apprise HEALTH INSIGHTS
A subsidiary of the Oregon Association of Hospitals & Health Systems

March 14, 2017

Oregon State Legislature
Senate Committee on Health Care
900 Court St. NE
Salem Oregon 97301

Re: Senate Bill 816 – Emergency department data reporting

Dear Chair Monnes Anderson and Members of the Committee:

Thank you for the opportunity to testify. On behalf of Oregon's 62 hospitals, health systems, and the patients they serve, Apprise Health Insights appreciates the opportunity to share our concerns about Senate Bill 816, which would require hospitals report emergency department discharge data to the Oregon Health Authority (OHA). We currently oppose the bill.

Apprise Health Insights is the data subsidiary of the Oregon Association of Hospitals and Health System (OAHHS). We empower health care leaders to improve performance and drive organizational success through data and analytics. We began to bring hospital discharge data collection in-house several years ago to broaden the scope of what data is collected and to improve the quality of that data. Apprise collects the historically-mandated hospital inpatient discharge data and hospital-based outpatient ambulatory surgery center discharge data. As of 2014, we collect additional outpatient discharge data, including emergency discharges. We use this data to inform health care policy efforts, and to create analytic tools for hospitals to use and improve organizational performance.

Apprise and OAHHS oppose SB 816 for the following reasons:

Data collection fees:

- Emergency discharge data is currently being submitted by Oregon hospitals to Apprise on a voluntary basis at no cost to the state. Even though it is a voluntary effort, we have 100 percent participation and more than 95 percent completion rate on all required fields in the data set. While data collection is a very expensive endeavor, Apprise does not charge hospitals to submit the data. SB 816 would negatively affect the collection process since it allows OHA to impose fees on hospitals for data collection, which would increase costs to hospitals.

- In addition, SB 816 imposes the fees provision not only on the new data set – emergency discharge data – but expands the authority for OHA to collect fees on all the inpatient discharge data submission, a program which has been in existence for more than 20 years without data submission fees. Hospitals have already dedicated internal resources to gather and prepare the data for reporting, and to review and correct the data to ensure compliance with data submission requirements and standards. Adding a fee to this process would create additional financial burden for hospitals.

Unsuccessful prior efforts:

- Mandatory fee-based data collection effort regarding discharge data has not been productive path for the state. In 2008, OHA began mandatory data collection from hospitals and free-standing ambulatory surgery centers (ASCs). It assessed a data submission fee, on a per record basis, to support the data collection. The fee was only assessed on the free-standing ASCs since hospitals were already submitting this data along with the inpatient discharge data with full compliance. Apprise was the vendor for the OHA. After several years of not being able to get free-standing surgery centers to submit data on time, or correct the data submitted to required standards, Apprise asked to terminate the contract. We cited noncompliance as well as dissatisfaction from data submitters as reasons why we were not successful. Instead of seeking another vendor for the data collection, the OHA modified the rules in 2015 to indicate that it would use the All Payers All Claims (APAC) database as the source of data for free-standing ambulatory surgery centers.

- Even after the OHA modified the rules to use APAC for ambulatory surgery center data – for both hospitals and free-standing ASCs – Apprise has continued to collect and submit hospital-based outpatient ASC data to the OHA on a voluntary basis. Hospitals have been collaborative partners for decades regarding data reporting. They recognize the importance and need of the state for data to guide policy decisions.

As discussed above, a mandate and an imposition of fees on hospitals for data collection of ED data will likely cause discontent and maybe even harm to the data quality and collection process. We have already provided various data analyses and data sets to our OHA Public Health and Health Policy & Analytics counterparts for a variety of activities since we began emergency department data collection in 2014. We committed to continuing discussions to how to make data available for statewide health policy development and evaluation.

Thank you for your consideration.

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