Redesign of the National Hospital Discharge Survey

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Board of Scientific Counselors

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Overview

- Provider and discharge rather than person based
- National probability sample of short-stay non-Federal hospitals
- Annual survey since 1965
- 3-stage design

  primary sampling unit (PSU) → facility → discharge
- About 500 hospitals, 370K discharges per year
- About 92% response rate, in-scope hospitals
- About half from automated systems, half from manual abstraction in hospital

Data Collected: UB 92

- Hospitals

Bed size
Sources of revenue
Ownership
Region

- Patients

Demographics
Diagnoses
Insurance status
Discharge status
ZIP code

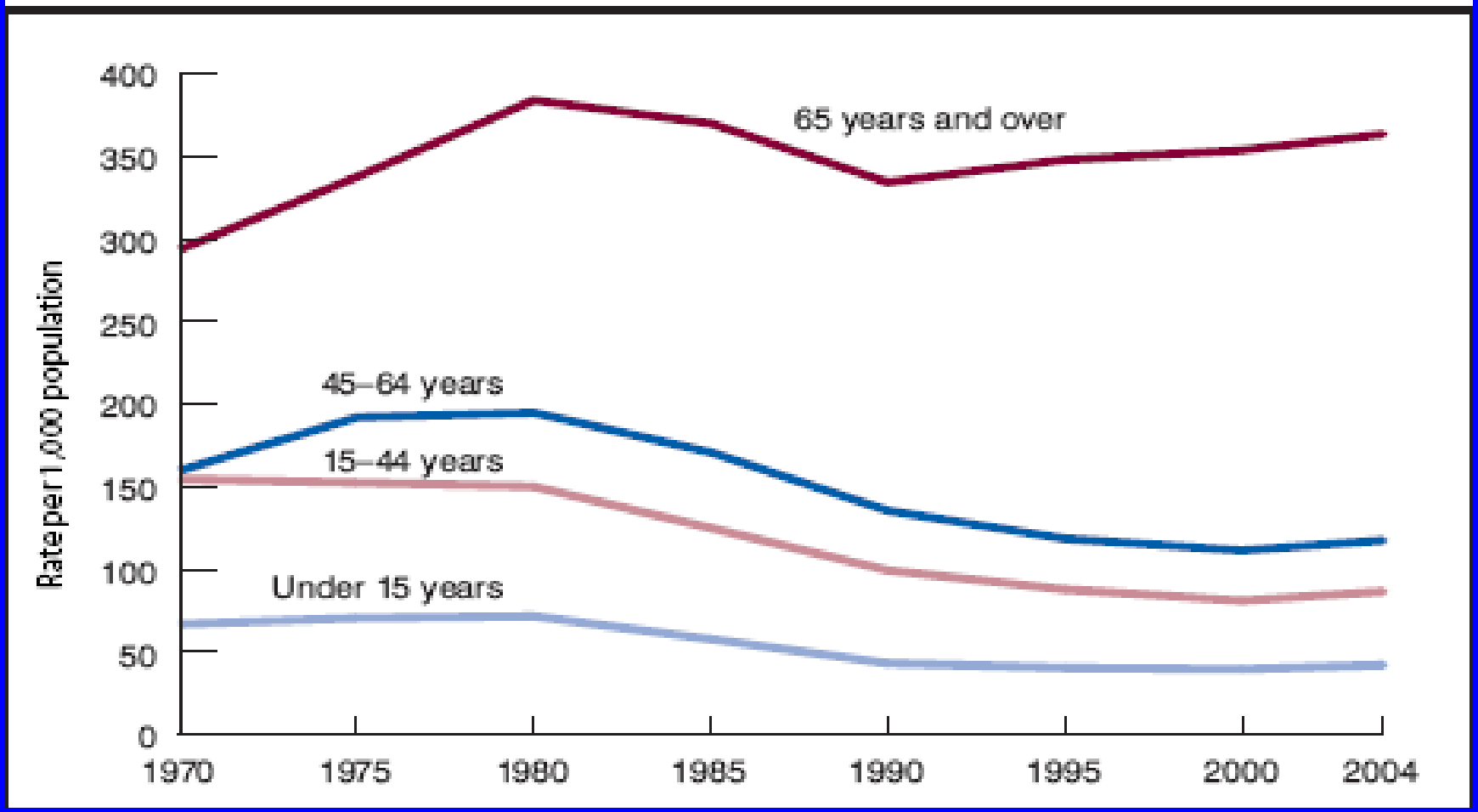
- Clinical management

Days of care
Source of admission
Type of Admission
Procedures/surgery
Disposition
DRG

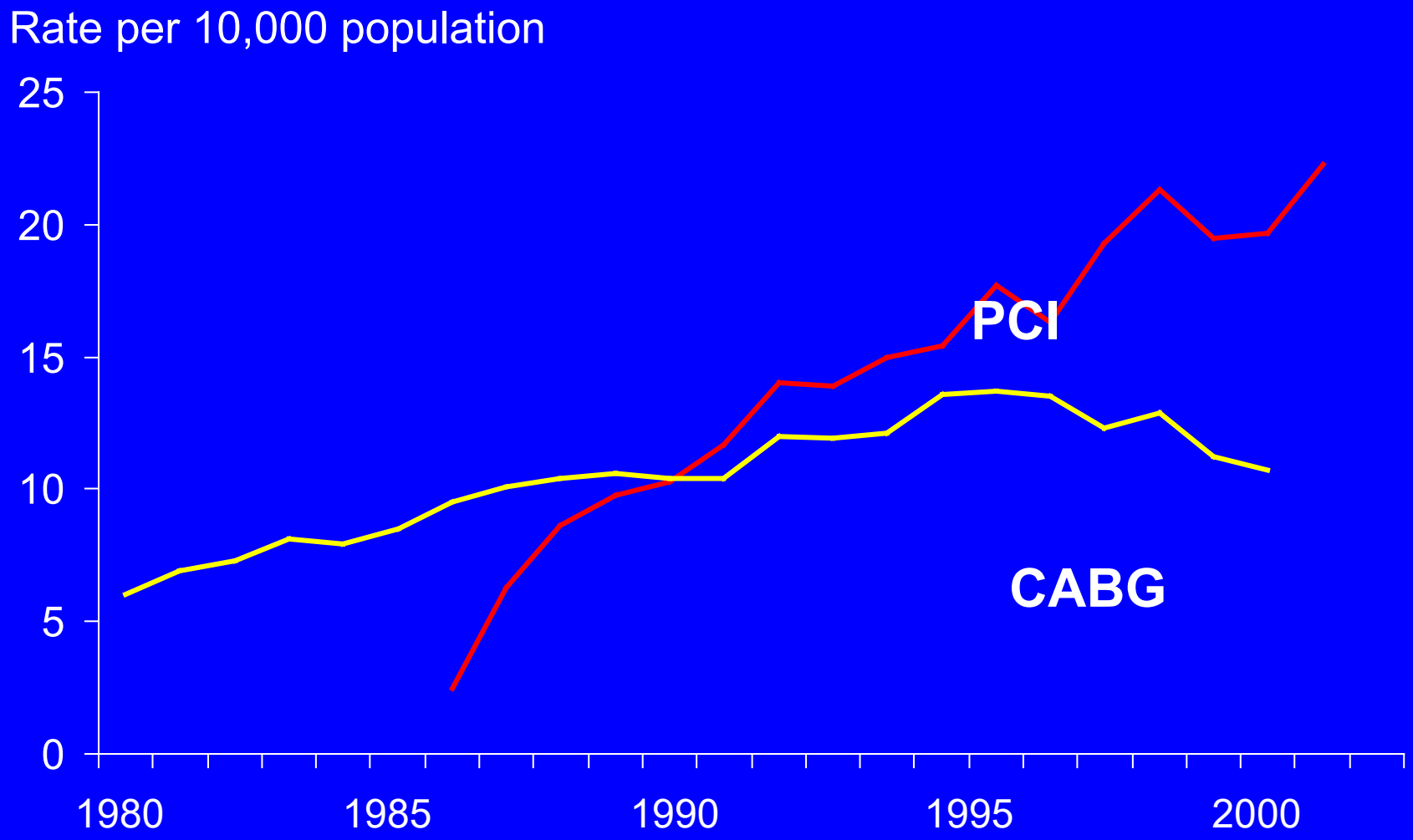
Used for Policy and Research

- Assessment of quality/safety and disparities
- Epidemiology of specific medical conditions
- Management of specific medical conditions
- Diffusion of health-care technologies
- Effects of policy changes
- Monitoring changes over time

Hospitalizations by Age, U.S., 1970-2004



Coronary Artery Bypass Graft (CABG) and Percutaneous Coronary Intervention (PCI),1980-2002



SOURCE: Hospital Discharge Survey

Context of Redesign

- Data elements limited to UB 92 (UB 04)
- Meeting needs for future policy and research?
- Comparative advantage given other data sources, e.g., AHRQ statewide discharges from 41 states?

Redesign Process So Far

To take a fresh look at future policy and research issues and associated data needs and gaps

- Interviews with key stakeholders and users to identify future issues and needs
  - Provider associations
  - Government agencies
  - Researchers
  - Providers
  - Consumer groups
  - Data collectors
- Scan of other surveys and data sources
- Working group meeting in March

Working Group

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Ratings of Priority Issues

- **Cost of care/use of resources**
  including efficiency/waste
- **Quality of care/safety**
  including disparities
- **Care delivered in the hospital**
- **Surveillance and public health**
  including surge capacity
- **Globalization**
  including outsourcing

Highest Rated Options for Redesign

- Coordinate with AHRQ data collection (HCUP)
- Add clinical depth, e.g., medications, tests
- Add resource use/cost/billings/payments
- Improve patient demographics, e.g., ethnicity
- Link to health-related outcomes, e.g., death index

Other Options

- Track disease-specific care
- Supplement AHRQ's MEPS with medical record data on inpatients
- Add short-stay admissions and observation status
- Track encounters throughout the hospital
- Follow patient over time
  - pre and post hospital care
  - episode of care
  - patient after discharge
- Keep status quo
- Eliminate NHDS

Next Steps

- Summer 2006:
  - Final conceptual framework
  - Selection of strategy and data elements
- 2006-2007: Feasibility test in 9 hospitals
- 2008: Field test
- 2010: New survey fielded