Public Reporting Principles and Priorities at OSHPD

Christopher Krawczyk, PhD Information Services Division Chief Analytics Officer



Presentation Objectives

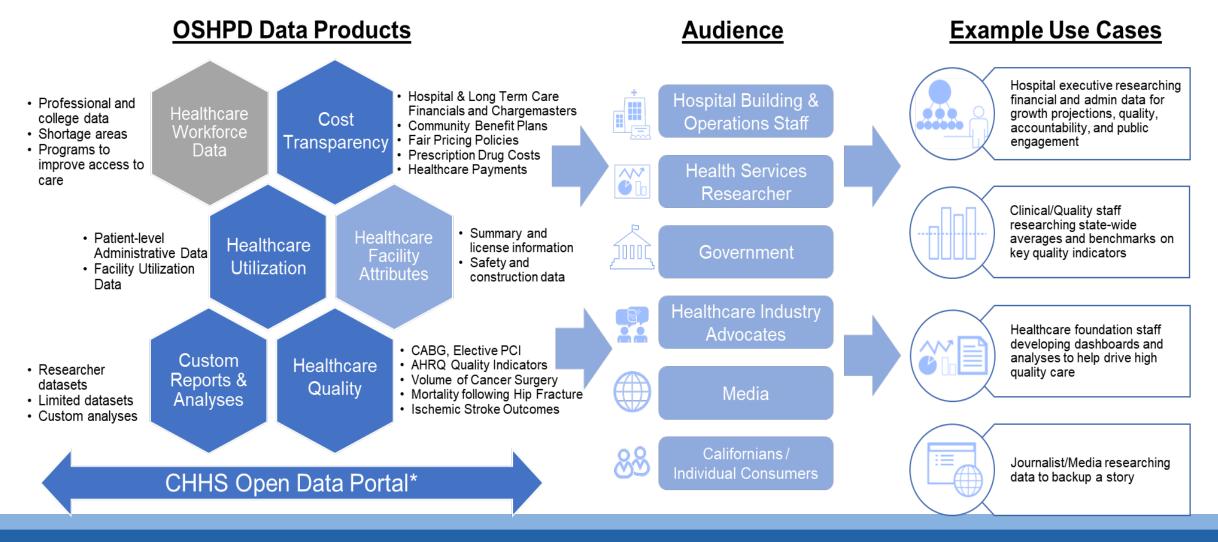
- Provide an overview of current OSHPD public reporting
 - Priorities, principles, practices
 - Data and product portfolio overview
 - Stakeholder engagement
- "Set the stage" for future public reporting, specifically HPD

Current OSHPD Healthcare Data and Reporting

- **OSHPD collects data** from approximately 8,000 California licensed health facilities
- **OSHPD provides over 150 publicly available** reports, datasets, outcome and performance ratings, and unique special studies such as analyses on severe sepsis hospitalizations, diabetes, and cancer surgery volume
- **Risk-adjusted data** includes hospital outcome ratings for heart surgery, stroke, readmissions, hip fractures, and other procedures, as well as surgeon-level outcomes for coronary artery bypass grafts
- **Cost transparency data** includes hospital and long-term care facility financials, hospital Chargemasters, and prescription drug costs
- Additional publicly released studies are available on timely health topics such as preventable hospitalizations, strokes, utilization trends, and disparities
- OSHPD fulfills over 250 requests for record level datafiles and nearly 100 custom analyses annually



Current OSHPD Data – Audience & Use Cases



Mandated Analyses

- Risk adjusted performance reports, facility (hospital) level
 - Inpatient Mortality Indicators, AHRQ
 - 30-day review
- Coronary Artery Bypass Graft (CABG), hospital level (annual) and surgeon level (biannual)
 - 60-day review, surgeon appeal process
 - Recast: transcatheter aortic valve replacement (TAVR), interventional cardiovascular procedures (with Clinical Advisory Panel recommendation)
- Elective Percutaneous Coronary Intervention (PCI), hospital level (annual)
- Prescription Drug Cost Transparency (CTRx)
 - New Drug Report
 - Wholesale Acquisition Cost (WAC)
- Other cost transparency, health care utilization, and facility disclosure reporting required to be made publicly available

Mandated Analyses – Performance Report

- Inpatient Mortality Indicators
 - AHRQ
 - Six medical conditions (Acute Myocardial Infarction, Acute Stroke, Gastrointestinal Hemorrhage, Heart Failure, Hip Fracture, and Pneumonia)
 - Five surgical procedures (Abdomina Aortic Aneurysm Repair – Open and Unruptured, Abdominal Aortic Aneurysm Repair – Endovascular and Unruptured, Carotid Endarterectomy, Pancreatic Resection, and Percutaneous Coronary Intervention).

California Hospital Risk-Adjusted Mortality Rates (RAMR), Total Deaths and Cases, and Quality Ratings for Inpatient Mortality Indicators (Conditions), 2018

	Hospital Name	Acute Myocardial	_	Acute	Stroke		Gastro-Intestinal Hemorrhage	Heart Failure	Hip Fracture	Pneumonia
County		Infarction	Total	Hemorrhagic	lachemic	Subarachnold				
		NOTE: In each ce	il, the first line Indi	cates Risk-Adjuste	d Mortality Rate (R	AMR), the second li	ne indicates total deaths	; total cases, and th	ne third line Indicate	e any quality rating.
	STATEWIDE	5.8% (3,172;54,722)	8.9% (5,568;62,442)	20.6% (2,589;12,584)	4.9% (2,316;46,966)	22.9% (663;2,892)	2.4% (1,348;56,770)	2.7% (3,042;111,237)	1.7% (464;27,092)	3.1% (1,627;52,007)
Alameda	Alameda Hospital	13.1% (1;12)	8.1% (6;102)	20.2% (2;12)	5.3% (4;88)		1.4% (1;63)	2.8% (6;203)	4.1% (1;28)	0.9% (1;110)
	Alta Bates Summit Medical Center	3.9% (17;420)	4.4% (11;314) Better	31.8% (4;8)	1.9% (7;303) Better	0.0% (0;3)	1.7% (7;322)	1.2% (13;812) Better	2.3% (4;112)	2.7% (5;137)
	Alta Bates Summit Medical Center – Alta Bates Campus	4.5% (1;22)	6.8% (26;202)	18.3% (24;101)	0.8% (1;98) Better	24.0% (1;3)	1.4% (3;195)	2.2% (10;324)	0.8% (1;92)	1.3% (1;74)
	Eden Medical Center	5.5% (5;47)	6.8% (59;519) Better	16.2% (23;112)	3.5% (27;361) Better	20.4% (9;46)	1.1% (3;193)	2.2% (9;337)	0.9% (1;114)	2.7% (3;113)
	Highland Hospital	8.4% (11;163)	10.7% (22;158)	24.0% (12;44)	6.4% (7;107)	26.4% (3;7)	0.8% (2;133)	2.5% (7;355)	1.3% (1;48)	2.0% (2;134)
	Kaiser Foundation Hospital – Fremont	9.1% (10;77)	7.8% (10;110)	19.5% (6;33)	4.1% (4;74)	0.0% (0;3)	0.9% (1;85)	3.3% (9;176)	0.0% (0;67)	4.0% (5;100)
	Kaiser Foundation Hospital – Oakland/Richmond	5.6% (16;267)	11.4% (44;481)	21.0% (17;93)	7.3% (24;379)	46.1% (3;9)	1.6% (6;305)	3.5% (34;859)	2.5% (5;181)	1.6% (4;221)
	Kaiser Foundation Hospital – San Leandro	3.0% (3;61)	5.5% (14;244) Better	2.4% (1;66) Better	4.9% (11;167)	16.9% (2;11)	1.5% (3;172)	2.7% (15;344)	0.0% (0;101)	2.0% (3;119)
	Saint Rose Hospital	8.8% (12;185)	7.5% (3;59)	26.8% (2;6)	2.4% (1;53)		2.6% (3;100)	2.8% (7;259)	0.0% (0;25)	3.2% (5;170)
	San Leandro Hospital	0.0% (0;6)	8.9% (2;27)		0.0% (0;24)		2.2% (3;82)	1.7% (3;207)	0.0% (0;18)	1.3% (1;92)
	Stanford Health Care – Valleycare**	4.8% (8;151)	6.5% (3;70)		2.9% (2;68)		0.8% (1;116)	4.4% (17;294)	1.7% (2;83)	4.4% (5;113)
	Washington Hospital – Fremont	6.9% (17;257)	10.9% (31;312)	23.9% (17;74)	8.4% (13;220)	7.7% (1;18)	3.2% (8;323)	4.9% (22;519) Worse	2.5% (2;108)	3.5% (12;347)
Amador	Sutter Amador Hospital	8.4% (1;9)	10.4% (9;100)	27.9% (2;7)	5.4% (6;91)		2.0% (1;56)	0.0% (0;105)	2.8% (3;53)	2.4% (2;80)

OFfice of Statewide Health Planning and Development

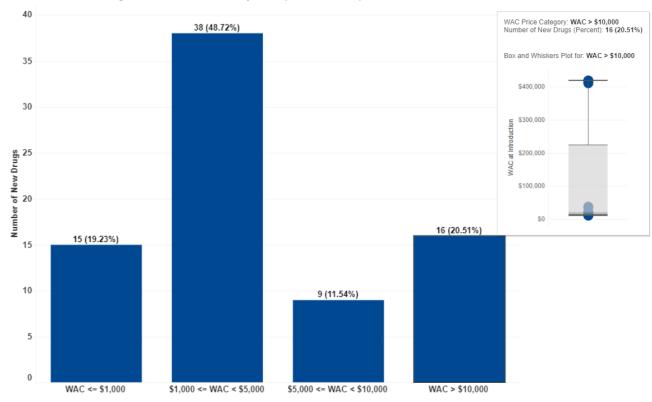
Planning and Developmen

Mandated Analyses – Prescription Drug Cost Transparency

New Drug Data Analytics

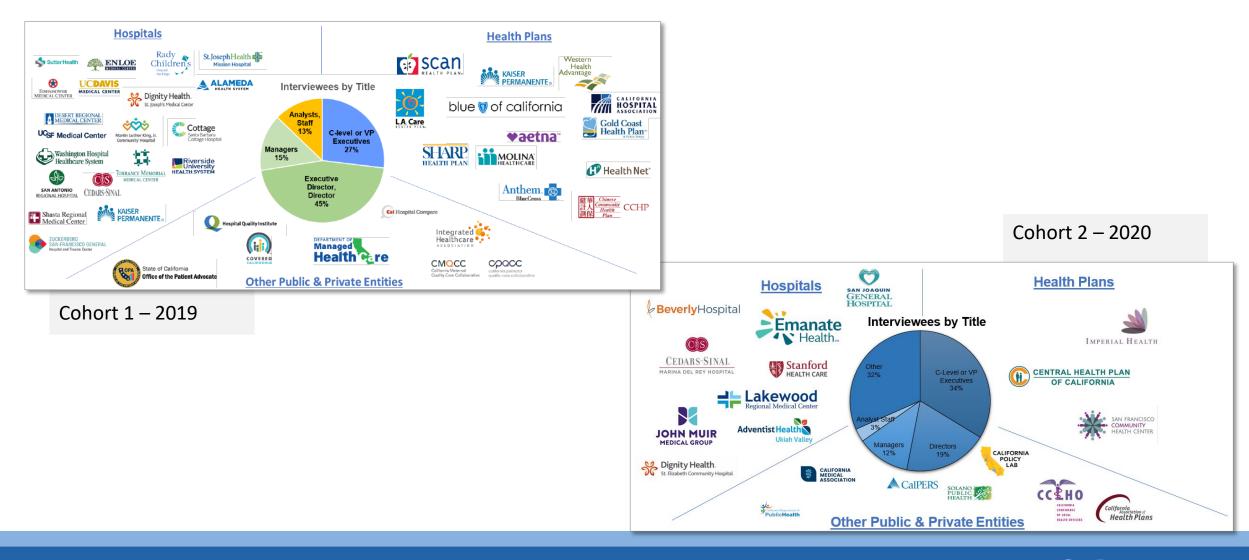
The graph below includes submitted New Prescription Drug data for Quarter 1 of 2021. The graph displays data that shows the number of Prescription Drugs Introduced to the Market by WAC at introduction to market. The data included in the graphs can be downloaded on the California Health and Human Services Open Data Portal (ODP).

New Drugs Introduced to Market by Price (WAC; Q1 2021)



The tooltip contains a box and whisker plot of the respective WAC Price Category, where each dot represents a submitted report.

Priority Topic Analytics – Stakeholder Outreach and Engagement



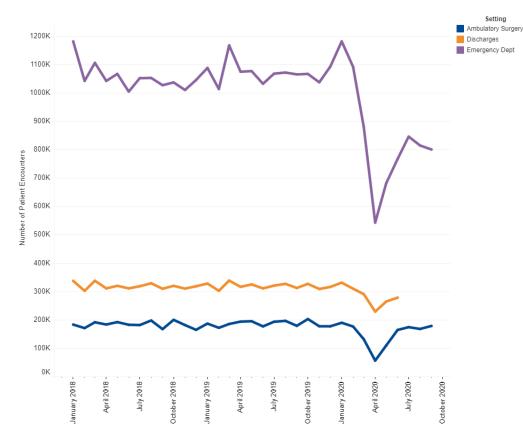
Priority Topic Analytics - Generational Model of Data (GMoD)

- Topic Areas
 - Agency for Healthcare Research and Quality (AHRQ)
 Utilization Indicators
 - Hospital Readmissions*
 - AHRQ Prevention Quality Indicators*
 - AHRQ Patient Safety Indicators*
 - Emerging public health and health care topics, ex. COVID-19
 - Statewide initiatives, ex. persons experiencing homelessness
- Data Visualization & "DataPulse" Reports
 - Topical, visualized healthcare analyses using OSHPD data
- California Health and Human Services Agency Open Data Portal

*Let's Get Healthy California Measure

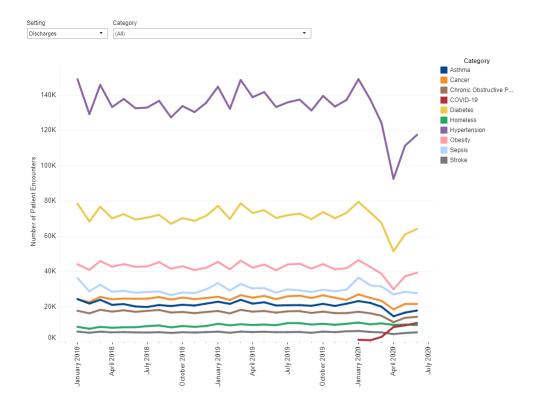
		В	С	D	E
	OSHP	Topic Area	Measure	SDOHISO	
	DID			Gl (yes/nବ)	Origin J:JL4D-1
1	-	•	· · · · · · · · · · · · · · · · · · ·	(yean -	D:LC -
-	6	Diabetes	Prevention Quality Indicator PQI 14 Uncontrolled		GMoD
	ľ		Diabetes Admission Rate		2020
7					
	7	Diabetes	Prevention Quality Indicator (PQI) 93 Prevention		GMoD
			Quality Diabetes Composite		2020
8					
0	8	Cardiovascular	Risk-adjusted Mortality Rates for Elective PCIs		GM0D
	-	(Clinical Data)	by Hospital		2020
9					
	9	Cardiovascular (Clinical Data)	Risk-adjusted Post-procedure Stroke Rates for Elective PCIs by Hospital		GMoD 2020
10		·,			
	10	Cardiovascular (Clinical Data)	Post-procedure Emergency CABG Rates for Elective PCIs by Hospital (no longer risk		GMoD 2020
		(Cirrical Data)	adjusted)		2020
11					
	11	Cardiovascular (Admin	Prevention Quality Indicator PQI 07 Hypertension		GMoD
		Data)	Admission Rate		2020
12	10	Cardiovascular	Least and Overline least a total 20 December and		CM-D
	12	(Admin Data)	Inpatient Quality Indicator IQI 30 Percutaneous Coronary Intervention (PCI) Mortality Rate		GMoD 2020
		(Aumin Data)	Coronary intervention (in Ci) Mortainy hate		2020
13					
	13	Sepsis	Patient Safety Indicator (PSI) 13 Postoperative		GMoD
			Sepsis Rate		2020
			(data won't be posted on Hospital Compare but		
14			will be available on Data.Medicare.Gov)		
	14	Orthopedics	Inpatient Quality Indicator IQI 19 Hip Fracture		GMoD 2020
			Mortality Rate		2020
15					
- CL					

Utilization Trends and COVID-19



Note: Data is preliminary as of May 2021.

Utilization trends by licensed health care setting

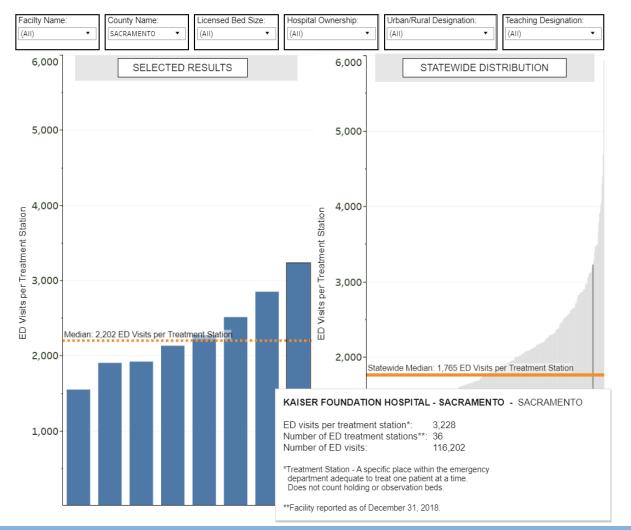


Note: Data is preliminary as of May 2021. The number of encounters is all recorded health care encounters for a specific health category. Individual patients may be counted in more than one category if they were diagnosed with multiple types of health categories during a single encounter (e.g., a person who was homeless and had diabetes would be counted in both homeless and diabetes categories).

Utilization trends by health/population category



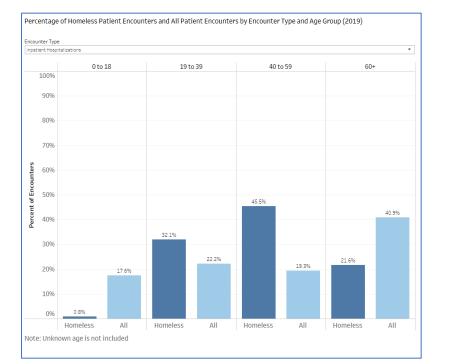
Emergency Department Volume and Capacity



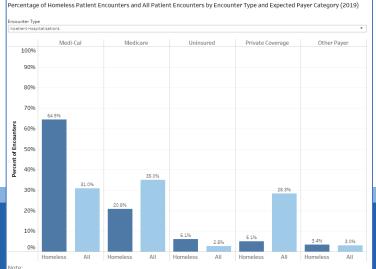
- Future iterations (generations)
 - Proportion attributable to persons experiencing homelessness, mental health care in the ED, primary care in the ED
 - Social determinants of health by geographic area
 - Workforce shortages
 - Incorporate Cost



Persons Experiencing Homelessness



Percentage of Homeless Patient Encounters and All Patient Encounters by Encounter Type and Race/Ethnicity (2019) ncounter Type * American Asian/Pacific White Black Hispanic Indian/Alaska Other Islander Native 100% 90% 80% 70% 60% 50% 46.8% 42.99 40% 31.8% 30% 23.7% 20% 10% 6.4% 2 396 0.9% 096 0.5% A11 All A11 Other includes Other, Unknown, Invalid, Multi-Racial and Missing



Encounter Type Inpatient Hospitalizations . Male Female 100% 90% 80% 71.3% 70% ters 60% 55.3% of Enc 50% 44.7% Percent o 40% 28.7% 30% 20% 10% 0% All Homeless All Homeless Note: Other/Unknown sex are not included

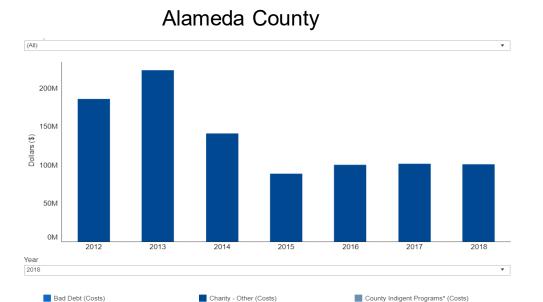
Percentage of Homeless Patient Encounters and All Patient Encounters by Encounter Type and Sex (2019)

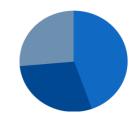
OSHPD Office of Statewide Health Planning and Development



Other Payer includes Workers' Compensation, Other Government, Title V, Disability, VA Plan, Other Payer, Invalid, and Missing.

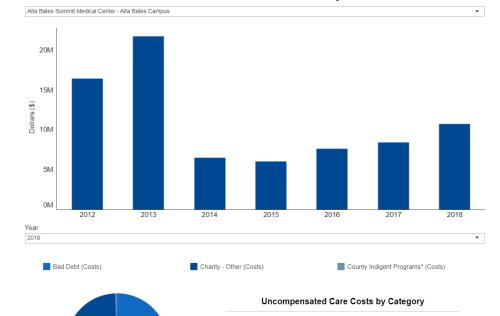
Financial Data – County and Facility





Uncompensated Care Costs by C	ategory
Bad Debt (Costs)	45,063,828
Charity - Other (Costs)	29,252,278
County Indigent Programs* (Costs)	26,700,281

Alta Bates – Main Campus



Bad Debt (Costs)

Charity - Other (Costs)

County Indigent Programs* (Costs)

OSHPD Office of StateWde Health Planning and Development

2,917,565

7,739,848

51,181

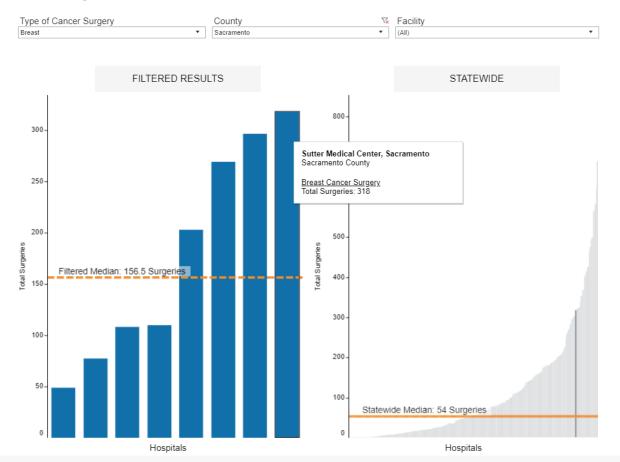
Partner Organization Collaborative Products

Cancer Surgery Volume CHCF Stanford University UCLA UCSF Northwestern University Covered California CHART (now CalHospitalCompare.org) PBGH Sharp Healthcare Consumers Union CHOOSING A HOSPITAL FOR CANCER SURGERY IS A DELICATE OPERATION



Learn more at www.chcf.org/cancersurgery

"Ealitoms hospitals that partnermed are or two surgeries for one or more of the 11 cancers adulted [blacker] with is tread, calcular, separtagin, Switz, Jung, pancerse, privatian, motume, tatmatel] were compared to higher-volume hospitals (in the top 20% for number of surgeries in Q4 2014 + (28 2015), listance was ensurance as the conv/fres, co. this is not driving distance, BAT SOURCE California Office of Statewise Health Denning and Development (IDSHPD), Q4 2014 - Q3 2015. 2017 California Health Care Conduction Number of Cancer Surgeries by Type of Cancer Surgery, County and Facility, 2019

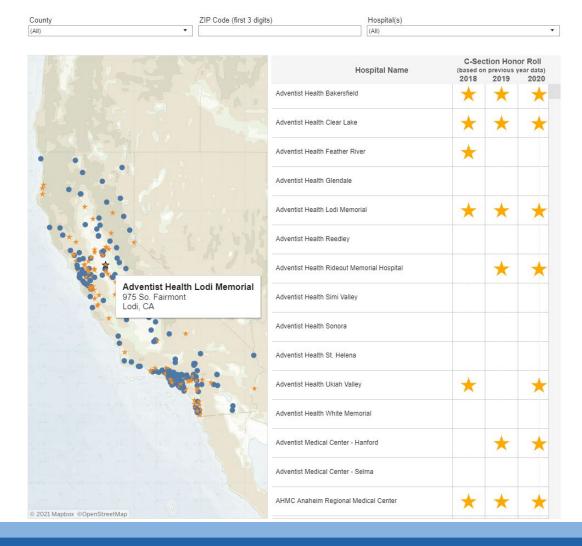


Partner Organization Collaborative Products

Hospital C-Section Honor Roll and Maternal Care Quality Indicators, 2020

California Maternal Quality Care Collaborative (CMQCC)

CalHospitalCompare.org



Key Collaborations

CHHS Agency

- CHHS Center for Data Insights and Innovation
- CHHS Data Subcommittee:
 - Research Data Hub / Record Reconciliation Initiative
 - De-Identification Guidance
 - Facility ID Crosswalk Initiative
- COVID-19 Data & Analytics Steering Committee
- Let's Get Healthy California Initiative
- Homelessness Data Initiatives
- Cradle to Career Initiative
- Master Plan on Aging
- ACEs Aware Initiative

Department of Public Health

- California Conference of Local Health
 Officers
- California Conference of Local Health Data Managers and Epidemiologists
- Vital Statistics Advisory Committee
- California Epidemiologic Investigative Service Executive Committee
- Prescription Opioid Misuse and Overdose
 Prevention Workgroup

Others

- National Association of Health Data Organizations (NAHDO)
- NAHDO APCD Council
- National Academy for State Health Policy
- California Health Information Association
- CA Maternal Quality Care Collaborative (CMQCC)
- CA Perinatal Quality Care Collaborative (CPQCC)
- California Healthcare Foundation Healthcare Almanac Advisory Committee
- CalHospital Compare



Open Data Portal

- All public (de-identified, aggregated) data are available on the CHHS Open Data Portal, integrated with the OSHPD website
- Over 100 public data are available in open, machine-readable, and API-enabled formats with comprehensive metadata

CHHS Op	en Data						Datas	ets Topics De	Search Q Relevance Show All Topics V		
Home > Departments > Office	of Statewide Health				av ta Namo It	County 1	Total Admits (ICD-9)	30-day Readmits ↓↑ (ICD-9)	Displaying 1-10 of 100 Datasets		
OSHPD	🚓 Datasets 🚯 About	_id 🎼	Year ↓î		Strata Name	State	1948641	272268	CSV Modified on February 13, 2018		
Office of Statewide Health Planning and Development	Search datasets 119 datasets found	1	2011	Overall	18 to 44 years	State	326070	36855	Halthan		
Office of Statewide		2	2011	Age	45 to 64 years	State	659801	90891	Health Professional Shortage Area Dental - Modified on August 24, 2018 CSV ESRI REST GEOJSON HTML XML ZIP		
Health Planning & Development		3	2011	Age	65 years and above	State	962771	144522	,		
California's Office of	All-Cause Unplanned 30-Day Hos This dataset contains the statewide number and Modified on August 2, 2019 CSV PDF Chart	4	2011	Sex	Male	State	901776	132417	Health Professional Shortage Area Primary Care - Modified on August 24, 2018		
Statewide Health Planning and Development (OSHPD) is			2011	Sex	Female	State	1046865	139851	CSV ESRIPEST GEOJSON HTML KML ZIP		
the leader in collecting data and disseminating information		6	2011	Race-	White	State	1127791	150492	Health Professional Shortsee to a second		
about California's healthcare		1	2011	Ethnicity	Hispanic	State	416845	58534	Health Professional Shortage Area Mental Health Modified on August 24, 2018 SSRI REST. GEOJSON HTML KML. ZIP		
read more		8	2011 Race- Ethnicity	Race- Ethnicity		State			>		
Datasets 119	Ambulatory Surgery - Characteri This dataset contains annual Excel pivot tables Modified on August 9, 2019		2011	Race- Ethnicity	African-American	State	190344	34566	Mssa Detail · Modified on August 24, 2018 CSV ESRI REST GEOJSON HTML KML ZIP		
	XLSX								>		

Data Sets

Open Data – Hospital Utilization and Volume Indicators (AHRQ)

- Utilization Indicators
 - Cesarean Delivery Rate, Uncomplicated
 - Primary Cesarean Delivery Rate, Uncomplicated
 - Vaginal Birth After Cesarean (VBAC) Rate, All
 - Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated
 - Laparoscopic Cholecystectomy (Retired 2016)
- Volume Indicators
 - AHRQ retired after 2017

Utilization Rates* for Selected Medical Procedures in California Hospitals, 2019 Office of Statewide Health Planning and Development, Hospital Patient Data

		Possible Or	ver Utilization ¹	Possible Under Utilization ²					
County	Hospital Name	Uncomplicated Cesarean Delivery	Uncomplicated Primary Cesarean Delivery	Vaginal Birth after Cesarean (VBAC)	Uncomplicated VBAC				
			NOTE: In each cell, the first line indicates the rate per 100 deliveries. The number in parentheses () on the second line indicates the total number of deliveries or procedures performed.						
	STATEWIDE AVERAGE	26.9 (105,245)	14.8 (47,885)	15.1 (11,421)	15.3 (10,355)				
Alameda	Alta Bates Summit Medical Center – Alta Bates Campus	21.7 (918)	13.2 (469)	31.1 (233)	32.3 (214)				
	Eden Medical Center	19.7 (196)	9.8 (87)	0.8 (1)	0.9 (1)				
	Highland Hospital	21.9 (250)	15.1 (150)	28.9 (46)	30.6 (44)				
	Kaiser Foundation Hospital – Oakland/Richmond	24.3 (664)	17.5 (418)	24.4 (93)	25.7 (87)				
	Kaiser Foundation Hospital – San Leandro	22.2 (792)	13.9 (428)	25.7 (145)	26.9 (134)				
	Saint Rose Hospital	22.9 (107)	10.3 (41)	5.5 (4)	4.3 (3)				
	Stanford Health Care – ValleyCare	31.2 (397)	17.0 (174)	8.6 (23)	9.0 (22)				
	Washington Hospital – Fremont	27.7 (392)	16.5 (201)	5.2 (11)	5.5 (11)				
Amador	Sutter Amador Hospital	28.0 (69)	12.4 (25)						
Butte	Enloe Medical Center – Esplanade	25.7 (484)	14.3 (229)	11.5 (37)	11.5 (33)				

Additional Contacts and Resources

OSHPD Contact:	dataandreports@oshpd.ca.gov
Explore OSHPD Data Topics:	<u>https://oshpd.ca.gov/data-and-</u> <u>reports/topics/</u>
I have data I want to request.	<u>https://oshpd.ca.gov/data-and-</u> <u>reports/request-data/</u>
I have questions or would like more information on the Healthcare Payments Data Program.	hpd@oshpd.ca.gov
	<u>https://oshpd.ca.gov/data-and-</u> <u>reports/cost-transparency/healthcare-</u> <u>payments/</u>

