



Testimony Narrative

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SB 816: Requiring hospitals to submit emergency department abstract records

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Chair Monnes Anderson, Vice Chair Kruse and members of the Committee: for the record, I am Dr. Jon Collins. I am the Director of the Office of Health Analytics, which is in the Health Policy & Analytics Division of the Oregon Health Authority. Thank you for the opportunity to speak with you today about SB 816, which is a bill authorizing OHA to collect emergency department discharge records.

In 2015, Oregon's sixty acute care hospitals treated and released over 1.4 million visits in the emergency department. Of the approximately 350,000 annual inpatient stays in Oregon hospitals, half start in the emergency department. The emergency department is the front door of a hospital. The emergency department is a health care setting critical to the formation and evaluation of health care policy. Access to comprehensive emergency department discharge data impacts every division within the Oregon Health Authority.

The potential uses of such a data set are numerous. With an emergency department dataset, OHA could thoroughly assess the extent of non-emergency care being conducted in the emergency department, and emergency department utilization among the uninsured. An emergency department dataset would support emerging policy imperatives around Serious and Persistent Mental Illness, enabling OHA to evaluate the psychiatric and behavioral health treatment in the emergency department through analyses of emergency department boarding and observation stays.

An emergency department dataset would also support the Public Health Division's population health data needs. Significant and growing public health problems such as opioid overdose, motor vehicle crashes, trauma incidence, marijuana-related adverse events and appropriate chronic disease management would benefit from a complete and comprehensive emergency department discharge dataset.

An emergency department discharge dataset would augment data available through other data sources maintained by OHA. Data collected through administrative claims such as Medicaid and the All Payer All Claims (APAC) database are invaluable, but can't provide a complete picture of emergency department visits. Notably, Medicaid data is limited to the Medicaid population, and APAC lacks information on the uninsured. Discharge data would account for every emergency department visit regardless of payer.

Because it would capture every discharge from the emergency department, such a dataset would provide the gold standard against which other datasets could be validated. Finally, by adhering to the national standard for state emergency department datasets, Oregon would be

able to compare with other states that participate in the State Emergency Department Database collected by the Agency for Healthcare Research and Quality.

The Oregon Health Authority feels that collecting and reporting emergency department data is of sufficient importance to be addressed in statute. Requiring emergency department data to be reported gives OHA tools to ensure the highest quality, reliability, and completeness of the data. As an example, Oregon law currently requires reporting of hospital discharge data – this bill just expands the content of that dataset. Occasionally, however, hospitals have failed to report as required. When this has happened, the Oregon Health Authority has relied upon the statute to gain compliance.

This bill also contains other important fixes, the most important of which is defining reporting requirements in administrative rule. This would enable the Authority to be more responsive to data needs. This change will allow hospital representatives and the hospital association to participate in rulemaking for developing data reporting requirements.

In 2015, the Hospital Association worked with the legislature to insert a budget note into HB 5526 which required OHA to conduct a study on Emergency Department Psychiatric Boarding. That study determined that this is a problem in Oregon, as it is in the rest of the country. The state of Washington was sued for their boarding problem. OHA would like to avoid a similar situation. This bill will help us do that – by allowing us to monitor and analyze the data, to identify trends and solutions.

We brought this bill to the Hospital Association for feedback in September and again in January – and so have done due diligence in attempting to work with them on this bill. Voluntary reporting allows OHA no enforcement mechanism and will not help the state guard against a lawsuit.

Thank you for your time and careful consideration of this bill. I am happy to answer any questions.