

January 29, 2008

«Administrator»  
«Admin\_Title»  
«Facility\_Name»  
«Street»  
«City», «State» «Zip»

Dear «Admin\_Salutation»:

I am writing to invite your participation in an important effort with Virginia Health Information (VHI.) VHI is one of three states to win a contract with the Agency for Healthcare Research and Quality entitled "Adding Clinical Data to Administrative Data."

This contract and previous studies have important potential implications for hospitals and VHI. Research has shown that by adding certain clinical data elements to patient level data, the resulting hybrid data set has a predictive power very similar to that of a full clinical model. The result is improved outcomes measurement using existing data with a cost much lower than the collection of a full clinical dataset. Consider the amount of time your staff spends manually abstracting data for various performance improvement programs. If some of these programs began using existing data rather than creating new information, savings would be significant.

VHI's effort will focus primarily on the addition of the Present on Admission indicators (POA) and laboratory information at admission and is not expected to require any new clinical data abstraction. Hospitals will also benefit from a series of quality reports using the AHRQ Quality and Patient Safety Indicators, enhanced VHI cardiac care mortality and readmission information, comparative information on use of POA values and other reports hospitals suggest through this collaborative effort.

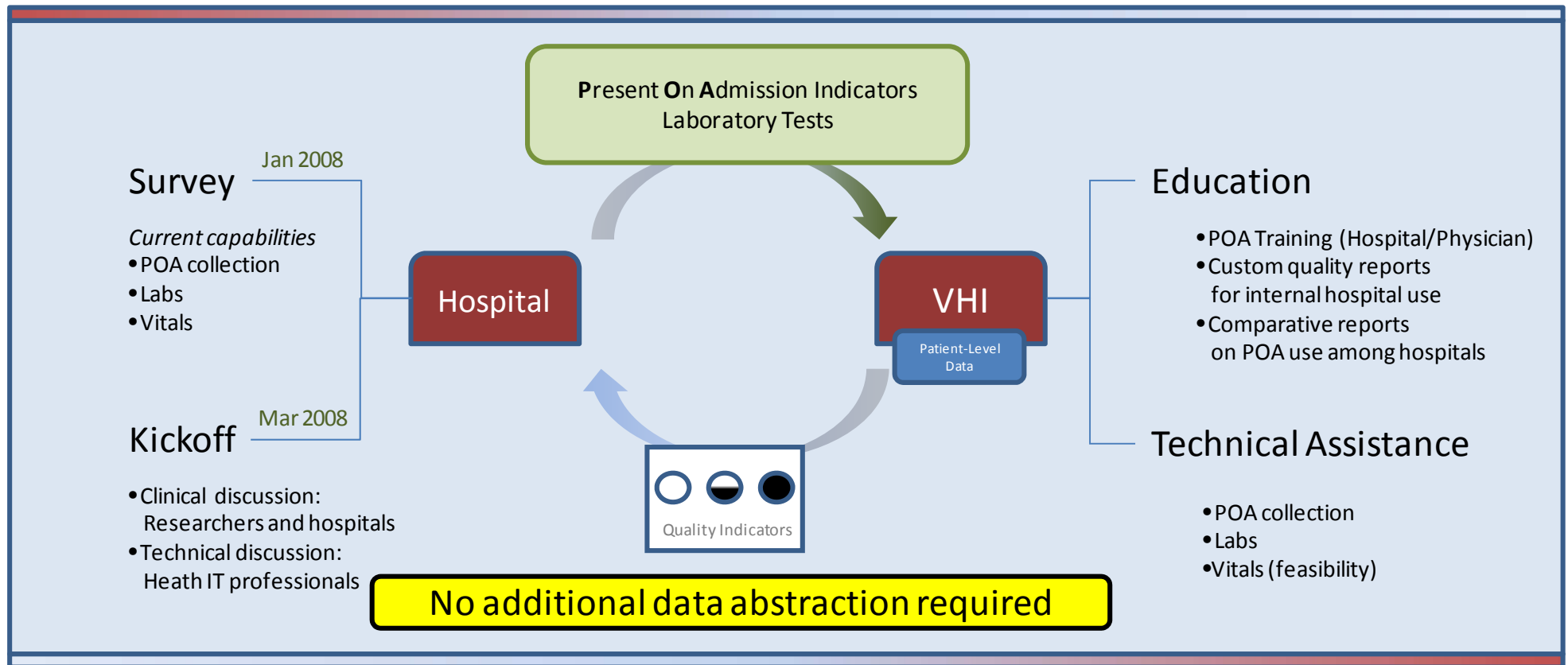
VHI has worked with the Virginia Hospital and Healthcare Association in our approach to this work. We are structuring our approach to maximize the benefit to hospitals while minimizing the burden. Two documents with more details on this effort are attached. VHI is planning a March kick-off meeting and hope your hospital will join other hospitals in this important work. I invite you or those listed below to contact me or Chris Delcher at VHI to discuss your hospital's participation.

Sincerely,

Michael T. Lundberg  
Executive Director

Cc: «PLD\_Name», «PLD\_Title»  
«Qual\_Name», «Qual\_Title»

# Virginia Health Information *Adding Clinical Data to Administrative Data* An Overview



Partners:



## Virginia Hospital Participation in “Adding Clinical Data to Statewide Administrative Data”

The Agency for Healthcare Research and Quality (AHRQ) has awarded the contract *Adding Clinical Data to Statewide Administrative Data* to **Virginia Health Information**. The contract serves as a pilot to test the feasibility of developing a hybrid dataset of clinical data and **VHI** existing hospital patient level data. Research funded by AHRQ found that through the addition of diagnoses present on admission, key laboratory findings and vital signs on admission it was possible to create risk-adjustment models that came remarkably close to full clinical models in terms of discriminatory power for rating hospital performance on selected AHRQ Inpatient Quality Indicators and Patient Safety Indicators. Study documents may be found at [www.ahrq.gov/fund/contrax.htm#RFP](http://www.ahrq.gov/fund/contrax.htm#RFP)

In this pilot effort, **VHI** will be aided by Michael Pine and Associates, a researcher involved in the original research noted in the AHRQ documents; Ramesh Shukla, Ph.D., a researcher who has assisted **VHI** in development of Cardiac Care Mortality Information published at [www.vhi.org](http://www.vhi.org); and Sallie Cook, MD, of the Virginia Health Quality Center. The contract runs through August 2009, and during this contract:

### VHI will:

1. Provide technical assistance in working with hospital quality and technical staff to obtain electronic versions of POA and other existing clinical data—no new data abstraction is required
2. Provide hospitals with summary information on their reporting of POA values compared to other participating Virginia hospitals and rates from other states
3. Develop risk-adjusted cardiac care mortality information using enhanced data sets for hospital use only; data will compare results using existing **VHI** model with enhanced model
4. Develop risk-adjusted AHRQ patient safety and quality indicators using enhanced data sets for hospital use only; data will compare results using existing AHRQ model with enhanced model
5. Sponsor educational sessions, if feasible, for hospitals and physicians on use of POA indicators; **VHI** will also assess potential for CMEs for physicians
6. Develop a business associate agreement with hospitals to support acquisition of POA and clinical data for linkage to existing **VHI** information

### Hospitals will:

1. Participate in a brief online survey of current capabilities to
  - a. provide POA information
  - b. laboratory values
  - c. vital signs information
2. Attend a kick-off meeting with other hospitals in February 2008 to discuss survey results with **VHI**, subcontractors and their peers related to
  - a. Clinical benefits of certain data elements given national research results
  - b. Technical capacity to submit
3. Work to provide POA information in supplementary files on a quarterly basis to **VHI** for 4-6 quarters; file format to be developed jointly with **VHI**, VHHA and hospital input
4. As determined in feasibility survey and meetings, provide clinical data as available for up to 6 quarters

*For more information contact Michael Lundberg, Executive Director at 804 644 7026.*