data collection outsourced to a third-party
 - Current annual cost: \$1.4 million
- Contractor required to collect, process, store, provide online correction and certification tools for data submitters
- Competitive bidding review in process due to contract cycle ending
 - FY Quarter estimate for naming awardee: TBD
 - Anticipated start date for data collection if new vendor chosen: TBD

What THCIC Collects: HEDIS Measures



- National data set of key performance measures related to health care
- Health Benefit Plan providers
 - Excludes Medicaid MCOs
- DSHS outsources to National Committee for Quality Assurance (NCQA) for production of HEDIS reports
- HEDIS reports on HMOs provided to Office of Public Insurance Counsel (OPIC) for the Guide to Texas HMO Quality





How Data is Used by DSHS

Reports Allowed/Required by Statute

- Public Use Data Files
- Research Data Files
- Hospital Inpatient Quality of Care Reports
- Potentially Preventable Reports Array:
 - Complications
 - Hospitalizations
 - Readmissions
 - Emergency Visits



How Data is Used by DSHS

Initiatives

- Potentially Preventable Hospitalizations: data guided local initiatives to address reducing adult hospital visits and increasing outpatient visits and self-management for certain conditions
- Future Use Opioid-Related Visits: data to be included on Texas Health Data website and will guide future policy discussions



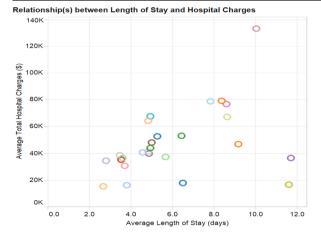
How THCIC Data is Used Externally

- Public and Research Use Files drive research by
 - Epidemiologists
 - Academics
 - Industries
 - Stakeholders
- Local health departments use as a surveillance tool to guide local interventions
- Purchased files generate ~\$300,000-\$800,000 in revenue annually
 - PUDF revenue FY 2017: \$501,000
 - RUDF revenue FY 2017: \$85,000

How Stakeholders Interact with THCIC: Texas Health Data

Inpatient Hospitalizations by County

Inpatient Utilization Data Visualization Dashboard





Number of Hospitalizations in Texas by Age Group

Number of Inpatient Hospitalizations by First Payor Source

Medicaid	1,812,072
Medicare	2,981,142
Private Health Insurance	2,826,284
Uninsured	938,123
Other	255,762

Number of Inpatient Hospitalizations by Patient Status

Admitted as inpatient to this hospital 1,907 Discharged to care of home health service 671,618 Discharged to care of Home IV provider 4,593 Discharged to home or self-care (routine discharge) 6,683,365 Discharged to hospice-home 59,370 Discharged to hospice-medical facility 58,098 Discharged to intermediate care facility 61,852 Discharged to skilled nursing facility 116,491 Discharged/transferred to a Designated Cancer Center or Children, Discharged/transferred to Critical Access Hospital (CAH) 12,031		
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Selected Year(s): 2013, 2012, 2011



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Texas Department of State Health Services

Instructions (j

1. Select Display Groups

Display by Diagnosis Group or Procedure Group Major Diagnostic Category

Major Diagnostic Category

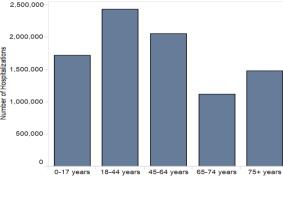
2. Select Filters

Service Year

Geographic Area Type Statewide

Area All

Demographic Group in Bar Graph Age Group



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How Stakeholders Interact with THCIC

The Consumer Guide to Healthcare

- Required by SB 1731, 80th Legislature, Regular Session (Subchapter B, Chapter 324, Health and Safety Code)
- Statute requires specific language to provide an overview of
 - Facility pricing (hospitals, ASCs, freestanding ER, birthing centers)
 - Average vs. billed charges, variations in charging driven by specific caveats
 - Links to specific websites outlined in statute, including the THCIC page



- Enhance Texas Health Data utilization to improve data access to the public
- Streamline data review process for developing legislative and other reports using already scrubbed data submitted by facilities
- Collect complete dataset from all facilities DSHS is authorized to collect from to further enhance analysis of healthcare quality and charges (cost: ~\$3.6 million)
- Coordinate with OPIC and TDI to leverage information and efforts to improve consumer access to education, consumer tools, and healthcare cost data

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Thank you