

PHC4 “Special Requests” – A Valuable Investment

PHC4 data has been touted by users as the best in the nation for accuracy, timeliness, completeness, and for its risk-adjustment approach to patient outcome measurement. Pennsylvania hospitals, by law, submitted 1.9 million inpatient and 1.7 million ambulatory procedure discharge records to PHC4 in 2000 for inclusion in its databases. The data is edited by PHC4 staff to assure accuracy prior to becoming available to the public.

Health care consultants have gained commercial advantages, and researchers, hospital administrators, and a few health care purchasers have gained insights into best medical practices by recognizing the importance of accurate, timely, and profitable *customized* data and information.

For example Gnadden Huetten Memorial Hospital in Lehighton has used PHC4 data, including data about competitor hospitals. Terry Purcell, VP of human resources for the hospital, says “Gnadden Huetten has been using PHC4 data since 1995 for strategic planning. The information has been useful in determining market share and identifying our strengths and weaknesses and potential opportunities for growth.” The data to help improve their results was generated through a PHC4 “Special Request.”

What is a Special Request? - Special Requests are reports and *datasets* (databases) created by PHC4 to meet the specific needs of customers. PHC4’s enabling legislation stipulates that “special reports” can be generated for interested parties for a fee. Any combination of the non-confidential data contained in PHC4 databases may be utilized for the reports. The primary PHC4 databases are: inpatient discharges, ambulatory/outpatient procedures, coronary artery bypass graft procedures, and hospital revenue code details. Also, a *financial* database contains 24 financial and utilization measures spanning from net patient revenue to numerous calculated ratios for all

Pennsylvania hospitals and ambi-surge facilities. The *standard dataset* is available geographically in statewide, regional, or facility-specific format. It contains up to 80 data fields for each hospital admission for a given time period. *Custom datasets or reports*, which are generated and customized based on the client’s specifications (such as county, or specific disease codes), also are available. Datasets allow users to do their own analysis through specialized queries, while a custom report typically is in final format.

Pennsylvania hospitals are required by law to submit data to PHC4 quarterly. General acute care facilities also must use an “admission severity (of illness)” scoring system based upon clinical data. The severity score is calculated from clinical variables collected at the facility and a “risk-adjustment” score is assigned for each record. Risk adjustment allows comparability among patients, and the data is verified. Data users thus can perform more accurate research and analysis.

PHC4 staff can link to other data sources for more in-depth analysis providing even greater value to users. For example, a researcher may request a dataset from other state agencies and upon approval, have that dataset linked to PHC4 data to determine the days between hospital discharge and death related to a specific disease.

Let’s examine a few Special Requests.

Commercial Users - Commercial entities purchase some or all inpatient and ambulatory data available each year, *repackage the data, and resell parts of the data or analysis* to the health care industry. They have helped Pennsylvania hospitals with market share research and often have packaged PHC4 data into health care software that many hospitals use to generate their own reports and statistics. For example, a commercial software package might offer

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hospital charge analysis for pediatric cardiovascular surgery. It might show hospital, surgeon, length of stay, discharge, and charge comparisons for common treatments. Any number of PHC4 data elements can be combined to generate valuable reports and studies for commercial enterprises. More than 250 Special Requests have been provided to commercial entities during the past 5 years – many of those are repeat customers who know the value of the data to their business.

Researchers – University, medical facility, government and other research personnel have made Special Requests, including:

- PACE (Pharmaceutical Assistance Contract for the Elderly), a Department of Aging program that assists income eligible Pennsylvania residents, 65 years of age and over, with the cost of their prescription medications. PHC4 data is combined with PACE data for ongoing research on specific health outcomes among PACE enrollees. Aging collaborates with researchers at Penn State University to study multiple prescription interactions and their impacts on patient health.
- A study of the impact of nurse staffing on the quality of patient care.
- A project analyzing patterns of hospitalization for asthma according to time of year and area of residence.
- * A study of variability in the use of cardiac catheterization as a diagnostic tool, for children with congenital heart defects.

Noncommercial Users – These include providers, and insurers (and could include purchasers) of health care *using the data for their own purposes*. Hospitals can make requests for custom datasets and reports directly to PHC4 for uses such as market share analysis, physician volume comparisons, quality and cost of services comparison, and out migration studies.

Government - State agencies frequently utilize PHC4 data for policy development and health care research. Birth defects, motor vehicle accident outcomes, and Healthy People 2010 initiatives are a few of the areas for which the Pennsylvania Department of Health has used PHC4 data. In addition, the tobacco settlement calls for the use of PHC4 financial information to help determine distribution of funds to hospitals.

Purchasers – While there were no Special Requests by purchasers in 2001, one Special Request was generated in 2000 for a large health care purchaser to assess the quality of care provided to its employees. The company used a dataset provided by PHC4 to measure health care quality in several ways: examining the rate at which hospitals provide routine drug therapies to heart attack patients, looking at whether HMO-covered employees are more or less likely to be treated at hospitals that have high rates of appropriate care, and examining differences in the volume of providers treating patients in their various health plans.

The Lehigh Valley Business Conference on Health, a health care purchasing coalition, used PHC4 custom reports when it was developing a “Centers of Excellence” approach in its contracting with certain facilities for inpatient surgical procedures.

Purchasers might also use PHC4 data and reports to compare charges and lengths of stay by hospital or by cardiac surgeon; other physician data reporting is in the planning stages. The data might answer these questions: Which of your employee health plans provides the best services and/or value? Is your choice of a health care plan or plans best suited to the needs of your employees?

What's in it for PHC4 customers?

Marla Jaffee Cramin, Senior Planner at Solucient believes PHC4 data adds value to her firm's business operations. She says: “At Solucient, we have purchased data from PHC4 for many years. The data is invaluable to us and to our clients when determining quality and cost ratios, market share, and disease specific analysis. We have seen a significant increase in PHC4 timeliness and data quality and we will continue to purchase their data for the foreseeable future.”

As this paper demonstrates, health care purchasers might use consultants, or look to their counterparts in the health care industry, to researchers, and to government for models of how to use PHC4 data to contain costs. Anyone can obtain information about Special Requests by visiting the PHC4 Web site: <http://www.phc4.org/dept/sr/index.html> or calling the Special Request Unit directly at 717-232-6787.

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