

2021 HOUSE HUMAN SERVICES

HCR 3022

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HCR 3022
2/10/2021 322 PM

A concurrent resolution directing the Legislative Management to consider studying the feasibility and desirability of implementing a hospital discharge database.

Chairman Weisz opened the hearing at 3:22 p.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	A
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Non-identifiable information
- Medicare data
- Healthcare cost and utilization

Rep Gretchen Dobervich, District 11 (3:22) introduced the resolution, testified in favor, and submitted testimony #6235.

Mandi-Leigh Peterson, Senior Research Analyst UND School of Medicine & Health Sciences (3:30) testified in favor and submitted testimony #6209.

Shila Blend, Director North Dakota Health Information Network (3:33) testified neutral and submitted testimony #6247.

Chairman Weisz adjourned at 3:39 p.m.

Tamara Krause, Committee Clerk

HCR 3022 Hospital Discharge Databases

Good Afternoon Chairman Weisz and Members of House Human Services Committee. For the record, my name is Representative Gretchen Dobervich and I serve the people of District 11 in Fargo. I come before you today with HCR 3022, a resolution for the study of a North Dakota Hospital Discharge Database.

Hospital Discharge Databases are data sets containing non-identifiable information related to hospitalizations and discharge. Currently, 48 of 50 states operate a statewide hospital discharge database. North Dakota is one of the two who do not have one. Currently, hospitals in North Dakota can elect to send discharge data to Minnesota and receive a data report back.

Hospitals, insurers, patients, primary care, public health, and policy makers can all benefit from this data. For example, a hospital discharge database provides hospitals with one stop information regarding service volume and data useful in prioritizing network agreements for discharge transfers to other care settings.

Hospital discharge databases offer insurers data identifying where services are occurring relative to volume and diagnosis and could help in setting rate pools. Availability of the data included in a hospital discharge database provides for a more augmented data driven decision making process that can provide support for legislative bills.

There are also opportunities to generate revenue in a small capacity through the databases being available for large scale studies, which another speaker will address.

Mr. Speaker and Members of the Committee, this concludes my testimony and I stand for questions.

67th Legislative Session
Testimony
Human Services Committee
February 10, 2021

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

February 10, 2021

HCR 3022-Neutral Testimony

Good Afternoon Chairman Weisz and Members of the Committee:

My name is Shila Blend and I am the Director of the North Dakota Health Information Network, our statewide Health Information Exchange. I am here at a neutral stance to provide information as you consider HCR 3022, a resolution directing the Legislative Management to consider studying the feasibility and desirability of implementing a hospital discharge database.

North Dakota Health Information Network (NDHIN) is a statewide interoperable health information exchange (HIE) connecting diverse providers, hospitals, clinics, and labs to make electronic health information available on demand at the point of care. Our participants include all acute care hospitals, Critical Access Hospitals, Federally Qualified Health Centers (FQHCs), rural clinics, 75% of North Dakota's local public health units, as well as some long-term care facilities, pharmacies, chiropractors, and other ancillary providers.

Information in the HIE is dependent upon the data feeds a hospital chooses to share. NDHIN already collaborates with NDDoH to support electronic access to newborn screening results, lab results, syndromic surveillance, and several registries including immunizations and autism. I provide this information to you today to provide awareness that discharge data is currently collected in our statewide health information exchange. Although, we do not yet have a database to deidentify and process the information into. Viewing NDHIN as a health data utility holds out the promise to make HIE services more valuable by further broadening participation, lowering cost barriers to providers, enhancing analytics capabilities, and improving health care and care coordination for North Dakotans. If you pass this resolution, I encourage you to involve our health information exchange in the study.

Thank you for your time.

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HCR 3022
2/10/2021

A concurrent resolution directing the Legislative Management to consider studying the feasibility and desirability of implementing a hospital discharge database.

Vice Chair Karen Rohr opened the committee meeting at 4:01 p.m.

Representatives	Attendance
Representative Robin Weisz	A
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	A
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- North Dakota Information Network
- Collecting discharge data

Rep. Kathy Skroch (4:02) moved **Do Not Pass**

Rep. Bill Tveit (4:02) second

Representatives	Vote
Representative Robin Weisz	A
Representative Karen M. Rohr	Y
Representative Mike Beltz	Y
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	N
Representative Clayton Fegley	N
Representative Dwight Kiefert	Y
Representative Todd Porter	A
Representative Matthew Ruby	Y
Representative Mary Schneider	N
Representative Kathy Skroch	Y

Representative Bill Tveit	Y
Representative Greg Westlind	N

Motion Carried Do Not Pass 8-4-2

Resolution Carrier: Rep. Kathy Skroch

Vice Chair Karen Rohr adjourned at 4:04 p.m.

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

HCR 3022: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (8 YEAS, 4 NAYS, 2 ABSENT AND NOT VOTING). HCR 3022 was placed on the Eleventh order on the calendar.