

New Economic Datasets

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Outline

- HERC datasets
 - HERC DSS discharge dataset with subtotals
 - HERC DSS station-level dataset
 - Medicare Wage Index
 - DSS Data
 - IPD (Intermediate Product Department)
 - ALB (Account Level Budgeter)
 - Changes to tracking nursing labor
 - Other NDEs
 - Fee Basis
 - PAID
- } Great when you need
} More details
-

HERC DSS Discharge Data

HERC DSS Discharge Dataset with Subtotals

- Existing DSS Inpat dataset
 - Care of patients discharged in fiscal year
 - One record per discharge
 - Includes cost incurred in prior fiscal years
 - Product subtotals: nursing, lab, pharmacy, etc.
- Transfers between bedsections are not identified
 - A patient transferred from inpatient psychiatry to medicine is one record
 - Medicare would treat this as two separate stays

HERC DSS Discharge Dataset with Subtotals

- New HERC DISCH file with 11 subtotals
 - Acute medicine, psychiatry, nursing home, etc.
 - Cost and length of stay for each subtotal
- Subtotals obtained from treating specialty file
- Functionally identical to the DSS DISCH NDE

Documentation on HERC website

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For each column within the table, click on the "+" to sort in ascending order; "-" to sort in descending order.

Authors +-	Title +-	Date +-
Smith MW, Barnett PG	Research Guide to the VA Financial Management System (FMS) <i>Download available on our Intranet site</i>	2010
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HERC Station-Level Data

HERC DSS Station-Level Dataset

- Aggregated, station-level (STA3N) costs
- Annual costs and total utilization (inpatient days or outpatient visits)
- HERC-designated categories
 - 13 inpatient categories
 - 12 outpatient categories
- One record per service per station (STA3N) per fiscal year
- FY2000-2007

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VA Medicare Wage Index

Wages

- DSS costs are based on local factor inputs
- Wages are a factor input and vary considerably by location
- Statistical analyses across medical centers should control for wage variability
- Options:
 - Dummy variables for each station
 - Medicare Wage index

VA Medicare Wage Index

- Medicare calculates the wage index based on the “market” and this is included in the Medicare Impact Files
- VA is not included in the Impact File
- We merged the Impact Files with VA facility information from PSSG

VA Medicare Wage Index

- Dataset is based on public use data and includes no PHI
- Available upon request
- FY2000-2009
- Dataset includes STA3N and STA5A.

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DSS IPD Data

DSS Intermediate Product Department (IPD) Files

- IPD inpatient and outpatient files beginning FY 2003
- Product department indicates both type and location of care
 - E.g. inpatient units, primary care clinic team
- Often multiple product departments per encounter
- Cost incurred in each product department
 - Fixed direct, fixed indirect, variable direct

DSS Intermediate Product Department (IPD) Files

- Inpatient: monthly record per patient per inpatient product department
- Outpatient: one record per patient per outpatient product department
- No clinical information (ICD-9 or CPT) but can be linked to utilization files

Example of IPD-TRT Records

Patient	TRTIN	TRTOUT	IPD_NUM	IPD_TOT
A	06-07-22	06-07-27	psychiatry MD bedday	471.11
A	06-07-22	06-07-27	psychology & neuropsychology lab	1.08
A	06-07-22	06-07-27	occupational therapy	1985.01

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DSS ALB Data

ALB Uses

- ALB has several uses
 - Find labor costs and hours by department
 - Find overhead (indirect) costs by type

- ALB extract does not contain
 - Patient-level data
 - Product-level data (e.g., costs of individual supplies)

ALB Data Elements

- ALBCC code has 3 components
 - Leading 8, column, 1 (omit)
 - VA cost center, columns 2-4
 - Production unit code
 - Division suffix
- Example: DSS ALBCC Code 201MM1 is broken down as follows:
 - VACC 201: Medicine
 - Production Unit Code MM: Primary Care Clinic
 - Division: 1 Usually Main Division of a VA medical facility

ALB Cost Data

- Cost are divided into elements
 - Fixed direct (does not vary with volume)
 - Types: FDO (other), FDL (labor), FDE (equipment), FDF (facility)
 - Variable direct (varies with volume)
 - Types: labor (VL), supplies (VS)
 - Indirect
 - Non-clinical departments: police, building engineers, administration, clinical research, etc.

Resources

- DSS National Data Extract Technical Guide and Product Department Guide

http://vaww.dss.med.va.gov/nationalrptg/nr_extracts.asp

http://vaww.dss.med.va.gov/programdocs/pd_depts.asp

Note: These are internal VA Web sites and are not available to the public.

- HERC Technical Reports 5 and 6:

- Barnett PG, Berger MS Cost of positron emission tomography: method for determining indirect cost. 2003.
- Barnett PG, Berger MS. Indirect costs of specialized VA mental health treatment. 2003.

Nursing Changes Coming to DSS

- DSS TLU to ALB mapping
 - How DSS gets labor costs into system
 - For each employee, labor allocated to ALBs by % effort
- Nurses float to other units as patient census changes
 - This is not directly tracked in DSS

DSS Changes, Cont.

- Good private sector systems, floating is tracked.
- Office of Nursing Services working with DSS to have system track floating, when nurses are not providing patient care (e.g., in training session), and provide more data on contract nurses.

Other DSS NDEs

To date, HERC has not used the data.

vawww.dss.med.va.gov/nationalrptg/nr_extracts.asp

Note: This is an internal VA Web site and is not available to the public.

DSS Ward NDE

- Divides all inpatient encounters into segments based on the ward on which the patient was located for each hospitalization during the current fiscal year.
 - Includes date and time of admission and discharge from the unit.
- Similar to the TRT file, but wards refer to a specific location
- Ward data are only available since FY07

Surgery NDE

- Contains the cost and workload of all surgery cases.
- This NDE is based on the VistA Surgery package
- DSS does not cost cancelled or aborted cases, but does record them.

Fee Basis: Non-VA Purchase Data

Fee Basis Program

- Pays for care at non-VA facilities when
 - it is the only source available, or
 - VA could save money
- Full range of services covered
- Nearly all outpatient care is pre-authorized; limited emergent care

Growth in Fee Basis

- Large growth in contract care in last 10 years:
 - \$556 million in FY2003, \$3.1 billion in FY2009
 - 10-20% growth per year
- Examples of growth areas
 - long-term care (community NHs)
 - kidney dialysis
 - radiology

8 Fee Basis Files per Fiscal Year

- Inpatient care
 - Hospital stays (facility or facility+physician)
 - Ancillary, physician (if billed separately)
 - Outpatient care
 - Outpatient non-pharmacy
 - Payments to pharmacies
 - Travel expenses
 - Two vendor files (pharmacy, all other)
 - Veterans with Fee Basis ID cards
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Resources

- Fee Basis intranet web site
 - Record of national Fee monthly calls
 - HERC intranet web site
 - Guidebook on Fee Basis data
 - Technical report analyzing FY2003 data
 - Mark Smith will be presenting on Fee Basis Data at a July 28th Cyberseminar
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PAID Data

PAID

- VA's payroll data system
- PAID has many different types of data
- 2 parts to PAID
 - History file, data from each pay period
 - Master file, annual file with human resources data

PAID, cont.

- PAID History file
 - Data on hours worked, including hours with shift differentials
 - Data on pay, including all deductions and adjustments
 - Essentially all of the detail for generating paychecks

PAID, cont.

- PAID Master file
 - Education/qualifications, including degree dates
 - Demographics
 - Hire date
 - Job description/title

Linking to PAID

- Individual identifiers
 - SSN, name, birthdate, etc.
- Workplace identifiers
 - TLU, facility, BOC (type of employee)

Linking to PAID, cont.

■ Providers

- DSS, PTF, NPCD all have a provider ID
- There is a crosswalk between provider ID and SSN
- Use SSN to pull PAID data and link to providers

■ Nurses

- Nurse manager of each unit has own TLU
- All nurses working for that unit assigned to that TLU
- From DSS, can get mapping of TLUs to ALBCCs
- This only works for nurses