

# Annual Report



**Texas Health Care Information Collection**

**November 2005**

Texas Health Care Information Collection

Center for Health Statistics  
Department of State Health Services  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756  
Phone: (512) 458-7261  
Fax: (512) 458-7740  
<http://www.dshs.state.tx.us/thcic>

## **O**verview

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The Texas Health Care Information Council became part of the Department of State Health Services (DSHS) effective September 1, 2004 in the reorganization of the health and human services agencies authorized by HB 2292, 78<sup>th</sup> Texas Legislature. The functions of the Council are now known as the Texas Health Care Information Collection (THCIC) and are carried out in the Center for Health Statistics (CHS) at DSHS.

The last fiscal year (2004-2005) was a time of transition. THCIC successfully moved to CHS and its functions continued uninterrupted. Hospital discharge data continued to be collected from most Texas hospitals and data collection changed to the HIPAA compatible THCIC 837 format. HEDIS data continued to be collected and the report production was shifted to the Office of Public Insurance Counsel (OPIC).

## **D**ata and Reports

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The goal of the THCIC is to improve the quality and reduce the cost of health care in Texas. The program's mission is to develop a statewide health care data collection system to collect health care charges, utilization data, provider quality data, and outcome data in order to facilitate the promotion and accessibility of cost-effective, quality health care with the primary purpose of improving the health of Texans.

### **HMO Data**

Chapter 108 of the Texas Health and Safety Code authorizes the collection of provider quality data from health benefit plans (health maintenance organizations or HMOs) by market service area, and directs THCIC to make these data available for public use. Historically, THCIC has collected a subset of Health Employer Plan Data Information Set (HEDIS) measures developed by the National Committee for Quality Assurance (NCQA). HMOs are required to report their HEDIS data by service area to THCIC. Reporting the required HEDIS data requires a substantial financial commitment from the HMOs.

Reports for calendar years 1998 through 2004 have been compiled and are currently available on the THCIC website. The Office of Public Insurance Counsel (OPIC) took responsibility for analysis of the HEDIS data and production of the reports in 2004 through an interagency contract.

A HEDIS data collection workgroup was organized in 2005 for the purpose of selecting the Texas Subset of HEDIS. Measures were selected at a meeting of the workgroup in August, 2005.

## Hospital Discharge Data

Approximately 450 of the State's licensed hospitals are required by statute to report select administrative data to THCIC. 109 hospitals, primarily those located in counties with a population less than 35,000, are statutorily exempt from THCIC's data reporting requirements.

Hospitals began submitting test data from discharges that occurred during the first quarter of 1998. The logistics of preparing and submitting required data for quality review purposes is a major undertaking for many hospitals.

Data for discharges in 1999 through 2003 have been released. The data file for 2003 includes information on 2.8 million discharges. Data for 2004 discharges will be released by mid-December 2005. Data are available for purchase in a Public Use Data File (PUDF). Data not available in the PUDF, excluding confidential data protected by §108.0135, Health and Safety Code, are available for research purposes with the approval of the THCIC Scientific Review Panel (SRP). The Institutional Review Board at DSHS now functions as the THCIC SRP.

THCIC has used methodologies available from the Agency for Healthcare Research and Quality (AHRQ) for many of its reports. AHRQ's Inpatient Quality Indicators (IQIs) have been used to produce *Indicators of Inpatient Care in Texas Hospitals* for 1999 through 2003. This report compares hospital mortality rates for selected procedures and conditions, utilization rates of some procedures and the volume of procedures performed.

*Preventable Hospitalizations* has been published using AHRQ's Preventable Quality Indicators (PQIs) and data for 2001 and 2002. This report provides data at the county level for preventable hospitalizations, the inpatient treatment of conditions for which timely and effective use of primary care should reduce the risk of hospitalization. These conditions are also known as ambulatory care sensitive conditions.

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## **A** Advisory Groups

Technical Advisory Committees required by Chapter 108 were abolished in 2003 by HB 2292, 78<sup>th</sup> Texas Legislature. To facilitate input from hospital data stakeholders, a Hospital Data Collection Workgroup was formed in 2004. There is no formal membership in the Workgroup and meetings are attended by a wide range of stakeholders, depending on the topics of discussion. Five meetings of the Workgroup were held during Fiscal Year 2005 to discuss issues including:

- Proposed rules to collect ambulatory services data
- Collection of discharge data in the THCIC 837 format
- Recommendation of changes to Chapter 108, Health and Safety Code
- Changes to AHRQ's IQIs

- Source of Payment codes
- Format of the 2004 PUDF

Meetings are held on an as-needed basis.

A HEDIS data collection workgroup was organized to recommend HEDIS measures to be included in the Texas subset to be collected from Texas commercial HMOs. The group includes representatives of HMOs and staff from DSHS who are potential users of HEDIS data. One meeting of the group was held during the fiscal year.

## Staff

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Bruce Burns, D.C. – Program Specialist

Sylvia Cook – Systems Analyst

Tiffany Overton – Program Specialist, beginning October 17, 2005

Dee Roes – Program Specialist

Terry Salazar – Program Specialist, through June 3, 2005

Ron Weiss – Contractor, Data Warehouse Management