

SW-BH3 – Using Alternatives to Opioids (ALTO) in Hospital
Emergency Departments (ED): 1) Decrease use of Opioids
2) Increase use of ALTO

Data Manual

Contents

SECTION 1: Scope of Measure	3
Purpose	3
Definition	3
The population of interest:	3
SECTION 2: Requested Data Elements.....	5
Data Dictionary	5
Medications of interest:.....	6
Data Sources	7
Data Management	7
File Format Requirements	7
Expectations of Hospitals.....	7
Sample Data Submissions	8
SECTION 4: Privacy and Data Security	9

SECTION 1: Scope of Measure

Purpose

SW-BH3 – Using Alternatives to Opioids (ALTO) in Hospital Emergency Departments (ED): 1) Decrease use of Opioids 2) Increase use of ALTO

Definition

This is a two-part measure in which decreasing use of opioids is worth 60% and increasing use of ALTO is worth 40%.

1. Decrease use of Opioids – Total oral morphine milligram equivalent (MME) of medications administered listed in *Opioids of Interest* per 1,000 Emergency Department (ED) visits for patients ages 18 years and older, among cases meeting the inclusion and exclusion criteria below.
2. Increase use of ALTO – Total number of ALTO medications administered listed in *ALTO of Interest* per 1,000 Emergency Department (ED) visits for patients ages 18 years and older, among cases meeting the inclusion and exclusion criteria below.

The population of interest:

1. Adult patients 18 years of age and older
2. Any ED visit during which the patient received care, including patients admitted to inpatient or to observation, or discharged home, for the following conditions: abdominal pain, back pain, chest pain, dental pain, extremity pain, fracture injuries, non-fracture injuries and urolithiasis. Patients should be excluded if their condition is related to cancer or sickle cell anemia, or if they received hospice or intensive care.
3. Primary or secondary ICD-10-CM diagnosis codes listed in Table 1. Colorado Hospital Association will use its discharge database to filter to the conditions of interest below so participating hospitals will not have to do this before sending their data.

Table 1. Conditions of interest, relevant ICD-10 codes to be included and excluded.

ICD-10-CM primary and secondary diagnosis code ranges		
Conditions	Include	Exclude
Abdominal Pain	Codes beginning with R10, R19.30; G89.29	Codes beginning with C15-26, C48, D00-01
Back Pain	Codes beginning with M46, M48, M50, M51, M54, M99; M48.00-08, M48.30-38, M62.830, M80.08, M80.88	Codes beginning with M84, C47
Chest Pain	R07.1, R07.2, codes beginning with R07.8, R07.9, R09.1	Codes beginning with C34, C37, C38, C39, C45-46, C50
Dental Pain	Codes beginning with M26-27; R68.84, A69.0, B00.2, B37.0, B37.83	Codes beginning with C00-14, D00, D10, K08; D16.5
Extremity Pain	Codes beginning with M00-02, M05-14, M15-19, M20-25, M60-63, M65-67, M70-79M	Codes beginning with C40-41, C49
Fracture Injuries	Codes beginning with S02, S12, S32, S42, S49, S52, S59, S62, S72, S79, S82, S89, M80-81	
Non-fracture injuries	Codes beginning with S03, S29, S33, S39 S43, S46, S53, S56, S69, S76, S83, S86, S92, S93, S96; M26.601-659	
Urolithiasis (stone in the kidney, bladder, or urinary tract)	Codes beginning with N20-N23; N13.2	Codes beginning with C64-68, C79, D09, D17, D30, D41, D49
Sickle Cell Anemia	None	Codes beginning with D57-D57.819

Additional exclusions:

Cases with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing).

SECTION 2: Requested Data Elements

Hospitals submitting data should provide data for opioid and ALTO administrations for the population and conditions listed in Table 1. Each administration of a medication of interest should be recorded.

Data Dictionary

Hospitals should submit a monthly report to CHA with the data elements shown in Table 2, extracted from the EMR.

Table 2. Data elements to be extracted from EMR and submitted monthly.

Name	Data Type	Notes
Hospital_ID	Num	This is the standard 3-digit hospital ID assigned by CHA for all Discharge Claims. Please contact the CHA data team for the ID number for your facility.
Patient_Account_Number	Alpha-numeric	This should be the unique identifier for this patient AND visit. This account number is given to the patient once a bill has been created and sent to the patient. This is not an MRN or CSN.
Medical_Record_Number	Alpha-numeric	This should be the identifier unique to this patient that is used any time this patient visits your facility (doesn't change between visits).
Admission_Date	Date	Format: MM/DD/YYYY. Date of admission into the emergency department.
Discharge_Date	Date	Format: MM/DD/YYYY. Date of discharge from the emergency department. If patient is admitted as inpatient, the admission date into the hospital should be used as the discharge date from the ED.
Admin_Date_Time	Date	Format: MM/DD/YYYY(hh:mm:00). The date and time (if available) of medication administration.
Medication	Char	Name of medication
Admin_route	Char	IV, PO, TD, IM, IN, etc.
Admin_dose	Num	
Admin_unit	Char	Only mg, g, or mcg. (No Volumes)

Medications of interest:

Opioids (all routes)

Carfentanil
Codeine
Codeine-Acetaminophen
Codeine Poli-Chlorphenir Poli
Fentanyl
Fentanyl Citrate
Hydrocodone Bitartrate
Hydrocodone-Acetaminophen
Hydrocodone-Clorpheniramine
Hydrocodone-Cpm-Pseudoephed
Hydrocodone-Homatropine
Hydromorphone
Hydrocodone-Ibuprofen
Meperidine
Morphine
Morphine Sulfate
Oxycodone
Oxycodone-Acetaminophen
Oxycodone-Hydrochloride
Oxymorphone-Hydrochloride
Pseudoephedrine-Hydrocodone
Tramadol

ALTOs (all routes)

Aspirin
Acetaminophen
Amitriptyline
Baclofen
Camphor
Capsaicin
Celecoxib
Cyclobenzaprine
Desmopressin
Diclofenac
Dicyclomine
Duloxetine
Excedrin
Famotidine
Gabapentin
Haloperidol
Ibuprofen
Indomethacin
Ketamine
Ketorolac
Lidocaine
Meloxicam
Menthol
Methocarbamol
Methyl salicylate
Metoclopramide
Naproxen
Nortriptyline
Ondansetron
Pregabalin
Prochlorperazine
Simethicone
Sucralfate
Tamsulosin
Tizanidine
Venlafaxine

SECTION 3: Data Requirements

The Colorado Hospital Association (CHA) will analyze data submitted by hospitals on opioids and ALTOs *administered* in the ED during a patient visit, not data on opioid or ALTO *prescriptions* from the ED.

Data Sources

Hospitals will submit medication reports from data extracted from their electronic medical records (EMRs), pharmacy data and admissions data. Patient demographic information and total ED visit data will be extracted from the CHA Discharge Database, an administrative claims database maintained at CHA.

Data Management

The CHA data team will reconcile the medication reports submitted by hospitals and the administrative claims data using the supplied Patient Account Number (PAN) and admission date. Patient identifying information will be stripped to generate a deidentified record, which will then be assigned a record identification number.

File Format Requirements

- Files will be sent to CHA every month in one of two formats: Microsoft Excel or delimited text files. Files must be named with the following format, using your facility's assigned ID and the year and month of data contained in the submission:

HospID_EMR_YYYYMM.xls

Because the file names will be used to automatically process the data, the file names must follow the exact format above. Please do not add any additional labelling to the file name unless a resubmission is necessary. In this case, please add “_V2” to the end of the file name:

HospID_EMR_YYYYMM_V2.xls

- For delimited text files, the preferred delimiter is the pipe (“|”). Comma and tab-delimited files are acceptable but must be cleaned of those characters embedded in the actual data.
- The first line of the data set in each file must contain the column name. If possible, please use the field names in the data elements table below. If it is not possible to use these standardized names, whatever column names are used must remain consistent across each monthly data submission.

Expectations of Hospitals

Participating hospitals are expected to submit data on the **15th of each month** to ensure timely processing. All submissions must follow the format provided in this data manual and errors in submission should be corrected in a timely fashion. By submitting data through the SharePoint site, participating members are attesting to the accuracy of data and endorsement by the organization.

Finally, participating hospitals will need to work with CHA to confirm the validity and accuracy of measures prior to submission to HCPF.

Sample Data Submissions

Acceptable Data Submission									
Hospital_ID	Patient_Account_Number	Medical_Record_Number	Admission_Date	Discharge_Date	Admin_Date_Time	Medication	Admin Route	Admin Dose	Admin Unit
999	ABCDEF	A1B2C3	01/01/2020	01/03/2020	01/01/2020(: 04:55:00)	Hydromorphone	IV	.2	mg
999	123456	789002	01/01/2020	01/02/2020	01/01/2020(: 20:23:00)	Ibuprofen	PO	200	mg

NOTE: same patient, same visit, received two different administrations of medication, each medication is on its own line.

Unacceptable Data Submission									
Hospital_ID	Patient_Account_Number	Medical_Record_Number	Admission_Date	Discharge_Date	Admin_Date_Time	Medication	Admin Route	Admin Dose	Admin Unit
999	ABCDEF	A1B2C3	01/01/2020	01/03/2020	01/01/2020(: 04:55:00) 01/01/2020(: 05:07:00)	Hydromorphone Hydromorphone	IV IV	.2 .3	mg mg
999	123456	789002	01/01/2020	01/02/2020	01/01/2020(: 20:23:00)	Hydrocodone	PO	2	mg

NOTE: same patient, same visit, received two different administrations of medication, but two administrations of hydromorphone are sharing one line of data.

SECTION 4: Privacy and Data Security

Colorado Hospital Association complies with the Privacy Rule, also known as the Standards for Privacy of Individually Identifiable Health Information, the regulations are issued by the Department of Health and Human Services in relation to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This became a requirement on April 14, 2003. For more information about the Privacy Rule, see: http://privacyruleandresearch.nih.gov/pdf/research_repositories_final.pdf

The data repository will contain data about patient ED visits at participating facilities. It will not contain individual identifiable health information as defined by the Privacy Rule, however it will contain a limited data set of Protected Health Information (PHI) such as dates of service to patients.

In addition to safe storage, the data will be safe during transmission. Hospitals will upload data files to a secure SharePoint site using this link:
<https://chadata.sharepoint.com/sites/htpmeasures/SitePages/Home.aspx>

Before uploading the file, please ensure that the correct filename format is used. If you are resubmitting data, please follow the following filename format:

HospID_EMR_YYYYMM_V4.xls

The latest submitted version will be used for the final data analysis. Hospitals should not email data files to CHA for processing.

For questions or concerns about the Data Manual submission process, contact ODHIN.Admin@cha.com