

VIREC UPDATES:

1. VIREC's Internet Website Address Has Changed

Please update your Bookmarks to the new VIREC VA Intranet website address:

<http://www.virec.research.va.gov/>. Users of the VIREC internet and VA Intranet sites will notice that we have converted to the VHA "look and feel." Users should also note that some information formerly found on the internet site can now only be found on the Intranet site. We encourage users to inquire about VPN access at their local VA site for VA Intranet access from university-based locations. Contact your local IRM department or your department's ADPAC to request VPN access.

VA DATA AND INFORMATION SYSTEMS:

2. Use Principal Diagnosis (DXPRIME) When Studying Inpatient Diagnoses

Historically, VA inpatient facilities coded the diagnosis most associated with patients' length of hospitalization and forwarded it to the National Patient Care Database (NPCD) to be included in the Medical SAS (MedSAS) datasets. This is the "DXLSF" variable in the MedSAS inpatient datasets. In recent years VA facilities have come to rely on patients' principal diagnosis rather than DXLSF (the principal diagnosis in inpatient MedSAS is "DXPRIME"). Health industry coding standards define the principal diagnosis as the condition after study to be chiefly responsible for occasioning the admission of the patient for hospital care. The principal diagnosis is particularly relevant because it is the diagnosis used in calculation of the DRG associated with hospitalization. VIREC has encouraged researchers to use DXPRIME through educational sessions (e.g., see slides for course, "Using VA Data for Research: Cancer as an Example," presented by VIREC as part of the 7th Annual Seattle Epidemiology, Biostatistics and Clinical Research Methods Summer Session June 20-24, 2005 on the University of Washington campus:

<http://www.virec.research.va.gov/EducationResources/SelectedPresentations/SelectPresentations.htm>).

In April of FY2006, NPCD dropped the DXLSF32 and DXLSF120 categorical recode variables of the DXSLF variable from the Medical SAS datasets (see *VIREC Data Issues Brief, May 2006* at <http://www.virec.research.va.gov/References/DataIssuesBrief/dib.htm>). National Data Systems (NDS) now recommends that researchers not use the DXSLF variable because it has essentially been replaced by the DXPRIME diagnosis and is no longer reliable.

3. VistA Wins Innovations in American Government Award

The Ash Institute for Democratic Governance and Innovation at Harvard University's John F. Kennedy School of Government named the Department of Veterans Affairs (VA) one of seven 2006 winners of the prestigious Innovations in American Government Award for its health information system, the Veterans Health Information Systems and Technology Architecture (VistA). VistA includes one of the most comprehensive and widely deployed electronic health records (EHR) in use today. Information about this award can be found at <http://www.innovations.va.gov/>.

4. VHA Directive for Using CMS Coding Modifier for VA Care Provided by Physician Residents

Veterans Health Administration (VHA) Directive 2006-045 provides requirements and instructions for the use of the newly created “-GR” billing modifier for the coding and billing of care which is delivered by physician residents at VA medical centers and clinics. The Center for Medicare and Medicaid Services (CMS) requires the presence of a supervising practitioner for billing for resident-provided care in non-VA facilities, but this requirement does not apply to the VHA where supervision rules are based solely on the needs of the patient and the learner. Nevertheless, VHA requested CMS to provide a new billing modifier which more precisely describes how services are delivered through VHA’s graduate medical education programs to facilitate billing third-party payors for services provided at VA facilities in whole or in part by residents,.

CMS subsequently approved a new permanent Healthcare Common Procedural Coding System (HCPCS) Level II billing modifier designated “-GR,” the description of which is: “These services were provided in whole or in part by a resident at a VA medical center or clinic, supervised in accordance with VA policy.” Information about this directive can be found at

http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1459.

EDUCATIONAL OPPORTUNITIES:

5. Clinical Informatics Cyber Seminar Series

Julie McGowan, PhD, provided the August’s Cyber Seminar on Clinical Informatics (August 15). She focused on telemedicine and re-envisioning the telephone consultation. Dr. McGowan is Associate Dean for Information Resources and Education Technology, Professor of Knowledge Informatics and Pediatrics, Indiana University School of Medicine and Affiliated Scientist at the Regenstrief Institute. The VA is at the forefront of telemedicine development and is in a unique position to study its appropriateness and cost-effectiveness. Dr. McGowan’s presentation and audio recording are available at the Center for Information Dissemination and Education Resources (CIDER)

[\(http://www.hsrdr.research.va.gov/for_researchers/cyber_seminars/\)](http://www.hsrdr.research.va.gov/for_researchers/cyber_seminars/).

Mary Goldstein, MD, from VA Palo Alto and Stanford University, is the speaker for September’s Seminar (September 19). The title of Dr. Goldstein’s talk is “Guideline-Based Decision Support for Hypertension with ATHENA DSS: Organizational Issues in Implementation.” The Cyber Seminars on Clinical Informatics, sponsored by VIREC and the Center of Excellence on Implementing Evidence-Based Practice, take place at 12 pm ET on the third Tuesday of each month. Interested parties can register at <https://hsrdtraining.webex.com/> by clicking on the upcoming tab.

6. Database and Methods Cyber Seminar Series

Denise Hynes, PhD, will present the September Database and Methods Cyber Seminar on “Assessing Outpatient Health Care Use in the VA” (September 12). Dr. Hynes is Director of the VA Information Resource Center (VIREC) and Senior Research Health Scientist at Hines VA Hospital, and Associate Professor of Medicine at Loyola University Chicago.

The Cyber Seminars on Databases and Methods, sponsored by VIREC, take place at 12 pm ET on the first Tuesday of each month (except in September 2006 when the seminar has been moved to the second Tuesday of the month because of the Labor Day holiday). Interested parties can register at <https://hsrdtraining.webex.com/> by clicking on the upcoming tab.

7. ResDAC To Hold Medicare and Medicaid Data Training in Minneapolis

The Research Data Assistance Center (ResDAC) will host two upcoming workshops in Minneapolis directed at users of data from the Centers for Medicare & Medicaid Services (CMS): (1) [CMS 102: Conducting Research with Medicaid Claims Data \(Sept. 12 - 14\)](#). CMS has revised the format of the Medicaid data files that they create and release for researchers. ResDAC's CMS102 workshop provides information on the development, structure and application of the Medicaid Analytic Extract (MAX) files. (2) [CMS 301: Using SEER/Medicare Data for Research \(Sept. 19\)](#). This course describes the SEER/Medicare database and addresses issues that arise when using SEER/Medicare data rather than standard Medicare data. ResDAC is a CMS contractor that provides free assistance to academic, government, and non-profit researchers interested in using Medicare and/or Medicaid data for their research. Detailed information is at <http://www.resdac.umn.edu/training/workshops.asp>.

PLEASE FEEL FREE TO DISSEMINATE TO COLLEAGUES! *Data Issues Briefs* are developed by the staff of the VA Information Resource Center (VIREC) for the purpose of informing and updating VA researchers on current and pending happenings and changes regarding health data, databases, and medical informatics. *Data Issues Briefs* are produced monthly. All issues are available on the VIREC Web site at <http://www.virec.research.va.gov/>. If you wish to receive email notification of future issues or have any suggestions or comment about the *Data Issues Briefs*, please send an e-mail message to the VIREC at virec@va.gov or call (708) 202-2413.