Co Directors

Trudy Millard Krause, DrPH
Associate Professor, Co-Director
Experience in hospital administration and outcomes research. Expertise in health, informatics, analytics, modeling, quality, performance improvement, clinical effectiveness

Cecilia Ganduglia Cazaban, MD, DrPH
Assistant Professor, Co-Director
Trained in Family Medicine in Argentina DrPH in Health Services Research Expertise in health policy, claims data, cost analysis, research focus: child and maternal health
Center for Health Care Data

Largest Research-Accessible Healthcare Data Collection in Texas
UT Health SPH Data Center has attained certification as a CMS Qualified Entity (QE)

Under the Qualified Entity Certification Program (QECP), CMS certifies QEs to receive Medicare Parts A and B claims data and Part D prescription drug event data for use in evaluating provider performance.

CMS monitors certified QEs annually
Diverse Data at CHCD

3 MILLION TX MEDICARE LIVES (100%)

4.5 MILLION TX MEDICAID LIVES (100%)

12 MILLION TX COMMERCIAL (82%)

100% TX HOSPITAL EVENTS

100% TX WORKERS COMP CLAIMS

7 MILLION EMPLOYEES WITH HPM DATA NATIONAL

145 MILLION COMMERCIAL LIVES NATIONAL

4 MILLION COVID TESTED PERSONS NATIONAL

VARIOUS EHR/EMR DATA SETS
Texas Claims Data Representation

Insured Persons in Texas

- Medicaid: 16%
- Medicare: 16%
- Commercial: 60%
- VA/Tricare: 8%

Proportion of Data in the Data Center

- Medicaid
- Medicare
- Commercial
- Va/Tricare
- Missing Commercial
- Missing Va/Tricare

86% of insured
5 State Agencies: HHSC, TRS, ERS, TDCJ, DSHS

- Collaborate and develop a comprehensive structure for an integrated healthcare information system that will be used to compare data related to the healthcare systems funded by appropriations made to these agencies;
- Extract and receive data from agencies and agency vendors, translate such data to standardized variables and values within the data warehouse, and load data into the integrated healthcare information system;
- Analyze and compare healthcare data, including outcome measures, to identify individual benchmark and progress data for each agency and outliers and improvements for efficiency and quality that can be implemented within each healthcare system; and
- Provide reporting on data analyses, including baseline, trend and progress analysis, and individual benchmark data for each agency (where available).
SAMPLE REPORT FOUND ON HHSC PORTAL: REVIEW OF RISK VALUES

FFS Clinical Risk Group: Fiscal Year 2019 Population
Bubble size corresponds to Count of People
Click on a bubble to view Breakdown by Age Group

FFS: Count of People by Age Group
Score: 10  Health Status: 1  Severity Level: 0
The time is right...

- CHCD has the infrastructure in place
- CHCD is certified by CMS as a QE
- CHCD has worked with Texas Department of Insurance on Health Price Transparency Project as a voluntary APCD for Texas
- CHCD has a base of 86% of historical claims data to 2014
- CHCD has been successful in the 5 Agency project (10.6) in data aggregation, data validation, data analysis, data reporting, portal development
- Section 115 $2.5 M Federal Funding to States for 3 Years to Build or Enhance an APCD
- CHCD has been a member of the National APCD Council for two years
CHCD APPOINTED AS THE TX APCD

Has been supported by...

- The 5 Agency Workgroup
- Texas Value-Based Payment and Quality Improvement Advisory Committee
- Houston Business Coalition on Health
- Texas Academy of Family Physicians
- Texas 2036
- Texas Medical Association
The Lone Star Stroke (LSS) Research Consortium is a novel collaboration among leading medical research institutions in Texas to improve the health of Texans affected by stroke and cerebrovascular disease.

The mission of LSS is to establish a state-wide network for patient-centered stroke research, providing meaningful data about stroke in Texas.

CHCD is working with the UT Medical Schools/Hospitals and other members of LSS to collect data to support this mission. CHCD has partnered with Texas Hospital Association to serve as the data repository and reporting provider.
COVID-19 Database

• A national deidentified database of persons tested for COVID-19 or diagnosed with COVID-19 or related DX

• Cohort from 2020 with all available EMR data to 2010

• The database is continually expanding and presently has about 1.9 million registrants, about 13 percent of whom have COVID-19

• Includes age, race/ethnicity, smoking status, BMI, lab values, etc.

• CHCD acquired the database with permission to allow any qualified UT faculty member to access it
Biostatisticians perform mathematical analysis to determine factors that impact health in order to identify contributors to cost, utilization and health status.

Programmer analysts are content experts on the claims, encounter and enrollment data. They perform the data analyses for cost, utilization, health status and quality reporting for the CHCD projects.

Professionals and faculty representing a multitude of clinical specialties contribute expertise to interpret results and formulate hypotheses: physicians, pharmacists, behavioral health professionals, policy experts, health economists, epidemiologists.

Each project is guided and managed by an experienced Project Manager who is responsible for internal and external communications, budget, deliverables, and strategic direction.
CHCD Data Enhancements

**ADMISSIONS**
Combines Claims Related to an Admission such as multiple hospital claims, attending physician, consults, anesthesiologists, radiologists, ED, etc.

**EPISODES**
Groups claims related to a single event such as episode of pneumonia: from first symptoms to outpatient treatment, medications, ED visit, hospital admit, follow up care to end of event

**CHRONIC DISEASES**
Applies logic to create separate variables that mark individuals as persons with a chronic disease such as diabetes, asthma, ESRD, COPD, etc. for ease of analysis
Social Determinants of Health

The Center has amassed a collection of data sets that are useful in the assessment of social determinants of health: those elements in the physical and social environment, including lifestyle and behaviors, that may impact health conditions and health behaviors.

Examples include:

Rates of smoking
Access to Physical Exercise
Food Deserts
Transportation
Air Quality
Rates of Violence
Education Level
Household Income
Texas Criminal Justice System
Health Care Services
UTMB and Texas Tech Contractors
Free World Services
On Site Services
Telehealth
HIV/Hepatitis Programs
Mental Health
ELECTRONIC MEDICAL RECORDS

EMR data is useful for studies related to a single event type. Examples include:

- Variation in treatment approaches
- Clinical results: lab and diagnostics
- Time to treatment evaluations
- Immediate surgical outcomes
- Course of treatment analysis
The Center has two datasets related to On the Job Injuries:

Health and Productivity Management: data for employees of companies who also provide health plan claims to the dataset. The HPM data provides information on lost productivity, time and attendance, etc. Can link to workers with chronic conditions such as for a study on diabetics and their lost productivity due to diabetes.

TWIC: Texas Workers Compensation Insurance Commission: data related to workers’ compensation claims includes medical claims/costs, RX claims/costs, time off work, etc.
Data Prompts Opportunity

Our goal is to continue to grow our data sets

Match our available data to qualified researchers

Apply data to inform policy, strategy, treatment, consumerism...

Foster positive change