Add Diagnosis-Related Group (DRG) to Visit_Occurrence

Contents

Owner

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Details

Background

Presently, DRG code related to a visit is stored in the Observation table and linked to Visit_Occurrence table via visit_occurrence_id.

Proposed Change

Move DRG from Observation to Visit_Occurence table as a first class attribute. This change will eliminate the need to join Visit_Occurrence and Observation tables to link visit and the DRG attribute. It will also simplify ETL from the source by targeting only one table rather than splitting attributes related to a visit to two tables.

Add the following DRG fields to Visit_Occurrence table:

Field	Type	Required	Description
DRG_concept_id	Integer	No	A foreign key to the predefined concept in the DRG Vocabulary reflecting the DRG for a visit.
DRG_source_value	Varchar(3)	No	The 3-digit DRG source code as it appears in the source data.

Use cases, analytical questions

DRG codes are used in the analysis of cost-efficiency[1] and designs of a hospital payment system [2]. The Affordable Care Act and other recent legislation affect medical reimbursement by altering the DRG system. This legislation will give DRGs an even larger role in determining reimbursements in the coming years.[3]

Importance, also with respect to other projects

This change is an important enhancement to the model and can be implemented immediately without impacting other projects.

This change will have an immediate affect on three OMOP-based CDRNs: NYC-CDRN representing over 2.5 million patients; pSCANNER covering over 21 million patients; and PEDSnet which includes eight of the nation's largest children's hospitals and provides service to 4.6 million children per year.

Consequences of doing it and not doing it including technical (e.g. implications on vocab, existing software), resources

This change will enhance representation and analysis of transition of care in OMOP CDM and simplify ETL for the sites that are presently using Observation table.

It will have no implications on vocabulary or existing software.

References

1. Weiland DE, ea. Using Delta/DRG Diagrams and Decision Tree Analysis to Select a Cost-Effective Surgery for Cholecystitis. JSLS. 1997 Apr-Jun.
2. Vertrees JC , ea. Bundling post-acute care services into MS-DRG payments.Medicare Medicaid Res Rev. 2013 Aug 2.
3. Rimler SB , ea. Radiographics. Diagnosis-related Groups and Hospital Inpatient Federal Reimbursement. 2015 Oct.

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