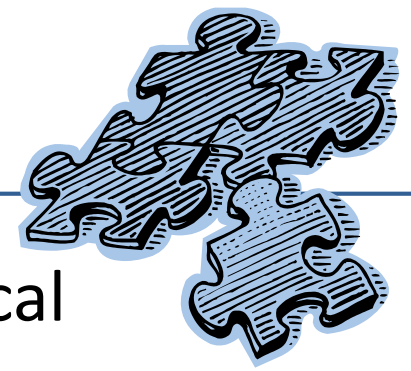


“Feasibility Surveys” –Where am I going to get all of this info?

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“Partnering” with your sites



- Phase 2 of relationship building with your satellites and clinical performance sites...
 - *Getting to know how the system works-and determine who is the “right” contact to help you collect this data*
- Similar to Department stores – hospitals/health care facilities have the same basic parts...
 - *What you are after is: ‘how this institution manages its information’*
- There have been massive changes in how hospitals have managed information over the last 5 years...
 - *And not all hospitals are at the same point in the transition*

Where to start.....



- Medical Records vs Health Information Management
 - Decision Support
 - Systems Coordinator
 - Application Coordinator
 - Senior Project Analyst
 - VAMC ISO (Information Security Officer)
- Via top management vs middle management
- Use Local champion/contact guidance
- Establish your own local champion

Feasibility Data

- Considered “preparatory to research” data gathering – you should not need a HIPAA waiver or IRB approval as long as....
 - **collecting data with *NO PHI***
- Know the criteria to determine your data questions
 - Then when you get your data from your source you will be answer your feasibility survey accurately.



Feasibility Data con't.

“Now its all about the numbers”

Meaningful numbers

Usually you will request a years' data
(Month totals can vary drastically)

- Do you need gender?
- Do you need race?
- Do you need age?

An insiders guide to “the stroke numbers”

ICD-9 and ICD-10 codes

- The ICD-9/10 is an acronym for "International Statistical Classification of Diseases and Related Health Problems 9th/10th Revision."
- from the World Health Organization comprising a set of codes that are used worldwide to classify diseases and injuries.
- These codes are used to generate bills for facility reimbursement in cases where patients have health insurance.

- Good websites to reference:
 - <http://www.icd10data.com>
 - <http://www.icd9data.com>



MS-DRGs

- **Diagnosis-related group (DRG)**
 - Its intent was to identify the "products" that a hospital provides
 - You get the “most bang for your buck” when you combine with Stroke ICD codes

Current DRGs

DRG	DRG Title
25	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC
26	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC
27	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC
61	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC
62	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC
63	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC
64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC
65	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC
66	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC
67	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC
68	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC
69	TRANSIENT ISCHEMIA
70	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC
71	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
72	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC

ICD-9 Codes for Stroke

- Know how to target your population:
 - Acute stroke settings (and possibly in-house rehab)?
 - 433.x1 and 434.x1 (acute ischemic stroke)
 - (add 430, 431, 432.9, if including hemorrhage)
 - These do not specify deficits, but cast a broad net
 - Free-standing rehab facilities (and some in-house rehabs)
 - 438.xx (all late-effects stroke)
 - 438.3 monoplegia of upper limb
 - 438.31 monoplegia of upper limb (dominant side)
 - 438.32 monoplegia of upper limb (non-dominant side)

Now for the future....ICD-10

- Acute ischemic stroke: I63.0 through I63.9 (96 individual codes!!)
- Hemorrhage: I60.0 through I60.9 and I61.0 through I61.9

- Primary position gives you the main event of the hospitalization and is most helpful for acute events
 - Secondary codes would be most helpful for trials that deal with rehab and prevention

ICD-10 codes for rehab

- I69.0-I69.998
 - There are >240 codes in this section alone
 - Very specific to the deficit of the individual
 - Could have multiple deficits, therefore multiple codes



Questions?

