## 79th NYHIMA Annual Conference Albany, New York SPARCS Update

#### Presented by:

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Bureau of Health Informatics
Office of Quality and Patient Safety
June 2, 2014



### **SPARCS Update**

- Administrative Updates
- II. Expanded Race and Ethnicity Reporting
- III. ICD-10 Implementation
- IV. Compliance and Data Quality
- V. Data Transparency and Innovation
- VI. Questions / Comments
- VII. Contact Information

NYHIMA 2014: SPARCS Update

## **Administrative Updates**



### **SPARCS Update Newsletter**

- The SPARCS Update newsletter, produced monthly, remains the best way to stay fully informed on all things SPARCS related.
- Available on line at: http://www.health.ny.gov/s tatistics/sparcs/info.htm

#### SPARCS Update

New York State Department of Health

May 2014

Office of Quality and Patient Safety

#### General Announcements

#### Health Innovation Challenge

The goal of the NYS Health Innovation Challenge is to create technology-driven solutions that enable consumers, employers, public health experts, communities, and purchasers to explore quality, charges, and costs data for medical procedures provided by NYS inpatient hospital facilities. The 'Healthy Communities' solutions may be web, mobile, or desktop-based and built with information found at Health Data NY, OPEN NY and other open data sites (such as Health Data, gov., Data.Medicare.gov., NYC OpenData and/or APis (Application Programming Interfaces). The solutions must present the quality, cost, and efficiency data in a format that is easy to interpret. The data and information presented in the solutions must include helpful guidance that consumers can easily understand with examples.

An independent panel of esteemed judges from such sectors as health care, information technology, academia, venture capital and others will use a rigorous set of criteria to select the winning technologies. Prizes totaling \$43,000 will be awarded as follows: First Place - \$30,000, Second Place - \$10,000, and Third Place - \$3,000.

A Health Innovation Challenge informational webinar was presented on April 24, 2014. Content experts from the Department of Health provided an overview of the challenge, the data sets (SPARCS, Prevention Quality Indicators (PQIs), Quality Assurance Reporting Requirements (QARR), Cardiac Reporting System and the Prevention Agenda 2013-2017 Tracking Indicators), the use of APIs with Health Data NY, the evaluation criteria, and the timeline.

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- Transitional Care Units
  (TCUs)
- Tip for SPARCS Submitters

SPARCS Update (May 2014)

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NYS DOH Office of Quality and Patient Safety

## **SPARCS Update**

- Included in the monthly newsletter:
  - General announcements
  - Compliance and Quality
     Improvement
  - Data Collection, Storage and Release
  - Submitter Notes

#### Table of Contents

#### General Announcements

Health Innovation Challenge

#### Compliance and Quality Improvement

SPARCS Compliance

#### Data Collection, Storage, and Release

SPARCS Data Release:
 Limited and Identifiable

#### **Submitter Notes**

- Transitional Care Units (TCUs)
- Tip for SPARCS Submitters

#### Data Release: 2013-2014

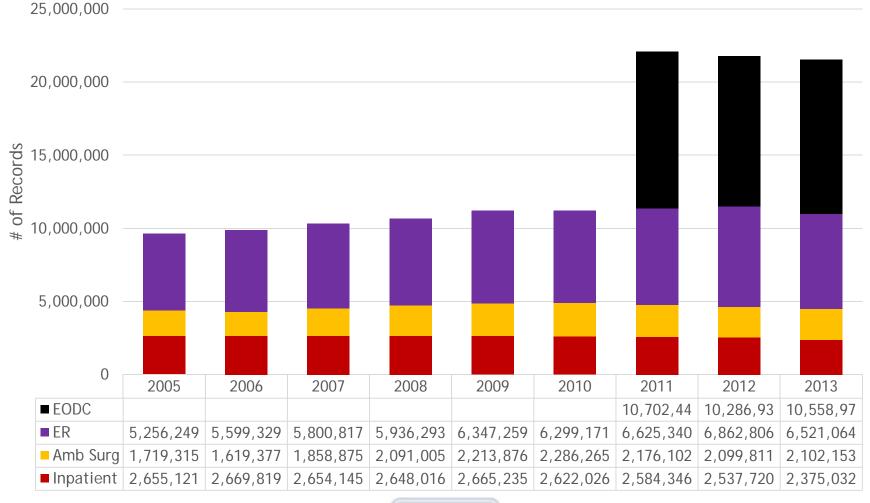
- During 2013, SPARCS Operations staff processed 182 new applications for SPARCS data and responded to 256 data requests.
- There have been 93 new applications in 2014, with 130 data requests fulfilled.



#### **SPARCS Data: Years Collected**

Data Type	Years Collected
I = Inpatient	1982 to Present
A = Ambulatory Surgery	1983 to Present
E = Emergency Room	2005 to Present
O = Expanded Outpatient Data Collection	2011 to Present

#### SPARCS Volume: 2005-2013\*



NEW YORK state department of HEALTH

## SPARCS Trainings Via WebEx

- SPARCS 101 training sessions are currently in the process of being redesigned.
- The new topic-based sessions will made available through a series of online webinars with links on the SPARCS website.
- In addition, the training is being supplemented with an updated and comprehensive *SPARCS Operations Guide*.
- More information will be released in the SPARCS Update newsletter.

#### Verification of Contact Information

- SPARCS Operations continues to verify e-mail addresses and phone numbers for SPARCS Coordinators and Backup Coordinators.
- Facilities are asked to please e-mail sparcs.submissions@health.ny.gov with the name, e-mail, and phone number of your facility's Coordinators.



## SPARCS-837 PC Application

- The SPARCS-837 PC application has been updated to version 2.2.2. Modifications include:
  - Added the ability to maintain up to 10 Race/Ethnicity Codes (Add, Update, Import, Export, and Edit)
  - Modified Race/Ethnicity edits for the new SPARCS Race/Ethnicity requirements
  - Modified edits to allow long length-of-stay for Medicare Outpatient cases with ED Revenue Codes
  - Allow Accident Hour ("45") and Unknown ("99") Value Codes
  - Allow Medicaid Rate Codes with embedded decimal points
  - Modified acceptable range edits for Physician License Numbers
  - Added new Patient Discharge Disposition codes for Planned Readmissions
- SPARCS-837 can be downloaded from the Health Commerce System: https://commerce.health.state.ny.us/hpn/ctrldocs/subsparc/request837.html

## Computer Vendor Survey

- In March, SPARCS e-mailed a computer vendor survey to all SPARCS coordinators to document the name of the software vendors that healthcare facilities are utilizing to create their billings and the SPARCS file.
- Those facilities that have not returned their computer vendor survey are encouraged to send their completed survey to sparcs.submissions@health.ny.gov.

## NYS Toolkit to Reduce Healthcare Disparities

- The "New York State Toolkit to Reduce Healthcare Disparities: Improving Race and Ethnicity Data" is now available at: http://improvepatientdatanys.org.
- The "Toolkit" tab includes links to the full toolkit and to sections of interest to: physician leadership, hospital executives, quality improvement advisers, and medical staff; directors or supervisors of hospital admissions, hospital registration and emergency room registration staff; and SPARCS coordinators and hospital IT staff.

# Training Sessions SPARCS Reporting Requirements: Expanded Race and Ethnicity

- The webinar SPARCS Reporting Requirements: Expanded Race and Ethnicity was presented on Thursday, March 6, 2014 by the Healthcare Association of New York State.
- A recording of this event is available by visiting http://ehanys.com/demonstration/ and selecting "SPARCS Reporting Requirements: Expanded Race and Ethnicity."

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## **Expanded Race and Ethnicity Reporting**



### Expanded Race and Ethnicity Reporting Standards

- In 2014, data elements for Race and Ethnicity were expanded to align with Affordable Care Act (ACA) Section 4302 data collection standards.
- Facilities are to ensure that their health records collect, in structured fields, race and ethnicity according to the expanded data standards.

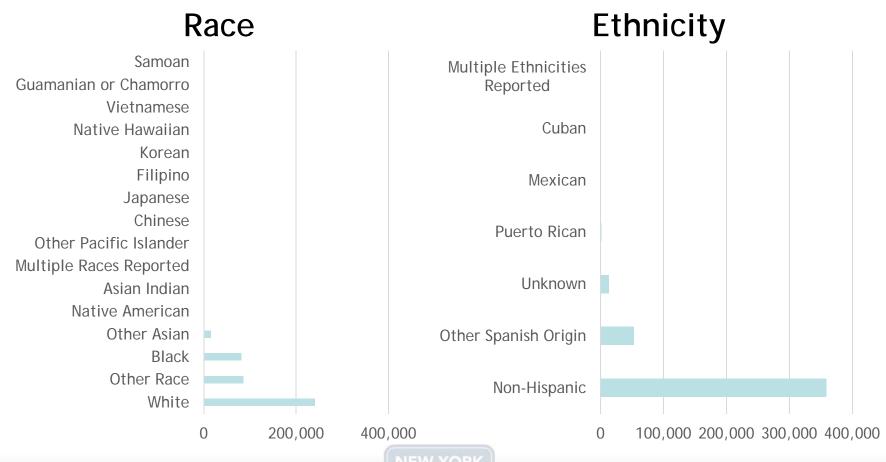
## Expanded Race and Ethnicity Collection

- Additional categories for Hispanic, Asian and Native Hawaiian or Pacific Islander populations.
- Up to 10 selections, combined, are now collected for race and/or ethnicity.
  - Mandatory for inpatient, emergency department and ambulatory surgery reporting.
  - Optional for the Expanded Outpatient Data Collection (EODC).

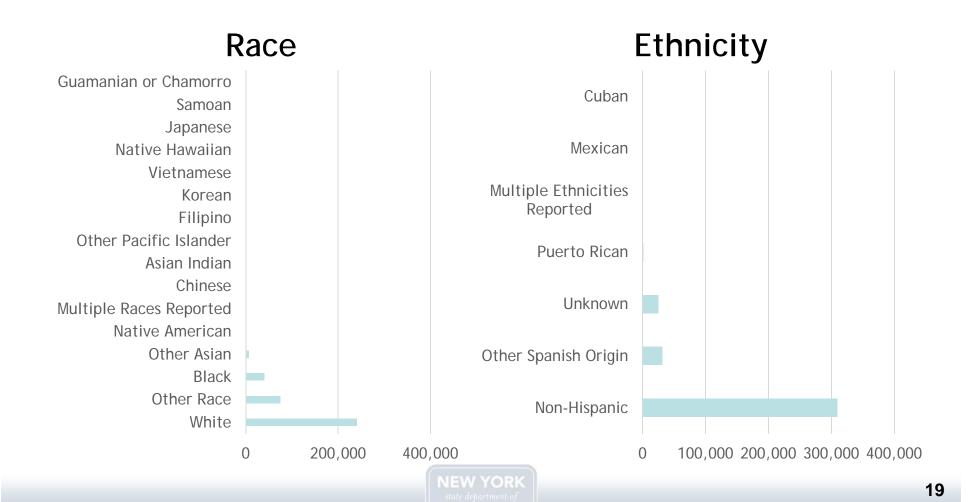
## Expanded Race and Ethnicity Timeline

- The SPARCS system began testing the expanded data standards on July 1, 2013.
- Facilities were to be fully transitioned to the expanded version for discharges as of January 1, 2014.
- Previous codes are still allowed for the transitional phase of the reporting, but will soon no longer be accepted.
  - More information will be in the SPARCS Update newsletter.

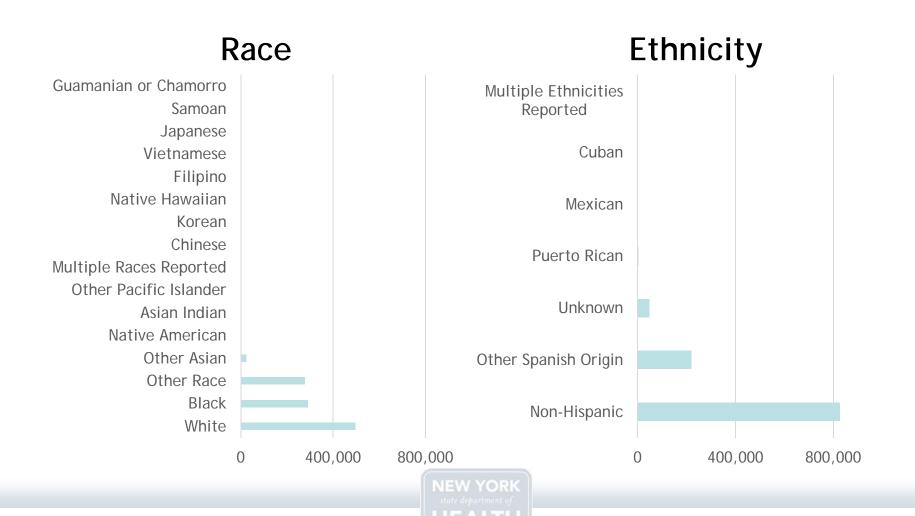
#### Expanded Race and Ethnicity Inpatient, 2014



### Expanded Race and Ethnicity Ambulatory Surgery, 2014



## Expanded Race and Ethnicity Emergency Department, 2014



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## Facility Race/Ethnicity Concordance Reports

- A project was undertaken to assess how well race/ethnicity is reported
  - SPARCS linked to Medicaid enrollment/eligibility data
  - SPARCS lined to Vital Statistics
- Results available on line at: http://www.health.ny.gov/statistics/sparcs/race\_eth.htm



## Medicaid and Vital Statistics Concordance

#### Medicaid

- Higher rate of self reporting than SPARCS.
- Supports the ability to report multiple races per member.

#### Vital Statistics

- Higher rate of self reporting than SPARCS
- Both mother's and father's race are reported to compare to infant
- More complete coverage for birth events since it covers all NYS births

## Concordance Reports

- Organized by type (race and ethnicity)
- Region (New York
   City and Outside New
   York City), and
- Level (summary, facility, and detail)
- Calendar Year 2012

#### Race

#### **New York City**

- Medicaid
- Summarv
- · Facility Level
- Detail Level
- · Vital Statistics
  - With Baby
  - Summary
  - Facility Level
  - Detail Level
  - · With Mother
    - Summary
  - Facility Level
  - Detail Level

#### **Outside New York City**

- Medicaid
- Summary
- Facility Level
- Detail Level
- Vital Statistics
  - · With Baby
  - Summary
  - Facility Level
  - Detail Level
  - With Mother
  - Summary
  - Facility Level
  - Detail Level

#### **Ethnicity**

#### New York City

- Medicaid
  - Summary
  - · Facility Level
  - Detail Level
- · Vital Statistics
  - With Baby
    - Summary
    - Facility Level
    - Detail Level
  - · With Mother
    - Summary
    - Facility Level
    - Detail Level

#### **Outside New York City**

- Medicaid
- Summary
- Facility Level
- Detail Level
- Vital Statistics
  - With Baby
    - Summary
    - Facility Level
    - Detail Level
  - With Mother
    - SummaryFacility Level
    - Detail Level

### Concordance Summary of Findings

- Best facilities are coding > 95% concordance
- Worst facilities are coding < 10% concordance</li>
- Native American and Hawaiian are poorly coded (% of population is low.
- SPARCS race coded as Other is quite high
  - Matching with Medicaid:
    - 38% for Outside NYC
    - 24% for NYC
- Vital Statistics, rates are only slightly better



### Concordance Summary of Findings

- NYC SPARCS/Medicaid Race
  - Native American and Hawaiian are poorly coded but percent of population is low.
  - SPARCS race coded as Other is quite high at 38%
- NYC SPARCS/Vital Statistics- Mothers Race
  - Native American and Hawaiian are poorly coded but percent of population is low.
  - SPARCS race coded as Other is quite high at 35%
- NYC SPARCS/Vital Statistics- Baby Race
  - Native American and Hawaiian are poorly coded but percent of population is low.
  - SPARCS race coded as Other is quite high at 36%

- Outside NYC SPARCS/Medicaid Race
  - Black and White coding is better than NYC by 15% or better.
  - SPARCS race coded as Other is lower than NYC by 24%
- Outside NYC SPARCS/Vital Statistics -Mothers Race
  - Asian coding is lower than NYC by 11%
  - SPARCS race coded as Other is lower than NYC by 21%
- Outside NYC SPARCS/Vital Statistics Baby Race
  - Asian coding is lower than NYC by 10%
  - SPARCS race coded as Other is lower than NYC by 18%



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## ICD-10 Implementation



## Federal Delay of ICD-10 Implementation

- On April 1, 2014 President Obama signed into law H.R. 4302, Protecting Access to Medicare Act of 2014. The signed bill states that HHS cannot adopt the ICD-10 code set as the standard until at least October 1, 2015.
- SPARCS will adhere to the new federal compliance time frame and will not accept ICD-10 codes in the production environment until October 1, 2015 at the earliest.

### **ICD-10 Testing**

- SPARCS will use the delay to better assess and address implementation challenges and provide facilities additional time for testing.
- In August 2014, it is anticipated that facilities will be able to test submissions.
- Records with a discharge date on or after October 1, 2015 will require ICD-10 codes (No exceptions).

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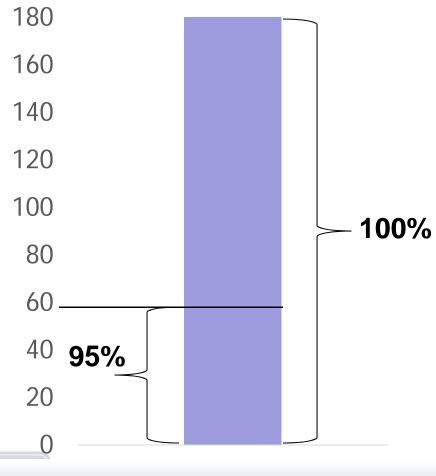
## Compliance and Data Quality

- ✓ Quarterly Data Monitoring
- ✓ Present on Admission
- ✓ SPARCS to ICR Compare



#### Compliance: Submission Requirements

- Data must be submitted on a monthly basis.
- 95% of the facility's SPARCS data must be submitted 60 days following the end of the month of patient discharge/visit.
- 100% of the facility's SPARCS data is due 180 days following the end of the month of the patient discharge/visit.



## Compliance: Quarterly Monitoring

- Due to the increased demand and use of SPARCS data for mandated functions, timeliness of the data is essential.
- In the second half of 2014, in addition to the Annual Reconciliation, a Quarterly Reconciliation process will be implemented following regulation requirements.



## Quality: Present on Admission

- In February 2014, a report was released to provide feedback to facilities on the potential issues of Present on Admission (POA) on inpatient discharges.
- Time period of the report was 2009 to 2012.

SPARCS Present on Admission Reporting

2009-2012

#### Prepared by:

SPARCS Operations Bureau of Health Informatics Office of Quality and Patient Safety New York State Department of Health

February 2014



### Quality: 3M Assessment Criteria

- Assessment criteria developed by 3M
- Not meeting a given criteria does not necessarily mean that there is a reporting issue with POA, as there may be legitimate reason why a facility did not meet a criteria.

#### Criteria:

- Pre-existing Diagnosis Codes Specified as Not POA
- 2. Percent Uncertain on Indicator for Secondary Diagnosis
- 3. Large Number of Secondary Diagnoses with POA
- 4. Small Number of Secondary Diagnoses with POA
- 5. For Elective Surgical Patients, Surgical Diagnoses marked as POA

## Summary of POA Report

- Of the 225 hospitals reporting during 2009 to 2012,23 to 31 hospitals did not meet at least one of the 5 assessment criteria
- The most frequent criteria not met was '3 large number of secondary diagnoses with POA' and '4- small number of secondary diagnoses with POA'
- A 2013 update will be available soon for facilities to monitor their completeness.



## SPARCS to Institutional Cost Report (ICR) Comparison

- As part of the ongoing effort to improve SPARCS data quality a multi year report was prepared comparing days, discharges and charges between SPARCS and the ICR.
- ICRs are required to be filed by all Article 28 hospitals on an annual basis to the Division of Finance and Rate Setting (DFRS).
- ICRs and SPARCS data are used to develop Medicaid rates, reimbursement methodologies, analyze trends and develop fiscals.

### SPARCS to ICR Comparison

- The time period covered in the report was 2009 through 2012.
- Highlighted in the tables were discrepancies of:
  - >5% or <5% for total days
  - > 3% or < 3% for the number of discharges
  - >5% or <5% for total charges.
- Request copies of this report through SPARCS@health.state.ny.us



### SPARCS to ICR Comparison Report

- Overall findings of the four years indicated robust reporting of days, discharges and charges between the two data sources.
- Facilities that were indicated as having hit the criteria were contacted for quality improvement efforts.

	Days (5% Criteria)	Discharges (3% Criteria)	Charges (5% Criteria)
	(3% Criteria)	% Diff Total	% Diff Total
	% Diff Days:	Discharges:	Charges:
	(SPARCS-	(SPARCS-	(SPARCS-
Year	ICR)/ICR	ICR)/ICR	ICR)/ICR
2009	(1.98)	(1.43)	(3.67)
2010	(2.10)	(1.77)	(4.06)
2011	(2.52)	(2.33)	(3.79)
2012	(2.33)	(1.58)	(3.45)

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## Data Transparency and Innovation



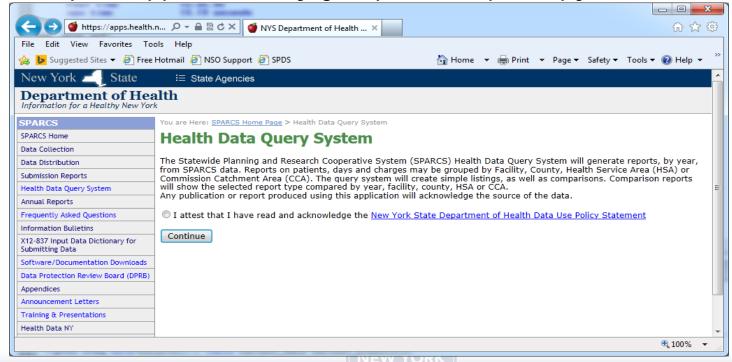
## Health Data NY: SPARCS <a href="https://health.data.ny.gov">https://health.data.ny.gov</a>

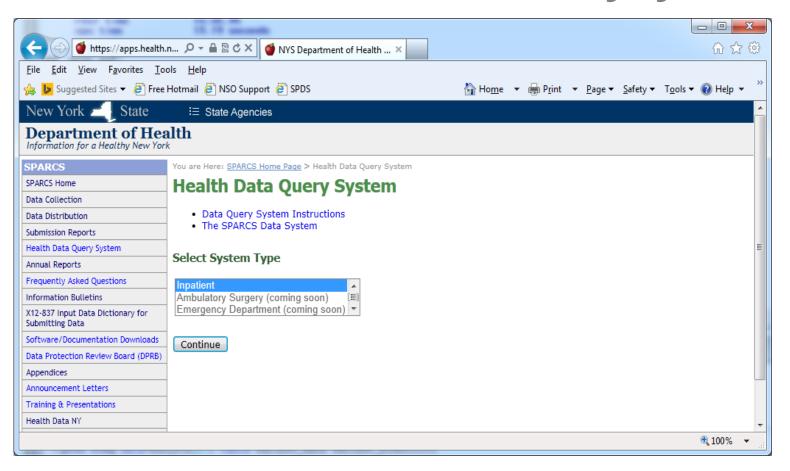
- Hospital Inpatient Discharges (De-identified) 2009-2012
- Hospital Inpatient Discharges by Facility: Beginning 2009
- Hospital Inpatient Discharges by Patient County: Beginning 2009
- Inpatient Cost Transparency: Beginning 2009
- Potentially Preventable Readmission Rates by Hospital
- Adult Prevention Quality Indicators by Zip Code and County
- Pediatric Prevention Quality Indicators by Zip Code and County (Coming Soon)

### Innovation Challenge

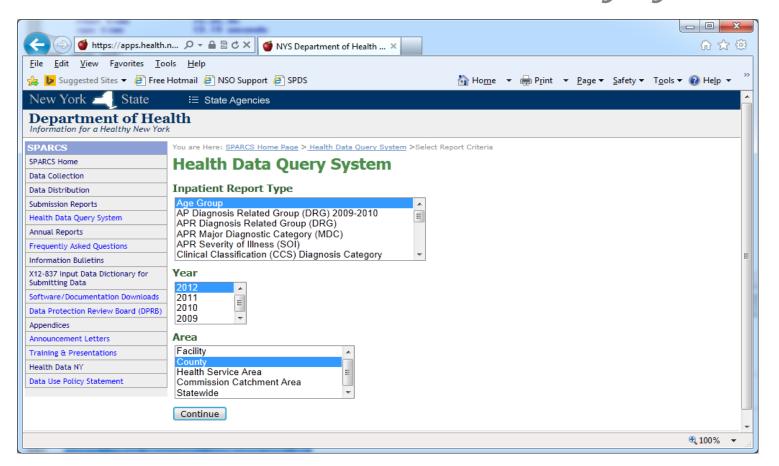
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- Prizes totaling \$43,000 will be awarded as follows:
   First Place \$30,000, Second Place \$10,000, and
   Third Place \$3,000. The submission deadline is July 24, 2014.
- <a href="http://www.health2con.com/devchallenge/nys-health-innovation-challenge/">http://www.health2con.com/devchallenge/nys-health-innovation-challenge/</a>.

- Similar to the Annual Report Generator
  - Meets the De-Identified Definition
  - https://apps.health.ny.gov/pubdoh/sparcsqry/

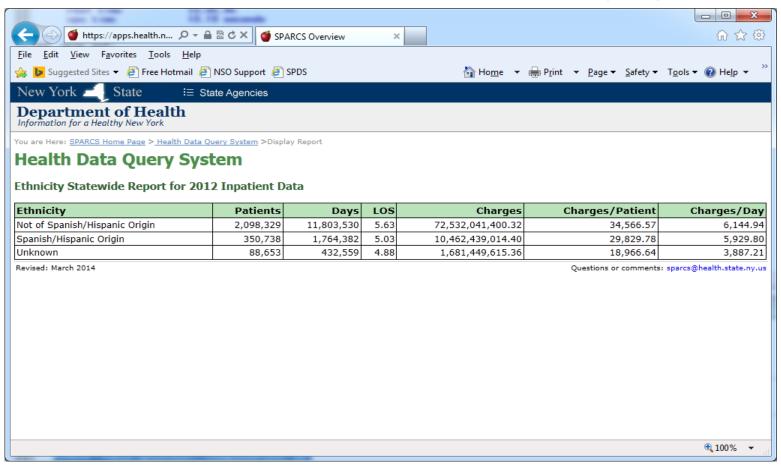












#### **Contact Information**

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