

**2010
VIReC
Database and Methods
Cyber Seminar Series**



2010 VIREC Database and Methods Cyber Seminar Series

Measuring Veterans Health Services Use in VA and Medicare (Part 1)

November 1, 2010

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Session Objectives

- **Overview of the Medicare Claims datasets**
- **Locating information on Inpatient and Outpatient services**
- **Measurement strategies for evaluating Medicare healthcare use**
- **Examples of VA studies that have used the Medicare Claims datasets to evaluate healthcare use**
- **Where to go for more help**

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In today's session we will take a look at the Medicare claims data and in particular the datasets containing information on inpatient and outpatient healthcare utilization.

We will discuss some of the complexities involved in using these data for research and measurement strategies used for evaluating healthcare use.

And then look at three studies by VA researchers who used Medicare data in their studies to see how they measured healthcare use.

Finally, we will describe resources available where you may find help with your remaining questions about using Medicare data in your research.

Audience Poll

- **Have you ever used any of the Medicare claims datasets**
 - Yes
 - No



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We'll pause here for a moment to ask about your experience with and knowledge of Medicare data. Heidi please let me know when you have the poll results.

Audience Poll

- **How would you rate your overall knowledge of the Medicare claims datasets?**
 - 1 (No knowledge)
 - 2
 - 3
 - 4
 - 5 (Expert-level knowledge)



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We'll pause here for a moment to ask about your experience with and knowledge of Medicare data. Heidi please let me know when you have the poll results.

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First, let's look at Medicare Claims data: where they come from, what they can be used for, what they can't be used for, how to get access to them, and what kinds of datasets are available.

Overview of Medicare Claims Data

- **Medicare claims are submitted to the Centers for Medicare and Medicaid Services (CMS) by healthcare providers and health equipment suppliers to request reimbursement for services and products**
- **Final adjudicated claims are collected by CMS and entered into datasets for analysis based on:**
 - Type of billing form used to gather the original information
 - Type of provider



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Medicare claims are submitted to the Centers for Medicare and Medicaid Services (CMS) by healthcare providers and health equipment suppliers to request reimbursement for services and products.

When processing is complete, the final adjudicated claims are included in analytic datasets based on:

The type of billing form used to gather the original information, and

The type of provider or supplier providing the service or product.

Benefits of Medicare Claims Data

- **Medicare claims data can be linked with VA data using Real or Scrambled Social Security Numbers (SSNs)**

- **Claims data are useful in evaluating:**
 - Length of stay (duration of treatment)
 - Cost of care
 - Diagnosis and Procedure Codes



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Medicare claims data are stored using Health Insurance Claim Number (the ID on each beneficiaries Medicare card). These HICs are linked to Real Social Security Numbers by CMS and provided to the VA where they may be linked to VA data using real or scrambled SSNs.

Claims data are useful in evaluating lengths of stay or duration of treatment, costs associated with care and diagnosis and procedure codes.

Limitations of Medicare Claims Data

- **Healthcare information that is not reimbursable may not be captured in the Claims data**
- **Claims data are not useful in evaluating:**
 - Laboratory Results
 - Vital Signs
 - Disease specific symptoms



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Claims data may not capture information on healthcare services that are not reimbursable, for example, lab results, vital signs or disease specific symptoms.

Sources of Medicare Claims Data

Billing Form	HCFA 1450/UB-92/UB-04	HCFA 1500
Provider type	Institutional	Non-institutional
Medicare Part	A or B	B
Examples of Providers	Hospitals (In/Out) Nursing Facilities Home Health Hospice	Physicians Suppliers

As we explained earlier, Medicare claims data are collected on billing forms.

One – the HCFA 1450, UB-92 (replaced by UB-04), – is used for institutional claims – that is, the party asking for reimbursement is an institution: this includes hospitals, skilled nursing facilities, home health agencies or hospice agencies.

These claims can include either Part A or Part B benefits.

The other – HCFA 1500 – is used for non-institutional claims – these include claims from physicians and other individual healthcare providers; as well as

- suppliers -- such as those who provide wheelchairs, medical surgical supplies, oxygen, and other durable medical equipment,
- independent labs, and
- Ambulance
- other sources of care outside of hospitals such as Walgreens flu vaccines.
- These claims include only Part B benefits.

Medicare Claims Data

- **Institutional Standard Analytic Files (SAF)**
 - Outpatient
 - Home Health Agency (HHA)
 - Hospice
 - Inpatient
 - Skilled Nursing Facility (SNF)
- **Non-institutional Standard Analytic Files (SAF)**
 - Carrier (Physician/Supplier)
 - Durable Medical Equipment (DME)
- **Institutional Stay Level File**
 - Medicare Provider Analysis and Review (MedPAR)

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Institutional Standard Analytic Files –or S.A.F.’s include

- Claims for Outpatient encounters that occur within an institution,
- Home Health Agency –or H.H.A. claims,
- Claims for Hospice services,
- Claims associated facility charges for Inpatient stays, and
- Claims associated with facility charges for Skilled Nursing Facility (SNF - sniff) stays.

Non-institutional Standard Analytic Files are claim-level datasets - and include

- the Carrier (or Physician/Supplier file) and
- the Durable Medical Equipment or D.M.E. file

Another Institutional dataset – the Medicare Provider Analysis and Review or MedPAR file – is a “stay level” file and summarizes claims from Inpatient and SNF services – with one record per stay. Records in the MedPAR file contain totals for the entire stay. The MedPAR file is another available Medicare dataset for which non-veteran data are available.

Our focus today

- **Institutional Standard Analytic Files (SAF)**
 - Outpatient
 - Home Health Agency (HHA)
 - Hospice
 - Inpatient
 - Skilled Nursing Facility (SNF)
- **Non-institutional Standard Analytic Files (SAF)**
 - Carrier (Physician/Supplier)
 - Durable Medical Equipment (DME)
- **Institutional Stay Level File**
 - Medicare Provider Analysis and Review (MedPAR)



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The rest of our session today will focus on the Outpatient, Inpatient, Carrier and MedPar files.

Data Access

- **The VA/CMS Data for Research project at VIREC provides CMS data to VA researchers with IRB approved projects under an Information Exchange Agreement (IEA) and a Data Use Agreement (DUA) between VHA & CMS, 2009**
- **Medicare and other CMS data are available for VA research only through VIREC – USH memorandum, October, 2009**

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- In addition to Medicare data, VIREC also provides other data collected by the Centers for Medicare and Medicaid Services.
- These data are provided to VIREC under an Information Exchange Agreement between CMS and the VA signed in June of 2009.
- VA researchers are no longer permitted to seek data directly from CMS.
- Where requested data are not currently held by VIREC we will request the data from CMS.

Request Process for VA/CMS data

- **Complete the “Request for VA/CMS Data for Research Packet” which includes:**
 - VA/CMS Data for Research: Request Form,
 - VA/CMS Data Rules of Behavior for Research Users Form
 - Research and Development (R & D) Committee approval letter
 - Institutional Review Board (IRB) approval letter
 - Most recent continuing review approval letter (if applicable)
 - Secure Data Storage Agreement (aka: VA/CMS Data Use Agreement Addendum)
- **Send the signed and completed packet to:**
E-Mail (preferred): virec.vacmsdata@va.gov



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Complete the “Request for VA/CMS Data for Research Packet” which includes (Forms are located on VIREC’s website)

• VA/CMS Data for Research: Request Form, signed by the PI and approved by the PI’s supervisor, and the local facility Associate Chief of Staff for Research (ACOS-R), Information Security Officer (ISO), and Privacy Officer (PO). Please consult VA/CMS Data for Research: Request Form Instructions for assistance and advice for completing the form.

• VA/CMS Data Rules of Behavior for Research Users Form, signed by the PI and each project staff member who will have access to the data

• Research and Development (R & D) Committee approval letter

• Institutional Review Board (IRB) approval letter

• Most recent continuing review approval letter (if applicable)

• Secure Data Storage Agreement (aka: VA/CMS Data Use Agreement Addendum) assuring protection of the data after the project has terminated until it can be dispositioned in accordance with VHA Record Control Schedule (RCS) 10-1 signed by the Facility Director and Chief Information Officer or System Owner.

Send the signed and completed packet to: E-Mail (preferred):
virec.vacmsdata@va.gov

• Researchers are encouraged to contact VIREC for a consultation before submitting the completed request packet to VIREC

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Where can information about inpatient and outpatient health care be found?

Outpatient Services

- **Outpatient services may be provided:**
 - **Within institutions (UB-92)**
 - Hospitals (Radiology, lab, emergency, physical therapy, etc.)
 - Dialysis facilities
 - **Within non-institutional settings (HCFA 1500)**
 - Within physician offices
 - Within independent labs
 - By ambulance companies

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Outpatient services may be provided within institutions such as hospitals and within non-institutional settings such as physician's offices, at independent labs or by ambulance companies.

The type of facility (institutional or non-institutional) determines the type of form used to submit the claim.

The type of form used to submit the claim determines which type of dataset the information ultimately resides in.

Which files contain outpatient services?

- **Some outpatient services are billed by the physician, supplier or other provider, and some by the facility**
- **Use both Outpatient and Carrier files for:**
 - Laboratory
 - Radiology
 - Ambulance
 - Emergency Department visits
 - All other outpatient procedures and services

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So, which files contain Outpatient Services?

Because some outpatient services are billed by the physician and some by the facility, you should use both Carrier and Outpatient files for:

Laboratory tests and procedures

Ambulance services

Emergency Department visits, and

All other outpatient procedures and services

Be sure to check in both files for outpatient services.

Inpatient Services

■ Inpatient services

- Occur within a hospital
- Some services are billed by the facility (UB 92)
 - Room charges
 - Physician & staff charges – when these providers are employed by the facility
 - Pharmacy charges
- Some services are billed by individual providers (HCFA 1500)
 - Services performed by physicians not employed by the hospital

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Claims for healthcare services provided to patients within institutions such as hospitals may be submitted by the hospital – for example room charges, pharmacy charges and physician and staff charges when these providers are employed by the hospital.

But some claims for services provided within a hospital setting are submitted by individual providers such as physicians who are not employed by the hospital.

Which files contain inpatient services?

- **Inpatient** contains claims for services provided by the hospital, including those by physicians or staff who are employed by the hospital
- **MedPAR** files contain a summary of claims for a given hospital stay
- **Carrier** files contain claims for services provided to inpatients within the hospital by physicians not employed by the hospital
 - In 2004, 16.5% of Carrier claims occurred in an inpatient hospital

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So, which files contain data on Inpatient services?

The Inpatient and MedPAR files contain data on services provided by the hospital, including physicians on staff.

But , the Carrier file will contain services performed within the hospital by physicians <and other providers> not employed by the hospital

In 2004, 16.5% of Carrier claims occurred in an inpatient hospital

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Next we will describe measurement strategies for evaluating Medicare healthcare use

Measuring Medicare Healthcare Use

- Metrics used to study healthcare use include:
 - **Claims**
 - **Costs**
 - **Stays**
 - **Procedures**
 - **Dates**

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What are our options when measuring healthcare use in the Medicare system?

What metrics can we use?

We'll discuss a few: claims, costs, stays, procedures and dates.

Claims

- **Each claim is the result of a bill (UB 92 or HCFA 1500) submitted to obtain payment for services to a Medicare beneficiary**
- **Contents of datasets are based on type of service and type of bill**
- **Data directly related to billing is most accurate**
- **No/Limited data on:**
 - Data not needed for billing
 - Marital Status, Education, Income, Lab Results
 - Services not billed
 - Prospective Payment System (PPS), Managed Care (HMOs)



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Claims:

Since each claim is the result of a bill for reimbursement for services provided, the information contained on each billing form becomes a record in the related database.

It makes sense then that information related to billing is the most accurate and complete information captured and that information not on the bill is not captured at all.

What information is not included in Medicare data?

So what information is not needed for billing?

Marital status, Education, Income, and Lab results

What services are not billed at all?

Prospective payment system (PPS)

A "Single" payment is made to cover all services

Procedure & diagnosis codes may not be required for reimbursement

Examples: Inpatient, SNF, HHA, Hospice

Managed care (HMOs)

Plans are paid a capitated monthly rate

Individual claims are not submitted to Medicare

Claims

- **Claims data elements used to measure healthcare use:**
 - The fact that a claim has been submitted
 - The number of claims that have been submitted

- **Benefits of measuring use with claims**
 - Allows categorization of types of care



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Claims data elements are used to measure healthcare use - such as

- The fact that a claim has been submitted
- The number of claims that have been submitted

One benefit of measuring use with claims is that it allows us to categorize types of care – inpatient care, physician’s care, and so forth.

Claims

- **Caveats**

- One event may be recorded in multiple claims
 - E.g., Radiology services – a facility claim & a radiologist's claim
- One claim may contain more than one service
- No claim submitted/services billed prospectively
 - E.g., Some long term care services, HMO services

- **Remember Inpatient and SNF claims are claims level -- not stay level data--multiple claims may exist for one stay**



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There are caveats that we should be aware of when using claims data.

One event may be recorded in multiple claims, for example, Radiology services – where both a facility claim & a radiologist's claim may be made

One claim may contain more than one service, for example – there may be multiple charges in a single claim, often all care provided during an inpatient stay are on one claim.

Some services like inpatient are billed using Perspective Payment System so much of the detail of services provided is not included on the claim.

Cost

- **Cost data elements used to measure healthcare use:**

- Charges submitted to Medicare
- Payments made by Medicare
- Payments made by beneficiaries (deductibles & co-payments)
- Payments made by primary payers (other insurance)



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Cost data are made up of

Charges submitted to Medicare,

Payments made by Medicare,

Payments made by beneficiaries – including deductibles & co-payments, and

Payments made by primary payers – such as other insurance

Cost

- **How is cost used to measure healthcare use?**
 - Total payments made
 - Compare costs for different treatments for the same disorder
 - Payments by Diagnostic Related Group (DRG)
 - Used in calculating facility payments for inpatient stays



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How is cost used to measure healthcare use?

We can look at the total of all payments made or compare costs for different treatments for the same disorder.

Or we can examine payments for various DRGs or diagnosis related groups – a method used in calculating facility payments for inpatient stays.

Stays

- **Stay data elements used to measure healthcare use:**
 - The fact that there is a hospital/SNF stay
 - Length of the stay
 - Number of stays
 - Time between stays
- **Which dataset should I use to look at stays?**
 - MedPAR is a stay level file (claims summary)
 - Inpatient and SNF are not stay level files



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Stays.

Stay data can be used to measure healthcare use such as:

The fact that there is a hospital/SNF stay,

Length of the stay,

Number of stays, or the

Time between stays.

Which dataset should be used to look at stays?

MedPAR is a stay level file -- all of the claims for one hospital stay are summarized in each record

Inpatient and SNF are not stay level files

Procedures

- **ICD-9 Procedure codes**
 - Institutional files only
 - Inpatient file
 - Outpatient file
 - Skilled Nursing Facility File
- **HCPCS - Healthcare Common Procedure Coding System**
 - CPT procedure codes + CMS developed codes
 - Identifies: procedures, supplies, products and services
 - Found in all datasets



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Procedures

Different types of providers report using different procedure coding systems.

- In the institutional files (Inpatient, Outpatient, and Skilled Nursing Facility), procedures are reported using ICD-9 procedure codes.

Procedures

■ Procedure data elements used to measure healthcare use:

- The fact that a procedure was done, e.g., as an indicator of a disease or disorder
- The number of occurrences of a procedure, e.g., as an indicator of prevalence or level of care provided
- Related groups of procedures



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Procedure data elements may be used to measure the fact that a procedure was done, for example, as an indicator of a disease or disorder.

We could look at the number of occurrences of a procedure, perhaps as an indicator of prevalence or level of care provided. **Or we could look at the relationships between groups of procedures.....**

Procedures

■ **Benefits of Procedure codes:**

- Claim types where procedure codes are required for billing are likely to be complete and accurate
- One example: HCPCS in Carrier File

■ **Limitations of Procedure codes:**

- May be incomplete for some types of care
 - E.g., maximum of 6 ICD-9 procedure codes allowed on institutional claims



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What are the benefits of using Procedure codes?

Claim types where procedure codes are required for billing are likely to be complete and accurate, for example: HCPCS in Carrier File

What limitations are there on the use of Procedure codes?

Some claims may be incomplete for some types of care
– A maximum of 6 procedures can be recorded on an inpatient claim

Dates

- **Data elements containing dates used to measure healthcare use - examples:**
 - Dates of service (From and Thru dates)
 - Admission and Discharge dates
 - Claim or billing dates
- **How are dates used to measure healthcare use? Examples:**
 - Time between diagnosis and treatment
 - How often is care provided



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Dates.

Data elements containing dates may be used to measure healthcare use – such as

Dates of service

Discharge dates

Claim or billing dates

How are dates used to measure healthcare use?

Examples include: measuring the time between diagnosis and treatment - or – how often care is provided

Dates

▪ Benefits of using dates

- Easy to calculate

▪ Disadvantages of Using Dates

- Different meanings in VA vs. Medicare
 - VA – often multiple “events” in one day
 - Medicare – often different days for each “event”



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One benefit of using dates is that they are easy to calculate

But there are disadvantages too. For example dates may have different meanings in VA vs. Medicare due to the nature in which care is provided.

In the VA, a vet may see multiple providers or have multiple events on a single day i.e. same date of service.

Outside the VA, if a patient needs to see several different providers it often happens on different days.

Dates

▪ Caveats:

- Facilities may submit claims before discharge date
 - E.g., half of all SNF claims
- Claim “from” and “thru” dates are not always the same as admission and discharge dates or dates of service



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For care provided within a facility, a claim may be submitted to Medicare prior to discharge.

Examples include in skilled nursing facilities where half of all patient stays span multiple claims. The frequency of claim submissions varies by facility and may reflect their accounting system requirements. Some may submit each month, some each quarter.

Keep in mind that claim “from” and “thru” dates are not always the same as admission and discharge dates or dates of service.

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- **Where to go for more help**



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Next we will look at examples of VA studies that have used the Medicare Claims datasets to evaluate healthcare use

Measuring Medicare Healthcare Use: Examples from Three Research Studies

▪ **Measuring outpatient use using claims**

- Weeks WB et al. 'Veterans Health Administration and Medicare Outpatient Health Care Utilization by Older Rural and Urban New England Veterans' *Journal of Rural Health*, 167-171, Spring 2005

▪ **Measuring outpatient use using cost**

- Hynes D, et al. Veterans' Access to and Use of Medicare and VA Health Care. *Medical Care*, 2006

▪ **Measuring healthcare use using procedures**

- Halanych JH et al. 'Racial/Ethnic Differences in Diabetes Care for Older Veterans: Accounting for Dual Health System Use Changes Conclusions' *Medical Care*, 44(5):439-445, 2006.

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We selected 3 studies to show how different researchers have used claims, cost and procedures as their measurement tool.

Measuring outpatient use using claims

Weeks WB et al. 'Veterans Health Administration and Medicare Outpatient Health Care Utilization by Older Rural and Urban New England Veterans' *Journal of Rural Health*, 167-171, Spring 2005

Measuring outpatient use using cost

Hynes D, et al. Veterans' Access to and Use of Medicare and VA Health Care. *Medical Care*, 2006

Measuring healthcare use using procedures

Halanych JH et al. 'Racial/Ethnic Differences in Diabetes Care for Older Veterans: Accounting for Dual Health System Use Changes Conclusions' *Medical Care*, 44(5):439-445, 2006.

Measuring outpatient use using claims

Weeks et al, Journal of Rural Health, 2005

- **Goal**

- Compare outpatient medical health care utilization for urban and rural Medicare enrolled veterans

- **Cohort**

- New England VHA users (1995-1999) 65 years and over, enrolled in Medicare Fee for Service

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Weeks and associate used claims to measure outpatient healthcare use

Their goal was to compare outpatient medical health care utilization for urban and rural Medicare enrolled veterans

Their cohort included New England VHA users (1995-1999), 65 years and over, enrolled in Medicare Fee for Service

Measuring outpatient use using claims

Weeks et al, Journal of Rural Health, 2005

▪ Methods

- Claims files – Outpatient and Carrier files
- Categorized outpatient use using
 - Medicare “Type of Service” Codes
- Number of outpatient visits assigned to primary care, mental health, other specialty, emergency room care, and other outpatient care

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They used claims files – Outpatient and Carrier files and categorized outpatient use using Medicare “Type of Service” codes

The number of outpatient visits assigned to primary care, mental health, other specialty, emergency room care, and other outpatient care were calculated.

Measuring outpatient use using claims

Weeks et al, Journal of Rural Health, 2005

▪ **Selected Results**

- All veterans obtained 2-3 times more primary care in Medicare as VHA
- Urban veterans had more specialty care visits in VHA than in Medicare
- Urban and rural veterans had more mental health visits in VHA than in Medicare

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Among their findings:

- All veterans obtained 2-3 times more primary care in Medicare as VHA
- Urban veterans had more specialty care visits in VHA than in Medicare
- Urban and rural veterans had more mental health visits in VHA than in Medicare

Measuring Outpatient Use Using Cost

Hynes et al, Medical Care, 2007

- **Goals**

- To measure VA and Medicare reliance among dually eligible veterans

- **Cohort**

- 2.6 million veterans in VHA cohort enrolled in Medicare Fee-for-Service in 1999

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In our own study, our goal was to measure VA and Medicare reliance among dually eligible veterans

Our Cohort consisted of 2.6 million veterans in VHA cohort enrolled in Medicare Fee-for-Service in 1999

Measuring Outpatient Use Using Cost

Hynes et al, Medical Care, 2007

▪ **Methods – Measuring Outpatient Cost**

- Claims files: Outpatient, Carrier, Home Health
- Calculated percent reliance on VA health care as a percentage of total VA and Medicare costs
- Outpatient categories were defined based on proportion of costs attributable to VA and Medicare:
 - Medicare-only users (100% Medicare)
 - Mostly Medicare users (75-99% Medicare)
 - Equally dual users (26-76% Medicare)
 - Mostly VA users (1-25% Medicare)
 - VA-only users (0% Medicare)

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We measured outpatient cost by looking at the claims files:
Outpatient, Carrier, Home Health

For each subject we calculated the percent reliance on VA health care as a percentage of his/her total VA and Medicare costs

Outpatient categories were defined based on proportion of costs attributable to VA and Medicare:

Medicare-only users (100% Medicare)

Mostly Medicare users (75-99% Medicare)

Equally dual users (26-76% Medicare)

Mostly VA users (1-25% Medicare)

VA-only users (0% Medicare)

Measuring Outpatient Use Using Cost

Hynes et al, Medical Care, 2007

Adjusted Odds Ratios of Using VA or Medicare Outpatient Services

	VA Only, Mostly VA, Equally Dual, and Mostly Medicare vs. Medicare Only	VA Only, Mostly VA, and Equally Dual, vs. Mostly Medicare and Medicare Only	VA Only and Mostly VA vs. Equally Dual, Mostly Medicare, and Medicare Only	VA Only vs. Mostly VA, Equally Dual, Mostly Medicare, and Medicare Only
Age				
66-74	Ref	Ref	Ref	Ref
75-84	0.71	0.70	0.67	0.64
85+	0.40	0.49	0.50	0.50
Race				
Nonblack	Ref	Ref	Ref	Ref
Black	1.85	2.09	2.22	2.32
Distance to Nearest VA Hospital				
0-4.9 miles	Ref	Ref	Ref	Ref
5-9.9 miles	0.73	0.73	0.73	0.73
10-19.9 miles	0.62	0.59	0.57	0.59
20-39.9 miles	0.61	0.54	0.48	0.47
40+ miles	0.54	0.44	0.34	0.30



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This table shows some of our results.....

Measuring Procedures

Halanych et al, Medical Care, 2006

- **Goal**

- Compare racial/ethnic disparities in quality of care for VHA patients with diabetes

- **Cohort**

- National sample of non-institutionalized VHA patients, 65 years and over, with diabetes
- Diabetes determined from VHA prescription and ICD-9 codes and from Medicare ICD-9 diagnostic codes for FY 1997-1998

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In our last example, Halanych and associates compared racial and ethnic disparities in quality of care for VHA patients with diabetes

Their cohort was a national sample of non-institutionalized VHA patients, 65 years and over, with diabetes

Patients with diabetes were identified from VHA prescription and ICD-9 codes and from Medicare ICD-9 diagnostic codes for FY 1997-1998

Measuring Procedures

Halanych et al, Medical Care, 2006

■ Methods

- Race/ethnicity obtained from both VHA and Medicare data
- Claims files – Inpatient, Outpatient, Carrier
- Care measurements
 - VHA data-- Laboratory result files and CPT codes used
 - Medicare data – CPT/HCPCS codes used (outpatient, carrier)
 - ICD-9 procedure codes (inpatient)
- Three quality of care measures used
 - Annual hemoglobin A1c (HbA1c) test
 - Annual Low Density Lipoprotein (LDL) test
 - Annual Dilated eye examination

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They obtained race/ethnicity from both VHA and Medicare data.

They used claims files – Inpatient, Outpatient, and Carrier

Their care measurements were

From VHA data-- Laboratory result files and CPT codes used

And from Medicare data – CPT/HCPCS codes used (outpatient, carrier) and

ICD-9 procedure codes (inpatient).

Three quality of care measures were used

Annual hemoglobin A1c (HbA1c) test

Annual Low Density Lipoprotein (LDL) test, and

Annual Dilated eye examination

Measuring Procedures

Halanych et al, Medical Care, 2006

▪ Results

- VHA only data - Rates of receiving three procedures were equal to or higher for Blacks and Hispanics than for white patients (except LDL testing in Black patients)
- VHA + Medicare data – Results were reversed. Rates of receiving procedures were lower in Blacks and Hispanics compared to whites
- More care captured in Medicare for Whites as compared to Blacks and Hispanics

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Results

For VHA only users - Rates of receiving three procedures were equal to or higher for Blacks and Hispanics than for white patients (except LDL testing in Black patients)

For VHA + Medicare (dual) users – Results were reversed. Rates of receiving procedures were lower in Blacks and Hispanics compared to whites

More care was captured in Medicare for Whites as compared to Blacks and Hispanics

Session Objectives

- **Overview of the Medicare Claims datasets**
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- **Where to go for more help**

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The next few slides offer information on where to go for more help.

VIReC Help

- **VIReC Webpage**

<http://www.virec.research.va.gov>

- Information on VA data sources and how to access data

- **VIReC Help Desk**

- VIReC staff will answer your question and/or direct you to available resources on topics
- VIReC@va.gov or (708) 202-2413

- **HSRData Listserv**

- Join at the VIReC Web site
- Discussion among >400 data stewards, managers, and users
- Past messages in archive (on intranet)



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You can look for more information VA data sources and how to get access to VA on the VIReC web page.

You can email or call the VIReC Helpdesk and VIReC staff will answer your question or direct you to available resources.

You can subscribe to the HSRData Listserv that VIReC manages. There are over 400 users, including data stewards and managers.

There is an archive of past HSRData message available on VIReC's intranet web site.

VIREC's VA-CMS Web Page

- Links to Medicare Files Data dictionaries
- SAS Proc Contents
- Frequencies for selected Medicare variables
- List of source files for VHA cohort
- <http://www.virec.research.va.gov/DataSourcesName/VA-CMS/VACMSavail-doc.htm>

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On our VA-CMS web pages are
Links to medicare file – data dictionaries
SAS Proc Contents
Frequencies for selected Medicare variables, and
A list of source files for the VHA cohort

The link is shown here.

Research Data Assistance Center (ResDAC)

- **CMS contractor based at the University of Minnesota**
- **Provides free assistance to**
 - Researchers
 - Government agencies
 - Not-for-profit organizations
- **CMS 101: Introduction to the use of Medicare data for research**
- **www.resdac.umn.edu**

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ResDAC, the Research Data Assistance Center, is a CMS contractor based at the University of Minnesota that provides free assistance to researchers, government agencies, and non-for-profit organizations using CMS data.

They provide hands-on workshops like, CMS 101 – to introduce new users to the ins and outs of Medicare data for research.

The url is included here.

CMS and Medicare Websites

- **CMS Home Page**
 - www.cms.gov
- **CMS Research, Statistics, and Data Systems**
 - www.cms.gov/home/rsds.asp
- **For Medicare beneficiaries**
 - www.medicare.gov

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We have included links to the CMS home page CMS Research, Statistics and Data Systems pages, and The main page for Medicare beneficiaries.

Questions?



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In the time we have left we will take your questions.

Melissa?

Upcoming Seminars

- **December 6, 2010**
 - Measuring Veterans Health Services Use in VA and Medicare (Part 2)
 - Denise M. Hynes, RN, PhD, MPH

