Session date: 6/13/2016  
Series: VIReC Databases & Methods  
Session title: Ascertaining Veterans’ Vital Status

Presenter(s): Chuck Maynard

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Operator: Everyone welcome to today’s VIReC Database & Methods Cyber seminar entitled Ascertaining Veterans Vital Status: VA Data Sources for Mortality Ascertainment and Cause of Death. Thank you to CIDER for providing technical and promotional support for this series. Today’s speaker is Chuck Maynard. Dr. Maynard is the acting Associate Director of the VA Denver-Seattle Center of Innovation. He is also a research professor Meredith [PH] and the Department of Health Services at the University of Washington. In the past he has worked with VIReC to define and evaluate the VA \_\_\_\_\_[00:00:39 audio clicks out] Dr. Maynard during the presentation. Please send the menu from the chat box. I will present them to him at the end of the session. After the Q&A a brief evaluation questionnaire will pop up. Please stay until the very end and take a few moments to complete it. And without further ado I am pleased to welcome today’s speaker Dr. Chuck Maynard.

Chuck Maynard, PhD: Thank you very Herah [PH]. Good morning or good afternoon everybody as the case may be. So basically we’re going to cover the following objectives in the seminar this morning. The first is to identify data sources for veteran vital status ascertainment. Second is to understand the contents and structure of the VA Vital Status Files and their appropriate use for mortality ascertainment. Third is describing the respective strengths and limitations of the available VA data sources for mortality ascertainment. Another objective is to identify other relevant sources of death data including the National Death Index and state death certificates and finally we’ll try show how some of this information can be used in actual research activities. So the session topics are number one, the data sources for veteran vital status ascertainment. Second, the VHA Vital Status Files themselves. Third, other sources of veteran and non-veteran mortality. A fourth is a really exciting development about the the Date of Death Work Group in a \_\_\_\_\_[00:02:22]or standardizing mortality reporting in the Department of Veterans Affairs. Another session topic will include a brief review of other sources of mortality data and finally we will look at some examples of using mortality data for research purposes. So in order to get a little bit of idea of what the audience is like the first question is, is your interest in VA data primarily due to your role as a research investigator, a data manager, a project coordinator, program specialist or analyst or other? The second poll question is how would you rate your knowledge of methods to ascertain death dates for veterans in the VA? So starting with 1, no knowledge to 5, expert. That is on a scale on 1-5.

Heidi: We’ll get through interest in VA data question first and then we will move onto the second poll question. Looks like responses are coming in well so I’m going to close this one out here and we will go through the responses. So I’m interested in VA data primarily due to my role as, we see 28% research investigator, 17% data manager, 5% data coordinator, 45% program specialist or analyst, and 6% other. Double check, we have under other we have IRB administrator. Thank you everyone for participating. And for our second poll question here how would you rate knowledge. I’ll give everyone just a few moments to respond here but expect most people to know what your knowledge level is but it’s always good for us to know who’s on the call. Looks like responses are coming well. I’ll give you all just a few more moments before I close this one out. And it looks like we have stopped. So what we are seeing is 26% saying no knowledge, 35% rate themselves at a 2, 25% at a 3, 14% 4, and 0% at an expert level. Thank you everyone for participating.

Chuck Maynard, PhD: Thanks Heidi. Get a little bit idea of what the audience is like. So we’re going to move to the first session topic and that is examining the sources of information for vital status in the VHA Vital Status Files. So the first major source of information is the Beneficiary Identification Records Locator Systems better known as BIRLS Death File. So this is the file from the Veterans Benefits Administration. Its sources include numerous ones such as family, VA Hospitals, VA National Cemetery Administration, and the Social Security Administration. Its coverage is to veterans known to the Department of Veterans Affairs and many of these veterans are those who receive, not only just health care benefits but also other kinds of benefits in the way of compensation or pensions or other education and so on. The update schedule is monthly and the file is available both on the Austin Information Technology Center, which we’ll refer to as the Austin Mainframe and also on VINCI, on the VINCI platform as well. One thing about BIRLS it’s basically an administrative file and so it’s owners have a great deal of interest in making sure that they’re not paying benefits to individuals who are deceased. So for that reason it’s an important source of information. The second and probably the file that probably uncovers the most deaths is the VA Center or Medicare and Medicaid, Medicare Vital Status File and it’s received from CMS on an annual basis and again, it’s information sources are numerous including the Social Security Administration, Medicare claims, and other such as families. The coverage for our purposes include veterans over the age of 65, 65 and over or also individuals who are disabled and receiving Medicare. It’s available from VIReC and again, given that many of VA Health Care and many veterans who receive VA Health Care receive health care from both Medicare and the VA. This is a very important source of information regarding vital status. The third major source of information is the Social Security Administration Death Master File and it is based on what’s known as the \_\_\_\_\_[00:07:29]or a basically it’s an application file of social security numbers. It goes back to the 1930’s when social security first came about. This is a publically available file. It’s probably the only major mortality file that is publically available in the United States. Its information sources are numerous including, family members, funeral directors, post offices, financial instructions, other federal agencies, and probably most importantly state vital records offices. Basically it’s a fairly simple file, which includes the social security and name and a date of death. It’s location is on the Austin Mainframe. You might over heard over the last several years concerns about the completeness of the SSA Death Master File and that’s due mainly with the reluctance of states to report death information to the SSA or at least to have it reported to the public. This has to do a lot with the privacy concerns. One thing to be aware of, the VA receives the complete file or as a complete as possible and not the incomplete one, which is publically available. If you are using the publically available file for non-veterans then this is something to keep in mind. It’s not as complete at it could be regarding these privacy concerns.

Moving on to the medical SAS inpatient files, which is also another important source of vital status information. So this would include individuals who died in the hospital. It would include individuals who died in non-VA hospitals and would also use the \_\_\_\_\_[00:09:21]files as a source of mortality information. It’s updated weekly and is available both on the Austin Mainframe and the Corporate Data Warehouse and is part of the numerous inpatient files that many of you are familiar with and have worked with over the years.

We’re going to move onto another source of mortality VA data that’s no included in the Vital Status File and that is the Corporate Data Warehouse. The Corporate Data Warehouse receives from VISTA, The Veterans Integrated Service Technology Architecture death information. It’s deaths that are verified by official sources included VHA facilities, death certificates, and the National Cemetery Administration, as well as, BIRLS. So it’s available in CDW Patient 2.0 and it basically has a date of death and text. So the data death and the, as an actual date format, has to be in an appropriate date so, you know, we’re going to find that are some that the dates are not complete or they don’t exist. So there is also a deceased a file or deceased flag to indicate whether the person was dead or alive. So this is a new source of information or relatively a new source of information from CDW. As I said its limitations are based on the fact that the source information has to come from an official source. Like is said it might be a VHA facility, it may be death certificate, National Cemetery Administration, which has kind of become a new source of vital status information in the VA, and also it’s based on VHA Directive 1906, which specifies it must be an official source. Some other limitations of the CDW mortality information are indicated in the reports, which I believe you have a, which will be referenced in the following slide. Basically this report is available on the VIReC website. The linked listed below. Some highlights of the report were that the dates of death recorded in the CDW are not complete for an estimated 30%. Either they’re not complete or they’re not recorded. There is, among those where there are both dates of death in both places, the agreement is fairly high between 91-99% agreement between the CDW and Vital Status File. So recommendations of the report and if you were really involved in ascertaining vital status I would recommend that you read this report. The dates of death in the CDW should be augmented with deaths from other sources such as both the VHA Vital Status File for a more complete death ascertainment. Both the date of death and deceased columns should be used to identify deceased veterans, and just to give you an idea, roughly there are about 38,000 deaths in the CDW that were not identified in the Vital Status File, which as we shall see is a very small proportion of the total number of deaths identified in the Vital Status File.

Moving on to our next topic, we’re going to actually talk about the use of the VHA Vital Status File, which leads us to our next question, have you ever used the VHA Vital Status File and the responses are yes, both the Master and the Mini, only the Mini, only the Master, and finally no.

Operator: And again, we’ll give everyone just a few moments to respond before we go through the responses here. Response are coming in well again, just a couple more seconds. Okay. I’m going to close things out and what we are seeing is 9% saying yes both the Master and the Mini file, 16% only the Mini file, 8% only the Master file, and 66%, no. Thank you everyone.

Chuck Maynard, PhD: Thank you Heidi. So I think this information is very going to be very important since the majority of you have not used the Vital Status File. About 10 years ago those of us who were doing this kind of work, basically we had to use all these different files to find out whether someone was still alive or not and so we had to go to each one individually. We had to go the BIRLS Death File, we had to go to the Medicare CMS Vital Status File, we had to go to the Death Master File, and we had to go to PTF, or the inpatient files. So people at VIReC, Denise Hines [PH] and several others had the idea of well, maybe it would be good to have a, you know, a single source of mortality, a file which would combine all this information. So about 10 years ago we had this project, which basically combined the various sources of data and then tested it against a Gold Standard, which in this case is the National Death Index and we found the actual densensitivity was quite good. We captured about 98% of the deaths that were in the NDI. So a little about the creation of this file. So it’s owned by the National Data Systems. It was first available in October 2006. There’s quite a lot of documentation about this file in both the data data portal, the VHA Data Portal, which we’ll talk about later, as well as, the VIReC website. The file includes veterans and both non-veterans as we shall see who has had activity since FY 92 or later or we see by compensation and pension from the Veterans Benefits Administration. There are basically three files. There’s a Master file, which includes individuals that have more than one social security number and there’s a Mini file, which is basically those individuals, just a unique patient level, one social security number and then there is a linking file, which includes both the scrambled and the real SSN. So this schematic gives you a little idea about how the file has organized and its sources. So in order to accurately identify somebody we need three really important pieces of information, a social security number, a date of birth, and a patient’s sex, male or female. So the sources of dates of birth are numerous within VA data. More recently we have this new file called the Master Veteran Index, which has a lot of information on demographic characteristics of the veterans and that has become an increasingly important source for identifying dates of birth. As you see we’ve had the sources of the dates of death, including, BIRLS, Medicare Vital Status, the Death Master File, as well as, VHA Utilization Files. So all this has created a Master File, which basically is based on unique combinations of social security numbers, date of birth, and gender. So an individual may be represented more than once in that file and from that file they're selected at deaths, date of birth, death, gender, and date of death for each social security number. In addition we obtained a date of last activity for that social security number and that comes from VA Utilization Files, VHA Utilization Files and this ultimately produces what is called the Mini File. This slide basically gives you some more details on previous presentations. One from 2015 and one from 2014. This presentation is based heavily on those presentations and we include this information for your further enlightenment. So as of April 5, 2016 the Master File includes veterans and non-veterans. As I said there is one record per SSN, date of birth, sex combination. There are 125 variables. There are over 27 million records with almost 19 million social security numbers. Over 7.5 million SSN’s have more than one record. So that’s basically comprises 40% of all the SSN’s. That’s the Master File. The Mini File is only veterans. There is one record per SSN. Basically it combines data from the multiple Master records. There are 16 variables and there are over 16.5 million records in the Mini File. Looking down at the next slide you can kind of get an idea of where this information in the Mini File comes from. So the death, date of birth, and date of birth is so critical in identifying people and identifying decedents. Over 15 million come from the Master Veteran Index. That’s the vast majority of dates of birth. The sources of dates of death, as you can see, Medicare has the most, over 3.8 million and the second most important source is the Social Security Death File. There were roughly 10.5 million in this file are alive as of April 5, 2016 or whatever the query update was made. So as you can that kind of gives you an idea of the scope of these files and the number of the individuals and the fact that we can, you know, do a good job of tracking deaths is I think is a real tribute to the our database systems. Nevertheless there are challenges in using Vital Status Files. First is sometimes, you know, your cohort, there might be differences in matching and the respective demographics, dates of birth. There may be multiple dates of death. There may be activity after death and there may be erroneously recorded dates of death in the sources. One important note is that the VHA Vital Status File should not be used for business operations regarding individual veterans. We’ll talk a little bit more about this in the date of death project.

So what are some the strategies we can use for, you know, meeting some of these challenges? Well so when you’re using the Mini File it’s probably best to match just on the SSN and then if you have discrepancies in dates of birth or gender that don’t match you can go back to the Master File to check this further out. It’s also possible that, you know, with dates of death or birth are not always accurate. Sometimes people use, you know, the 15th of the month or the 1st of the month to report a date of birth or even a date of death because they don’t know the exact date of birth and this is particularly true for older individuals. Becoming less of a problem now given that everybody has to have a social security number and that makes things a little bit easier. So older people particularly there’s a problem in identifying an accurate date of birth. The Master File can be used for checking a lot of these discrepancies and when you have a large file it can be really problematic when you’re trying to match a lot of deaths and there I think you, you know, how detailed you want to get and how careful, it’s up to you but it can be a challenge when you’re looking at literally hundreds of thousands of deaths. One of the other things that always kind of causes problems when there’s an activity or a health care utilization that occurs after death. Now many of these are explainable. Some of them have to do with patient’s families undergoing bereavement counseling. There may be an appointment scheduled that was entered after the person died. These are things that, you know, can, you know, be irritating and you want to check them out but a lot of them there is a good reason why that activity was there after death and the death itself was not erroneous. Other strategies for examining some of these discrepancies is the use of the National Death Index, as well as, state Death Certificates. Also the CDW can be used for individuals without activity after 91 or very recent deaths. So these are some of the strategies that you can use in trying to identifying some of these discrepancies regarding dates of death and them and matching the appropriate patients.

So we’re going to move on to other sources of death information for veterans and non-veterans. The first is a National Death Index, which is the Gold Standard for death ascertainment. It is available from the National Center for Health Statistics. The source of data are the state death certificates from 1979-2013. I think right now that 2014 is available according to the NDI website. The information from the death certificate is rather limited and includes the underlying cause of death and I think they are starting to include multiple causes of death as well. It’s important to recognize, this is not a database per se but it’s more of a search engine. For information there’s a link to the CDC for further information about how to use this and how you can acquire the data and the costs and all the applications process you have to go through. Within the VA there is also a Suicide Data Repository from the VHA Office of Public Health. We’ll talk a little bit more about which we used in our research study. Basically they did request data specifics and they got the information from 24 state offices regarding suicides in their states and they compiled this information to create this state data base of suicides and I believe that information \_\_\_\_\_[00:26:11] contact information, how to acquire that if you can acquire it.

Moving on, the thing from the NDI, there is actually a National Death Index for Veterans. Basically people in the VA negotiated with CDC to get a file of veterans and others, military service members, reservists, who are deceased between 1979-2011. So that file actually exists. It has minimal information from the death record. The main elements are the date and underlying cause of death. As I said it includes not just veterans but also military service members and guards and reservists. More information about that is available on the VIReC website and how to obtain that. My understanding is that 2013 is in the works and it will be available soon.

In addition to the NDI there is the Social Security Administration Epidemiological Search, which is distinct from the Death Master File. It, again, is a search engine. There is an application process described on the SSA website. It uses the SSN to basically query their many databases including, beneficiary, payroll, death type payment information. Advantages are that it includes deaths that occur outside of the United States, which are not available often in state death certificates. So, again, the information about how to use this source is available on the SSA website. A link is provided below.

We’re going to move on to the state death certificates, which is a very complicated situation and it’s difficult in some ways to get data from the states. Because their policy is very considerably, as deceased individuals are not human subjects per se but some states have a lot of concerns regarding privacy so there are varying degrees as to which some of these death certificates are available to researchers. I did an informal review of states vital status statistics offices websites and found that about 24 mentioned a process for obtaining death records and that process and the costs vary considerably by state. What are some the advances of using the state death certificates? First of all the state death certificate or the universal certificate does report veteran status. In addition you have the whole death record including contributing causes and not just the underlying the cause. You also have a lot more information regarding the decedent, occupation, the place of death. There’s quite a lot of information on there. With the correct identifiers including social security number, although it’s being recorded a lot less on death records and the death certificates that it used to be but with a good date of birth, gender, and a name it may be possible to link this up with VA data. As I said it’s limited in scope because not all states allow the release of these records for research. However, there is always the concern about the accuracy of the information on the death record, particularly the underlying cause of death. It’s recorded often by funeral directors, as well as, attending physicians in hospitals. So there, you know, a great source of variety as to how the—much variety as to how the cause of death is actually recorded on the death certificate. We’ll talk a little bit more about state death records and how they can be used for research purposes later on. One very interesting source of death information regarding military service members is the Defense Manpower Date Center, the DMDC, which contains files that report casualties in past and ongoing conflicts. Regarding the most current conflicts in Iraq, Afghanistan, Operation New Dawn, these files are publically available on the DMDC website and contain the actual names, rank, pay grade, unit, and place of death of the military service member. This reporting is part of the Defense Casualty Analysis System called DCAS. For more information please consult the link for the DMDC. This information is remarkably publically available and does include names. I don’t believe there are social security numbers but there are names of veterans. I’m sorry of military service members but it’s likely that they’re not going to appear in veteran data because they have not received VA health services, at least most of them probably haven’t. We viewed these files for research purposes in one paper, which examined the association state per capita income and military service debts in both Vietnam and Iraq and that was published some years ago.

So we’re going to move on to the Date of Death Workgroup, which I think is really exciting. Some of the things that are going on right now is the there’s a Date of Death Workgroup involving Date of Death Project that now includes leadership and participation from key decision makers in the VHA, VBA, and the National Cemetery Administration. Its purpose is to improve the ascertainment and documentation of death in individuals know to The Department of Veterans Affairs. It’s is developing processes and procedures to improve the accuracy and completeness of date of death and the Master Veteran Index will be the authoritative service for date of death. They’re using a tool in the National Association for Public Statistics and Information Systems, which is \_\_\_\_\_[00:32:58] called the EVVE or the Electronic Verification of Vital Events. This is an online query system of state vital statistics databases that include both birth certificates and death certificates. So this the Gold Standard information and having this will help not just researchers but people that run health care systems and the benefit systems and the cemeteries system to better understand, you know, what’s the vital status of veterans. So I don’t know a lot about this but my understanding is that is September 2016 the MVI, the Veteran Index, will begin to report validated dates of death. So this will be a new source of information for death in the VA and it will include death information from the National Cemetery Administration, which I think previously has been kind of sporadic. Sometimes it gets reported to BIRLS, sometimes it gets reported to, you know, the VHA but there’s no consistent reporting. So this an exciting development. It will be giving, thinking more accuracy than we currently have. Further things, 2.7 million had a date of death in another source besides the, that’s a different slide, sorry about that. So there are 2.7 million had a date of death in another source besides VA sources and \_\_\_\_\_[00:34:49] to the NDI. There is the challenge of activity after death. I think the NDI will give us—this project will give us a better understanding of how that works. I think they firmly find these have shown that most of these individuals have only one event after death and there were relatively few cases where reporting a death was erroneous. So this is something that I think is on the horizon. We’ll have to see what happens and whether this actually does get implemented in the fall of 2016 but it’s good to know they’re working on this and that we’ll even have better vital status ascertainment for veterans.

So we’re going to move on to now to other sources of mortality information. This is probably more for those of you who are really interested in the study of death and not so much as it relates it veterans. There are Centers for Disease Control, National Center for Health Statistics, has several tools, which allow for further studies, for researchers to study the phenomenon of death. Examples include the CDC Wonder underlying cause of death search tool where you can actually get numbers within the population by certain demographic categories, causes of death. There’s also a CDC Wonder multiple cause of death file where it’s possible to investigate the multiple causes in addition to the underlying cause. There are also individual level of multiple causes of death files available on the CDC website, which contains some of the information on the CDC Wonder tool but everything. It’s important to recognize that these files are limited in that they are in sense, they identify, they don’t have a lot of information. Clearly there’s no things like dates of birth or social security numbers or names that allow linking to other sources but it’s also allows people to further study mortality.

Moving on to the next slide there’s another CDC tool, which looks at injury statistic not just fatal injuries but also injuries that were not fatal. Again, for those of you that are interested in studying this further particularly injuries and accidents, which are important causes of death in our society, these files may be of some help.

So what are the benefits of additional mortality information? First of all it’s important okay recognize that many veterans in our society do not receive health care from the VA. In fact, of the 22 million there are probably only about anywhere between 25 and 30% that actually receive health care from VA. So knowing about how other veterans die would be important and that’s one of the advantages particularly of the NDI, particularly of state death certificates where the actual veterans status is recorded on the death certificate. In fact there’s been some research done in the past which has studied the whole general veteran population and it’s compared cause of death in veterans who use VHA services prior to death versus those who did not. Also comparing veteran and non-veterans by cause of death.

So moving on just briefly we’ll look some examples of using mortality data for research. One research study published by Dr. Ranak Trivedi of Palo Alto VA at Standard University looked at factors predictive of mortality in veterans with mental illness and basically it used the VHA Vital Status File to track survival and examine survival according to those with and without mental health conditions and also with those with specific mental health conditions including, PTSD, substance use disorder, severe mental illness, depression, and anxiety. They basically found that those who had substance use disorders had the higher risk for mortality, whereas those with PTSD or post-traumatic stress disorder have a lower risk. It also found that integrating primary care in mental health treatment was associated with lower risk of death for individuals who have anxiety, depression, and substance use disorders. This paper was published in the American Journal of Public Health last year in 2015 and the use of the Vital Status File was critical to some of its key findings. Dr. Trivedi is moving on to a second study, which is going to use the VA National Death Index File to further understand cause of death in veterans with and without mental health conditions, as well as, the specific types of mental illness. It will examine underlying cause of death from the National Death Index and we’re hoping we’ll get the 2013 data very soon. Again, it will compare the leading causes of death according to type of mental health conditions. Some preliminary findings that we found that deaths related to substance use disorders are particularly problematic in younger veterans and that deaths due to accidents and suicide stand out among with substance use disorders as opposed to others who have other mental conditions and especially those who did not have mental health issues.

So we’re going to move on to talk a little bit about state death certificates. We’ve used the Washington State Death Records over the years to examine several questions regarding death in veterans and again, this link to the Washington State Department of Health can give you further information about how to look at these death records. They are available from 1968-2014 and are available. There are two files, there’s a file of names and death certificate numbers, which are $30.00 a year \_\_\_\_\_[00:41:56] file itself, which also sells for $30.00 a year. So these are pretty high value, you know, resource and the only thing you have to do is declare that you will not use these records for commercial purposes. We have used these records to do several studies in the past. We actually linked to Washington death records with VA death records in the study published in the JRRD. Example, we identified veterans who died in Washington State according to death record and linked to VHA Utilization Data to identify veterans who did and did not use VA health care and found that among men that those who were not using VA health care were less likely to die of conditions related to substance use disorders, as well as, suicide and found that to be, not a surprising finding, given the heavy burden that the VA assumes in terms of taking care of people with substance use disorders and mental illness. Second paper actually looked at veterans in Washington State who were hospitalized with acute coronary syndromes and linking that information to Washington State death records found that in these individuals when they ultimately passed away died of conditions, cardiac conditions related to their hospitalization, although the survival rate was, you know, quite various. Some lived many years and others lived not so long. Again, these are just examples of how, you know, state death records can be used in conjunction with VA data. They have their limitations given that some space where you’re not going information from. The resources are out there if you’re interested.

Briefly we’re going to talk about additional resources. Again, the VHA Data Quality Program, National Data Systems. I can’t say enough about how important the VIReC website is as a source of information. It makes a researchers work much easier and it is so helpful. THE VA Data Portal, which is available at the link provided and another plug for the HSRDATA Listserv. I mean the resources, many of those resources are so available to get people’s experiences so that we could have a common place to go and find out information about VA data because no one knows everything and having this resource is just tremendous to be better understand what’s going on and there’s really so much going on.

Finally, there’s some references. Specifically the paper by Dr. Hoffmire et al, which used the suicide registry. They would have more information, you could contact her Dr. Bossarte that would have more information about the VA NDI File for research purposes, as well as, the suicide registry. Finally a kind of a resource, kind of sheet that shows the various data sources for mortality in the VA, their coverage, their schedule for being updated and whether or not it’s included in the Vital Status File. This is kind of a nice summary of a lot of things we talked about today and I’m going to stop there and thank you very much for your attention.

Operator: Thank you so much for your presentation Dr. Maynard. We do have a few questions here for you so I’ll go through them. How often are the Vital Status Files updated?

Chuck Maynard, PhD: So that’s on a quarterly basis. It’s my understanding it’s updated quarterly.

Operator: Okay. Next question does a transgender and gender reassignment post issues with regard to use of gender for ability to matching? I can’t imagine the numbers are large but I assume this could pose an issue.

Chuck Maynard, PhD: Yes, that’s a really good question and I guess my suggestion would be that you look at the Master File particularly if the same individual is represented more than once. If you see a gender change that might be a clue. It may just be a data entry error. It’s a difficult question to address with the administrative data we have but if you do see a change and you can also not only just go to the Master File but also to the Utilization Files, probably the outpatient would be the best and if you see a change that’s consistent. So if somebody’s identified as male and then all of the sudden they’re female and it’s consistently, you know, after a certain period of time than I think that’s probably a clue that there was kind of a re-identification. Not sure you can answer the question with the administrative data but you can try.

Operator: Okay. This next question refers to access to data. How do you request access to the NDI data for operations work?

Chuck Maynard, PhD: For operations, they have their own process and I know it, we here at Seattle with the National Evaluation have access to the data. I can give you contact information if you’d like as to go about doing that. I can provide that offline if that persons interested.

Operator: Okay.

Chuck Maynard, PhD: But there is a way frankly, operations it’s probably easier than it is to research.

Operator: Okay we still have questions coming in. So I’ll keep going. Given all the sources what would say is the best one stop shop to ascertain death status for research?

Chuck Maynard, PhD: Based on numbers alone I guess I would say the Medicare Vital Status File but I mean I would really suggest if you use the Vital Status File because that way you can bypass all of the other files and the Mini File, if you don’t want to get into the Master, the Mini is quite easy to use. Basically you’re just linking on a scrambled number or a scrambled social security number. It’s really easy to use and it gives you important information about where the death was identified, best source of death. If you need to get more into the leads go to the Master File but I would just use that Mini File as really being the best source. I mean our results are a little old in terms in \_\_\_\_\_[00:49:21] but I my guess is if you were to this study again compared with the NDI, it would still show really high sensitivity in the high 90’s. So that Vital Status File, that Mini File is a really valuable tool. It’s removed a lot of the work that we used to have to go through to identify deaths.

Operator: Okay. Next question, it’s still unclear how we obtain cause of death data particularly cardiovascular mortality. Can you clarify?

Chuck Maynard, PhD: Okay that example I gave was not using VA data it was using the Washington State Death Certificate which we linked to the VHA Utilization Data. We bought the records from Washington State, imported them into, you know, our server and then linked this all together on the basis of the social security number. So we had to have real SSN in order to do that. Now you could acquire the, you know, that NDI veteran file from 2011. It’s available and it explains how to get that on the VIReC website. You could use that file if you were interested in cause of death in a select group of veterans and you can just link your cohort file, whatever that cohort file might be on the basis of the scrambled number and, you know, that’s probably the best if you’re interested in further exploring cause of death. That’s the best way to do that. I don’t know how easy it is. I heard it’s okay. It’s not difficult to get the NDI file for research purposes but there is information on the website, the VIReC website as to how about doing that. I hope that addresses the question.

Operator: Thank you. Okay. Why are some dates of death in the CDW not transferred to the Master or Mini VSF?

Chuck Maynard, PhD: So you have to go back to the history of this. I mean we had basically, there’s a lot of stuff going on in the VA regarding data and the this whole CDW has been a work in progress and, you know, left side doesn’t know what the right sides always doing. So this is kind of the history. The Vital Status Files was in existence prior, quite long before the CDW came about. We just weren’t aware of it. I think that’s what it came down too and now that there’s this effort to create a single source that’s a real advance and hard to do because there is a lot of different operations going on here and operations is the key word because these databases were not designed for research purposes. They were designed to run the health care system. So again, but the number deaths that we don’t appear in CDW that don’t appear in the VSF is relatively small and they tend to be more current deaths rather than earlier ones and to get a better handle on this I suggest you read that report on the VIReC website about the comparison of the two forces. Use for both sources if you can and hopefully in another six or seven months we’ll have it, a single source.

Operator: All right. Thank you. So this next question, this one is actually clarification about something you mentioned you at the beginning of the presentation. At the beginning did you say that the SSA DMF is currently available to VIReC, includes all of the deaths without removal of the states with privacy concerns?

Chuck Maynard, PhD: That is my understanding, yes. I’ve been told that. We don’t get the sanitized version that’s available to the public. This has been probably four or five years since this occurred and my understanding is the VA version is the complete one. Again, there’s a paper on the reference list that’s and certain quality \_\_\_\_\_[00:53:47] and quality outcomes circulation. Very interesting paper to read about what’s happened with the Death Master File.

Operator: Okay. Let’s do one last question. In what domain is the Vital Status Files Table located in CDW?

Chuck Maynard, PhD: That’s a good question. I think it’s a separate file. You may know more about this. So it’s currently available on the Austin Mainframe and I believe there is a version of that off the mainframe file that’s available on VINCI. It’s not in a CDW domain as far as I know but you may know about this. I believe it’s kind of like SAS file that’s been transported over to VINCI.

Operator: Right. Okay. Thank you so much for your presentation Dr. Maynard. For anyone else who still has questions you can contact Dr. Maynard or you can contact the VIReC Help Desk at. Our next Database and Methods session is scheduled for Monday July 11 at 1:00 p.m. Eastern. It is titled Extracting Data from the EHR using a \_\_\_\_\_[00:55:11]and Vista web. It will be presented by Dr. Linda Williams. We hope you can join us. Heidi will be posting the evaluations shortly. Heidi can I turn it over to you?

Heidi: Yes you can. Thank you Herah [PH]. As Herah [PH] just said please wait a few moments for the feedback survey. When I close the meeting out you will be prompted with that feedback form. Please take a few moments to fill out. Dr. Maynard I also want to say thank you so much for taking the time to prepare and present for this session. We very much appreciate your doing that.

Chuck Maynard, PhD: Thank you very much Heidi.

Heidi: Thank you. Thank you for the audience. Thank you everyone for joining us for today’s HSR&D Cyber seminar and we hope to see you at a future session. Thank you.