“Using Clinically-Enhanced Claims Data to Guide Treatment of Acute Heart Failure”

An AHRQ Grant to MHA

Data Acquisition & Transmission
Pharmacy Data
Overview of Data Acquisition Strategy

• Establish data specifications and formats
  – Phase 1: 15 hospitals submit developmental data
  – Project team prepares data specifications and formats
  – Project team maps data for Phase 1 hospitals
  – Phase 2: remainder of hospitals map own data with assistance

• Implement operational protocols to submit data from electronic repositories using established data specifications and formats

• Test data submissions to validate protocols

• Transmit data for comparative effectiveness study
Pharmacy Data Acquisition - Phase 1

• Phase 1 hospitals will
  – be limited to hospitals with CPOE systems
  – include no more than two hospitals from a single chain using the same pharmacy order system
  – submit all hospital drug orders for patients with a principal diagnosis of heart failure discharged during a one year period
  – provide identifiers required to link drug orders to claims data already submitted to MHA

• Project team will evaluate the type and completeness of data provided by Phase 1 hospitals and will map these data into the standard format developed for this project
Evaluation of Phase 1 Pharmacy Data

• Evaluation of Phase 1 pharmacy data will
  – focus on drugs related to the planned research study
  – assess the variability of data across sites and systems to establish minimum requirements for data acquisition

• Findings will be used to prepare
  – a final list of drugs to be monitored, a dictionary of drug order data elements, and a customized drug classification system for this project based on existing non-proprietary systems
  – a standardized flat file data layout, field definitions that conform to existing standards whenever possible, and instructions for submission of data by all participating hospitals
Special Issues for Phase 1 Evaluation

• The Phase 1 analysis of drug order data will pay particular attention to how potentially problematic issues are managed at different hospitals

• Examples include
  – use of order messages that are strictly informational (e.g., dosing reminders, clarifications, verifications)
  – management of order cancellations and discontinuations
  – identification of PRN and one time orders
  – Identification of patients’ own medications that are not dispensed by the hospital pharmacy
Types of Drugs to Treat Heart Failure

- Angiotensin converting enzyme inhibitors (ACEI)
- Angiotensin II receptor blockers (ARB)
- Antiarrhythmics
- Anticoagulants
- Beta blockers
- Diuretics
- Inotropic agents
- Statins
- Vasodilators
Drug Order Data Fields

- Drug name
- Internal drug code
- External drug code, e.g., NDC, RxNorm, SNOMED-CT (if available)
- Drug strength/unit
- Drug dosage
- Route of administration
- Order start/stop dates and/or duration of order
- Interval (i.e., frequency)
Drug Classification Systems

• Alternative classification systems are available to support the collection and analysis of standardized electronic pharmacy data.

• Several promising non-proprietary systems will be evaluated to determine their strengths and weaknesses for use in this study.

• Systems to be evaluated will include
  – RxNorm
  – SNOMED-CT
  – NLM MeSH Drug Categories
Pharmacy Data Acquisition - Phase 2

• Phase 2 hospitals will
  – map their electronic data into the standardized flat file format
    based on data specifications established in Phase 1
  – submit completed data maps for review by project team

• Project team will
  – Prepare standardized materials to support data mapping by
    Phase 2 hospitals
  – assist individual hospitals in preparing their data maps
  – review completed maps for completeness and accuracy
  – provide feedback and assistance as needed
Future Collection and Use of Drug Data

• A principal goal of this project is to test the feasibility and value of collecting drug order data to determine the comparative effectiveness of alternative therapies.

• A secondary goal is to learn from participating hospitals whether electronically captured drug dispensed and/or administered data could replace drug order data.

• After collection and transmission of study data are completed, hospitals will be surveyed to document their experiences and to learn how data acquisition and transmission processes could be improved.