The Healthcare Cost and Utilization Project (HCUP)

Overview of the HCUP Databases

Agency for Healthcare Research and Quality
Webinar ♦ April 19, 2017
Webinar Overview

• Project Overview
• HCUP Partners
• The Making of HCUP Data
• HCUP State Databases
• HCUP Nationwide Databases
• How to Obtain HCUP Data & Access HCUP Resources
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs of care</td>
<td>The five most expensive conditions—septicemia; osteoarthritis; liveborn (newborn) infants; complication of device, implant or graft; and acute myocardial infarction—accounted for approximately one-fifth of the total aggregate costs for hospitalizations. (2013 NIS, Stat Brief #204)</td>
</tr>
<tr>
<td>Access to care</td>
<td>In 2012, patients residing in low income communities had a higher rate of hospitalization, a longer length of stay, and lower average hospital costs compared with patients in higher income communities. (2012 NIS, Stat Brief #180)</td>
</tr>
<tr>
<td>Quality of care</td>
<td>Observed inpatient mortality rates among adults declined between 2002 and 2012 for four high-volume conditions: 45 percent decrease for pneumonia, 41 percent decrease for acute myocardial infarction (AMI), 29 percent decrease for congestive heart failure (CHF), and 27 percent decrease for stroke. (2012 NIS, Stat Brief #194)</td>
</tr>
<tr>
<td>Readmissions</td>
<td>Readmissions among all patients covered by Medicare declined from 18.1 per 100 admissions in 2011 to 17.3 per 100 in 2013, after being essentially unchanged from 2009 to 2011. In contrast, the readmission rate among patients who were covered by private insurance or Medicaid did not change appreciably from 2011 to 2013. (NRD, SID, Stat Brief #199)</td>
</tr>
<tr>
<td>Patient safety</td>
<td>In 2011, the four most frequent causes of adverse drug events (ADEs) originating in the hospital were steroids, antibiotics, opiates and narcotics, and anticoagulants (SID, Stat Brief #164)</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Geographic variation</td>
<td>ED visits were higher in counties with fewer primary care physicians per capita. (2008 SEDD, Variation in emergency department admission rates across the United States. Med Care Res Rev. Apr;70(2):218-31.)</td>
</tr>
<tr>
<td>Trends in practice</td>
<td>From 2005 to 2013, the rate of bilateral outpatient mastectomies increased more than fivefold and the inpatient rate more than doubled. By 2013, nearly half of all mastectomies were preformed outpatient (SID, SASD, Stat Brief #201)</td>
</tr>
<tr>
<td>Preventable stays</td>
<td>The rate of potentially preventable adult inpatient (IP) stays decreased 19 percent between 2005 and 2012, form 1,941 to 1,582 stays per 100,000 population—more than twice the decrease in rate of all adult IP stays. (NIS, SID, NEDS, Stat Brief #195)</td>
</tr>
</tbody>
</table>
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The HCUP Partnership
The Agency for Healthcare Research and Quality (AHRQ) is a federal agency under the Department of Health and Human Services.
Current HCUP Data Partners

Alaska Department of Health and Social Services
Alaska State Hospital and Nursing Home Association
Arizona Department of Health Services
Arkansas Department of Health
California Office of Statewide Health Planning and Development
Colorado Hospital Association
Connecticut Hospital Association
District of Columbia Hospital Association
Florida Agency for Health Care Administration
Georgia Hospital Association
Hawaii Health Information Corporation
Illinois Department of Public Health
Indiana Hospital Association
Current HCUP Data Partners

Iowa Hospital Association
Kansas Hospital Association
Kentucky Cabinet for Health and Family Services
Louisiana Department of Health
Maine Health Data Organization
Maryland Health Services Cost Review Commission
Massachusetts Center for Health Information and Analysis
Michigan Health & Hospital Association
Minnesota Hospital Association (provides data for Minnesota and North Dakota)
Mississippi State Department of Health
Missouri Hospital Industry Data Institute
Montana MHA - An Association of Montana Health Care Providers
Nebraska Hospital Association
Current HCUP Data Partners

Nevada Department of Health and Human Services
New Hampshire Department of Health & Human Services
New Jersey Department of Health
New Mexico Department of Health
New York State Department of Health
North Carolina Department of Health and Human Services
North Dakota (data provided by the Minnesota Hospital Association)
Ohio Hospital Association
Oklahoma State Department of Health
Oregon Office of Health Analytics
Oregon Association of Hospitals and Health Systems
Pennsylvania Health Care Cost Containment Council
Rhode Island Department of Health
South Carolina Revenue and Fiscal Affairs Office
South Dakota Association of Healthcare Organizations
Tennessee Hospital Association
Texas Department of State Health Services
Utah Department of Health
Vermont Association of Hospitals and Health Systems
Virginia Health Information
Washington State Department of Health
West Virginia Health Care Authority
Wisconsin Department of Health Services
Wyoming Hospital Association

Find the complete list of Partners on HCUP-US!
https://www.hcup-us.ahrq.gov/
HCUP Partners Providing Inpatient Data

Updated 2/24/16
HCUP Partners Providing Ambulatory Surgery & Services Data

Partners Providing: Ambulatory Surgery & Services Data

Non-participating:
- MA
- RI
- CT
- AL
- HI

States:
- AK
- AZ
- CA
- CO
- ID
- MT
- NE
- ND
- SD
- WY
- UT
- WA
- OR
- NV
- CA
- NY
- ME
- VT
- NH
- MA
- RI
- CT
- NJ
- DE
- MD
- VA
- WV
- NC
- SC
- GA
- FL
- AL
- MS
- LA
- AR
- TN
- OK
- KS
- MO
- IL
- IN
- OH
- MI
- WI
- MN
- IA
- NE
- KS
- MO
- OK
- AR
- TX
- LA
- MS
- AL
- NC
- SC
- GA
- FL
- VA
- WV
- MD
- PA
- NY
- CT
- MA
- RI
- NH
- VT
- DC

Updated 2/24/16
HCUP Partners Providing Emergency Department Data

Updated 2/24/16

Partners Providing: Emergency Department Data

Non-participating
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The Foundation of HCUP
Data is Hospital Billing Data

Demographic Data

Diagnoses

Procedures

Charges

UB-04
CMS 1500
From Patient Hospital Visit to HCUP Record

Patient Record

ED Visit
Scheduled Admission
Transfer

Reception

Admit

Provide Care

Discharge

Patient Perspective

Data Perspective

Patient Record

Discharge Summary

Medical Coder

Billing Dept

Bill Generated
The Making of HCUP Data

Patient enters hospital

Billing record created

AHRQ standardizes data to create uniform HCUP databases

States store data in varying formats

Hospital sends billing data and any additional data elements to data organizations
The HCUP Data Process

• State data is mapped to a standardized HCUP format which allows for consistent data elements and values for comparison across States

• Additional data elements are added:
  ▶ Value-added variables – injury indicators, chronic condition indicators, procedure classes
  ▶ Hospital characteristics – teaching status, ownership/control, bed size
  ▶ Diagnostic related groups and severity measures –
    □ AHRQ’s Clinical Classifications Software (CCS)
    □ 3M’s All Patient Refined DRGs (APR-DRGs)

• Quality checks are performed
Hospitals in the U.S.

- 87% of hospitals in the U.S. are community hospitals

13% Non-community hospitals (Federal (DoD/VA/IHS), psychiatric, non-Federal long term care, etc.)

Source: American Hospital Association (AHA) Annual Survey, 2015
### What Are Community Hospitals?

**American Hospital Association Definition:**
Non-Federal, short-term, general, and other specialty hospitals, excluding hospital units of other institutions (e.g., prisons)

<table>
<thead>
<tr>
<th>Included</th>
<th>Excluded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-specialty general hospitals</td>
<td>Long-term care</td>
</tr>
<tr>
<td>OB-GYN</td>
<td>Psychiatric</td>
</tr>
<tr>
<td>ENT</td>
<td>Alcoholism/Chemical dependency</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Pediatric</td>
<td>DoD / VA / IHS</td>
</tr>
<tr>
<td>Public</td>
<td></td>
</tr>
<tr>
<td>Academic medical centers</td>
<td></td>
</tr>
</tbody>
</table>
What Are Community Hospitals?

- HCUP generally does not receive data from non-community hospitals, such as Psychiatric facilities.
- However, if a patient is treated for a mental health condition in a community hospital, their information is included.

### Most Frequent Principal Diagnosis

<table>
<thead>
<tr>
<th>Most Frequent Principal Diagnosis</th>
<th>Number of Discharges (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Liveborn</td>
<td>3,814</td>
</tr>
<tr>
<td>2. Septicemia</td>
<td>1,514</td>
</tr>
<tr>
<td>3. Osteoarthritis</td>
<td>1,070</td>
</tr>
<tr>
<td>4. Congestive Heart Failure</td>
<td>901</td>
</tr>
<tr>
<td>5. Pneumonia</td>
<td>882</td>
</tr>
<tr>
<td>6. Mood disorders</td>
<td>851</td>
</tr>
<tr>
<td>7. Cardiac dysrhythmias</td>
<td>665</td>
</tr>
</tbody>
</table>

Source: National Inpatient Sample, 2014
HCUP has Seven Types of Databases

- Three State-Specific Databases
  - State Inpatient Databases (SID)
  - State Ambulatory Surgery & Services Databases (SASD)
  - State Emergency Department Databases (SEDD)

- Four Nationwide Databases
  - National Inpatient Sample (NIS)
  - Nationwide Emergency Department Sample (NEDS)
  - Kids’ Inpatient Database (KID)
  - Nationwide Readmissions Database (NRD)
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<table>
<thead>
<tr>
<th>State Databases</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Inpatient Databases (SID)</td>
<td>All inpatient hospital discharge data (including those admissions that started in the ED) from participating HCUP States</td>
</tr>
<tr>
<td>State Ambulatory Surgery &amp; Services Databases (SASD)</td>
<td>Ambulatory surgery data (hospital based and some freestanding) and other outpatient services from participating HCUP States</td>
</tr>
<tr>
<td>State Emergency Department Databases (SEDD)</td>
<td>Emergency department data (treat-and-release) from participating HCUP States</td>
</tr>
</tbody>
</table>
What Data Elements are Included in the HCUP Databases?

Data Elements:

- Patient demographics (age, sex)
- Diagnoses & procedures
- Expected payer
- Length of stay
- Patient disposition
- Admission type
- Point of origin
- Admission month
- Weekend admission
Some Data Elements Vary by State

- Race/Ethnicity
- Patient county
- Patient ZIP Code
- Severity of illness
- Birthweight
- Procedure date (days from admission to procedure)
- Health plan details
- Additional expected payers
- Detailed charges
- Patient identifiers (encrypted)

- Physician identifiers (encrypted)
- Physician specialty
- Hospital identifier (unencrypted)
## Example:
**Payer Detail Varies by State**

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
<th>PAY1 (Standardized)</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
<td>Medicare</td>
<td></td>
<td>1</td>
<td>Medicare</td>
</tr>
<tr>
<td>011</td>
<td>Medicare (HMO)</td>
<td></td>
<td>2</td>
<td>Medicaid</td>
</tr>
<tr>
<td>012</td>
<td>Medicare (Managed care - Other)</td>
<td></td>
<td>3</td>
<td>Private insurance</td>
</tr>
<tr>
<td>013</td>
<td>Medicare (fee for service)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>020</td>
<td>Medi-Cal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>021</td>
<td>Medi-Cal (HMO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>022</td>
<td>Medi-Cal (Managed care - Other)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>023</td>
<td>Medi-Cal (fee for service)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>030</td>
<td>Private Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>031</td>
<td>Private Coverage (HMO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>032</td>
<td>Private Coverage (Managed care - Other)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>033</td>
<td>Private Coverage (fee for service)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08n, where n=0-3</td>
<td>Self-pay</td>
<td></td>
<td>4</td>
<td>Self-pay</td>
</tr>
<tr>
<td>--</td>
<td></td>
<td></td>
<td>5</td>
<td>No charge</td>
</tr>
<tr>
<td>Value</td>
<td>Description</td>
<td>Value</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------------------</td>
<td>-------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>White</td>
<td>1</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Black</td>
<td>2</td>
<td>Black</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Hispanic</td>
<td>3</td>
<td>Hispanic</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hawaiian</td>
<td>4</td>
<td>Asian or Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Chinese</td>
<td>5</td>
<td>Native American</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Filipino</td>
<td>6</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Japanese</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other Asian</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Native American</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Mixed or Other</td>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HCUP Files vs. HCUP Partner-Provided Files

- HCUP State Files vs. Data Files received directly from the State Partners

<table>
<thead>
<tr>
<th>HCUP State Files</th>
<th>HCUP Partner-Provided Files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subset of data elements</td>
<td>All data elements</td>
</tr>
<tr>
<td>Value-added data elements</td>
<td>May not have same value-added elements</td>
</tr>
<tr>
<td>Uniformly coded across the States</td>
<td>Not uniformly coded across states</td>
</tr>
<tr>
<td>Standard data quality checks</td>
<td>Variability in quality checks by state</td>
</tr>
<tr>
<td>Lag time</td>
<td>More timely</td>
</tr>
</tbody>
</table>

- HCUP State Files
  - Subset of data elements
  - Value-added data elements
  - Uniformly coded across the States
  - Standard data quality checks
  - Lag time
  - More timely
Due to the transition from ICD-9-CM to ICD-10-CM/PCS on October 1, 2015, the 2015 HCUP State Databases (SID, SASD, SEDD) will include a mixture of diagnosis and procedure codes from the two systems.

To highlight this, the files will be split into two parts:
- Q1 to Q3 will contain ICD-9-CM codes
- Q4 will contain ICD-10-CM/PCS codes

In addition, diagnosis- and procedure-related data elements in the Q4 file have been renamed to include a prefix of “I10_” (e.g., DXn to I10_DXn, PRn to I10_PRn, etc.).

AHRQ has created resources specific to helping users with this transition:
- 2015 HCUP State Databases: Change in Structure and Data Elements Caused by Transition to ICD-10-CM/PCS (PDF)
- Data Innovations – ICD-10-CM/PCS Resources page: https://www.hcup-us.ahrq.gov/datainnovations/icd10_resources.jsp
Partners Releasing Databases through HCUP Central Distributor

- Arizona
- Arkansas
- California
- Colorado
- District of Columbia
- Florida
- Georgia
- Hawaii
- Iowa
- Kentucky
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Nebraska
- Nevada
- New Jersey
- New Mexico
- New York
- North Carolina
- Oregon
- Rhode Island
- South Carolina
- South Dakota
- Utah
- Vermont
- Washington
- West Virginia
- Wisconsin

Remember: Not all States participate in all years and for all databases
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<table>
<thead>
<tr>
<th>Database Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>National (Nationwide) Inpatient Sample</td>
<td>Inpatient discharge data for a sample of discharges from all hospitals in SID</td>
</tr>
<tr>
<td>(NIS)</td>
<td></td>
</tr>
<tr>
<td>Kids’ Inpatient Database</td>
<td>Pediatric inpatient hospital discharge data from a sample of pediatric discharges in SID</td>
</tr>
<tr>
<td>(KID)</td>
<td></td>
</tr>
<tr>
<td>Nationwide Emergency Department Sample</td>
<td>Emergency department data (treat and release &amp; admitted) from a sample of hospitals in SID and SEDD</td>
</tr>
<tr>
<td>(NEDS)</td>
<td></td>
</tr>
<tr>
<td>Nationwide Readmissions Database</td>
<td>Inpatient discharge data from all hospitals for SID with verified patient linkage numbers</td>
</tr>
<tr>
<td>(NRD)</td>
<td></td>
</tr>
</tbody>
</table>
NIS is a Stratified Sample of Discharges from the SID

**State Inpatient Databases (SID)**

- ~ 4,400 hospitals
- ~ 33 M records

**Strata**

- Ownership/Control
- Bed Size
- Teaching Status
- Urban/Rural Location
- U.S. Census Division

**Stratified Sample of Discharges**

*State not included in the stratum*

- Within strata sort by hospital, DRG, and admission month and select 1 in 5 records

**National Inpatient Sample (NIS)**

N = ~ 4,400 hospitals
- ~ 7 M records
KID is a Stratified Sample of Discharges from the SID

State Inpatient Databases (SID)

~ 4,380 hospitals
~ 34.3M records

Strata
- Uncomplicated Births
- Complicated Births
- Pediatric Non-Births

Stratified Sample of Discharges
*State not included in the stratum

- 10% uncomplicated births
- 80% pediatric discharges

Kids' Inpatient Database (KID)

N = ~ 4K hospitals
~ 3M records
HCUP NEDS Data

Treat-and-Release ED Visits

Admitted ED Visits

~ 86% of ED visits are treat-and-release

~ 14% of ED visits result in a hospital stay
NEDS is a Stratified Sample of Hospitals from the SEDD and SID

Strata
- U.S. Region
- Urban/Rural Location
- Teaching Status
- Ownership/Control
- Trauma center

Stratified Sample of Hospitals
*State not included in the stratum

Nationwide Emergency Department Sample (NEDS)
N = ~ 950 hospitals
~ 31M records
NRD is Constructed from SID with Verified Patient Linkage Numbers

**State Inpatient Databases (SID)**

Hospital and Patient Exclusions

**Strata**
- U.S. Region
- Urban/Rural Location
- Teaching Status
- Size
- Ownership/Control
- Patient Characteristics (age and sex)

**Nationwide Readmissions Database (NRD)**

N = ~ 2K hospitals
~ 15M records

All Discharges (after exclusions)
NIS, NEDS, KID, NRD: Must be Weighted to Produce National and Regional Estimates
NEDS: Must be Weighted to Produce National and Regional Estimates
# What Types of Care Are and Are Not Captured by HCUP?

## Included in HCUP

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Care</td>
<td>State Inpatient Databases (SID)</td>
</tr>
<tr>
<td></td>
<td>National (Nationwide) Inpatient Sample (NIS)</td>
</tr>
<tr>
<td></td>
<td>Kids’ Inpatient Database (KID)</td>
</tr>
<tr>
<td></td>
<td>Nationwide Readmissions Database (NRD)</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>State Emergency Department Databases (SEDD)</td>
</tr>
<tr>
<td></td>
<td>Nationwide Emergency Department Sample (NEDS)</td>
</tr>
<tr>
<td>Ambulatory Surgery &amp; Services</td>
<td>State Ambulatory Surgery &amp; Services Databases (SASD)</td>
</tr>
</tbody>
</table>

## Not Included in HCUP

- Physician office visits
- Pharmacy
- Labs/Radiology
Some Limitations Can be Addressed by Linking to Other Databases

- American Hospital Association (AHA) Annual Survey
- Health Resources and Services Administration’s (HRSA) Area Health Resource File (AHRF)
- Zip Code Files from Census or Vendor
- Medicare Cost Reports
- Trauma Information Exchange Program (TIEP)
<table>
<thead>
<tr>
<th>HCUP is…</th>
<th>HCUP is NOT…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge database for health care encounters</td>
<td>A survey</td>
</tr>
<tr>
<td>All payer, including the uninsured</td>
<td>Specific to a single payer, e.g. Medicare</td>
</tr>
<tr>
<td>Hospital, ambulatory surgery and services, emergency department data</td>
<td>Office visits, pharmacy, laboratory, radiology</td>
</tr>
<tr>
<td>All hospital discharges</td>
<td>Hospital Claims</td>
</tr>
<tr>
<td>Accessible multiple ways: raw data, regular reports, online</td>
<td>Only a database – it includes additional tools and resources</td>
</tr>
</tbody>
</table>
**Benefits**

- Large number of visit records
- Uniformity in coding
- Regular, routine collection
- Ease of access
- All payers, including the uninsured
- Available at local, State, regional, and national level
- Supplemental files available to facilitate research

**Limitations**

- Limited clinical details
- Lacks revenue information
- Does not include all hospital types (e.g., VA and DoD)
- Does not show complete episode of care
- No data on individuals outside of the hospital system
- Cannot link National Databases to external sources
- Differences in coding across hospitals
Summary

• Seven types of HCUP databases
• Databases are based on administrative hospital data: inpatient, emergency department, and ambulatory surgery and services
• Available for multiple years
  ► Nationwide
    o NIS (1988-2014)
    o NEDS (2006-2014)
    o NRD (2010-2014)
  ► State
    o SID (1990-2015)
    o SASD (1997-2015)
    o SEDD (1999-2015)
• Can look at breadth of health care issues
• Can be linked to external files

Find out more on HCUP-US!
https://www.hcup-us.ahrq.gov/
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The HCUP Database Process

- Processed data sent to HCUP Partners
- State Databases become available to public through the HCUP Central Distributor
To purchase HCUP data, visit the HCUP Central Distributor.

The Central Distributor provides one stop shopping for purchasing many of the State Databases, as well as the Nationwide Databases.

Not all data elements are available from every Partner Organization, and not all Partner Organizations make their data available through the Central Distributor.

Some Partner Organizations may place additional restrictions on the sale of their data.

HCUP Central Distributor

www.hcup-us.ahrq.gov/tech_assist/centdist.jsp
Purchase Data Online Through the HCUP Central Distributor

Step 1: Take Data Use Agreement (DUA) online training:
http://www.hcup-us.ahrq.gov/tech_assist/dua.jsp

Step 2: Login or register for an account:
http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp

Step 3: Create your profile under “My Account”

Step 4: Submit online order and complete further instructions listed on the “Thank You” page

Step 5: Download Nationwide Databases online or received delivery of State Databases through the mail.

For assistance, contact the HCUP Central Distributor:

- Phone: 866-556-HCUP (4287) toll free
- Email: HCUPDistributor@ahrq.gov
Purpose of the Course:

► Emphasize the importance of data protection

► Reduce the risk of inadvertent violations

► Describe your individual responsibility when using HCUP data

Takes 15 minutes to Complete

https://www.hcup-us.ahrq.gov/tech_assist/dua.jsp
Pricing Information
Per Data Year

Nationwide Databases (NIS, KID, NEDS, NRD)

- **NIS**: $500 beginning 2014, student price $100
- **KID**: $350 beginning 2009, student price $50
- **NEDS**: $750 beginning 2014, student price $150
- **NRD**: $750 beginning 2014, student price $150

State Databases (SID, SASD, SEDD)

- Varies by state, database, year, and type of applicant
- $50 - $3,200

Funds for State data sales returned to HCUP Partners
# Software Requirements of Working with the Full HCUP Files

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**MS Excel and Access are NOT GOOD Options!**
HCUPnet: Quick, Free Access to HCUP Data

• Free online query system
• Users generate tables of outcomes by diagnoses and procedures
• Data can be cross-classified by patient and hospital characteristics
• Can produce county-level statistical maps
• Recently redesigned

http://hcupnet.ahrq.gov
HCUP User Support Web Site

• Find detailed information on HCUP databases, tools, and products
• Access HCUPnet, HCUP Fast Stats, the Central Distributor, Online Tutorials, and more
• Find comprehensive list of HCUP-related publications and database reports
• Access technical assistance

Visit us at http://www.hcup-us.ahrq.gov
The HCUP Virtual Exhibit Booth provides materials typically offered at the HCUP conference exhibit booths.

- Includes brochures, participation maps, an overview presentation of HCUP, and additional information that provides general project information.
Interactive Online HCUP Tutorials & Training Courses

- HCUP Overview Course
- Nationwide Readmissions Database (NRD)
- HCUP Sample Design
- Producing National HCUP Estimates
- Calculate Standard Errors
- Multi-Year Analysis
- Load and Check HCUP Data
Active Technical Assistance

• Responds to inquiries about HCUP data, products, and tools

• Collects user feedback and suggestions for improvement

E-mail: hcup@ahrq.gov
Join the HCUP Email List

- HCUP Newsletter, published quarterly
  - User Tech Tips
  - Upcoming Events
- New Data Releases
- New Reports

https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new
Time for Questions and/or Comments.

E-mail: hcup@ahrq.gov