



# Database & Methods Cyberseminar Series

*Informational seminars to help VA researchers access and use VA databases.*

## Topics

- VA data sources & data access systems
- Application of VA data to research and quality improvement questions
- Limitations of secondary data use
- Resources to support VA data use



## FY21 Upcoming Sessions

First Monday of the month | 1:00pm-2:00pm ET

Date	Topic
1/4/21	Meet VIReC: The Researcher's Guide to VA Data

Visit our Education page  
for more information &  
registration links:

<https://bit.ly/39B1JUo>

Visit HSR&D's VIReC  
Cyberseminar Archive to  
watch previous sessions:

<https://bit.ly/3dZFJWG>

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## VIReC Database & Methods Cyberseminar Series

FY21 Session 3

# Measuring Veterans' Medicare Healthcare Use



Kristin de Groot, MPH  
Technical Director, VA/CMS Data for Research Project  
VA Information Resource Center

## *Today's objective*

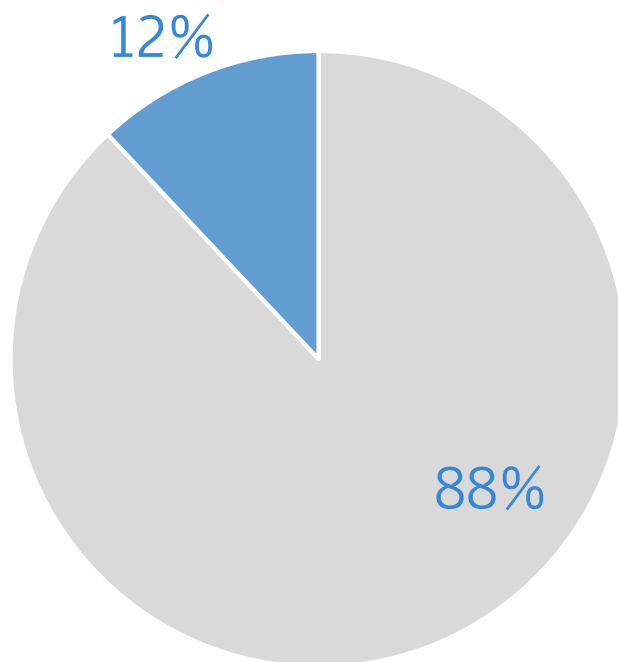
*demonstrate how researchers can obtain  
information on Veterans' healthcare use  
received through Medicare*

# Veterans' Enrollment in Medicare

*Percent of VHA Enrollees in Medicare in September 2016*

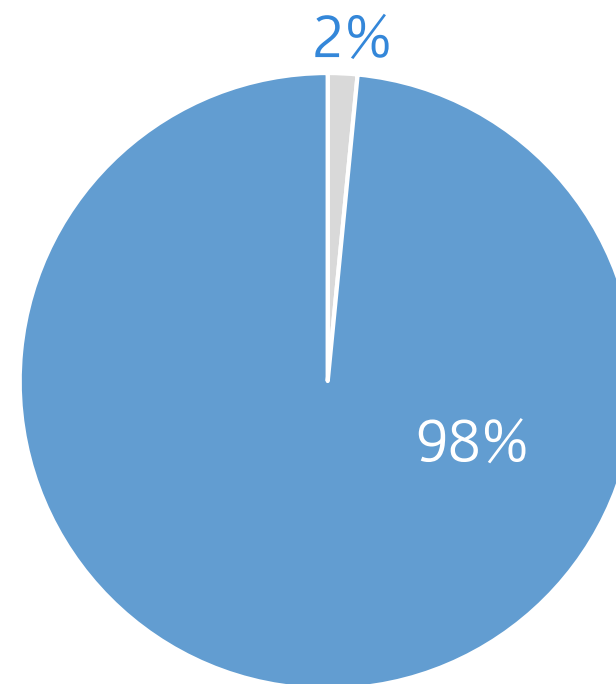
Veterans age <65

*N = 4.9 million*



Veterans age 65+

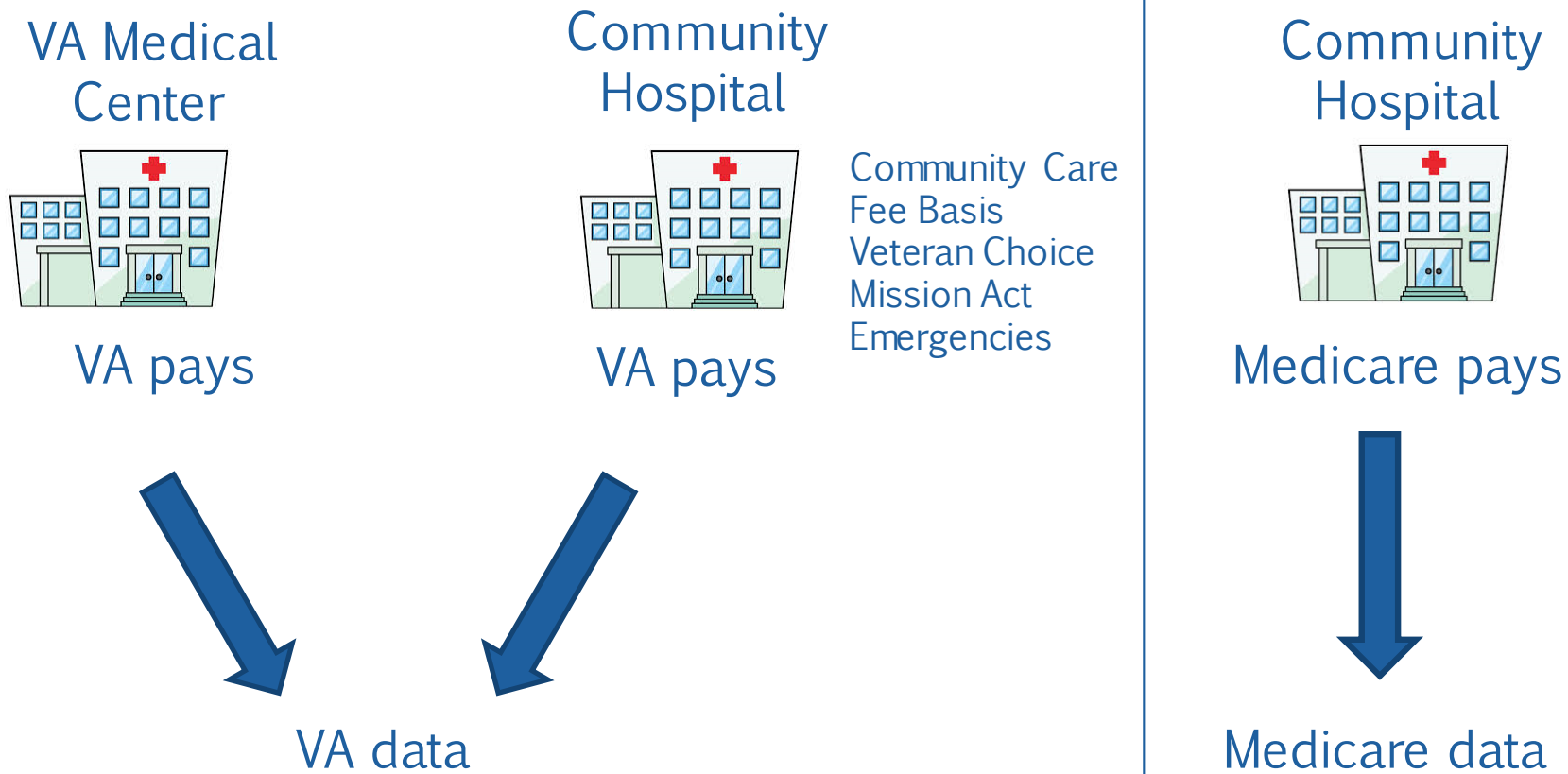
*N = 4.7 million*



 VHA only

 VHA + Medicare

# Where's the data?



# Poll #1: What is your **role** in research and/or quality improvement projects?

- Investigator, PI, Co-I
- Statistician, data manager, analyst, or programmer
- Project coordinator
- Other – please describe via the chat function





## Poll #2: How many years of experience working with VA data?

- None – I'm brand new to this!
- One year or less
- More than 1, less than 3 years
- At least 3, less than 7 years
- At least 7, less than 10 years
- 10 years or more



## Poll #3: Rate your knowledge of Medicare data

- None
- Little
- Some
- Moderate
- Expert



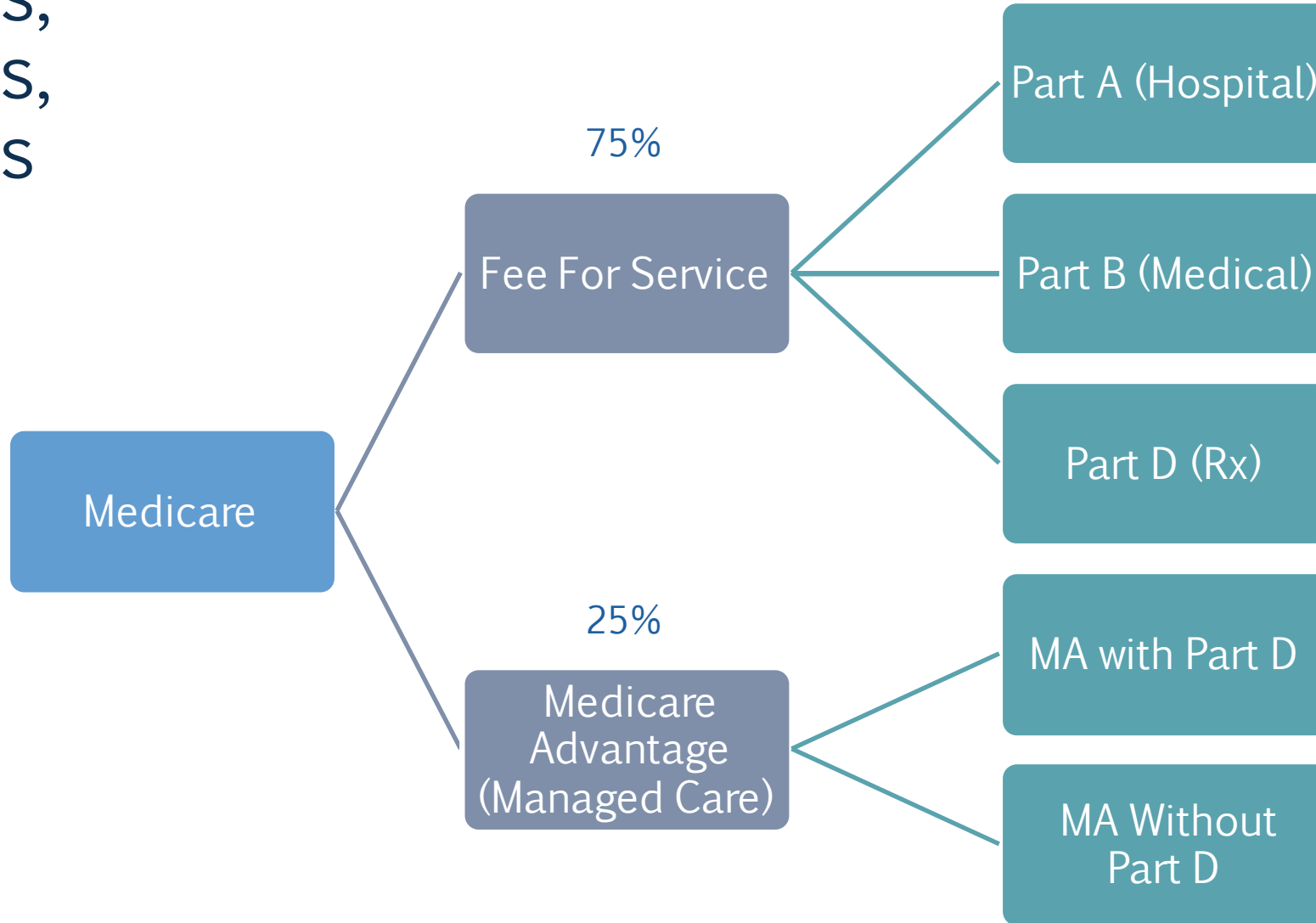
# Session roadmap

- Medicare 101
- Types of Medicare Data
- Using Medicare Data in Research
- Research Examples
- Data Access and Assistance

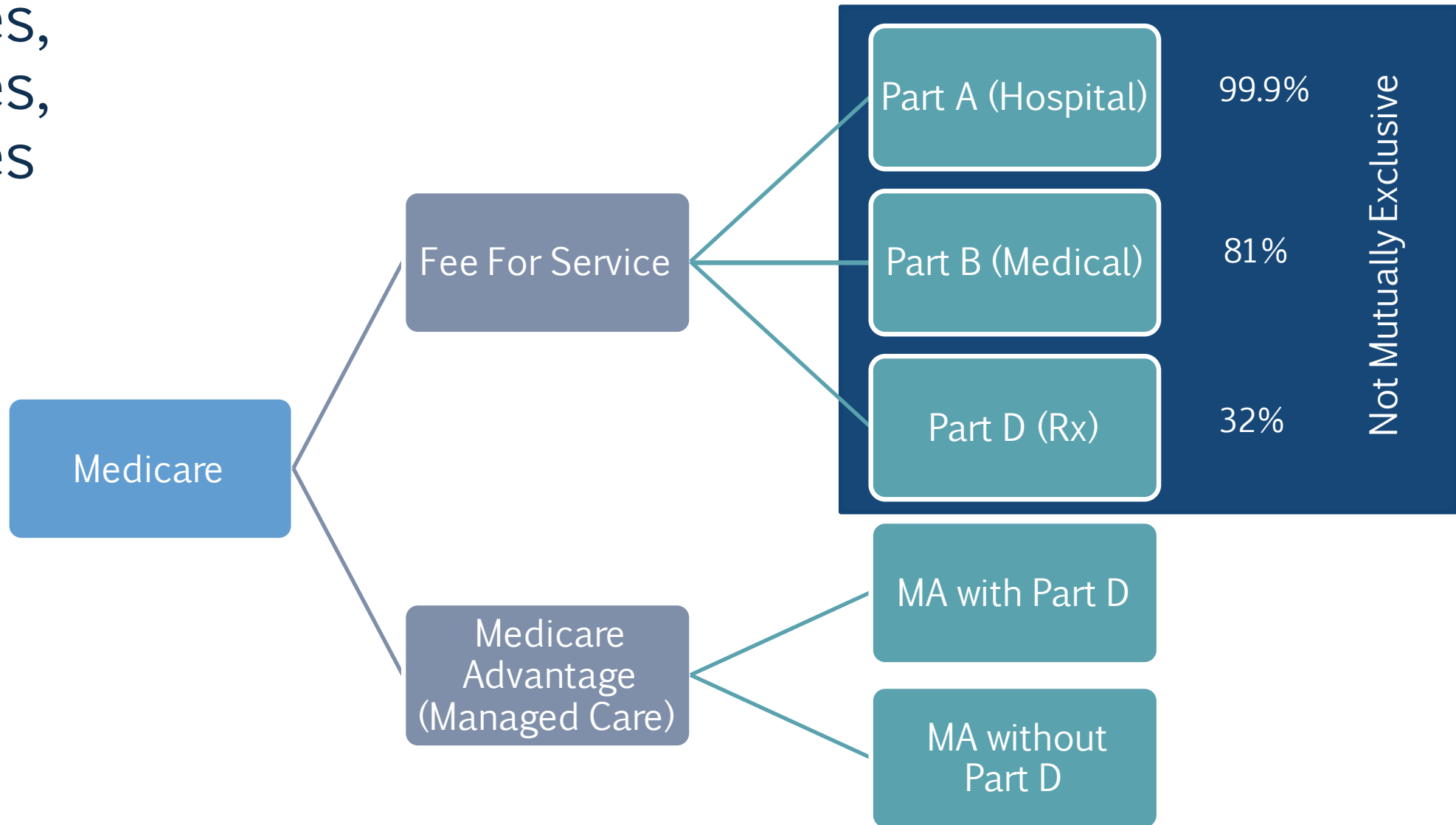
# Medicare Eligibility

- Who is eligible for Medicare?
  - Almost everyone over age 65
  - Some disabled individuals
  - Patients with End Stage Renal Disease
  
- Eligibility not dependent on
  - Income
  - Other health insurance
  - VHA coverage

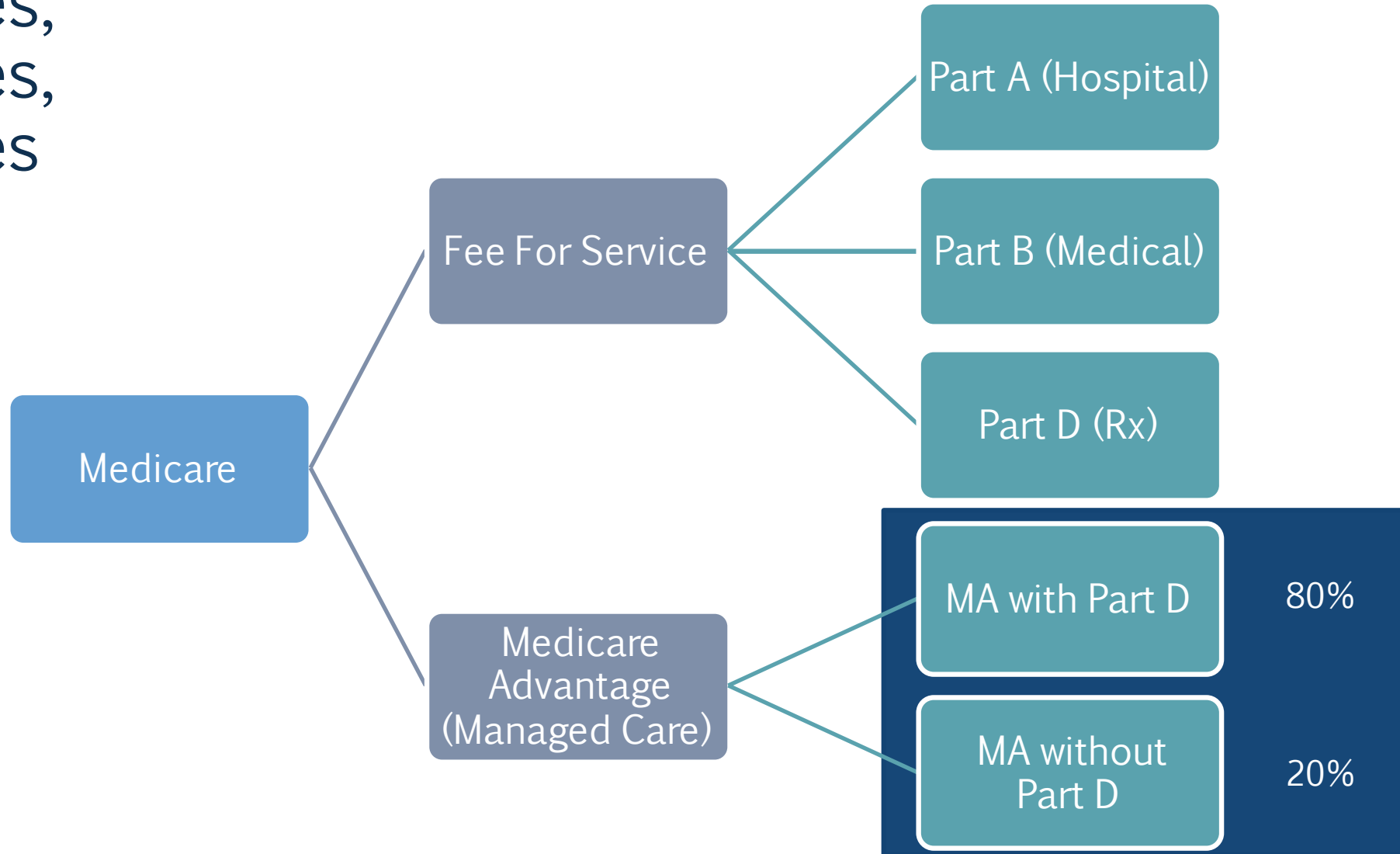
# Choices, Choices, Choices



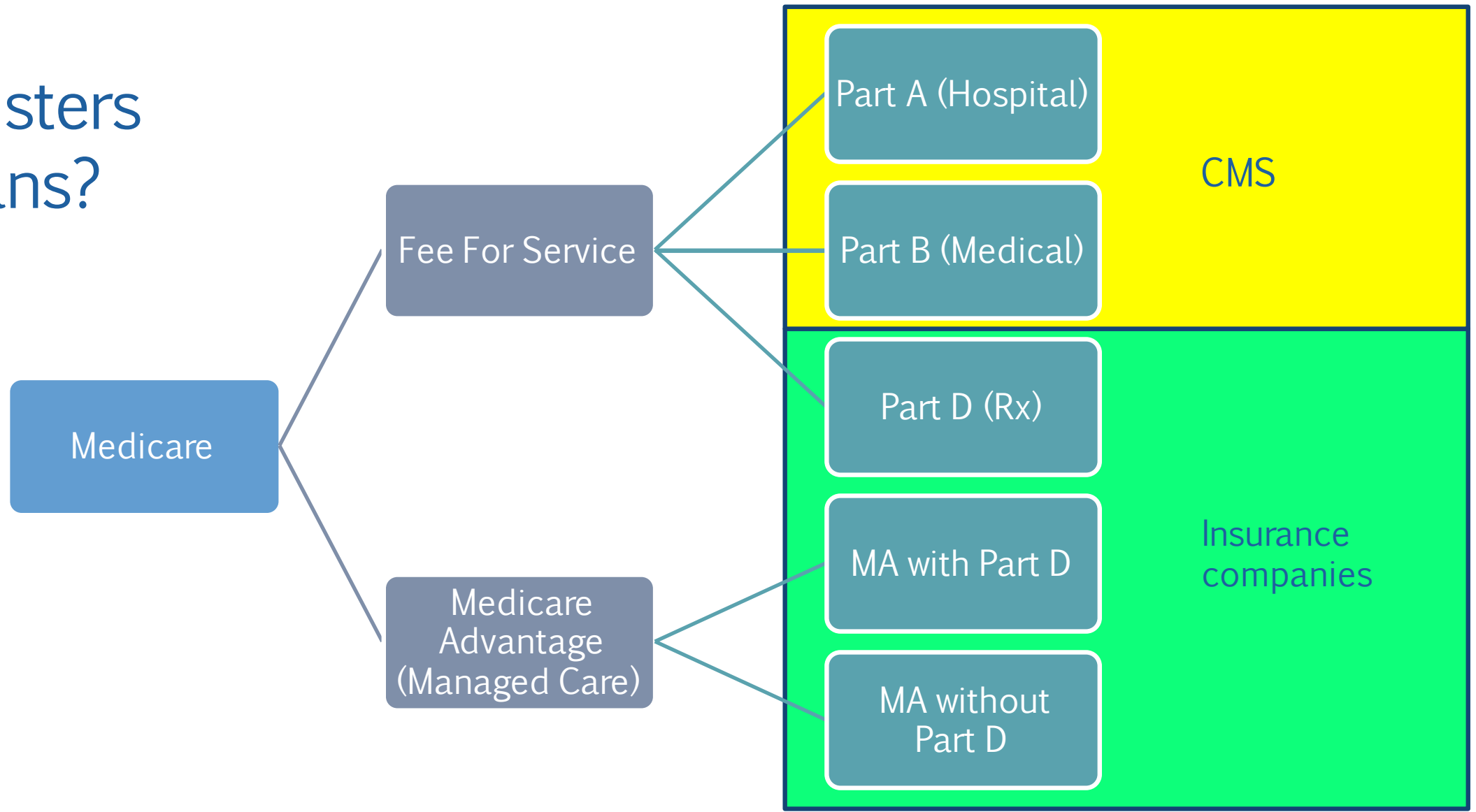
# Choices, Choices, Choices



# Choices, Choices, Choices

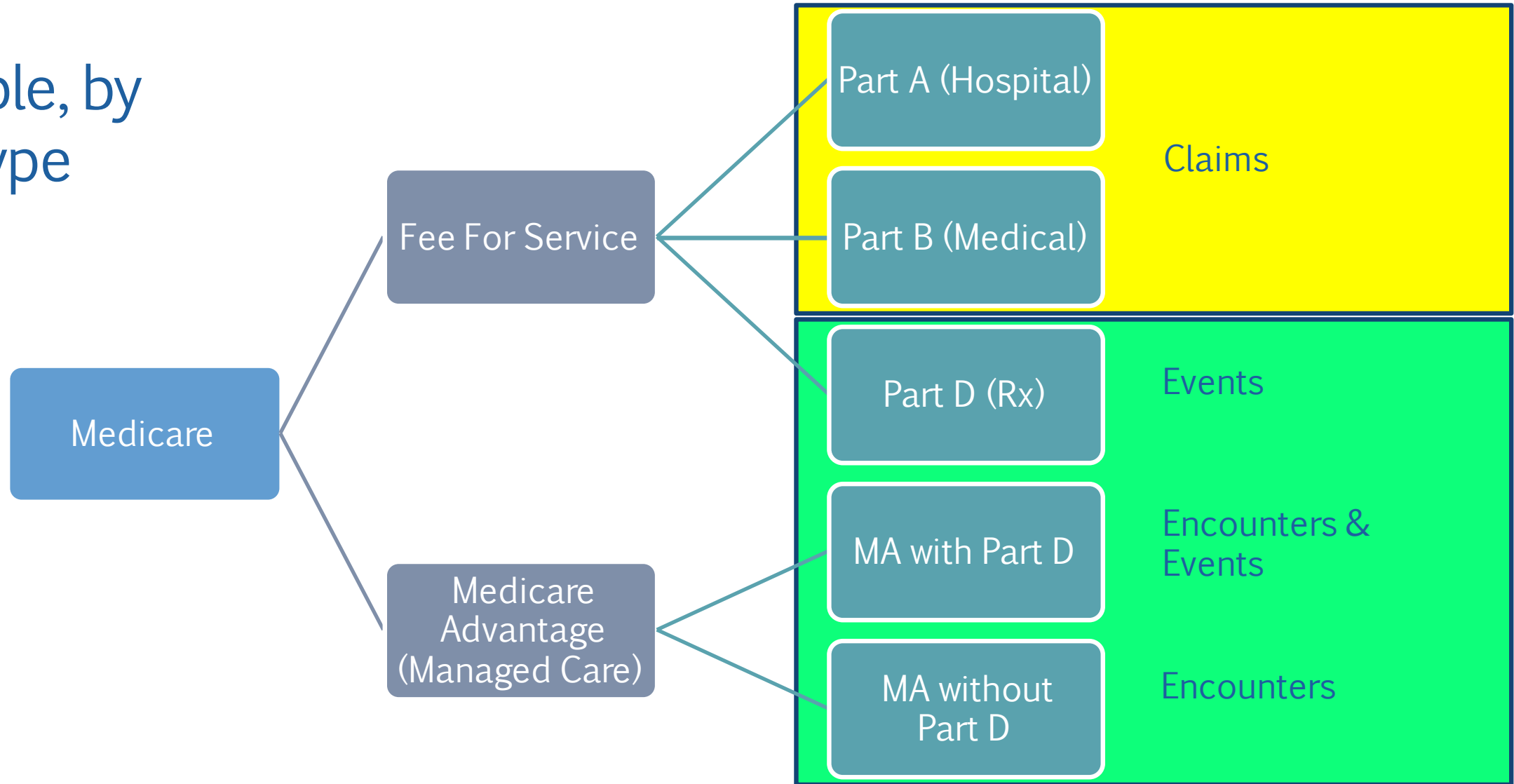


# Who Administers the Plans?





# Data Available, by Plan Type



# Session roadmap

- Medicare 101
- Types of Medicare Data
- Using Medicare Data in Research
- Research Examples
- Data Access and Assistance

# Types of Medicare Data

- Enrollment & Demographics
- Claims & Stay level file
- Part D events
- Annual Summary files
- Medicare Advantage
  - Encounter
  - HEDIS

# Types of Medicare Data

- **Enrollment & Demographics**
- Claims & Stay level file
- Part D events
- Annual Summary files
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  - Encounter
  - HEDIS

# Enrollment & Demographic File

- One record per person, per calendar year
- Actual name varies by year
  - Denominator (1997-2008)
  - Beneficiary Summary (2009-10)
  - Master Beneficiary Summary File: Base (2011- )

# Contents of Enrollment & Demographic File

- Contains monthly indicators for
  - Parts A, B, D
  - Medicare Advantage
  - Medicaid
- Demographics
  - Sex, date of birth, date of death
  - Race/ethnicity
  - State, county, ZIP
  - Does NOT contain
    - Education, marital status, income

# EDB Extracts

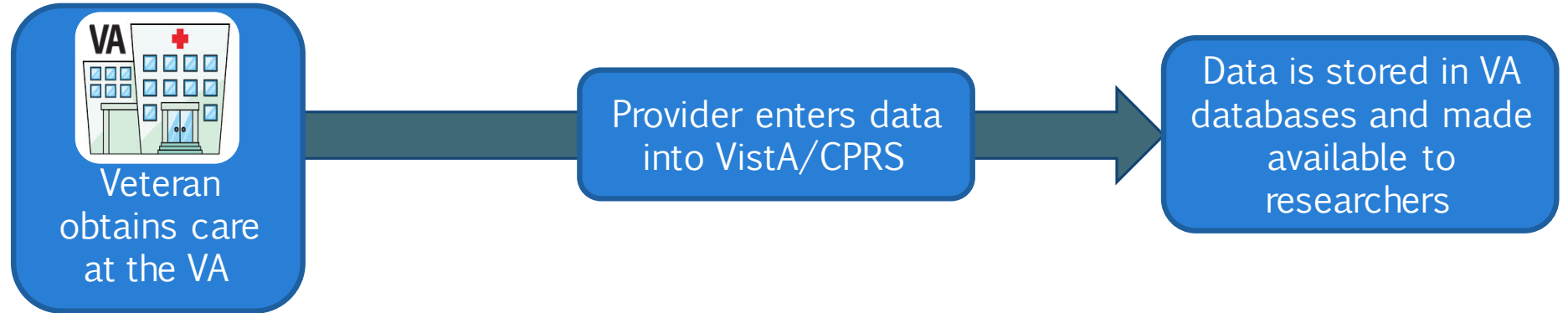
- Extracts of Medicare's Enrollment Database (EDB)
  
- Cumulative files; updated annually
  - Vital Status
  - Parts A & B Entitlement & Enrollment History
  - Group Health Organization
  - Incarceration History
  - Primary Payer

# Types of Medicare Data

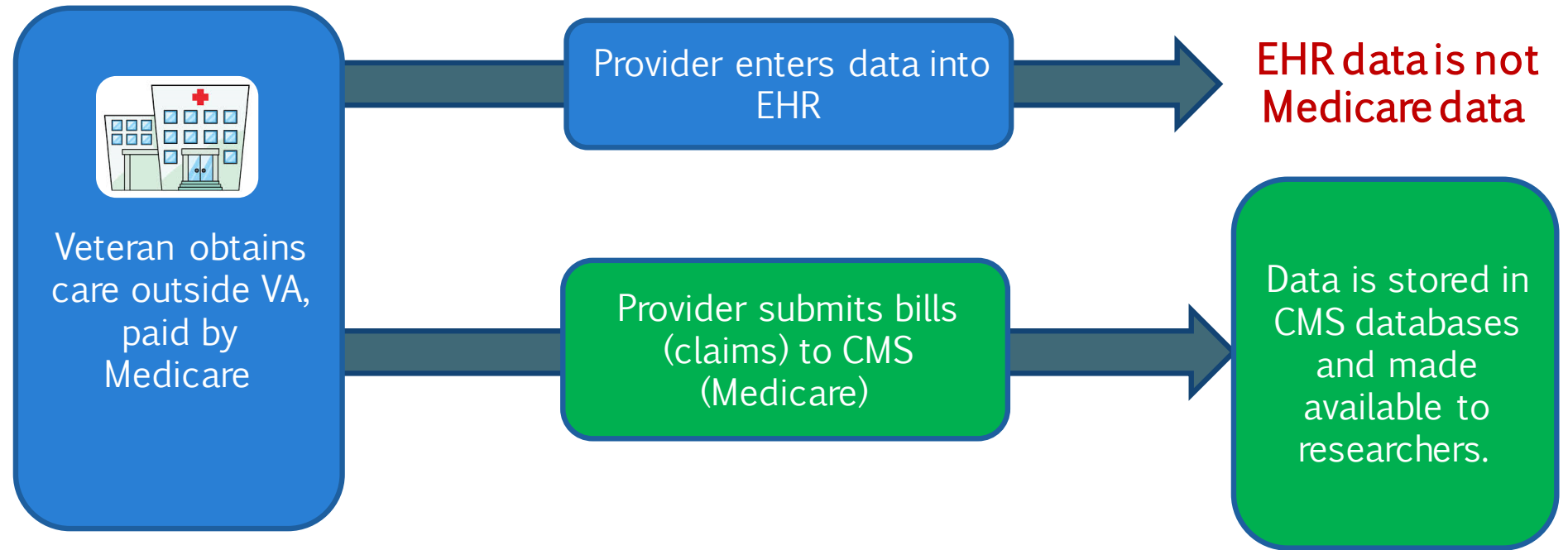
- Enrollment & Demographics
- **Claims & Stay level file**
- Part D events
- Annual Summary files
- Medicare Advantage
  - HEDIS
  - Encounter



### VA Data Flow



### Medicare FFS Data Flow



## Source of VA & Medicare Data

## Type of Provider



## Type of Bill



## Type of Data

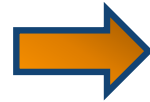
### Institutional



Hospital or  
nursing  
facility



Home health agency  
or hospice



**Part A or B**

CMS 1450/  
UB-04



### 5 Institutional Files

Inpatient  
Skilled Nursing  
Home Health  
Hospice  
Outpatient

### Non-Institutional



Clinical  
laboratories



Individual  
physicians,  
chiropractors,  
other providers



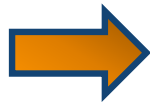
Physician  
groups



Medical  
Suppliers



Ambulances



**Part B**

CMS 1500



### 2 Non-Institutional Files

Carrier  
Durable Medical Equipment

# What types of information are included in Medicare claims?

## COMPLETE DATA

Social Security Number  
Dates of service  
Provider & place of service  
Costs  
Procedure codes\*  
Diagnosis codes\*

## NO or INCOMPLETE DATA

Clinical data (Lab Results,  
Vital Signs, Symptoms)  
Services not itemized  
(bundled services)

# What does a claim represent?

## 1 claim = multiple visits

- Multiple visits to same provider, for same purpose in short time period
  - Physical therapy
  - Dialysis
  - Home healthcare

## 1 claim = 1 visit

- Acute inpatient stay
- Office visits

## Multiple claims = 1 visit

- Emergency room visits (hospital + physician)
- Long stays, especially in Skilled Nursing Facilities

# Inpatient & Skilled Nursing Facility Files

- Inpatient
  - 90% short-term (acute) hospitals
  - Rehab, psych, other long-term hospitals
- Skilled Nursing Facility (SNF)
  - Skilled nursing and rehabilitation care
  - Does not include custodial care
- Includes facility charges and payments
- A stay may involve one or multiple claims

## Example: Single stay with multiple claims

Stay	Claims	
Admit: July 10 Discharge: August 8	Claim 1	From July 10 Thru July 31
	Claim 2	From August 1 Thru August 8

# MedPAR Stay-Level File

- Created from Inpatient and SNF claims
- Claims are “rolled up” to the stay level
  - Eliminates need for researchers to do this manually
- Includes some stays from Medicare Advantage enrollees
- Variables
  - Many stay-level summary variables
  - Doesn’t have all variables from IP/SNF files (e.g. physician’s NPI)
  - Only diagnosis and procedures codes from last IP/SNF claim

# Hospice & Home Health Agency Files

- Hospice
  - End-of-life care provided by hospice agencies
  - Care at home (80-90%) or as inpatient
  
- Home Health Agency
  - Skilled nursing
  - Physical/occupational/speech therapy
  - Home health aide



# Outpatient File

- Types of facilities
  - Hospital (87%)
  - Dialysis facilities, rural health clinics, federally qualified health centers, mental health centers, rehab centers
- Types of services
  - Laboratory
  - Radiology
  - Physical therapy
  - Dialysis
  - Emergency room
- Includes facility charges and payments

# Carrier File

- Previously known as Physician/Supplier File
- Includes:
  - Physician services
    - Outpatient setting: Office visits, procedures
    - Inpatient settings: Consultations, services in hospitals & nursing facilities
    - Emergency room
  - Ambulance providers
  - Clinical laboratories

# Durable Medical Equipment File

Includes:

- Wheelchairs and hospital beds
- Prosthetics and orthotics
- Oxygen equipment and supplies
- Diabetic testing supplies
- Drugs (limited coverage) provided in outpatient setting

# Types of Medicare Data

- Enrollment & Demographics
- Claims & Stay level file
- **Part D events**
- Annual Summary files
- Medicare Advantage
  - Encounter
  - HEDIS

## Part D Events

- Part D is administered by insurance companies
- Claims for drugs paid by insurance companies, not CMS
- Insurance companies submit data to CMS on all prescription fills
- Includes Part D events from all plans
  - Stand alone plans and Medicare Advantage plans

## Part D Data for Research Use

- Prescription Drug Event (PDE), can be linked to characteristics of the:
  - Drug
  - Pharmacy
  - Prescriber
  - Plan
  - Formulary
- Slim File is subset of PDE data, includes
  - Drug Characteristics



# Types of Medicare Data

- Enrollment & Demographics
- Claims & Stay level file
- Part D events
- **Annual Summary files**
- Medicare Advantage
  - Encounter
  - HEDIS

# What are the Annual Summary Files?

- Variables created by CMS, based on the FFS claims
- One record per person, per calendar year
- Two types of summary data
  1. Cost and Use
    - Medicare and beneficiary payments
    - Number of “events”
  2. Chronic Conditions
    - Uses standard definitions for chronic conditions
    - Disease flags & diagnosis date



# Where to find annual summary data?

Types of variables	1999-2010	2011-forward
Cost and Use	Beneficiary Annual Summary File (BASf)	MBSF: Cost and Use
Chronic Condition (common in Medicare population)		MBSF: Chronic Conditions
Disabilities & Other Chronic Conditions (common in Medicare-Medicaid dually enrolled population)	N/A	MBSF: Other Chronic or Potentially Disabling Conditions

MBSF = Master Beneficiary Summary File

# Types of Medicare Data

- Enrollment & Demographics
- Claims & Stay level file
- Part D events
- Annual Summary files
- **Medicare Advantage**
  - Encounter
  - HEDIS

# Medicare Advantage Encounter Data

- Utilization for beneficiaries in managed care plans
- Data submitted to CMS by insurance companies
- Data structure and files types are similar to claims files, except:
  - No hospice file
  - No cost variables
  - Includes chart review records
- Limitations
  - Only 2 years currently available (CY 2015-16)
  - Best practices & pitfalls unknown

# HEDIS

## Healthcare Effectiveness Data and Information Set

- Tool used by health plans to measure quality of care
- Can be used to approximate amount and types of utilization
  - One record per person, per plan, per calendar year
- Examples
  - Received eye exam?
  - Number of hospitalizations, length of stay
- Limitations
  - No dates, diagnosis or procedure codes, provider info
  - More limited assistance for researchers

# Session roadmap

- Medicare 101
- Types of Medicare Data
- Using Medicare Data in Research
- Research Examples
- Data Access and Assistance

# Commonly used data elements & measures

- Procedures
- Diagnoses
- Costs
- Inpatient Stays
- Outpatient Visits



# Procedures

Two types of procedure codes in Medicare claims data

1. ICD-9 & ICD-10 procedure/surgery codes
  - MedPAR and Inpatient files
  
2. Healthcare Common Procedure Coding System (HCPCS)
  - CPT procedure codes + CMS developed codes
  - CMS developed codes are alpha-numeric
  - Outpatient, home health, carrier, DME files

# Diagnoses

- Medicare claims data contain ICD-9/ICD-10 diagnosis codes
  - No diagnosis codes in Part D data
- Inpatient/MedPAR claims include Diagnostic Related Group (DRG)



# Using Procedures & Diagnoses in Research

- Inclusion or exclusion criteria
- Outcome measure
- Risk adjustment
  - Comorbidity index

# Risk Adjustment Study

- Cohort of VHA-Medicare dual users (40-60% of care in Medicare)
  - Age 66+, died from cancer FY10-14
- Data sources
  - VA Inpatient & Outpatient MedSAS
  - VA Inpatient & Outpatient Fee Basis
  - Medicare MedPAR, Outpatient, Carrier
- Comorbidities - Use ICD-9 diagnosis and procedure codes
  - Elixhauser
  - Charlson

Gidwani-Marszowski, R, et al. Comorbidity Assessment Is Uneven Across Veterans Health Administration and Medicare for the Same Patient: Implications for Risk Adjustment. Med Care 2020; 58: 717-721

# Risk Adjustment Study Results

- Clinical comorbidities were more likely to be recorded in Medicare than in VA datasets.
- Use both VA & Medicare data for complete risk adjustment

**TABLE 2.** Comorbidity Assessment in VA Versus Medicare Administrative Data

Elixhauser	VA/Fee [n (%)]	Medicare [n (%)]	P (Medicare vs. VA/Fee)	Difference in Proportions (Medicare vs. VA/Fee) (%)*
Hypertension	1852 (49.0)	2427 (64.2)	<0.001	31
Fluid and electrolyte disorders	574 (15.2)	1588 (42.0)	<0.001	177
Deficiency anemias	838 (22.2)	1354 (35.8)	<0.001	62
Chronic pulmonary disease	890 (23.5)	1293 (34.2)	<0.001	45
Diabetes without chronic complications	860 (22.7)	1068 (28.2)	<0.001	3
Weight loss	278 (7.4)	801 (21.2)	<0.001	188
Renal failure	485 (12.8)	755 (20.0)	<0.001	56
Congestive heart failure	350 (9.3)	750 (19.8)	<0.001	94
Other neurological disorders	276 (7.3)	504 (13.3)	<0.001	83
Peripheral vascular disease	307 (8.1)	497 (13.1)	<0.001	50
Depression	299 (7.9)	388 (10.3)	<0.001	30
Coagulation deficiency	128 (3.4)	377 (10.0)	<0.001	195
Hypothyroidism	281 (7.4)	373 (9.9)	<0.001	33
Valvular disease	133 (3.5)	272 (7.2)	<0.001	105
Diabetes with chronic complications	189 (5.0)	235 (6.2)	0.0083	22
Pulmonary circulation disorders	123 (3.3)	215 (5.7)	<0.001	75
Paralysis	67 (1.8)	198 (5.2)	<0.001	196
Obesity	111 (2.9)	173 (4.6)	<0.001	56
Liver disease	96 (2.5)	162 (4.3)	<0.001	69
Alcohol abuse	95 (2.5)	145 (3.8)	0.002	53
Psychoses	108 (2.95)	132 (3.5)	0.0833	22
Blood loss anemia	36 (1.0)	109 (2.9)	<0.001	203

# Costs

- Charges submitted to Medicare
- Payments made to providers by
  - Medicare
  - Beneficiaries (deductibles & co-payments)
  - Primary payers
- Claims do not include payments made by secondary payers



# Inpatient Stay: Common Measures

- Number of stays
- Length of stay
- Readmissions

# Identifying Inpatient Stays

Inpatient care are provided by institutional providers.

(And often non-institutional providers too)

Types of Providers	Examples	Dataset
Institutional	Hospitals	Inpatient or MedPAR files
Non-institutional	Physicians	Carrier file

# What File(s) Should I use when Studying Inpatient Stays?

Choose **MedPAR**  
when studying:

- Number of stays
- Length of stay
- Total payments

Choose **Inpatient**  
when studying:

- Detailed charges
- Physicians' NPI
- All diagnosis & procedure codes

Add **Carrier** when  
studying:

- Consults
- All procedures

# Inpatient Stays: VA vs. Medicare

## VA Facility

- Acute care
- Rehab

## Medicare

- Acute care facility
- Rehab care facility



# Outpatient Visits: Common Measures

- Number of visits
- Type of visits

# Identifying Outpatient Services

Outpatient services may be provided by both institutional and non-institutional providers.

Types of Providers	Examples	Dataset
Institutional	Hospitals	Outpatient File
Non-institutional	Physicians	Carrier File

# What File(s) Should I use when Studying Outpatient Events?

In most cases, use both

Use **Outpatient**  
when studying:

- Services provided in a facility

Use **Carrier**  
when studying:

- Physician services

Add **Home Health**  
when studying:

- Services that could be provided at home, like physical therapy

Some events will have claims in both files

# Outpatient Visits: VA vs. Medicare

## VA (same day)

- Primary care
- Specialist
- Therapy

## Medicare

- Primary care
- Specialist
- Therapy

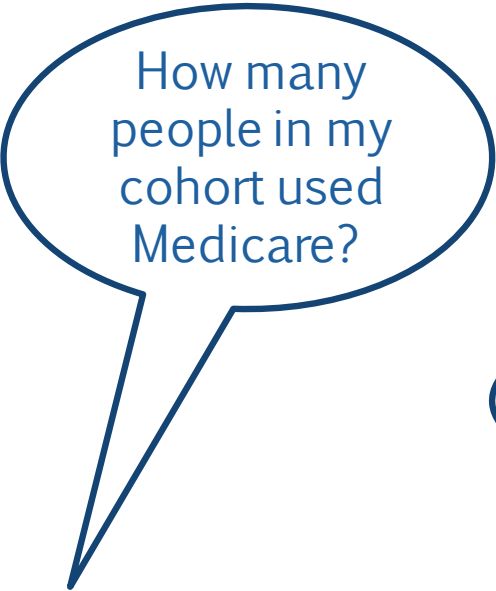
# Are annual summary files right for me?

## Pros


- Easy to work with, small files

## Cons

- Summarized by calendar year, not fiscal year
- Doesn't itemize all types of events/conditions
- Uses CMS's definitions



How many people in my cohort used Medicare?



Who has been diagnosed with lung cancer?



How many people were hospitalized in 2010?

# Session roadmap

- Medicare 101
- Types of Medicare Data
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## Common says Medicare data are used in VA research

### Compare groups of users

- VA users
- Medicare users
- “Dual” users

Add Medicare data for more complete healthcare utilization or health status

# Example 1

## **Ambulatory Care Fragmentation and Hospitalization Among Veterans With Diabetes**

*Mangala Rajan, MBA; Drew Helmer, MD; Mazhgan Rowneki, MS; Dennis Fried, PhD, MBA;  
and Lisa M. Kern, MD, MPH*

Rajan M, et al. Ambulatory Care Fragmentation and Hospitalization Among Veterans With Diabetes. Am J Managed Care. 2020; 27(4):In Press.



# Overview (Rajan, 2020)

## Objective

To determine whether having a usual provider of care outside VHA and whether having highly fragmented care increases the risk of hospitalization among Veterans with diabetes

## Cohort

- Community dwelling Veterans with diabetes age 65+
- Enrolled in VHA and Medicare 2005-2010
- Approximately 500,000 for each of 5 overlapping cohorts

# Methods (Rajan, 2020)

## Data Sources

- VA utilization data
- Medicare Parts A & B utilization data

## Used VA and Medicare data to

- Identify patients with diabetes
- Calculate Charlson comorbidity score
- Capture provider data (NPI) to identify Usual Provider of Care (UPC) and to measure care fragmentation
- Outcomes: hospitalization

**TABLE 2.** Ambulatory Care and Hospitalizations by Fragmentation and UPC Categories Among Veterans With Diabetes for Each 2-Year Period

Years	Total	Low fragmentation scores (rBBI < 0.85)	High fragmentation scores (rBBI ≥ 0.85)
<b>First 2-year period</b>			
Ambulatory care, 2005			
n	492,479	325,193	167,286
n (%) with non-VHA UPC	347,346 (70.5%)	230,128 (70.8%)	117,218 (70.1%)
n (%) with VHA UPC	145,133 (29.5%)	95,065 (29.2%)	50,068 (29.9%)
Hospitalizations, 2006			
n (%) with at least 1 hospitalization	142,359 (28.9%)	90,025 (27.7%)	52,334 (31.3%)
Among non-VHA UPC	104,006 (29.9%)	66,305 (28.8%)	37,701 (32.2%)
Among VHA UPC	38,353 (26.4%)	23,720 (25.0%)	14,633 (29.2%)

## Selected Results (Rajan, 2020)

**TABLE 3.** Association Between Fragmentation and Any Hospital Admission in the Subsequent Year From 2006 to 2010<sup>a</sup>

Outcome: hospital admissions	Odds ratio (95% CI)
Model 1: fragmentation score (high vs low)	1.07 (1.06-1.08)
Model 2: UPC (non-VHA vs VHA)	1.11 (1.10-1.12)
Model 3: analysis using a 4-level variable that incorporates fragmentation score and UPC	
Group 1: veterans with low fragmentation and a VHA UPC	Reference
Group 2: veterans with high fragmentation and a VHA UPC	1.11 (1.10-1.13)
Group 3: veterans with low fragmentation and a non-VHA UPC	1.13 (1.10-1.14)
Group 4: veterans with high fragmentation and a non-VHA UPC	1.19 (1.18-1.20)

# Example 2

JAMA | **Original Investigation**

## Association of Statin Use With All-Cause and Cardiovascular Mortality in US Veterans 75 Years and Older

Ariela R. Orkaby, MD, MPH; Jane A. Driver, MD, MPH; Yuk-Lam Ho, MPH; Bing Lu, MD, PhD; Lauren Costa, MPH; Jacqueline Honerlaw, RN, MPH; Ashley Galloway, MPH; Jason L. Vassy, MD, MPH; Daniel E. Forman, MD; J. Michael Gaziano, MD, MPH; David R. Gagnon, MD, PhD; Peter W. F. Wilson, MD; Kelly Cho, PhD; Luc Djousse, MD, ScD

Orkaby A, et al. Association of Statin Use With All-Cause and Cardiovascular Mortality in US Veterans 75 Years and Older. JAMA. 2020 324(1): 68-78.

# Overview (Orkaby, 2020)

## Objective

To evaluate the role of statin use for mortality and primary prevention of atherosclerotic cardiovascular disease (ASCVD)

## Cohort

- Veterans age 75+
- Used VHA 2002-2012
- No ASCVD diagnosis or prior statin use
- N=326,981

# Methods (Orkaby, 2020)

## Data Sources

- VA CDW
- Medicare & Medicaid claims and pharmacy data
- National Death Index (NDI)

## Used VA and Medicare data to capture

- Diagnosis codes to assess comorbidities
- Statin prescriptions
- Outcomes: MI, stroke, CABG surgery or PCI

# Selected Results (Orkaby, 2020)

Table 2. Association Between Statin Use, All-Cause Mortality, and Major Cardiovascular Events in 326 981 US Veterans 75 Years and Older Free of Atherosclerotic Cardiovascular Disease at Baseline, After Propensity Score Overlap Weighting

Outcome	Weighted rate/1000 person-years		Weighted incidence rate difference/1000 person-years (95% CI) <sup>a</sup>	HR (95% CI)	P value
	Statin user (N = 57 178)	Statin nonuser (N = 269 803)			
Primary outcomes					
All-cause mortality (n = 206 902)	78.7	98.2	−19.45 (−20.38 to −18.52)	0.75 (0.74 to 0.76)	<.001
All CV death (n = 53 296)	22.6	25.7	−3.09 (−3.63 to −2.55)	0.80 (0.78 to 0.81)	<.001
Secondary outcomes					
ASCVD composite (n = 123 379) <sup>b</sup>	66.3	70.4	−4.05 (−5.09 to −3.02)	0.92 (0.91 to 0.94)	<.001
Myocardial infarction (n = 24 951)	13.2	12.6	0.56 (0.13 to 0.98)	0.99 (0.97 to 1.03)	.94
Ischemic stroke (n = 35 630)	18.4	18.2	0.25 (−0.26 to 0.76)	0.98 (0.96 to 1.01)	.20
CABG surgery/PCI (n = 74 362)	35.2	39.2	−3.38 (−4.12 to −2.64)	0.89 (0.88 to 0.91)	<.001

Abbreviations: ASCVD, atherosclerotic cardiovascular disease; CABG, coronary artery bypass graft; CV, cardiovascular; HR, hazard ratio; PCI, percutaneous coronary intervention.

<sup>a</sup> Weighted incidence rate difference comparing statin users to nonusers after overlap weighting was applied.

<sup>b</sup> ASCVD composite: time to first MI or ischemic stroke or CABG/PCI. There were fewer composite ASCVD events compared with total individual events, as participants were censored at first event of interest.



# Session roadmap

- Medicare 101
- Types of Medicare Data
- Using Medicare Data in Research
- Research Examples
- Data Access and Assistance





- The data steward for Centers for Medicare & Medicaid Services (CMS) data used for VA research
- Distributing data from to VA approved projects since 2003
- Providing assistance to VA research projects using CMS data
- No cost to VA researchers

# Requesting Medicare data

- Pre-Request Consultation
- Request Process and Forms
- Data Descriptions and Documentation

virec.vacmsdata@va.gov

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Help

**VA/CMS Data Standard Request Packet**

**Overview**

This page outlines the documents and approvals required for the [standard request](#) process for both initial and subsequent requests for VA/CMS data.

Projects that...	Use
Are requesting VA/CMS data for the first time	<a href="#">Initial Request Packet</a>
Have already submitted an initial request packet and are requesting additional data	<a href="#">Subsequent Request Packet</a>

**Initial Request Packet**

The Initial Request Packet is required for projects requesting access to VA/CMS data for the first time. When projects are engaged in research at multiple sites, each project site that will access the VA/CMS data is required to submit the Initial Request Packet. All projects must submit the following:

1. [Project Information and Authorization Form](#) signed by the Principal Investigator (PI) and approved by the PI's supervisor and the local facility Associate Chief of Staff for Research (ACOS-R).
2. [Data Security Compliance Form](#) signed by the PI and the Information Security Officer (ISO) at the VHA facility where research is being conducted, and if different, the ISO at the VHA facility where the VA/CMS data will be stored. If the data will be stored on VINCI, the ISO's signature is not required.
3. [VA/CMS Rules of Behavior \(ROB\) Agreement](#) signed by the PI and each project staff member who will have access to the VA/CMS data
4. Data Description Form(s) pre-reviewed by VIREC then signed by the PI and approved by the local Privacy Officer (PO) or central IRB Privacy Officer. Projects may submit one or more of the following data description forms for their project:
  - [VA/CMS Data for Veterans Only](#)
  - [VA/CMS Data for Veterans and Non-Veterans](#)
  - [VA/CMS Non-Repository Data](#)

**General Resources**

- [VA/CMS Repository Data](#)
- [Non-Repository Data](#)
- [Provider Data](#)
- [Cohorts & Identifiers](#)
- [Requests](#)
- [Current Data Users](#)

[vaww.virec.research.va.gov/Index-VACMS.htm](http://vaww.virec.research.va.gov/Index-VACMS.htm)  
(VA intranet only)

# VIReC Options for Specific Questions

## HSRData Listserv

- Community knowledge sharing
- ~1,400 VA data users
- Researchers, operations, data stewards, managers

– Subscribe by visiting

<https://vaww.virec.research.va.gov/Support/HSRData-L.htm> (VA Intranet)

## HelpDesk

– Individualized support



[virec@va.gov](mailto:virec@va.gov)

(708) 202-2413





- Field office of VHA's Chief Strategy Office
- Data steward for CMS (Medicare) data used for VHA operations
  - VHA Program Offices
  - Quality Improvement/Quality Assurance
- [vaww.va.gov/medicareanalysis/](http://vaww.va.gov/medicareanalysis/) (VA intranet only)



- CMS contractor based at the University of Minnesota
- Provides free assistance and training to researchers using CMS data
  - Help desk
  - Knowledge base
  - Webinars
  - In-person workshops
- [www.resdac.org](http://www.resdac.org)

## Chronic Conditions Data Warehouse

*Your source for national CMS Medicare and Medicaid research data*

- Source of most CMS data that VA receives
- Documentation
  - Data dictionaries
  - Summary tables
  - User guides & technical guides
  - White papers & presentations
- [www.ccwdata.org](http://www.ccwdata.org)

Thank you!  
Questions?

# Contact information

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VA Information Resource Center

Hines VA Hospital

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# Database & Methods Cyberseminar Series

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**Next session:**  
**January 4<sup>th</sup> at 1 pm Eastern**

**Meet VIREC: The Researcher's Guide to VA Data**

# Additional Resources

# Electronic Health Record Modernization *Resources for Researchers*

“EHRM & Research” page on the Research Resource Guide SharePoint

<https://dvagov.sharepoint.com/sites/VHAPugResearch/RRG/Pages/EHRM-Research.aspx>

“EHRM and Implications for Data Users” page on the VReC website

<https://vaww.virec.research.va.gov/EHRM/Overview-and-Implications.htm>

Data Management and Migration Knowledgebase” on the Data Migration, Management, and Syndication SharePoint

<https://vaww.cdw.va.gov/sites/EHRMDataIntegration/DIRAKnowledgeShare/Pages/DIRAKnowledgeShareHome.aspx>

*Syndicated Data Bits* - Weekly Webinars

<https://tinyurl.com/y3wgxzu5>

Office of Electronic Health Record Modernization (OEHRM) Intranet site

<https://vaww.ehrm.va.gov/>

## Quick links for VA data resources

### *Quick Guide: Resources for Using VA Data*

<https://vaww.virec.research.va.gov/Toolkit/QG-Resources-for-Using-VA-Data.pdf> (VA Intranet)

VIReC: <https://vaww.virec.research.va.gov/Index.htm> (VA Intranet)

VIReC Cyberseminars: <https://www.virec.research.va.gov/Resources/Cyberseminars.asp>

VHA Data Portal: <https://vaww.vhadataportal.med.va.gov/Home.aspx> (VA Intranet)

VINCI: <https://vaww.vinci.med.va.gov/vincicentral/> (VA Intranet)

Health Economics Resource Center (HERC): <https://vaww.herc.research.va.gov> (VA Intranet)

CDW: <https://vaww.cdw.va.gov/Pages/CDWHome.aspx> (VA Intranet)

Archived cyberseminar: What can the HSR&D Resource Centers do for you?

[https://www.hsrdr.research.va.gov/for\\_researchers/cyber\\_seminars/archives/video\\_archive.cfm?SessionID=1014](https://www.hsrdr.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=1014)