

HOSPITAL HEALTH DATA: TRANSFORMING THE COLLECTION AND TRANSMISSION SYSTEM

How do hospital physicians evaluate the data collection and coding load?

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Background

Why launch a questionnaire evaluating the time spent on data production?

French DRG-based information system (PMSI)*

- ICD-10 codes
- Procedures codes
- Drugs & medical devices

- In 2024 : 104 datasets
- Between 2011 and 2021 :
 - +22% hospitalization recordings
 - +29 new datasets ≈ 190 variables

Dataset on Chronic renal disease

- Enables to assess whether hospital pathways comply with recommendations
- Enables funding to be adjusted
- Very difficult to produce



Other data

- Quality data
- Hospital's management
- Register
- Research

- More than 100 datasets

How much time do physicians spend
each week to help produce these
datasets?



Process

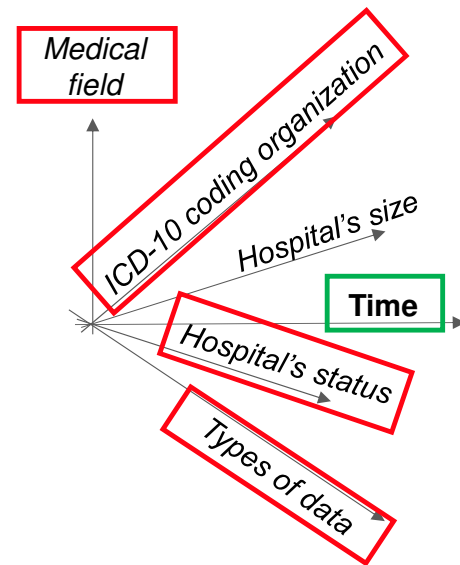
- Online questionnaire from 6th December 2022 to 24th March 2023
- Distributed to medical information's head in hospitals with medical, surgical and obstetric facilities, for transmission to clinical departments (volunteers)

Content (3 parts)

1. **Standard identifying variables** (hospital's ID number, department speciality, etc.)
2. **Organizational process** for collecting ICD-10 codes: professional or non-professional
 - **Professional:** no participation of physicians in the diagnosis coding process, which is made by professional coders
 - **Non-professional:** physicians participate in the code selection and/or code prioritization
3. **Average weekly time per physician** required to produce different types of data

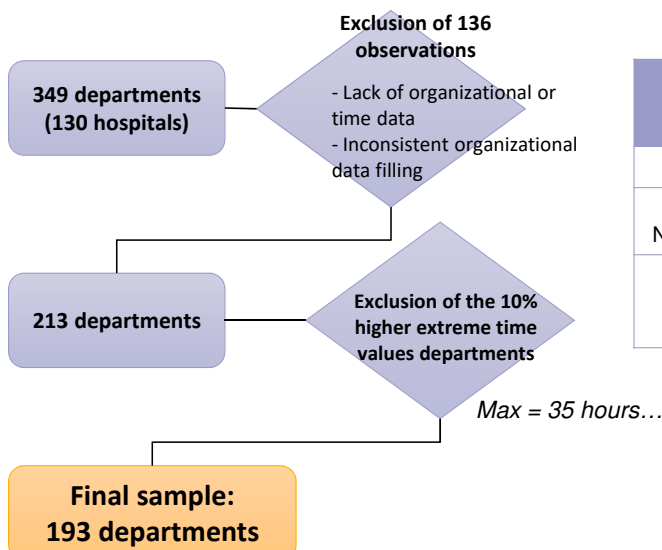


Analytical dimensions



Due to a lack of data, we could only analyze four dimensions

Sample selection



Distribution

Medical field	Medicine	Surgery	Critical care / Anesthesia	Emergency departments
Total (193)	93	65	28	7
Private hospitals (33) / Non-profit hospitals (125)		85 / 25	40	
Professional (93) / Non-professional (65) ICD-10 coding	46 / 50%	47 / 50%	47 / 72%	18 / 28%

Legend

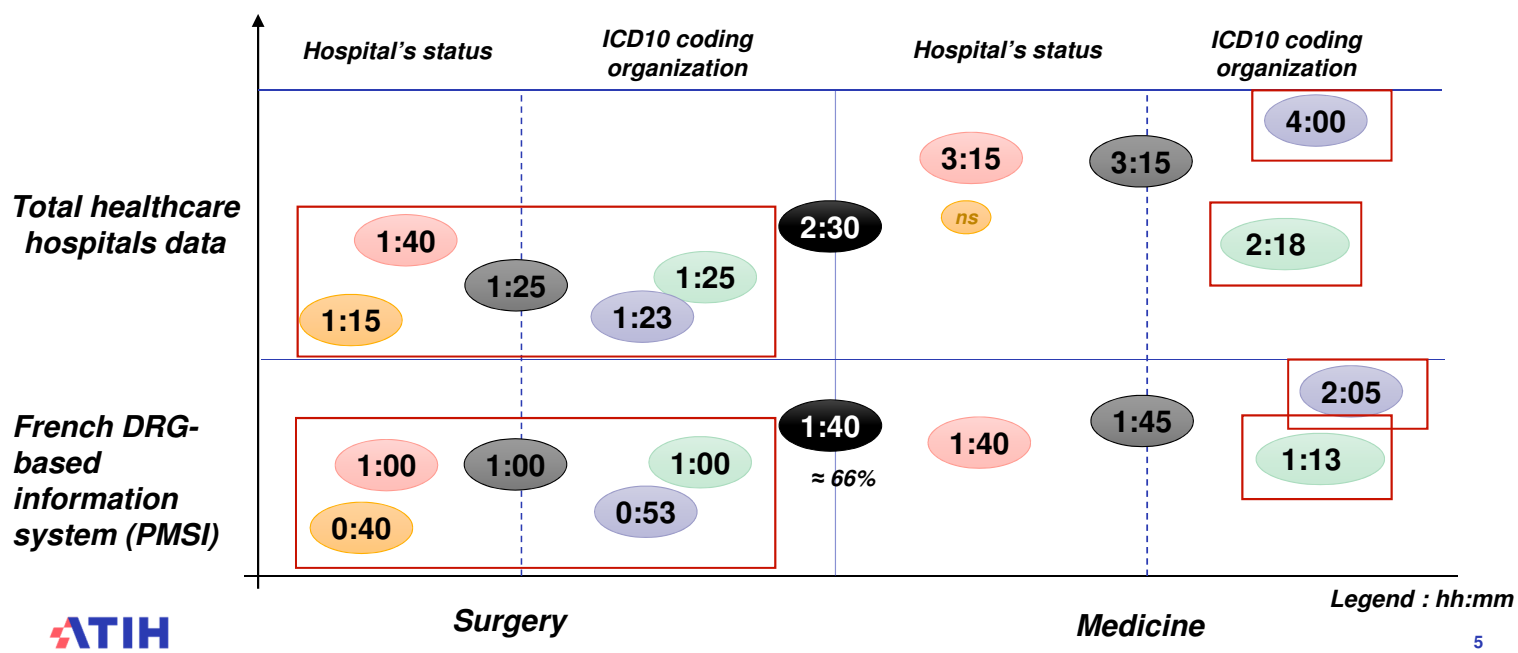
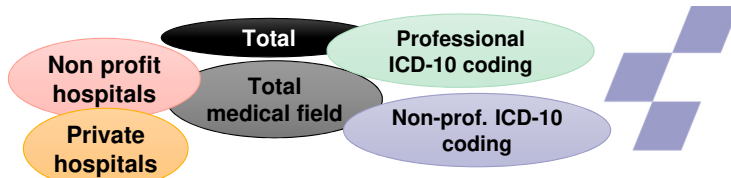
Professional ICD-10 coding (volume)	Volume % of total	Lack of observation
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Due to Student's t-distribution, the statistical analysis of time focuses on median comparisons



Median analysis

Median of estimated average weekly time spent by physicians to produce hospital health data



Main observations

- Greater dispersion of overall time for non-profit hospitals than for-profit ones.
- An overall 2.5 hours median, with a greater burden in medicine than in surgery.
- Coding professionalization might help reducing the amount of time spent by physicians to produce hospital health data

Limits

- Low volume of observations
- Physicians individual factors not taken into account
- Collection bias



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