



REUTERS/Denis Balibouse

# New Mexico Hospital Association Comparative Data Program NMHA CDP

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THOMSON REUTERS

# New Mexico Hospital Association Comparative Data Program

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- NMHA contracts with Thomson Reuters to offer NM hospitals the service to submit and process their data mandated by the Health Policy Commission (HPC)
- Comparative Data Program is a data sharing program that allows facilities to understand overall hospital performance to discover opportunities or compare to other hospitals that participate in the program
- Data is submitted quarterly and released in reports/databases/Thomson Reuters tools approximately 120 days post close of a quarter

## Client Support Specialists

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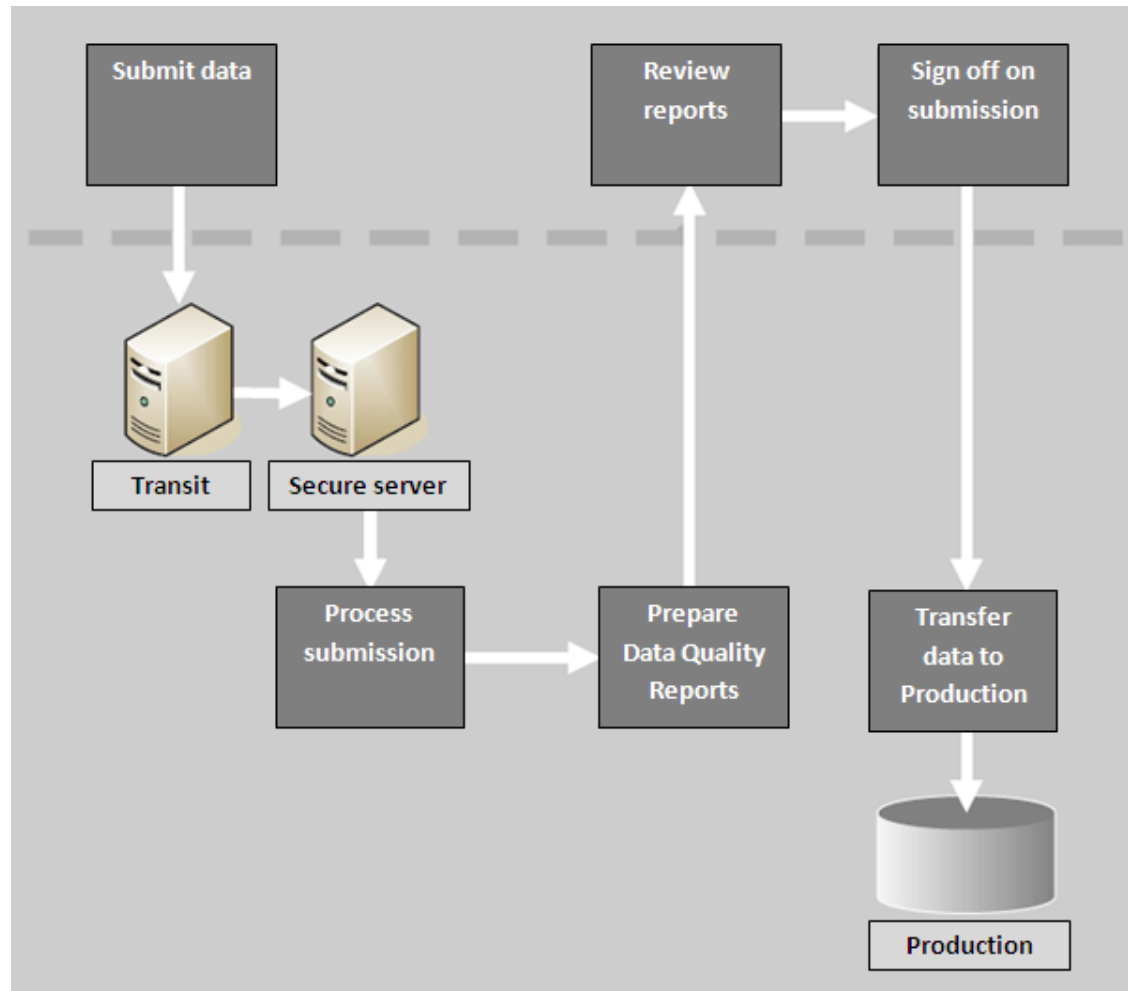
### Thomson Reuters Client Support Specialist (CSS)

- Works with the facility on quarterly data submission
- Identifies data errors from audits used to achieve quality reporting to meet HPC requirements and for use in products
- Assists the facility with error corrections
- Supports facility with testing of new data elements and format changes
- Manages timelines for Health Policy Commission deadlines

# Data Submission Process

from client (top) to Thomson Reuters (bottom)

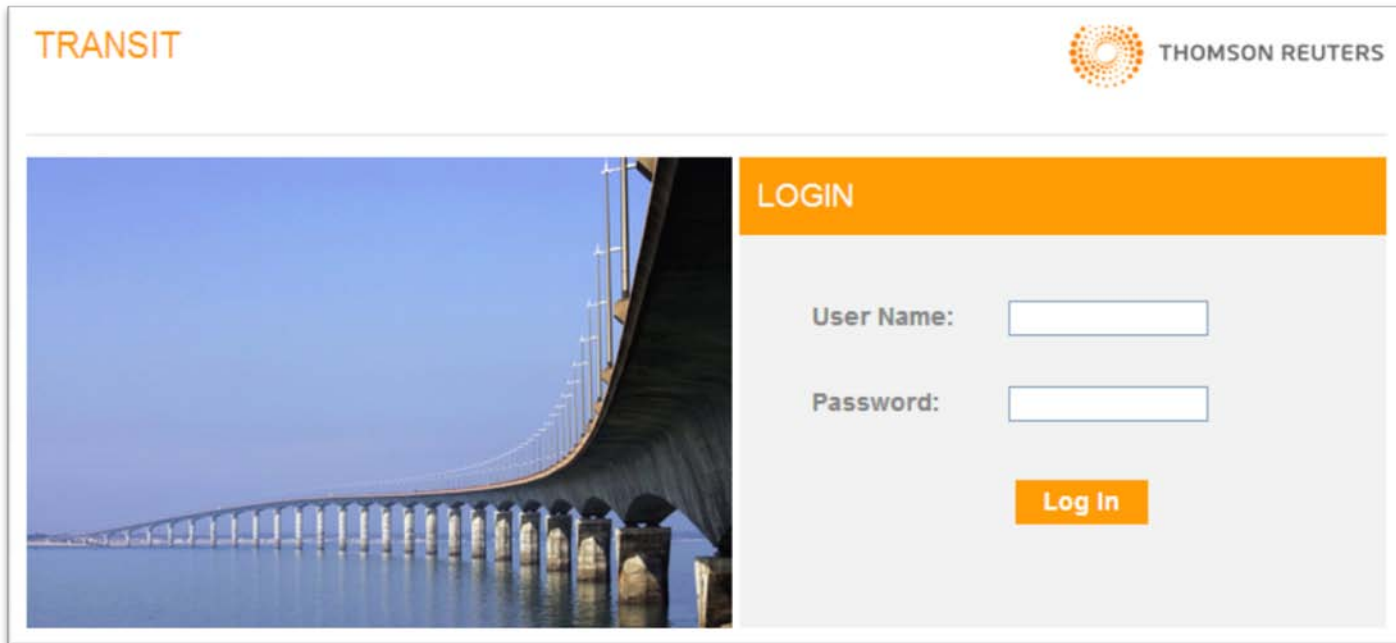
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# Transit – data submission site

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What is Transit? - Transit is a web-based tool for submitting data to Thomson Reuters. This system will validate, compress, and encrypt data files before they are sent electronically to Thomson Reuters.



TRANSIT

THOMSON REUTERS

LOGIN

User Name:

Password:

Log In

## Transit – data submission site

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The validation process checks the data as compared to the file layout to see if:

- The record length of the data matches the expected record length.
- The fields are in the expected format.
- Dates are in valid date formats according to the file layout.
- There is the right number of fields in a delimited file according to the file layout.

If an upload fails the Transit validation process, reason for the failure is returned to the submitter.

## Data Quality Reports (DQRs)

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A set of DQRs is produced each time you submit data to Thomson Reuters. DQRs summarize your batch of records and allow you to evaluate its completeness and accuracy. Reviewing the DQRs will help you identify any issues which may affect the usability of the data for the reporting and analysis you wish to perform.

You will then have the option to:

- 1) approve the DQRs, or
- 2) correct the errors and resubmit.

# Data Quality Reports – report samples

## Inpatient data submission summary

Batch ID	Submitting organization	Begin date	End date
369672		04/01/2011	06/30/2011

### Batch submissions summary

Total batch records reported	0
Total batch discharges processed	1,119
<i>Inpatient</i>	<i>1,119</i>
Total continuation records identified	17
Total batch excluded discharges	42
<small>Note: Discharges may have been excluded for multiple reasons so the distinct total may not match the totals below.</small>	
Duplicate records	
Interim bill types	
Invalid bill types	
Bill types not contracted for	42
Void bills	
Provider Number Missing	
Provider Number Invalid	
Intrabatch void/replace	

### Inpatient discharges by month

Total final accepted discharges	Count	*Hist.comp.
April 2011	362	447
May 2011	376	373
June 2011	381	428
<b>Total</b>	<b>1,119</b>	<b>1,248</b>

### Inpatient discharges by bill type

Bill type	Discharge count
111	1,110
121	9

### Inpatient fatal discharges

Error rates	Count	Error %	Threshold %
NM Care Comparison Fatal Discharges (Inpatient)	42	3.75%	5

# Data Quality Reports – report samples

## Inpatient client-to-Thomson mappings

Batch ID	Submitting organization name	Begin date	End date
369672		04/01/2011	06/30/2011

### Discharges by primary payer (Thomson)

Thomson primary payer	Total discharges	% of total	*Hist.comp.
Commercial: HMO/PPO	417	37.27%	41.43%
Commercial: NOS	5	0.45%	0.24%
Other Government Payers: NOS	415	37.09%	33.89%
Worker's Compensation: NOS	268	23.95%	23.96%
Invalid	14	1.25%	0.48%

### Discharges by primary payer (Client)

Client input	Thomson payer description
2	Commercial: HMO/PPO
3	Commercial: NOS
1	Other Government Payers: NOS
7	Other Government Payers: NOS
8	Other Government Payers: NOS
9	Other Government Payers: NOS
5	Worker's Compensation: NOS
6	Worker's Compensation: NOS

## Inpatient client-to-Thomson mappings

Batch ID	Submitting organization name	Begin date	End date
369672		04/01/2011	06/30/2011

### Discharges by ethnic origin (Thomson)

Thomson ethnic origin	Total discharges	% of Total	*Hist.comp.
Hispanic			4
Non Hispanic			53.85%
Not Supplied	18	1.61%	
Submitted as Unknown	1,101	98.39%	1.12%

### Discharges by ethnic origin (Client)

Client input	Thomson ethnic origin description	Total discharges	% of Total
	Not Supplied	18	1.61%
E7	Submitted as Unknown	1,101	98.39%

## Inpatient client-to-Thomson mappings

Batch ID	Submitting organization name	Begin date	End date
369672		04/01/2011	06/30/2011

### Discharges by race (Thomson)

Thomson race	Total discharges	% of Total	*Hist.comp.
American Indian or Alaska Native	2	0.18%	
Black or African American	54	4.83%	4.57%
Other Race	501	44.77%	0.16%
White	562	50.22%	94.15%
Submitted as Unknown			1.12%

### Discharges by race (Client)

Client input	Thomson race description	Total discharges	% of Total
R1	American Indian or Alaska Native	2	0.18%
R3	Black or African American	54	4.83%
R7	Other Race	7	0.63%
R9	Other Race	494	44.15%
R5	White	562	50.22%

# Data Quality Reports – report samples

## Inpatient clinical data quality

Batch ID	Submitting organization	Begin date	End date
369672		04/01/2011	06/30/2011

### Discharges by principal diagnosis

Principal Dx.	Total discharges	% of total	*Hist. comp.
Valid	1,119	100.00%	100.00%

### Discharges by additional diagnosis

Additional Dxs.	Addtl. Dx. count	% of total	*Hist. comp.
Valid	6,353	100.00%	100.00%

### Diagnosis/discharges summary

Avg. # addtl. Dx. per discharge	Avg. Dx. *hist. comp.	No addtl. Dxs. reported	No addtl. Dxs. % total	No addtl. Dxs. *hist. comp.
5.68	4.73	39	3.49%	3.77%

### Discharges by principal procedure

Principal Px.	Total discharges	% of total	*Hist. comp.
Valid	660	58.98%	54.17%
Missing	459	41.02%	45.83%

### Discharges by additional procedure

Additional Pxs.	Addtl. Px. count	% of total	*Hist. comp.
Valid	411	100.00%	100.00%

### Procedure/discharges summary

Avg. # addtl. Px. per discharge	Avg. Px. *hist.comp.	No Addtl. Pxs. reported	No addtl. Pxs. % total	No addtl. Pxs. *hist. comp.
0.37	0.36	806	72.03%	73.32%

# Data Quality Reports – report samples

## Inpatient executive summary

Batch ID	Submitting organization	Begin date	End date
369672		4/01/2011	06/30/2011

## Discharges summary

Discharges summary	Discharges	Total LOS	Avg. LOS	*Hist. comp. LOS
Grand total	1,119	2,995	2.68	3,143
Total except newborn	891	2,678	3.01	2,797
Total combined newborn, OB	481	780	1.62	849

## Discharges by patient status

Patient status	Total discharges	% of total	*Hist. comp.
Discharged to home or self care (routine discharge)	900	80.43%	81.81%
Discharged/transferred to a Critical Access Hospital (CAH)			0.08%
Discharged/transferred to a Medicare certified long term care hospital (LTCH)			0.08%
Discharged/transferred to a facility that provides custodial or supportive care	12	1.07%	2.16%
Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare.	1	0.09%	0.56%
Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.	6	0.54%	0.48%
Discharged/transferred to a short term general hospital for inpatient care	47	4.20%	3.61%
Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital			0.08%
Discharged/transferred to court/law enforcement	2	0.18%	0.00%

# Data Quality Reports – report samples

## Error summary report

Batch ID	Submitting organization	Begin date	End date
369672		04/01/2011	06/30/2011

## Audit summary report

Audit ID	Error F/W	Error message	Discharge month	Encounter setting	Error message count
ex007	F	Principal diagnosis indicates trauma or poisoning (codes 800-999.9) but no E-code present.	June-2011	Inpatient	2
<b>Total</b>					<b>2</b>
py002	F	Primary payer type invalid	April-2011	Inpatient	2
			May-2011	Inpatient	4
			June-2011	Inpatient	8
<b>Total</b>					<b>14</b>
py014	F	Payer description is missing.	April-2011	Inpatient	4
			May-2011	Inpatient	1
			June-2011	Inpatient	1
<b>Total</b>					<b>6</b>
rg020	F	Patient Discharge Status invalid	May-2011	Inpatient	1
<b>Total</b>					<b>1</b>
rg141	F	Patient first name is invalid	April-2011	Misc	1
			June-2011	Inpatient	1
<b>Total</b>					<b>2</b>
rg185	F	Ethnicity is missing.	April-2011	Inpatient	2
				Misc	1
			May-2011	Inpatient	1
			June-2011	Inpatient	15
<b>Total</b>					<b>19</b>
m187	F	Birthweight is missing and patient is newborn	April-2011	Inpatient	1

# Data Submission Timeline

## New Mexico (CY) 2011 Data Submission Timeline



	Q1	Q2	Q3	Q4
	Jan. 1, 2011 thru Mar. 31, 2011	Apr. 1, 2011 thru Jun. 30, 2011	Jul. 1, 2011 thru Sep. 30, 2011	Oct. 1, 2011 thru Dec. 31, 2011
<b>Data Submission Timeline*</b>				
Last Day Quarterly Data Due to Thomson Reuters Healthcare	May 15, 2011	August 15, 2011	November 15, 2011	February 15, 2012
Final Day Resubmissions Accepted at Thomson Reuters Healthcare	June 15, 2011	September 15, 2011	December 15, 2011	March 15, 2012
Last Day Sign off accepted, to be included in deliverables	June 22, 2011	September 22, 2011	December 22, 2011	March 22, 2012
Transmission of data to NMHPC (for state reporting facilities)	June 30, 2011	September 30, 2011	December 31, 2011	March 31, 2012

*\*All deliverable dates falling on a weekend or holiday are due the following business day.*

## NMHA Comparative Program Deliverables

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Thomson Reuters creates Care Comparison Reports-series of 10 reports that captures clinical, financial and market share metrics

Reports reveal trends in key performance areas mortality, complications, length of stay, costs, charges, primary service area

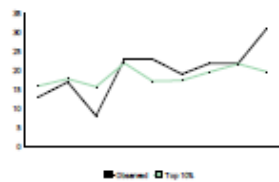
Thomson Reuters uses two types of comparisons: Top 10% and Normative

Risk adjusted methodologies used to effectively compare clinical outcomes-TR proprietary methodologies and 3M APR-DRG

Year-to-date January - March, 2011

## Facility performance opportunities vs. top 10% of hospitals

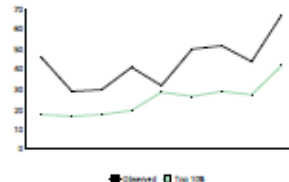
### Mortality



#### Potential opportunities

2 Yrs ago	1 Yr ago	Current
-2.6	2.5	11.3

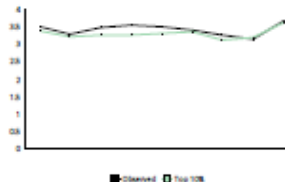
### Complications



#### Potential opportunities

2 Yrs ago	1 Yr ago	Current
18.8	16.6	25.3

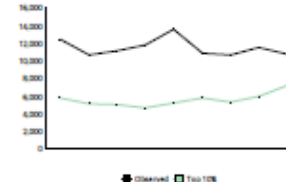
### ALOS



#### Potential opportunities

2 Yrs ago	1 Yr ago	Current
237.1	174.8	211.8

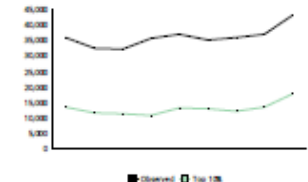
### Estimated Cost



#### Potential opportunities

2 Yrs ago	1 Yr ago	Current
\$6,857,997	\$8,180,587	\$7,209,188

### Charge



#### Potential opportunities

2 Yrs ago	1 Yr ago	Current
\$27,972,526	\$40,748,011	\$51,086,802

## Primary service area market share year-to-date

**18%** 1 year ago avg: 17% 5% ▲  
2 year ago avg: 12% n/a n/a

## Average discharges per month

**726** 1 year ago avg: 627 41% ▲  
2 year ago avg: 445 104% ▲

## Payer mix year-to-date



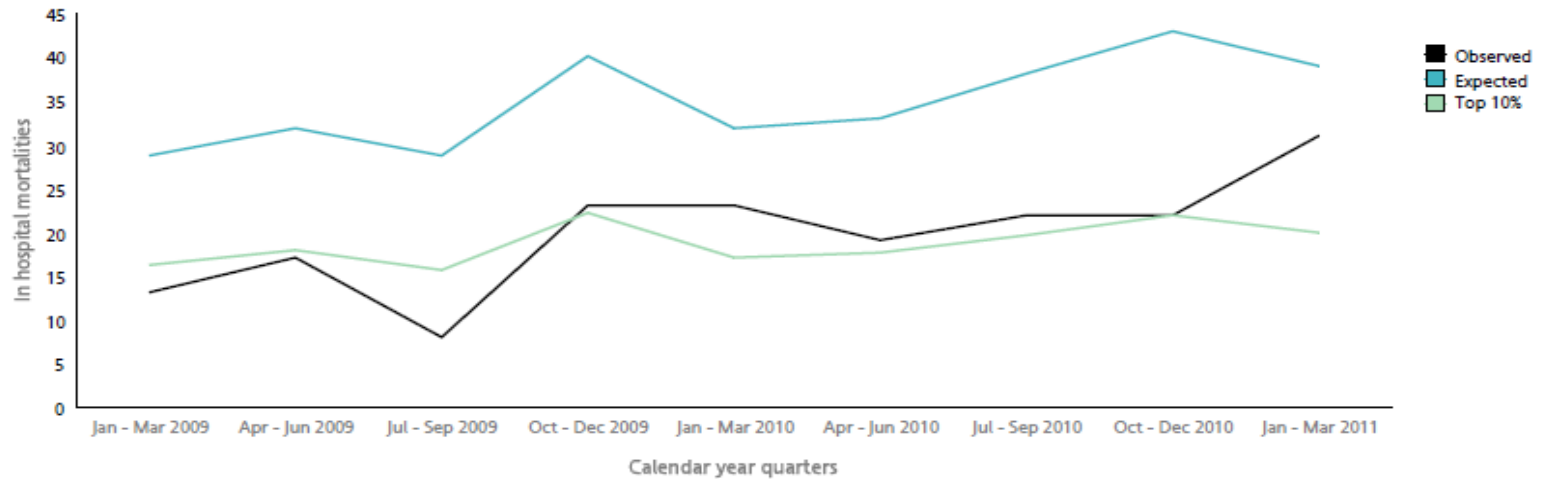
- CHAMPUS: NOS
- Commercial: Blue Cross
- Commercial: HMO
- Commercial: HMO/PPO
- Commercial: NOS
- Commercial: PPO
- Medicaid: NOS
- Medicare: NOS (not otherwise)
- Medicare: HMO
- No value submitted/Not stated
- Other Government Payers: NOS
- Self Pay
- Worker's Compensation: NOS

	YTD	1 Yr ago	2 Yr ago
CHAMPUS: NOS	2% ▼	2% ▼	2% ▲
Commercial: Blue Cross	11% ▼	11% ▼	12% ▼
Commercial: HMO	7% ▼	7% ▼	9% ▲
Commercial: HMO/PPO	6% ▲	6% ▼	8% ▼
Commercial: NOS	1% ▼	1% ▲	1% ▼
Commercial: PPO	2% ▼	3% ▼	5% ▼
Medicaid: NOS	18% ▲	18% ▲	15% ▼
Medicare: NOS (not otherwise)	36% ▲	31% ▲	31% ▼
Medicare: HMO	3% ▼	4% ▲	4% ▼
No value submitted/Not stated	1% ▲	0% ▲	0% ▲
Other Government Payers: NOS	1% ▼	2% ▼	2% ▲
Self Pay	10% ▼	14% ▲	11% ▼
Worker's Compensation: NOS	0% ▲	0% ▲	0% ▼

Care Comparison Program v2.0, print date: Jun 23, 2011

Data as of Q1, 2011  
Please contact Thomson Reuters Product Support at (877) 843-6796 with questions regarding the report.

### Trended facility mortality



Current quarter statistically significant

#### How many deaths were avoidable?

Based on the most recent quarter of data reported, your facility could have *potentially avoided 11.3 mortalities* if it were performing at the Top 10% benchmark level of best performing facilities.

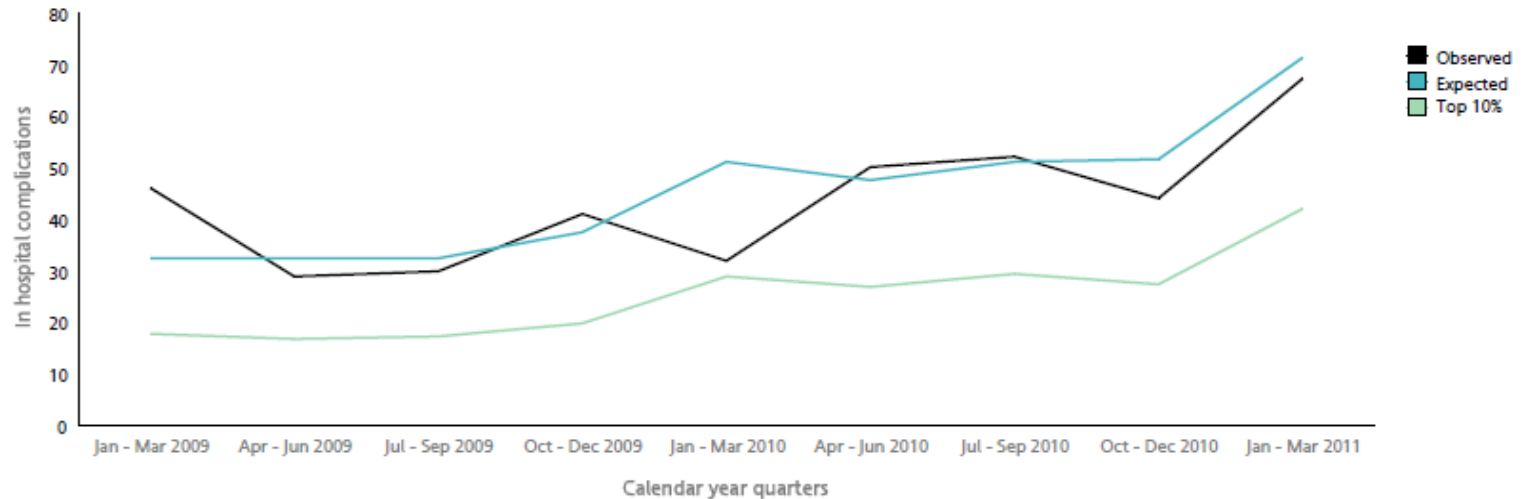
The chart above identifies the potential opportunities for performance improvement by highlighting the gap between the number of mortalities at your facility compared to the norm and benchmark values for comparable institutions. The Y-axis shows, for each quarter, how many mortalities might have been avoided had the facility been performing at the top levels.

The table to the right provides details regarding the opportunity for improvement, including your facility's observed and expected mortality information as well as benchmark data.

Time period	Disch. vol	Obs. mort.	Exp. mort.	Top 10% benchmark mort.	Expected		Top 10%	
					Imprmnt opp. (%)	Imprmnt opp. (lives)	Imprmnt opp. (%)	Imprmnt opp. (lives)
Q1 09	991	13	28.8	16.0	-54.9%	-15.6	-18.8%	-3.0
Q2 09	1,148	17	31.7	17.7	-46.4%	-14.7	-4.0%	-0.7
Q3 09	1,138	8	28.8	15.7	-72.2%	-20.6	-49.0%	-7.7
Q4 09	1,311	23	40.2	22.0	-42.8%	-17.2	4.5%	1.0
Q1 10	1,439	23	31.8	17.2	-27.7%	-8.6	33.7%	5.8
Q2 10	1,572	19	33.0	17.5	-42.4%	-14.0	8.6%	1.5
Q3 10	1,631	22	38.1	19.6	-42.3%	-16.1	12.2%	2.4
Q4 10	1,799	22	43.1	21.6	-49.0%	-21.1	0.9%	0.2
Q1 11	1,908	31	39.0	19.7	-20.5%	-8.0	57.4%	11.3



## Trended facility complications



Current quarter statistically significant

## How many complications were avoidable?

Based on the most recent quarter of data reported, your facility could have *potentially avoided 25.3 complications* if it were performing at the Top 10% benchmark level of best performing facilities.

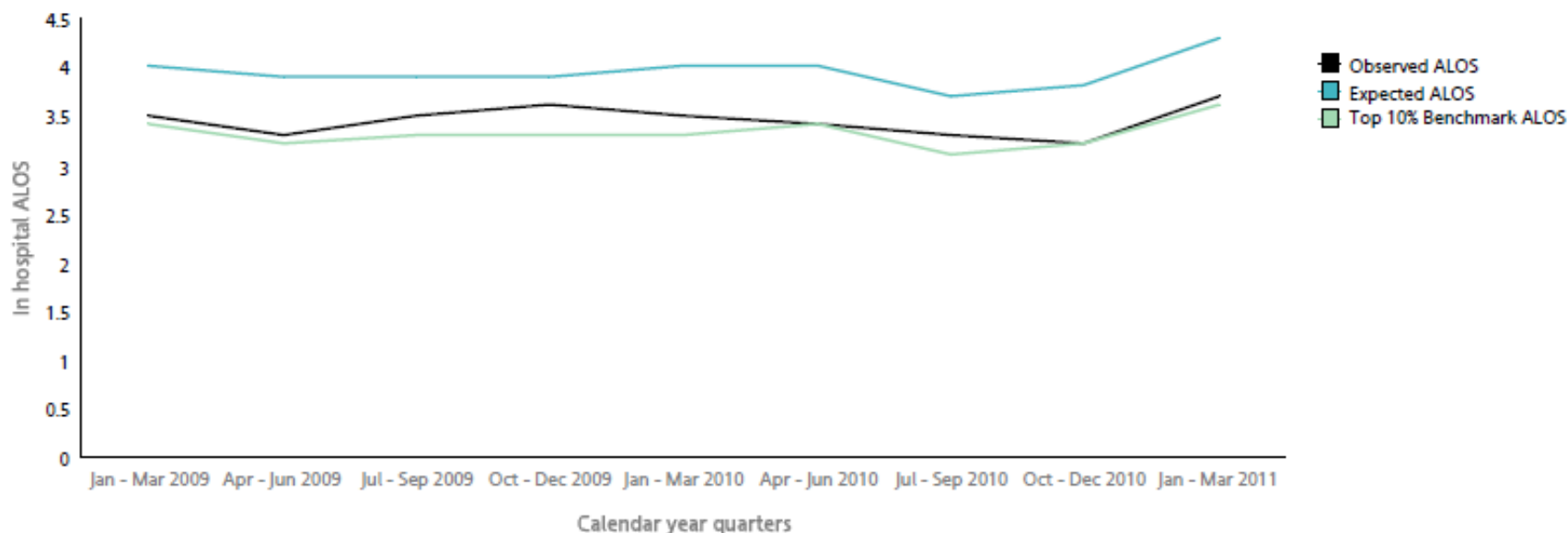
The chart above identifies the potential opportunities for performance improvement by highlighting the gap between the number of complications at your facility compared to the norm and benchmark values for comparable institutions. The Y-axis shows, for each quarter, how many complications might have been avoided had the facility been performing at the top levels.

The table to the right provides details regarding the opportunity for improvement, including your facility's observed and expected complication rate information as well as benchmark data.

Time period	Disch. vol	Obs compl.	Exp. compl.	Top 10% benchmark compl.	Expected		Top 10%	
					Exp. imp. opp. (%)	Exp. imp. opp. (compl.)	Top10% imp. opp.	Top10% imp.(compl.)
Q1 09	881	46	32.2	17.5	42.9%	13.6	162.9%	28.5
Q2 09	997	29	32.3	16.7	-10.2%	-3.3	73.7%	12.3
Q3 09	962	30	32.5	17.3	-7.7%	-2.5	73.4%	12.7
Q4 09	1,105	41	37.5	19.5	9.3%	3.5	110.3%	21.5
Q1 10	1,248	32	50.9	28.7	-37.1%	-18.9	11.5%	3.3
Q2 10	1,363	50	47.3	26.6	5.7%	2.7	88.0%	23.4
Q3 10	1,342	52	51.1	29.1	1.8%	0.9	78.7%	22.9
Q4 10	1,539	44	51.3	27.4	-14.2%	-7.3	60.6%	16.6
Q1 11	1,653	67	71.1	41.7	-5.8%	-4.1	60.7%	25.3



## Trended facility average length of stay



### How many days were excess?

Based on the most recent quarter of data reported, your facility could have *potentially avoided 211.8 excess patient days* if it were performing at the Top 10% benchmark level of best performing facilities.

The chart above identifies the potential opportunity for performance improvement by highlighting the gap between the average length of stay at your facility compared to the norm and benchmark values for comparable institutions. The Y-axis shows, for each quarter, how many excess days might have been avoided had the facility been performing at the top levels.

The table to the right provides details regarding the opportunity for improvement, including your facility's observed and expected length of stay information as well as benchmark data.

Time period	Disch. vol	Obs ALOS	Exp. ALOS	Top 10% benchmark ALOS	Expected		Top 10%	
					Imprvmt. opp. (%)	Imprvmt opp. (days)	Imprvmt opp. (%)	Imprvmt opp. (days)
Q1 09	1,106	3.5	4.0	3.4	-12.5%	-553.0	2.9%	110.6
Q2 09	1,273	3.3	3.9	3.2	-15.4%	-763.8	3.1%	127.3
Q3 09	1,291	3.5	3.9	3.3	-10.3%	-516.4	6.1%	258.2
Q4 09	1,508	3.6	3.9	3.3	-7.7%	-452.4	9.1%	452.4
Q1 10	1,608	3.5	4.0	3.3	-12.5%	-804.0	6.1%	321.6
Q2 10	1,747	3.4	4.0	3.4	-15.0%	-1,048.2	0.0%	0.0
Q3 10	1,889	3.3	3.7	3.1	-10.8%	-755.6	6.5%	377.8
Q4 10	2,050	3.2	3.8	3.2	-15.8%	-1,230.0	0.0%	0.0
Q1 11	2,118	3.7	4.3	3.6	-14.0%	-1,270.8	2.8%	211.8

## Other products

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Adhoc database-contains two types of files: reference files and submitted data files. All files come in a text file format '\*.txt' and can be linked or imported into a database program such as Microsoft Access or other database application for analysis

Thomson Reuters products:

Care Discovery

Market Expert

Strategic Services

# Advantage Community

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The Advantage Community allows a place for you to network with your peers from hospitals in NM and across the country, trade best practices, review reference documents, access industry experts and topics. This premium resource is free for our clients.



# Thomson Reuters Support

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Thomson Reuters Product Support

[healthcare.providersupport@thomsonreuters.com](mailto:healthcare.providersupport@thomsonreuters.com)

<http://healthcare.thomsonreuters.com/support>

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