

Yonder, Darla

From: Banks, Gwellnar <gBanks@doc.gov>
Sent: Thursday, September 18, 2014 1:41 PM
To: Yonder, Darla
Subject: FW: written comments re: NTIS limited access death master file certification

Hello, Darla. Please pass it on. Thanks.

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From: Jessup, Jennifer
Sent: Thursday, September 18, 2014 12:55 PM
To: Mickelson, Glenna; Banks, Gwellnar
Subject: FW: written comments re: NTIS limited access death master file certification

FYA

Jennifer Jessup
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Office of the Chief Information Officer
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From: J Brian Cassel/FS/VCU [<mailto:jbcassel@vcu.edu>]
Sent: Thursday, September 18, 2014 12:06 PM
To: Jessup, Jennifer
Subject: written comments re: NTIS limited access death master file certification

I am providing comments on the NTIS DMF certification process.

1) The process for our health system has taken more than 4 hours, twice the estimated time you posted. We have had our certification rejected twice. We are submitting it a third time now. Much of this time was spent by our Compliance, HIPAA, privacy, and data governance people reviewing the legalistic language of the form and determining whether a given administrator had the authority to sign on behalf of the institution.

2) Hospitals and health systems need timely data on deaths for a wide variety of purposes. Not all of these will easily match the options given on the current form. For example, we have a duty to our patients and community to maintain safe, high quality health care practices. One way to self-evaluate our healthcare practices is to measure mortality or survival of our patients. To do this we need timely access to death data. When we submitted the application indicating we needed the DMF to measure and maximize patient outcomes, it was rejected. We are now rewording our response to tie it to the Medicare regulations which penalize / reward hospitals for excessive 30-day mortality rates. Given the universal need for hospitals and health systems to pay more attention to quality, safety, and patient-centered outcomes, it

seems that this should be a separate option on the form: Assessing patient survival (or mortality) for health systems, hospitals, medical practices, etc.

3) Is there any way to undo the censoring of the DMF by approximately 40% of cases? I know this is separate from the certification per se, but again for our purposes of measuring patient outcomes, having such a large amount of missing information defeats the purpose.

Thank you

- Brian

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