State Level Data AHRQ and HCUP

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Types of Data Available at the State Level (AHRQ)

- Inpatient, emergency department and ambulatory surgery discharge data
  - Discharge data are available in all states (except Alabama)
  - AHRQ collects discharge abstract data from all 49 states where data is available
  - AHRQ creates three (5) nationwide data bases, using a sampling technique that allows estimation to the nation
    - National (Nationwide) Inpatient Sample (NIS)
    - Kids' Inpatient Database (KID)
    - Nationwide Ambulatory Surgery Database (NASS)
    - Nationwide Emergency Department Database (NEDS)
    - Nationwide Readmissions Database (NRD)

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  - AHRQ creates "Limited Data Sets" for statewide discharge data
    - Must train online and sign Data Use Agreement (DUA)
  - AHRQ creates three (3) statewide databases (where available)
    - State Inpatient Database (SID)
    - State Ambulatory Surgery Databases (SASD)
    - State Emergency Department Databases (SEDD)

Types of Data Available at the State Level (AHRQ)

- Inpatient, emergency department and ambulatory surgery discharge data
  - Many identifiers (c/w limited data set) are maintained within the state level databases – allow for linkage to other databases
    - Hospital Identifiers (AHAID)
    - Encrypted physician identifiers (MDNUM)
    - Patient state/county FIPS code (PSTCO)
    - Patient zip code (ZIP)
  - Support linkage within the database
    - "Revisit"variables – created using restricted identifiers provided internally to AHRQ, including birthdates, admit dates, discharges dates and patient numbers
      - "visitlink"
      - "daysto event"

Types of Data Available at the State Level (AHRQ)

- Inpatient, emergency department and ambulatory surgery discharge data
  - AHRQ (in some cases, for some states) has unencrypted patient and physician identifiers
    - Can therefore link additional data at the hospital, physician or patient level, *with permission from the state data organization*
  - State data organizations (can be state supported or hospital association) often have more restricted and fully-identified data
    - Can perform links to restricted data available within the state
    - Often requires additional funding or regulation
    - Example would be link to birth or death certificate, state level surveys, patient reported outcomes, social determinants of health data collections
  - AHRQ currently actively exploring links to social determinant of health data as well as physician practice variables (for MEPS and HCUP data)

Challenges in using State Level Data (AHRQ)

- Data access can be an issue
  - Each state does have a unique process/IRB to access data
  - AHRQ HCUP project supports consistent approach to accessing state level data
  - Costs are mitigated in many cases
- Data quality
  - Each state does have unique aspects of their data
  - AHRQ standardizes across all states with a consistently defined set of variables
- State data access and quality has benefited from long-term collaborations and investment with AHRQ
  - *Additional funding and collaboration across Federal agencies and within the state partnerships could yield additional value and versatility*