LTC Data Cooperative Data Configuration Form

Use the spaces below to list the primary contact for the project, data element configuration, and cohort parameters. Please fill out the first page and return to your Research Liaison (ltcdc@exponent.com). Instructions are on the following pages.

Long-Term Care
DATA COOPERATIVE

Contact Information	Name:		Date:
	Email:		
	Institution:		

Project Title:

Data Domains	See next page for domain descriptions and default values. Choose one option per data domain. Any sections left blank will revert to default values.				
Exclude	**Patient:**	Limited PII	No PII		
Exclude	**Facility:**	Limited Identification			
Exclude	**Provider:**	Limited Identification			
Exclude	**Episode:**	Standard			
Exclude	**Stay:**	Standard	In-House Only	Merged In-House Only	
	Assessment:				
Exclude	Assessment List:	Include			
Exclude	Assessment Elements:	Include Separately	Merge with Assessment List		
	Wide Format:	MDS-3			
Exclude	**Medication:**	Merged Order/Admin	Separate Order & Admin	Order Only	Admin Only
Exclude	**Observation:**	Merged Vitals/Labs	Separate Vitals & Labs	Vitals Only	Labs Only
Exclude	**Condition:**	Standard			
Exclude	**Vaccination:**	Standard			

Inclusion Criteria — Individuals meeting at least one criterion from each non-blank cell will be included. If more details are required for cohort inclusion criteria, contact Research Liaison.

Demographics: Enter age and/or sex criteria and reference point. Leave blank for all residents.

As of: Last Admission Last Discharge Date

Payer Type: Select all that apply. Leave blank for all residents.

Medicare Medicaid Commercial Managed Care

Time Span: Indicate time span relative to resident admissions and/or discharges. Dates left blank will default to include all dates of available data.

Admitted: Prior to / After Between –

Discharged: Prior to / After Between –

No Boolean logic accepted. Leave field(s) blank to include all residents. Separate lists with commas.

Diagnoses: List ICD-9, ICD-10, and/or CCSR codes to be used as inclusion criteria.	**Medications:** List NDC-ordered or -administered medications to be used as inclusion criteria.	**Vaccinations:** List vaccine types, CVX codes or NDCs administered or documented to be used as inclusion criteria.

Disclaimer — This application does not represent a guarantee that requirements can be accepted or are accurately defined. Configuration options may be further limited based on application or IRB approval. Any complexity beyond that described here may incur additional costs. **Exponent, Inc., retains the right to make final complexity determination.**

FOR REFERENCE ONLY

Definitions

ADL	Activities of Daily Living
BIMS	Brief Interview for Mental Status
CCSR	Clinical Classifications Software Refined
CVX	Vaccine Administered
EMR	Electronic Medical Record
ICD	International Classification of Diseases (as in "ICD-10")
IRB	Institutional Review Board
LTC	Long-Term Care (as in "LTC Data Cooperative")
MDS	Minimum Data Set (as in "MDS-3")
NDC	National Drug Code
PHQ	Patient Health Questionnaire (as in "PHQ-9©")
PII	Personally Identifiable Information

Contact Information Instructions

Enter contact information for the *primary contact* for this project. This individual will be the primary contact if there are questions about the configuration. Additional individuals who are involved in the project can be added to communications and given WorkSpaces permissions, as appropriate, by the Research Liaison.

Data Domain Instructions

The following descriptions outline the data domains available for use from the LTC Data Cooperative. For each of the following descriptions, the available domains are listed and the default domain marked with an asterisk (*).

Patient

Basic demographic information for patients/residents, including location, sex, age, race, and ethnicity.

- Limited PII – No patient identifiers are provided, but full date of birth and ZIP code are available.
- No PII* – No patient identifiers are provided, and only year of birth and first three digits of patient's ZIP code are available.

Facility

Facility information, including location and key characteristics.

- Limited Identification* – No names or identifiers are provided, but the facility state and organization identifier are available.

Provider

Basic demographic and professional information regarding service providers, including physicians, nurses, and clinical and non-clinical staff who render services to patients/residents in a care setting.

- Limited Identification* – No names or identifiers are provided, but provider credentials are listed.

Episode

Information about admissions to and discharges from the facility, along with admission and discharge timing and circumstances, where available.

- Standard* – All available admission and discharge information are available.

Stay

Information about the presence of the resident within and outside the facility, including dates of arrival and departure, room location, and reasons for status changes. Stay information allows day-to-day census calculations.

- Standard* – All records are provided, including those generated due to within-facility moves, and for periods during which resident is not in-house.
- In-House Only – Records reflecting periods during which the resident is in-house are provided, including those generated due to within-facility moves.
- Merged In-House Only – Only records reflecting periods during which the resident is in-house are provided, with records reflecting in-facility moves merged into a single in-house record.

Assessment

Standard assessments, instruments, surveys, and other question/response-style information, such as the MDS-3 (reported by EMRs), ADL, PHQ-9© and PHQ-9-OV©, and BIMS.

- Assessment List
    - Include* – Include a list of all assessments, one record per assessment, along with resident and facility identifiers, date of assessment, and any results.
- Assessment Elements
    - Include separately* – In addition to the Assessment List, include a list of all assessment question/response pairs, one per assessment per question/response pair, where available. (Any assessments for which wide-format files are generated will be omitted.)
    - Merge with Assessment List – Generate one Assessment file that contains all assessments as well as any available question/response pairs, one record per assessment per question/response pair. (Any assessments for which wide-format files are generated will have a summary record and no question/response records.)
- Wide Format
    - Selected assessment types will be generated in a wide-format (one record per assessment and one variable per column). Question-response pairs for wide-format selections will be excluded from the Assessment Element table. (By default, MDS-3 wide format is selected.)

Medication

Orders for and administration of medications by facility staff or providers, including prescription medications as well as over-the-counter medications and treatments.

- Merged Order/Admin* – Medication order (prescription) and medication administration records are provided in one table.
- Separate Order & Admin – Medication order records are provided in one table and medication administration records are provided in separate tables.
- Order Only – Only medication order records are provided.
- Admin Only – Only medication administration records are provided.

Observation

Vitals readings and lab results relating to the state of the patient, including the type of reading, order or panel, the type of result, and available metadata about the result.

- Merged Vitals/Labs – Vitals and lab results are provided in one table.
- Separate Vitals & Labs* – Vitals are provided in one table and lab results are provided in separate tables.
- Vitals Only – Only vitals are provided.
- Labs Only – Only lab results are provided.

Condition

Information about the medical state of the patient, including diagnoses as assessed by a provider or clinician, the date/time of the diagnosis, diagnosis code, and circumstances of assessment (on admission, during stay, on discharge, or historical).

- Standard* – All available records with diagnoses are included.

Vaccination

Information about vaccines administered to patients, records of historical vaccinations reported by patients, providers, and their representatives, and records of vaccination declinations as reported by patients or their representatives.

- Standard* – All available records of vaccinations are included.

Inclusion Criteria Instructions

For the following categories, residents meeting at least one inclusion criterion from all non-blank categories will be included. No criteria will be applied for categories that are left blank.

If required criteria are not available on the request form, contact the Research Liaison.

Demographics

Demographic constraints are limited to age and/or sex criteria. When left blank, no age or sex constraints are applied. If an age or sex constraint is specified, a reference point must be included. If "Last Discharge" is specified and the resident has not yet been discharged from their last admission, the current date will be used for age comparison. If no reference point is included, the "Last Discharge" criterion will be applied.

Examples (age/sex criteria):

"65-85"	All residents between 65 and 85 years of age, inclusive.
"65+" or "65-"	All residents 65 years of age and older or younger, respectively.
"M" or "F"	Only male or female residents, respectively.
"M55-75"	Only male residents between 55 and 75 years of age, inclusive.
"M55-80, F65-80"	Male residents between 55 and 80 years of age and female residents between 65 and 80 years of age, inclusive.

Examples (reference point):

"Last Admission"	All residents meeting the age/sex criterion as of their last admission date.
"Last Discharge"	All residents meeting the age/sex criterion as of their last discharge date or the current date if the resident has not yet been discharged from their last admission.
"As of: 10/01/2022"	All residents meeting the age/sex criterion as of October 1, 2022. Note that this does not constrain the resident's admission to this date.

Payer Type

Payer Type constraints are limited to four payer type groups, listed below. When left blank, no payer type constraints are applied. For example, if no options for *Payer Type* are chosen, residents listed with any payer type, including those without, will be included; if "Commercial" payer type is selected, only residents with a payer type of "Commercial" will be included.

Examples:

Medicare	Medicare programs, including Medicare Advantage and FFS plans.
Medicaid	Medicaid programs, including dual-registration, managed care, and FFS plans.
Commercial	Commercial, non-governmental payers not listed as "managed care."
Managed Care	Payers specifically listed as managed care plans.

Time Span

Time span constraints limit the episodes that will be shared based on admission and/or discharge date. Criteria may include a single range for admission date and a single range for discharge date. Discharges include discharges without expectation of return, as well as residents listed as "expired". Individuals still admitted as of the most recently available data will be included unless criteria include discharge prior to a specific date. The time span does not limit the timing of events recorded for the individual prior to an included episode, such as historical vaccinations or diagnoses. When left blank, admission and/or discharge date constraints are not applied.

Examples:

"Admitted prior to 10/01/2022"	Only include residents admitted before October 1, 2022.
"Admitted between 10/01/2021 – 9/30/2022"	Only include residents admitted between October 1, 2021, and September 30, 2022 (inclusive).
"Admitted prior to 10/01/2021, Discharged after 9/30/2022"	Only include residents admitted before October 1, 2021, and discharged or died after September 30, 2022, (including individuals still admitted).
"Admitted between 10/01/2019 – 9/30/2022, Discharged between 12/31/2020 – 12/31/2022"	Only include residents admitted between October 1, 2019, and September 30, 2022, and discharged or died between December 31, 2020, and December 31, 2022.

Diagnoses

Diagnosis constraints limit the population to persons having at least one of the listed diagnoses at any time during or prior to an included episode. Criteria must be a list of one or more ICD-9 or ICD-10 diagnosis codes or CSSR[1] diagnostic classes. Diagnosis descriptions and condition names cannot be accepted. When left blank, no diagnosis constraints will be applied.

Examples:

"E11.2, E11.21, E11.22, E11.29"	Include residents with Type 2 diabetes mellitus with kidney complications and subordinate conditions based on ICD-10 codes.
"250.4, 250.40, 250.41, 250.42, 250.43"	Include residents with Type 2 diabetes mellitus with kidney complications and subordinate conditions based on ICD-9 codes.
"END003"	Include residents with Type 2 diabetes mellitus with complications based on CCSR code.

Medications

Medications constraints limit the population to persons for whom medications were ordered (prescribed) or administered. Criteria must be a list of one or more 11-digit NDCs. Medication names and therapeutic classifications cannot be accepted. When left blank, no medication constraints will be applied.

Examples:

"00904585340, 00904585440, 00904585540"	Include residents with prescribed or administered ibuprofen as represented by any of the three indicated NDCs.

Vaccinations

Vaccination constraints limit the population to persons who were administered or for whom there is a historical record of administration of a type of or specific vaccine. Criteria must be a vaccine type[2], CVX code[3], or NDC[4]. When left blank, no vaccination constraints will be applied.

Examples:

"COVID-19"	Only accept residents with any record of a COVID-19 vaccination.
"187" or "CVX 187"	Only accept residents with any record of a Shingrix (CVX 187) vaccination.

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[1] The Clinical Classifications Software Refined (CCSR) was developed as part of the Healthcare Cost and Utilization Project (HCUP), sponsored by the Agency for Healthcare Research and Quality (AHRQ).
[2] A complete list of vaccine types is available on the CDC CVX to Vaccine Group web page under the *Vaccine Group Name* column.
[3] A complete list of CVX codes is available on the CDC CVX Code Set web page.
[4] A complete list of vaccine NDCs is available on the CDC Vaccine NDC Crosswalk web page. Note that many vaccinations in the dataset are not associated with an NDC.