National Health Care Surveys

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Division of Health Care Statistics Mission

To collect, analyze, and disseminate data on

- the use, access, quality, and cost of health care provided in the United States and
- the health-care organizations and professionals who deliver that care

National Health Care Surveys: Ambulatory and Hospital Care

- National Ambulatory Medical Care Survey visits to physicians in offices and clinicians in community health centers
- National Hospital Ambulatory Medical Care Survey
 - visits to hospital emergency and outpatient departments, ambulatory surgery centers
- National Hospital Discharge Survey
 discharges from hospital inpatient departments

National Health Care Surveys: Long-Term Care Surveys

- National Nursing Home Survey
 care for current residents
 supplement on nursing assistants, 2004
- National Home and Hospice Care Survey
 current home health care patient
 discharged hospice patients
 supplement on home health aides, 2007
- National Survey of Residential Care Facilities current residents

Data Uses

- Assessment of quality and disparities
- Comparative effectiveness research
- Epidemiology of specific conditions
- Management of medical conditions
- Use and financing of services
- Diffusion of health-care technologies
- Effects of policy changes
- Monitoring changes over time

Examples of Provider-Based Data

Provider Organizations

Setting

Sources of revenue

Ownership/staffing

Technologies

Electronic medical records

Clinicians

Specialty and training

Visits

Gender

Race/ethnicity

Region

Patients

Demographics, including race/ethnicity

Medical conditions

Continuity

Vital signs

Insurance status

Residential zip code

Clinical Management

Medications

Services provided/ordered

Duration of visit

Disease Management

Counseling

Disposition

Current Data Collection Methods

- In-person interviews for facilities and clinicians
- Abstractions from medical records for encounter-level data
- CAPI/CATI for long-term care survey data
- Redesigned NHDS to use laptop tools, computer-assisted data entry (CADE)
- NAMCS, NHAMCS, and NHDS now using paper forms
- Mail state-level survey of physicians' adoption of EMRs/EHRs

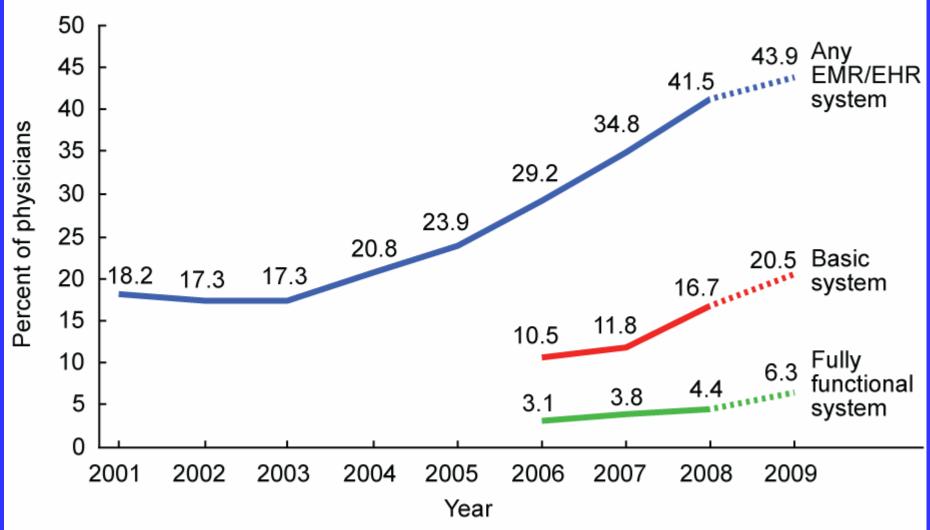
Data Linkages

- National Nursing Home Survey resident and facility data linked to Medicare data for 2004
- National Home and Hospice Care Survey to be linked to Medicare data for 2007
- Redesigned National Hospital Discharge Survey to be linked to National Death Index

Improvements Underway

- More facility/practice characteristics
- Free-standing and hospital-based ambulatory surgery centers included in NHAMCS
- Selected laboratory results collected in NAMCS and in 2011 in NHAMCS
- Redesigned National Hospital Discharge Survey medications, test results, observation patients, actual payments, better race data

Figure. Percentage of office-based physicians using electronic medical records/electronic health records (EMRs/EHRs): United States, 2001–2008 and preliminary 2009



NOTES: Any EMR/EHR is a medical or health record system that is either all or partially electronic (excluding systems solely for billing). The 2009 data are preliminary estimates (as shown on dashed lines), based only on the mail survey. Estimates of basic and fully functional systems prior to 2006 could not be computed because some items were not collected in the survey. Starting in 2007, the skip pattern after the all or partial EMR/EHR systems question was removed. Includes nonfederal, office-based physicians. Excludes radiologists, anesthesiologists, and pathologists. SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Potential of Electronic Data Collection

- Faster data release for NAMCS, NHAMCS, and NHDS, especially at facility and clinician levels
- May be more accurate and complete, if errors and missings from paper data collection
- Once set up, less burden for hospitals

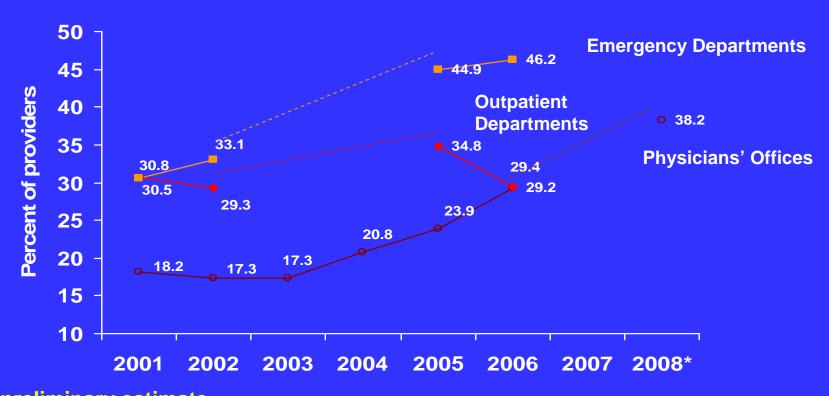
Challenges of EMRs/EHRs as Data Sources

- Not pervasive enough to support nationallyrepresentative surveys
- Mixed modes of data collection necessary during transition
- Technical issues of data extraction
- Lack of interoperability of systems within same provider
- Willingness of providers to participate
- Funding to support developmental work and set up by providers

Next Steps, 2010-2015

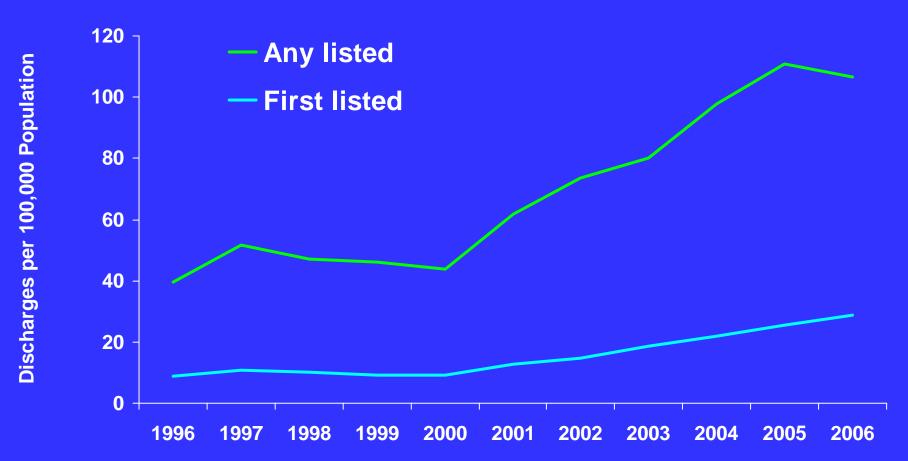
- Recruiting informatics service fellow
- Arrange developmental work with providers with EHR systems and with HIEs
 - To receive encounter-specific data electronically and extract key data elements
 - To evaluate resulting data quality, procedures, and costs
- Pretest obtaining data from sampled providers with EHR systems, starting with EDs
- Monitor development of HIEs as option
- Transition to electronic data collection from sampled providers with EHR systems

Electronic Medical Record Adoption Ambulatory Care, 2001-2008



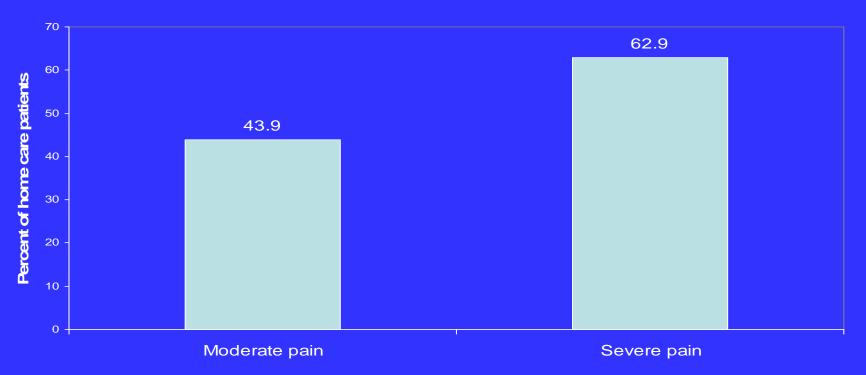
*2008 preliminary estimate
Office-based physician and hospital emergency department trends significant (p<.05).
Sources: National Ambulatory Medical Care Survey and National Hospital Ambulatory
Care Survey

Clostridium difficile Inpatient Discharges, 1996-2006



Source: National Hospital Discharge Survey. Citation: McDonald LC, et al. Emerg Infect Dis. 2006;12(3): 410-5.

Standing Orders* for Pain Management Home Health Care Patients, 2007



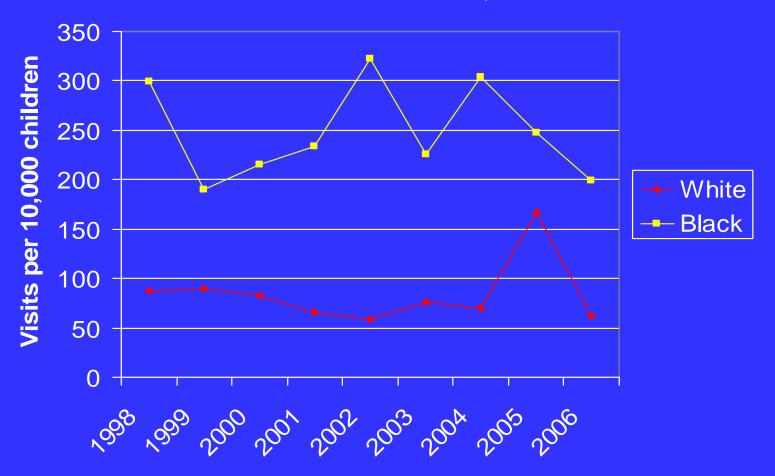
PAIN LEVEL AT LAST ASSESSMENT

*Standing order alone or in combination

Source: National Home and Hospice Care Survey, 2007

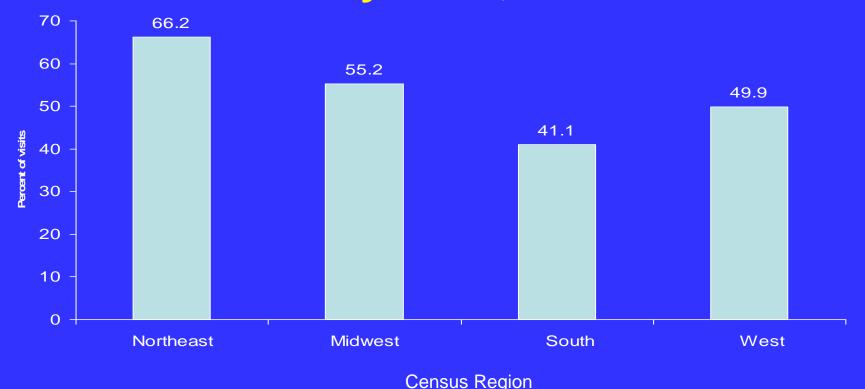
Citation: Caffrey C., et al., in progress

Emergency Department Visits for Childhood Asthma, 1998-2006



*Statistically significant p < .05 Source: National Hospital Ambulatory Medical Care Survey Children < 18 years of age

Warfarin Prescribing for Atrial Fibrillation Ambulatory Care, 2001-2006

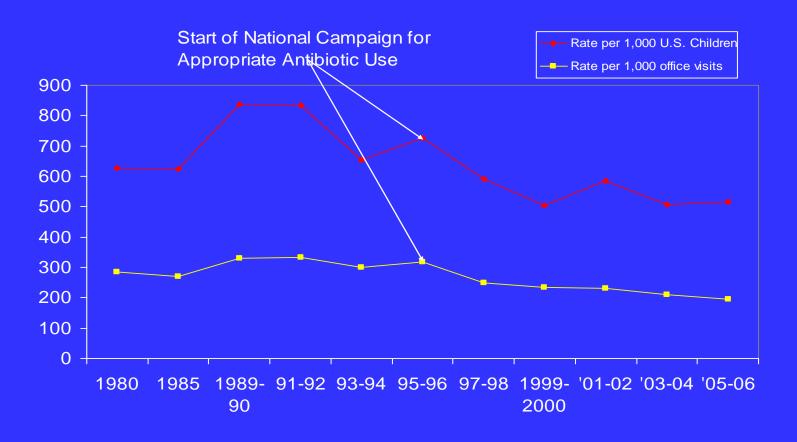


Visits by adults 20 years and older with atrial fibrillation and no recorded contraindications to treatment to physician offices and outpatient departments.

Source: National Ambulatory Medical Care Survey, 2001-2006

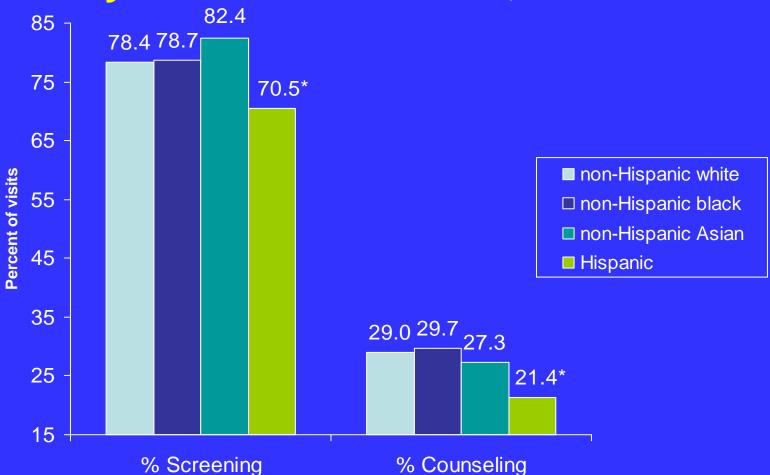
Citation: Niska R, Han B. J Am Board Fam Med. 2009 May-Jun;22(3):299-306.

Antibiotic Prescribing for Children Physician Office Visits, 1980-2006



Source: National Ambulatory Medical Care Survey, 1980-2006

Tobacco Screening and Counseling, Physician Office Visits, 2001-2005



Source: National Ambulatory Medical Care Survey. * Statistically significant p < .05 Citation: Sonnenfeld N, Schappert SM, Lin SX. Am J Prev Med 2009;36(1):21-28.

For More Information http://www.cdc.gov/nchs/nhcs.htm



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