Reconsidering
"Shaping a Health Statistics Vision for the 21st Century"

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Topics

- Purpose
- Process—Phase One
- Report—Phase One
- Findings—Phase One
  - Priority recommendations
  - Key informant comments
    - Applicable to all recommendations
    - Health information technology and health statistics
    - Revised recommendations
    - New recommendations
  - Suggested next steps for NCVHS

Purpose

Support observation of NCVHS 60th anniversary through

- Assessing progress on *Vision* recommendations since 2002

- Reconsider and revise *Vision* in light of developments since 2002

Purpose--Phase One

1. Summarizing progress on *Vision* priority recommendations since 2002

2. Reconsider *Vision* priority recommendations based on changes since 2002

3. Suggest next steps for NCVHS regarding reconsidering *Vision*

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Process

- Literature review
- Selection of
  - Priority recommendations
  - Key informant interview topics
  - Key informants
  - NCHS experts
- Interviews
  - Key informants (12)
  - NCVHS experts (9)
- Iterative reviews of findings with NCVHS and NCVHS staff

Findings—Priority Recommendations

1. Develop systems to actively monitor the population's health and potential influences on the population's health in order to identify emerging problems.

2. Assure that appropriate measures of functional status and well-being are included in ongoing systems that are a part of the health statistics enterprise.

3. Develop person-based, longitudinal data sets and surveys in order to develop portraits of influences on the population's health throughout the life cycle.

4. Develop a toolbox of privacy, confidentiality, and security best practices for use throughout the health statistics enterprise.

Findings—Priority Recommendations

5. Support and fund ongoing multi-purpose data collection systems and data integration efforts.

6. Adopt or, if necessary, develop standards for data elements commonly used in all methods of data collection, for electronically transmitting data, for presenting and disseminating data, and for providing electronic access to data.

7. Develop and fund a research agenda to explore new data collection strategies that can rapidly and flexibly provide data on emerging influences on the population's health; assess the validity and reliability of items used in key ongoing data collection systems; and estimate any loss in accuracy from early publication of provisional, incomplete data from ongoing data collection systems.

8. Develop methods to validly and reliably estimate important indicators of the health, and of the influences on the health, of state and local populations.

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Findings—Key Informant Comments Applicable to All Recommendations

Each recommendation should be

- Explained to end users
- Accompanied by explanation of why important and needed
- Strengthened
- Tested through pilot projects
- Specified through inclusion of
  - Outputs or products
  - Specific roadmap of how to get there from here

Findings—Key Informant Comments Health Information Technology and Health Statistics

- HIT has not significantly impacted health statistics since 2002

- HIT holds huge unrealized potential for health statistics

- HIT should be used to improve communication of health statistics to communities

Findings—Key Informant Comments Revised Recommendations

1. Improve strategies, data sources, and systems to actively monitor the population's health and potential influences on the population's health. Objectives of the health statistics enterprise should include identifying emerging problems, measuring access, quality, efficiency, and value of health services, and identifying and targeting health inequities.

Findings—Key Informant Comments Revised Recommendations

The health statistics enterprise should meet at least four requirements:

    a. Where appropriate, provide person-based, longitudinal data

    b. Where appropriate, be multi-purpose and support multiple data users

    c. Where appropriate, align with data standards for clinical records

    d. Incorporate privacy, confidentiality, and security best practices

Findings—Key Informant Comments Revised Recommendations

2. Assure that appropriate, consistent, and comparable measures of functional status and well-being are provided by the health statistics enterprise. These measures should be valid and reliable, as well as comparable and consistent across the health statistics enterprise.

Findings—Key Informant Comments Revised Recommendations

3. Develop and fund a research agenda to explore new data collection, linkage, analysis, and communication strategies that can rapidly and flexibly provide data on the population's health. The agenda should include methods to

    a. Assess the validity and reliability of population health items used in key ongoing data collection systems and in electronic health record systems

    b. Address the effects of non-response and missing data

    c. Estimate any loss in accuracy from early publication of provisional, incomplete data from ongoing data collection systems

    d. Estimate important indicators of health for state and local populations

Findings—Key Informant Comments New Recommendations

Research needs to be conducted on

- New data collection techniques, and especially flexible, cheaper means to obtain data that augment traditional health statistics surveys

- Methodological innovations

- Survey and data set integration

Findings—Key Informant Comments New Recommendations

Health statistics and electronic health records

- Need to link and integrate health statistics with clinical care through health information technology
- Need to devote analysis and research to uses of EHRs for health statistics
- Research on mining techniques to extract health statistics from EHRs

Health statistics and personal health records

- Need to devote analysis and research to uses of PHRs for health statistics
- Decision support, based upon health statistics, should be built into PHRs

Findings—Key Informant Comments New Recommendations

Organization and support for health statistics enterprise

a. Health statistics in federal agencies hampered by "shameful" lack of funding

b. Role of data collection, dissemination, analysis and research needs to be elevated at DHHS

c. Training in health statistics needs to be increased, and academic training in public health and biostatistics needs to be better attuned to health statistics

Consultant Suggestions
Next Steps for NCVHS

1. NCVHS core concepts from *Vision* and *Information for Health* remain valuable and useful as essential frameworks

   a. Health statistics enterprise

   b. Influences on the population's health

   c. National health information infrastructure with healthcare, consumer, and population dimensions

Consultant Suggestions
Next Steps for NCVHS

2. NCVHS should specify means through which

   a. EHRs and PHRs and health information technology generally can improve health statistics

   b. Health statistics can improve clinical care

Consultant Suggestions
Next Steps for NCVHS

3. NCVHS should sponsor series of highly focused workshops or hearings, with each exploring a specified topic

   a. Developing population health dimension
   b. Formulating broad research program for improving health statistics
   c. Maximizing contribution health statistics enterprise to improving healthcare quality, access, and efficiency
   d. Using EHRs and PHRs to improve health statistics
   e. Using HIT to increase contribution of health statistics to clinical care

Consultant Suggestions Next Steps for NCVHS

Each workshop or hearing

- Focus on single specified theme

- Clear statement of purpose

- Solicited invitations and open invitations for participants

  - Submission of brief proposals for topics

  - Peer review of brief proposals

- Provide participants with

  - Specific questions

  - Brief issue paper

- Based on content of presentations, smaller number of participants to be chosen to submit paper for compilation of NCVHS working papers and action plan

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