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DSS Data Migrate to VINCI

Data from the VA Decision Support System (DSS) National Data Extracts are migrating to the Corporate Data Warehouse (CDW) hosted by VINCI. Access to SAS files of DSS data at the old mainframe data center, the Austin Information Technology Center, is expected to end after January, 2013. At present, DSS data continue to be extracted and new SAS files built at this center.

DSS data at VINCI have been reorganized for easier use. Each DSS national data extract can be accessed from a single Structured Query Language (SQL) table. This simplifies the preparation of extracts. When stored as SAS datasets, each DSS national data extract consisted of one file for each region (VISN) and year. This required accessing 21 regional files for each year of a study.

The names of DSS variables have been harmonized to be consistent across years. Although some DSS variables were added and others discontinued over time, the name

of any field is the same regardless of the year the data were extracted.

Documentation of DSS files provided by the VA Decision Support Organization, VIREC, and HERC regarding the contents of the National Data Extracts is largely unaffected by the data migration. The exception is the names of the databases. Users will no longer use the SAS files named in these documents; they will need to refer to the name of the SQL table for each extract in the data warehouse.

The VINCI initiative is a joint project of the VA Office and Research and Development and the Office of Information and Technology that will enhance privacy protection of Veterans' health data while provide VA data analysts with more complete data and more modern analytic tools.

For more information on the DSS data migration to VINCI, see the VIREC website at <http://www.virec.research.va.gov/Data-Transition/NDE-Transition.htm>.

New Medical Decision Modeling Guidelines

The International Society for Pharmacoeconomics and Outcomes Research (ISPOR) and the Society for Medical Decision Making (SMDM) have jointly published updated guidelines to medical decision modeling.

The guidelines will be introduced in the April 17, 2013 HERC Cyber Seminar taught by Dr. Karen Kuntz. She is a nationally-recognized expert in simulation modeling who helped develop these guidelines for modeling. Dr. Kuntz is a Professor in the University of Minnesota's School of Public Health. Her models have been the basis of U.S. recommendations for colorectal cancer screening.

The 2012 medical decision modeling guidelines include 6 papers describing best practices and methods developed in recent years, replacing the guidelines published by ISPOR in 2003. These guidelines are applicable to both those who develop models and those who rely on them for information about comparative effectiveness and cost-effectiveness of health care services.

There are three papers on general topics in modeling: conceptualization of a model, estimation of model parameters and handling of uncertainty,

validation of models and concerns for transparency. Three papers describe best practices for specific techniques used in modeling: state-transition models, discrete event simulation, and dynamic transmission models.

Additionally there are three editorials that emphasize the importance and timing of these guidelines. An editorial by VA Palo Alto physician-researcher Crystal Smith-Spangler, MD, MS, notes that the guidelines “set a new standard by encouraging the sharing of technical details... [and] arrive at a time of heightened transparency in research communities.” The updated guidelines are available for free on the Internet at: <http://mdm.sagepub.com/content/32/5.toc?etoc>.

Look for more information on the April 17, 2013 Cyber Seminar in the February 2013 issue of the HERC Bulletin and on the HERC website at <http://www.herc.research.va.gov>.

Labor Cost Dataset and Guidebook Now Available

HERC has updated its dataset and guide to estimating VHA labor costs for FY2000 to FY2011. VHA labor cost estimates are needed for economic evaluations of innovative services. The analyst who needs to determine the time spend by different types of staff can turn to this source to find the cost of that effort.

There are two labor cost sources at VA: the Financial Management System (FMS) and the DSS Account Level Budgeter (ALB). Both sources report labor cost by job category, or budget object code, and generally provide similar hourly costs. The updated labor cost dataset provides the annual labor cost estimates by job category from both.

The companion guide provides information on the data sources, methods used to create the dataset, and recommendations about using each data source. The dataset and guide are available on the HERC Intranet under Publications—Guidebooks at <http://www.herc.research.va.gov/publications/guidebooks.asp>.

Facilities Get new Numbers

Users of VA cost and utilization data will want to note the new codes used to identify VA health systems in Texas and Massachusetts.

The VA Texas Valley Coastal Bend Health Care System was established as station 740 on October 1, 2010. At the time of establishment, station 740 was transmitting financial and payroll data only.

Beginning June 1, 2011 station 740 began transmitting workload data. Selected San Antonio VA Medical Center facilities (station 671) have been assigned to station 740. For information on specific facilities assigned to station 740, please see

the National Patient Care Database at <https://vawww.npcd.aac.va.gov/>. (Note: This link directs you to an internal VA website that is not available to the public). For more information on the station 740 number changes, please see the January and June 2011 issues of the VIREC Data Issues Brief at <http://www.virec.research.va.gov/>.

A new health system, the VA Central Western Massachusetts Health Care System, was established as station 631. Previously called the Northampton VA Medical Center, the new facility also includes the Worcester clinic

(formerly substation 523GB), now facility number 631GE, and the Fitchburg clinic (formerly substation 518GG), now facility number 631GF. These new facility numbers appear in the Medical SAS datasets beginning FY2012 (October 1, 2011). DSS data at the Corporate Data Warehouse (CDW) reflect the new station number for Fitchburg (631GF) starting April 1, 2012 and the new station number for Worcester (631GE) on April 29, 2012. For more information on these station number changes, see the October 2011 and July 2012 issues of the VIREC Data Issues Brief at <http://www.virec.research.va.gov/>.

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HERC FY09 Purchased Care Person-Level Roll-Up Files Now Available

HERC updated the Purchased Care (previously called Fee Basis) person-level roll-up files through FY2009. These files report financial and limited clinical information on care purchased by VA. When a Veteran receives care outside of VA, but covered by VA, the outside provider bills the VA for services rendered (claims). These claims are paid by the VA and reported in the Purchased Care/Fee Basis database based on the date the claim is paid. However, final billing is sometimes delayed and therefore care for a single stay may appear in several different files, making these data challenging to work with. Inpatient Purchased Care files are arranged as individual claims, and the total set

of records for a single inpatient stay might appear in files from two or more fiscal years. Additionally, claims for inpatient physician services and ancillary services might appear in a separate file from the facility claims.

To assist researchers using these data, HERC has created files aggregating costs for an individual in a given year (person-level roll-up file). The person-level roll-up files have been updated through FY09 for inpatient (RMTPRD.HERC.FEE.SAS.STAYS yy) and outpatient (RMTPRD.HERC.FEE.SAS.ENCS yy) Purchased Care (Fee Basis) services. The HERC files are

encounter-level and allow for a two-year follow up period in order to capture the most complete data. These files are stored as SAS datasets in the Austin Information Technology Center (AITC). HERC has also updated the HERC person-level cost file with the total cost of FY2009 Purchased Care received by each VA patient. Previously these files included Fee Basis/Purchased Care person-level costs from FY2000-2008. For more information on Purchased Care data, visit the HERC Fee Basis (Purchased Care) webpage at <http://www.herc.research.va.gov/data/fb.asp>.

HERC Cyber Seminars and Course

HERC's "Conducting Cost-Effectiveness Analyses with VA Data" Course

On September 12, 2012, HERC began its course series on cost-effectiveness analyses with VA data. This course is primarily designed for VA researchers who wish to learn more about cost-effectiveness analyses. The lectures are held on Wednesdays, with each hourly session beginning at 11:00am Pacific or 2:00pm Eastern time.

November 14, 2012

Modeling Health-Related Quality of Life Over Time Vilija Joyce, MS

November 28, 2012

Budget Impact Analysis Patsi Sinnott, PT, PhD, MPH

December 5, 2012

How can Cost-Effectiveness Analysis be Made More Relevant to US Health Care? Paul Barnett, PhD

Cyber Seminars

The Health Economics Cyber Seminars feature presentations on a variety of health economics and health services topics. Each hourly session begins at 11:00am Pacific or 2:00pm Eastern time.

January 16, 2013

TBA

Chuan-Fen Liu, MPH, PhD

*Investigator, Northwest Center for Outcomes Research in Older Adults,
VA Puget Sound HCS*

February 13, 2013

TBA

Peter Kaboli, MD, MS

*Investigator, Center for Comprehensive Access and Delivery Research
and Evaluation (CADRE),
Iowa City VA HCS*

**The schedule of upcoming cyber seminars and courses,
and information on the archives are available on the
HERC website: <http://www.herc.research.va.gov>.**

**To register for these seminars and courses,
visit the HSR&D Cyberseminars webpage:
[http://www.hsr.d.research.va.gov/cyberseminars/
catalog-upcoming.cfm](http://www.hsr.d.research.va.gov/cyberseminars/catalog-upcoming.cfm)**

Staff Updates

Jeanie Lo joined HERC as a Research Associate in August 2012. She earned a BS in Economics and a BA in English Literature/Writing from the University of California San Diego and a MPH in Epidemiology from Emory University. Jeanie has previously worked at the VA San Diego Healthcare System and Centers for Disease Control & Prevention. Jeanie is keenly interested in chronic disease, and one of her major research projects involved investigating the economic impact of Chronic Fatigue Syndrome (CFS) in Georgia.

Christine Pal Chee joined HERC in October 2012. She is a health economist with research interests in health policy and health services. Her research seeks to understand the behavior of health care providers and consumers, with the goal of improving the efficiency and quality of health care. More specifically, her work has focused on understanding how changes in health policies affect the financial incentives of health care providers and consumers and how those changes in incentives affect the provision and quality of health care. Christine received her PhD in Economics from Columbia University. In her free time, she enjoys running, travelling, cooking Italian food, and attending Stanford football games.