CDC Environmental Pubic Health Tracking Hospitalization Data Needs Assessment

Introduction

This survey is being used to gather information on behalf of the Centers for Disease and Control and Prevention (CDC) about your Environmental Public Health Tracking Program's hospitalization data (inpatient and Emergency Department) and the partnership you have with the data provider. Your state or cities environmental public health tracking program will be referred to as "your program" throughout the survey. We appreciate your responses.

CDC estimates the average public reporting burden for this collection of information as 255 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1154)

(You can go back and review/edit previous answers by selecting the PREV button at the bottom of each page)

1. Name of your organization or department

   _____

2. Your position

   _____

3. State or city represented

   _____

4. Please indicate how many years you've been with your program:
   - ❑ 0-3
   - ❑ 4-12
   - ❑ 13-20

Data Types and Source

(Next, we want to learn about the types and source of administrative health care data your program receives for Tracking applications).

5. Which types of healthcare administrative claims data does your program receive or have access to for Tracking applications? Check all that apply.
   - ❑ Inpatient Discharge
   - ❑ Emergency Department Discharge
   - ❑ Outpatient/non-inpatient Discharge
   - ❑ Observation stay files
   - ❑ All-Payer Claims
   - ❑ Other healthcare administrative claims data (for example, Ambulatory Surgery, etc.) Please list: _____

6. Does the same organization provide all the files needed to track the required hospitalizations and emergency department visits for your environment public health tracking program?
   - ❑ Yes [LOGIC: go to question 7a]
   - ❑ No [LOGIC: go to question 7b]

[LOGIC: If yes to question 2, answers to the remaining questions only have to be answered once. If no, users will have to answer questions for each data set selected.]

Data Provider
You indicated that your program receives data from two different agencies/organizations please tell us the name of these.

7a. A.What is the name of the agency/organization that provides your program with your **inpatient discharge/emergency department discharge** data?
[Logic 1: if both data providers are same go to question 9.]

[Logic 2: if data provider is different each other],

7b.What is the name of the agency/organization that provides your program with your **inpatient discharge** data?

_____

What is the name of the agency/organization that provides your program with your **emergency department discharge** data?

_____

"Because your program receives your inpatient discharge data and emergency department discharge data from different agencies/organizations/departments we will be asking you to

answer the same set of questions for the two different data types. We will begin with asking about the inpatient discharge data your program receives" then repeat question 9 to 43 for each data set]

Data Agreement

Next, we want to learn about the agreements your program has in place with the data agency/organization that provides your program with these data.

8. What type of agreement does your program have in place to acquire your programs data? Check all that apply.

    - ❑ No agreement in place [LOGIC: skip to question 8-11]
    - ❑ Data Use Agreement or Data Sharing Agreement
    - ❑ Memorandum of Understanding
    - ❑ Interagency Agreement
    - ❑ IRB review was required
    - ❑ Other _____

9. On a scale of 1 to 5 how easy was it to establish * the agreement
    1 = Very hard
    2 = Somewhat hard
    3 = Neither hard nor easy
    4 = Somewhat easy
    5 = Very easy
    N/A

    If your program has anything to add about establishing the agreement, please let us know here

    _____

10. What year did your program first establish this agreement with this data agency/organization/department? If you don't know the year, please write don't know.

    _____

11. How often does your program renew this agreement?
    - ❑ Annually
    - ❑ Every 2 years
    - ❑ Every 3 years
    - ❑ Every 4-5 years
    - ❑ As needed as many
    - ❑ Other_____
    - ❑ Unknown

12. On a scale of 1 to 5, how easy is it to amend or add to the agreement?

1 = Very hard
2 = Somewhat hard
3 = Neither hard nor easy
4 = Somewhat easy
5 = Very easy

If your program has anything to add about amending the agreement please let us know here

_____

Cost of Data

13. How much does your program pay per year to access the data?
    - ❑ Our program doesn't pay a fee
    - ❑ $1-$500
    - ❑ $501-$1000
    - ❑ $1001-$5000
    - ❑ Over $5000
    - ❑ Other (please specify)_____
    - ❑ Unknown

14. How often does your program receive the data?
    - ❑ Monthly
    - ❑ Quarterly
    - ❑ Annually
    - ❑ Unknown
    - ❑ Other (please specify)

15. What is the most recent time period of data that your program has received?

    Inpatient Start date DD/MM/YYYY

    Inpatient End date   DD/MM/YYYY

    Emergency Department start Date DD/MM/YYYY

    Emergency Department End Date   DD/MM/YYYY

Timeliness of the data

16. What reason does the data agency/organization provide for the lag time/delay in your program receiving the data?

    _____

17. How does your program receive these data?

❑ CD or thumb drive
❑ Secure email
❑ Secure FTP site
❑ Web Portal
❑ Granted access a specified database
❑ Other (please specify) _____

Acquired Data Attributes

18. What type of dataset is your program receiving as it relates to Protected Health Information (PHI)?
    ❑ Record level identifiable data set (with PHI)
    ❑ Record level=de-identified data set 9with OHI removed)
    ❑ Aggregated data set (not record level)
    ❑ Other (please specify) _____

19. What is the spatial resolution of the data your program receives?
    ❑ Street address level
    ❑ Census tract level
    ❑ Zip code level
    ❑ County level
    ❑ Other (please specify)_____

20. Does your program receive the necessary variables to identify transfers?
    ❑ Yes, patient ID is provided
    ❑ Yes, a combination of variable such as age, date of birth. Date of admission. etc is provided
    ❑ No, but data provider identified/flags transfers
    ❑ No, data are too aggregated to identify transfers

21. What is the scope of the data your program receives as it relates to your ability to calculate NCDMs?
    ❑ We receive full records/all discharges for all diagnosis (in addition to those needed to calculate NCDMs).
    ❑ We only receive records/discharges with specified data elements required to calculate NCDMs
    ❑ Other (please specify) _____

22. On a scale of 1 to 5 how easy is it to request additional data elements and or records/discharges in the data your receive?
    1 = Very hard
    2 = Somewhat hard
    3 = Neither hard nor easy
    4 = Somewhat easy
    5 = Very easy

N/A

If your program has anything to add about requesting additional data elements please let us know here

_____

23. What data elements/fields, if any is your program NOT getting that you would like to/need? What is the reason given by the data provider as to why NOT?.

_____

Data from Bordering States

Next we will ask you about how your programs accesses data on your states residents discharged in bordering.

24. Does your program receive data on your states' residents that were discharged in facilities in bordering states?
  - ❑ Yes, all bordering states [LOGIC go to 27]
  - ❑ Yes, some but not all bordering states [LOGIC go to 27]
  - ❑ No [LOGIC go to 29]

25. For each bordering state you receive data on your residents from Who provides your program the data?
  - ❑ Our data agency/organization (same one that provides data on our states residents)
  - ❑ Bordering state(s) data agency/organization
  - ❑ Other_____

26. List the bordering states that your program receive data for your residents from and who provide the data.

Name State: Start _____: who provides the data_____: Most recent year of data____

Name State: Start _____: who provides the data_____: Most recent year of data____

Name State: Start _____: who provides the data_____: Most recent year of data____

27. Approximately how often does your program receive the data?

❑ Monthly
❑ Quarterly
❑ Annually
❑ Other _____
❑ Unknown

28. On a scale of 1 to 5, how easy is the process for getting/requesting updated data?
   1 = Very hard
   2 = Somewhat hard
   3 = Neither hard nor easy
   4 = Somewhat easy
   5 = Very easy

   If your program has anything to add about acquiring data on your states residents discharged in bordering states please let us know
   _____

29. Has your program attempting to get these data?
   ❑ Yes
   ❑ No

30. If yes, what have been the barriers to your program receiving data on your residents discharged in
   _____

Data Quality, Completeness, and Validation

31. What technical documentation about the data does your program receive? Check all that apply.
   ❑ No technical documentation received
   ❑ Data layout/code book
   ❑ User's guide
   ❑ Frequency tables
   ❑ Quality control and processes
   ❑ Percent of errors
   ❑ Other_____

32. Does your program conduct your own data validation upon receiving the data from the data agency/organization?
   ❑ Yes [LOGIC go to 33]
   ❑ No

33. Please describe the most common errors/problems your program finds in the data after performing your validation process.

    _____

34. How does your program correct errors/problems you find with the data?
    - ❑ Errors are not corrected
    - ❑ Erroneous records are deleted
    - ❑ Erroneous records are corrected
    - ❑ Our program askes the data agency/organization/department to correct and resubmit the data
    - ❑ Other (please specify):_____

35. Who remove duplicates records?
    - ❑ Data provide
    - ❑ Our program
    - ❑ Duplicates aren't removed
    - ❑ Other (please specify)_____

36. Not all states get data from all facilities, such as tribal hospitals, Veteran's Affairs (VA) hospitals, etc. Please indicate which facilities are excluded from the states reporting requirements that your program is aware of (check all that apply)
    - ❑ We are not aware of any exclusions
    - ❑ Federal facilities
    - ❑ Veterans Affairs (VA)
    - ❑ Tribal
    - ❑ Specialty Hospitals (e.g. psych, cancer)
    - ❑ Critical Access Hospitals
    - ❑ Other _____

37. On a scale of 1 to 5, how well is information about the quality of the data your program receives communicated by the data provider?
    1 = Very poor
    2 = Somewhat poor
    3 = Neither poor or good
    4 = Somewhat good
    5 = Very good
    6=N/A

    If your program has anything to add about acquiring data on your states residents discharged in bordering states please let us know
    _____

Data Use

The next set of questions are focused on how your program uses the data.

38. Our program uses the data for environmental public health tracking for the following uses (check all that apply):
    - ❑ To calculate NCDMs and send to CDC National Tracking Program
    - ❑ To display non-NCDM measures on our program's state tracking portal
    - ❑ To create reports
    - ❑ To inform public health actions
    - ❑ To conduct routine data analyses
    - ❑ Other _____

39. How does your program make the data agency/organization aware of the ways your program is using the data received?
    - ❑ We don't communicate data use back to the data agency/organization
    - ❑ We notify the data agency/organization after any product is released.
    - ❑ We notify the data agency/organization before any product is released.
    - ❑ We inform the data agency/organization of any new data use project before we begin.
    - ❑ Our data sharing agreement with the data agency/organization prevents us from using the data in any way that is not explicitly described in the agreement.
    - ❑ Other _____

Partnership with Data Agency/Organization/Department

40. Has your program encountered issues/problems using the data to meet all the requirements of the CDC National Tracking Programing?
    - ❑ Yes
       If yes, please describe. _____

    - ❑ No

41. If yes, please share issues and how you have worked to overcome then: [LOGIC: make question non-mandatory]

    _____

42. If there's anything else your program would like to add about the data partnership, accessing and/or using inpatient and emergency department discharge data for your Tracking program please let us know here

    _____

Thank you for taking the time to provide us with this information. A summary of the findings will be shared with recipients. Information gathered will be used to strategize on activities around improving access, use and quality of hospital discharge data for your Tracking program. As always, NAHDO and CDC staff are available to provide your program with technical assistance with your issues related to hospital discharge data.