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Testimony
Human Services Committee
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Chairman and members of the Committee. My name is Mandi-Leigh Peterson and I serve as a senior research analyst with the Healthcare Workforce Group at the University of North Dakota School of Medicine and Health Sciences. I am here today to testify in support of HCR 3022, a concurrent resolution directing the Legislative Management to consider studying the feasibility and desirability of implementing a hospital discharge database. Please note that this testimony is given based on my professional, academic, and personal experience and opinions and does not reflect the position of the University of North Dakota or the North Dakota University System.

In my professional role with the Healthcare Workforce Group I work with large data sets including hospital discharge data, administrative claims data including Medicare data, as well as data from the CDC and other governmental organizations. Prior to my 10 years at UND, I spent 5 years at Blue Cross Blue Shield of North Dakota as a health care data analyst where my primary responsibility was analyzing claims data for both internal studies and legislative requests.

To provide a working definition, a hospital discharge database is a digital repository of information related to admissions, inpatient stays, and discharges from hospitals and emergency departments. Information such as demographics, diagnostic and procedural information, discharge or transfer status, and charges, are some of the key elements one might find in such a database. Currently, 48 of 50 U.S. states have adopted a hospital discharge database. Currently North Dakota has a partial database that is contracted out-of-state.

The lack of a comprehensive hospital discharge database within the state poses several challenges and prevents the analysis and trend studies that demonstrate where North Dakota lies in comparison to peer states. There are multiple potential benefits if one were to be adopted. Access to

data in a timely fashion can allow for reduction of costs, optimized utilization, prevention efforts, and safety and quality improvement.

Health care cost and utilization are two areas that have been studied in a majority of states and via unique methods. In North Dakota those opportunities have been limited due to a lack of data. Having a centralized repository with information that could be accessible for research purposes or to answer business questions would be beneficial to systems, the state, and payers. This would also allow partners in public health and other areas to focus efforts on the most value-added services they can provide.

As it relates to public health, the ability to have a large data set to query to identify trends in emerging health surveillance areas can be seen as a positive as that would allow those sectors to continue their work without diversion but provide empirical guidance as to priority areas that may be emerging to assist in work flow allocation without redirecting public health staff.

One area where North Dakota has had several advancements in recent years is the areas of needs assessments, addressing quality initiatives, and improving performance. These are areas that stand to benefit greatly from hospital discharge data in a passive way to create opportunities for facilities to obtain summary data and reports without having to invest a large amount of time into data capturing and other mechanisms.

In summary, the presence of a comprehensive hospital discharge database would benefit the state in multiple ways.

I would be happy to answer any questions you might have at this time.

Respectfully submitted
Mandi-Leigh Peterson
Healthcare Workforce Group
University of North Dakota, School of Medicine and Health Sciences