

The information contained in this presentation is a draft idea for purposes of collecting feedback. It does not represent a final decision on proposed language by the department.



CHARS Rules Workshop

October 1, 2014

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



Welcome & Housekeeping

- Introductions
- Please sign-in
- Written comments are welcome
- This an opportunity for everyone to speak
- Goal = stay focused on scope of rule and get feedback!

Agenda

- Overview of Rules Process
- Overview of CHARS and Data Files
- Background and History of Legislation
- Scope and Focus of Workshop
- Rules Discussion
- Wrap-up and Next Steps

Overview of Rules Process

- Administrative Procedures Act (Chapter 34.05 RCW) governs the rule process
- The Rules process has three major components:
 - CR101 - intention to conduct rulemaking and informal stakeholder input
 - CR102 – proposed rule, formal public comment period and hearing
 - CR103 - adoption of final rule, explanation of changes and effective date

Overview of CHARS & Data Files

Comprehensive = All patients regardless of payer

Hospital = All licensed hospitals

Abstract = Data from billing systems

Reporting = DOH controlled process where data is sent to us

System = A complete system from data in to data out

Overview of CHARS & Data Files

Information we collect from hospitals

National Standards

- National Uniform Billing Committee – Uniform Billing Document (UB-04)
 - Standard Codes and Descriptions

Washington Standards

- State Hospital License Number
- Race
- Ethnicity
- Payer Typology Code

Overview of CHARS & Data Files

Information we add to the file

- We make the data easier to use by adding
 - 3M Grouper calculated MS-DRG
 - Date sensitive and forward mapped
 - Case-mix generated for each MS-DRG
 - Codes for discharges excluded or outliers for calculation
 - Average length of stay generated for each MS-DRG
 - County and State
 - Day of stay for procedure
 - DOH calculated E Code (Cause of Injury)
 - Length of stay in hours

Overview of CHARS & Data Files

Data we release

- Confidential data
- Potentially Identifiable data
- Public Use data
- Available to LHJs through CHAT

Overview of CHARS & Data Files

Uses of CHARS

Public Health

- Rates of admission for health conditions
- Age breakdown
- Outcomes (discharge status)
- Other co-morbidities and complications

Planning

- Health care usage by hospital or area of state

Quality of Care Improvement

- Length of stay
- Hospital acquired conditions

Medical Market Research

- Access to services
- Business planning

Overview of CHARS & Data Files

CHARS Legal Authority

- Chapter 43.70 Revised Code of Washington (RCW)
 - Authorizes collection, use, and access to hospital discharge and financial data
- Chapter 42.56 RCW – Public Records Act
 - Describes how public portions of CHARS data must be released to public (prior to July 2014)
- Chapter 246-455 Washington Administrative Code (WAC)
 - 246-455-010 Definitions
 - 246-455-090 Release of the data

Background & History of Legislation

Prior to 2013

- All “direct identifiers” removed from CHARS Potentially Identifiable File
- Under Public Records Act, file is considered public
- We cannot restrict access to this file in any way, in spite of known vulnerabilities

Background & History of Legislation



In June 2013, Bloomberg press published an article in which, in conjunction with a Harvard professor, they re-identified patients in the CHARS potentially identifiable file, and contacted those patients.

Background & History of Legislation

2014 Agency Request Legislation—ESSB 6265

- Creates 3 files for distribution:
 1. Confidential
 - Includes direct and indirect patient identifiers
 - Available to researchers and government agencies with a data sharing agreement

Background & History of Legislation

2014 Legislation

- Creates 3 files for distribution:
 1. Confidential
 2. Potentially Identifiable
 - Includes indirect patient identifiers, but no direct identifiers
 - Publically available with a data sharing agreement and restrictions on data use

Background & History of Legislation

2014 Legislation

- Creates 3 files for distribution:
 1. Confidential
 2. Limited
 3. Public
 - Includes no direct or indirect identifiers
 - Available publically with restrictions on data use

Rules Discussion

Issues to Consider in Rule

- Which variables are *direct* identifiers?
- Which variables are *indirect* identifiers?
- When are ICD codes identifying?
- When is specificity identifying?
 - Number of digits in ICD code, rounding charges
- How should the department respond to targeted requests?

Rules Discussion

Issues to Consider in Rule

- Is clarification needed around:
 - Government agencies?
 - Data use restrictions?

Department should Look to National Standards

- HIPAA, Safe Harbor
- National Association of Health Data Organizations

Today's Discussion

- We will discuss each of the identified issues today and record your comments
- Not in scope for today—issues not addressed in law change
 - The items that hospitals are required to report
 - Reporting timelines
 - Penalties for violating data sharing agreement

Rules Discussion

Which variables are *direct* identifiers?

Which variables are *indirect* identifiers?

Identifiers

(10) For the purposes of this section:

(a) "Direct patient identifier" means information that identifies a patient; and

(b) "Indirect patient identifier" means information that may identify a patient when combined with other information.

HIPAA Safe Harbor

The following identifiers of the individual or of relatives, employers, or household members of

(A) Names

(B) All geographic subdivisions smaller than a state. . . except for the initial 3 digits of the ZIP code if:

1. The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
2. The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000

(C) All elements of dates (except year) for dates that are directly related to an individual (DOB, adm date, discharge date, death date), and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older

(D) Telephone numbers

(L) Vehicle identifiers and serial numbers

(E) Fax numbers

(M) Device identifiers and serial numbers

(F) Email addresses

(N) Web Universal Resource Locators (URLs)

(G) Social security numbers

(O) IP addresses

(H) Medical record numbers

(P) Biometric identifiers (e.g. finger, voice prints)

(I) Health plan beneficiary numbers

(Q) Full-face photographs / comparable images

(J) Account numbers

(R) Any other unique identifying number,

(K) Certificate/license numbers

characteristic, or code, except as permitted by paragraph (c) of this section; and

Direct Identifiers

- First name, Middle name
- Last name
- Social Security Number
- Patient Control Number, Medical Record Number
- Patient's ZIP Code + 4 digits
- All exact dates, including date of birth
 - (month and year okay)
- Combination of admission and discharge dates
- Age in years
- Race, ethnicity

Available to WSIRB
approved researchers
and government
agencies with DSA.

Not in limited file.

This includes some ICD-9 codes.
race. Or ethnicity.

HIPAA Safe Harbor

The following identifiers of the individual or of relatives, employers, or household members of

(A) Names

(B) All geographic subdivisions smaller than a state, . . . except for the initial 3 digits of the ZIP code if:

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(K) Certificate/license numbers

Indirect Identifiers

- Hospital, Provider identifiers
- ZIP code (5 digit, 3 digit)
- County, State and Country of Residence
- 5-year age group, plus <1 year
- Admission hour, discharge hour
- All elements of dates less than a year
- All secondary diagnosis, procedure, POA, e-codes, and payers

Available to all
with a DSA.

***Not in Public Use
Data Set.***

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Public Use Data Set

Discharge Year	Sex
Age group	Admission Type, grouped
Length of Stay Category, capped at 95 th percentile	Discharge Status, grouped
Source of Admission, grouped	Primary payer, grouped
Charges (capped, and rounded to nearest \$1000)	Present on admission flag
Principal Diagnosis (3-character ICD code)	Principal E-code (3-character ICD code)
Principal Procedure (2-character ICD code)	DRG and MDC

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Rules Discussion

When are ICD codes identifying?

When are ICD codes identifying?

We considered health data to be “identifying” when a 3-digit ICD-9 code was listed only once in any age group/3-digit zip code/sex category.

2012 CHARS:
743,857 Total Records

	# Records redacted	%
Diagnosis	9,799	1.32%
Ecode	2,157	0.29%
Procedure	930	0.13%
Total Records with 1+ field redacted	12,043	1.62%

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Rules Discussion

When is specificity identifying?

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Public Use Data Set

Discharge Year	Sex
Age group	Admission Type, grouped
Length of Stay Category, capped at 95 th percentile	Discharge Status, grouped
Source of Admission, grouped	Primary payer, grouped
Charges (capped, and rounded to nearest \$1000)	Present on admission flag
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Rules Discussion

How should the department respond to targeted requests?

Targeted Request

A request for potentially identifiable or non-identifiable data for a specific person or group of people.

(7) The department must maintain the confidentiality of patient discharge data

From RCW 43.70.052

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Rules Discussion

Is clarification needed around “government agencies”?

Government Agencies

(a) Data that includes direct and indirect patient identifiers, as specifically defined in rule, may be released to:

(i) Federal, state, and local government agencies upon receipt of a signed data use agreement with the department

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Rules Discussion

Is clarification needed around data use restrictions?

Data use restrictions

(7) Patient discharge data that includes direct and indirect identifiers is not subject to public inspection and the department may only release such data as allowed for in this section.

Any agency that receives patient discharge data under (a) or (b) of this subsection must also maintain the confidentiality of the data and may not release the data except as consistent with subsection (8)(b) of this section.

From RCW 43.70.052

Data use restrictions

(8) Recipients of data under subsection (7)(a) and (b) of this section must agree in a written data use agreement, at a minimum, to:

(a) Take steps to protect direct and indirect patient identifying information as described in the data use agreement; and

(b) Not redisclose the data except as authorized in their data use agreement consistent with the purpose of the agreement.

From RCW 43.70.052

Wrap-up & Next Steps

- Summary
- Comments by 10/15: vitalrecordsrules@doh.wa.gov
- Draft language in next couple months
- Opportunity for stakeholder input
- CR102 formal comment period and hearing in Spring

Questions?

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Rules Contact: Kris Reichl at kristin.reichl@doh.wa.gov