National Conference on Health Statistics

National Center for Health Statistics

Edward Sondik

August 7, 2012

Program

- Tuesday-Wednesday
  - Program Sessions
  - Brown-bag meet the staff @ 12:30
  - Exhibits and Posters
- Thursday in Hyattsville –
  - NHIS Hands-on
- Plenary Sessions
  - This Morning
    - Katherine Wallman
    - Harold Luft
  - Wednesday
    - Lisa Simpson
    - Mohammad Akhter
    - Pamela Hyde

Dedication:
Randy Curtin

Dedication:
Randy Curtin

Dedication: Randy Curtin

Legacy

- **Quality**
- **Innovation**

Dedication: Randy Curtin

Legacy

- Quality
- Innovation
- Vital Statistics
- ORM
- NHANES

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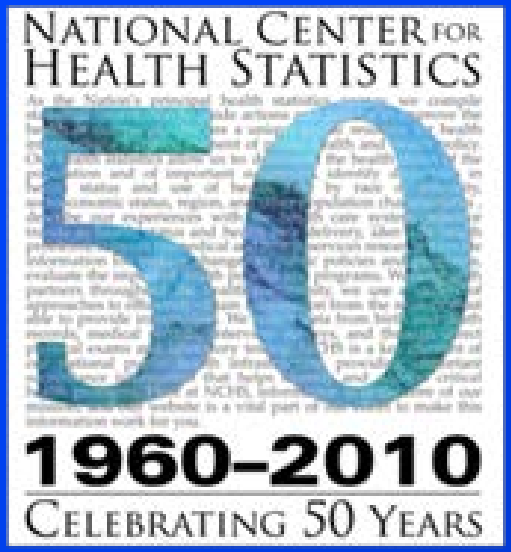
Mentor and Friend

Innovation:

- ➔ Changes and
- ➔ Challenges

Congressional Mandate



National Center for Health Statistics

Sec. 306 [242k] (a) There is established in the Department of Health and Human Services the National Center for Health Statistics (hereinafter in this section referred to as the "Center") which shall be under the direction of a Director who shall be appointed by the Secretary. The Secretary, acting through the Center, shall conduct and support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.

(b) In carrying out subsection (a), the Secretary, acting through the Center—

(1) shall collect statistics on—

NCHS "shall conduct and support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States."

prices and cost, the sources of payments for health care services, and Federal, State, and local governmental expenditures for health care services, and

(H) family formation, growth, and dissolution;

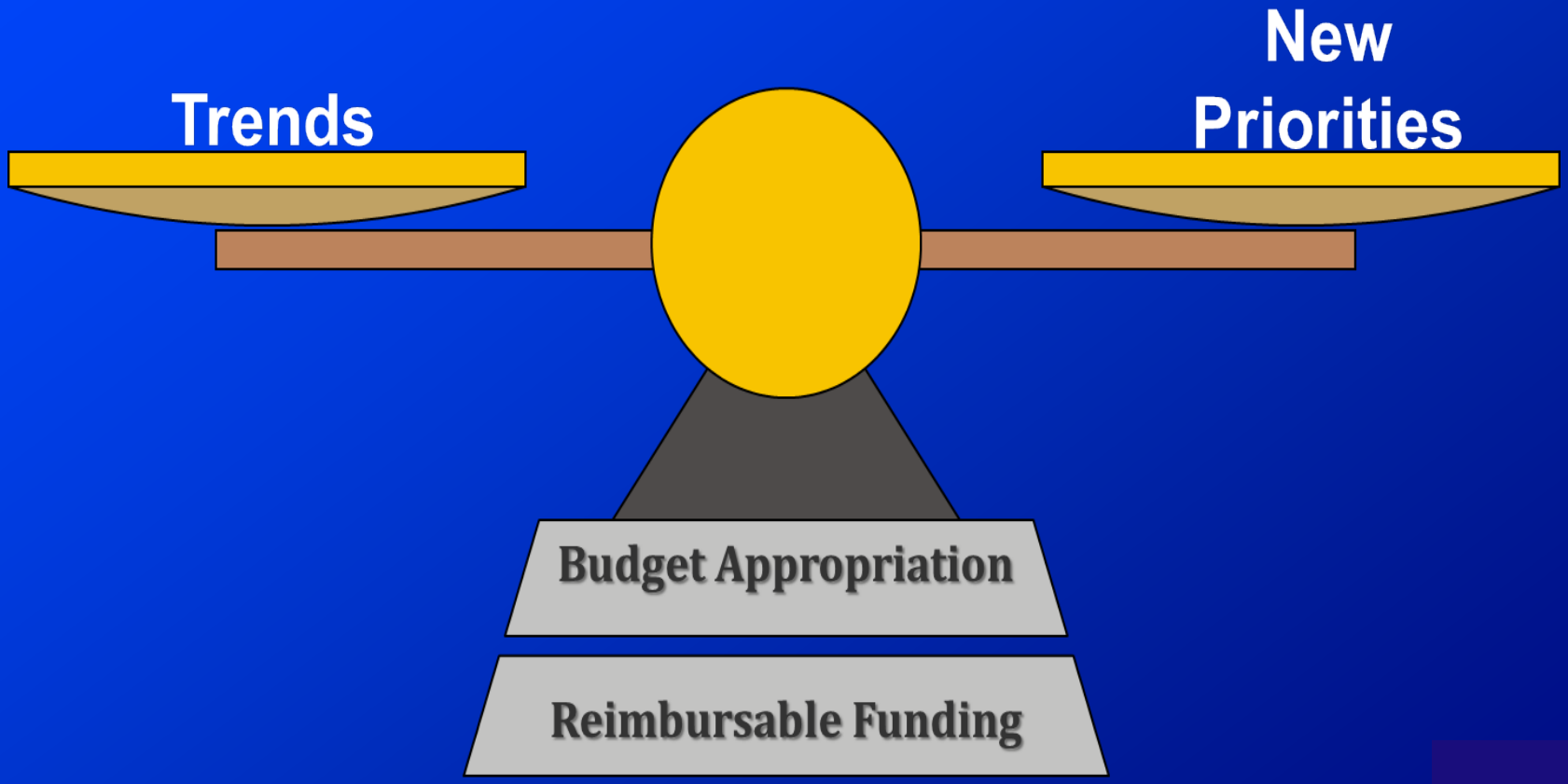
(2) shall undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining current data on the matters referred to in paragraph (1);

Congressional Mandate

... addresses the full spectrum of health concerns

Congressional Mandate

... addresses the full spectrum of health concerns



A Few of the Health Concerns ...

Health Insurance

… Drivers to Innovation

Health Insurance

An Extraordinary Focus on Data

- Open Government Initiative
  - Transparency
  - ➔Data use by the public
  - ➔Focus on the community level and personal decision-making
- HHS Leadership:
  - Committed to strengthening data systems and supporting and promoting the use of government data resources

An Extraordinary Focus on Data

+

A Myriad of Health Issues

- Open Government Initiative
  - Transparency
  - Data use by the public
  - Focus on the community level and personal decision-making
- HHS Leadership:
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➔ Opportunity

Other Drivers Toward Innovation

Changes/evolution in health care

Competitive forces

Information technology

The flood of new data ("Big Data")

Research and policy needs

Dissemination

Other Drivers Toward Innovation

Changes / evolution
— ACA —

Competitive forces

Information technology

The flood of new data (“Big Data”)

Research and policy needs

Dissemination

We have Responded ...

We have Responded ...

Some Examples ➔

How We've Responded …

- **Health Care Program**
  - **NAMCS ↗ number of State estimates (Thank you ACA)**
  - **More in-depth information on hospital care (Our new National Hospital Care Survey)**
  - **New capabilities in ambulatory care assessment (Follow-back and DAWN)**

How We've Responded …

- **Timeliness**
  - NHANES released within 9 months
  - NHIS -- Quarterly releases with full year within 6 months
  - Health Care targeting 10 months

How We've Responded …

- **Vital Statistics**

- **Vital statistics – preliminary data (90%+) within 9 months – An advance from our "Good to Great" partnership with NAPHSIS**
- **Working toward development of vital statistics model law**

How We've Responded …

- **Assuring Availability of National Clinical Measures**
  - Oral health
  - Measures of environmental exposure
  - 'Million Hearts' data
    - Blood Pressure, Cholesterol, CVD practice (NAMCS)
    - Obesity
  - The National Youth Fitness Survey

How We've Responded …

- National Clinical Measures

How We've Responded …

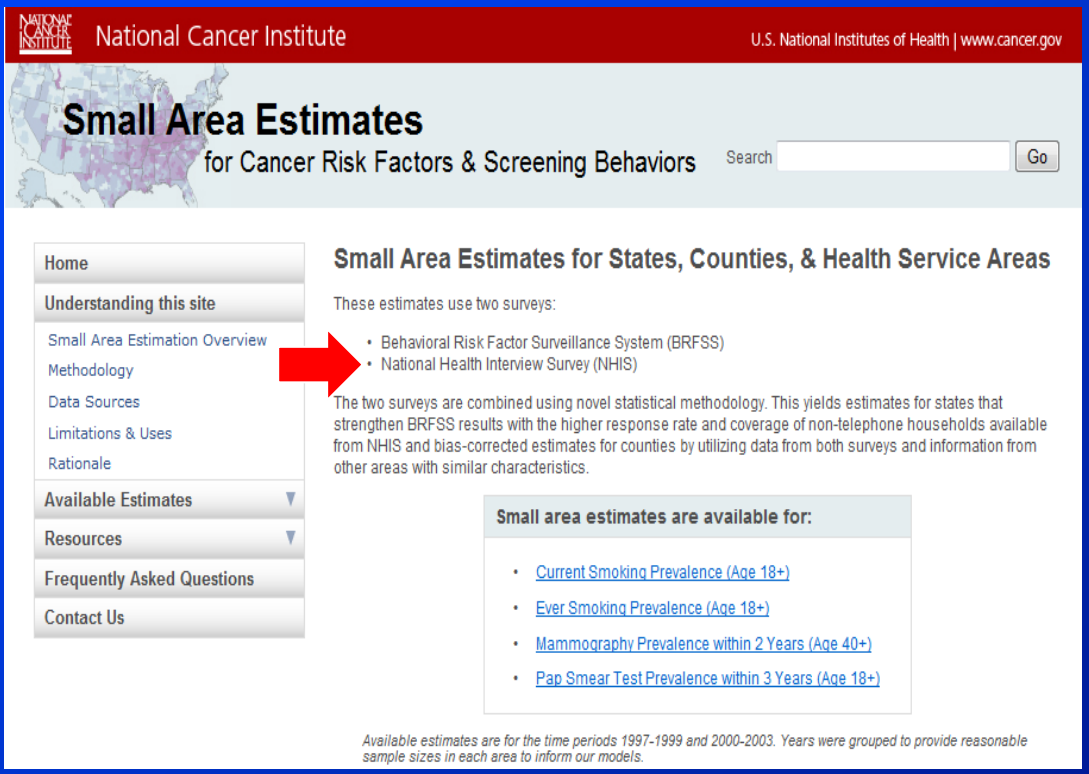
- National Clinical Measures

How We've Responded …

- **Expanding our focus on diversity**
  - **Expanding the Asian subsample**
  - **Developing a protocol to support self-identification of the Lesbian, Gay and Bisexual community**
  - **Expanding state estimates**
  - **R & D on small area estimation**

How We've Responded …

- **Expanding our focus on diversity**



- **Expanding the Asian subsample**
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How We've Responded …

- **Dissemination**
  - **Health Indicator Warehouse and HealthData.gov**
  - **Health Data Interactive**
  - **Data briefs (at 100 and counting …)**
  - ***Health US* content, editions and tools**
  - **Interactive *Health US***

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How We've Responded …

- **Dissemination**

July 2010:
40 published

July 2012:
100 published

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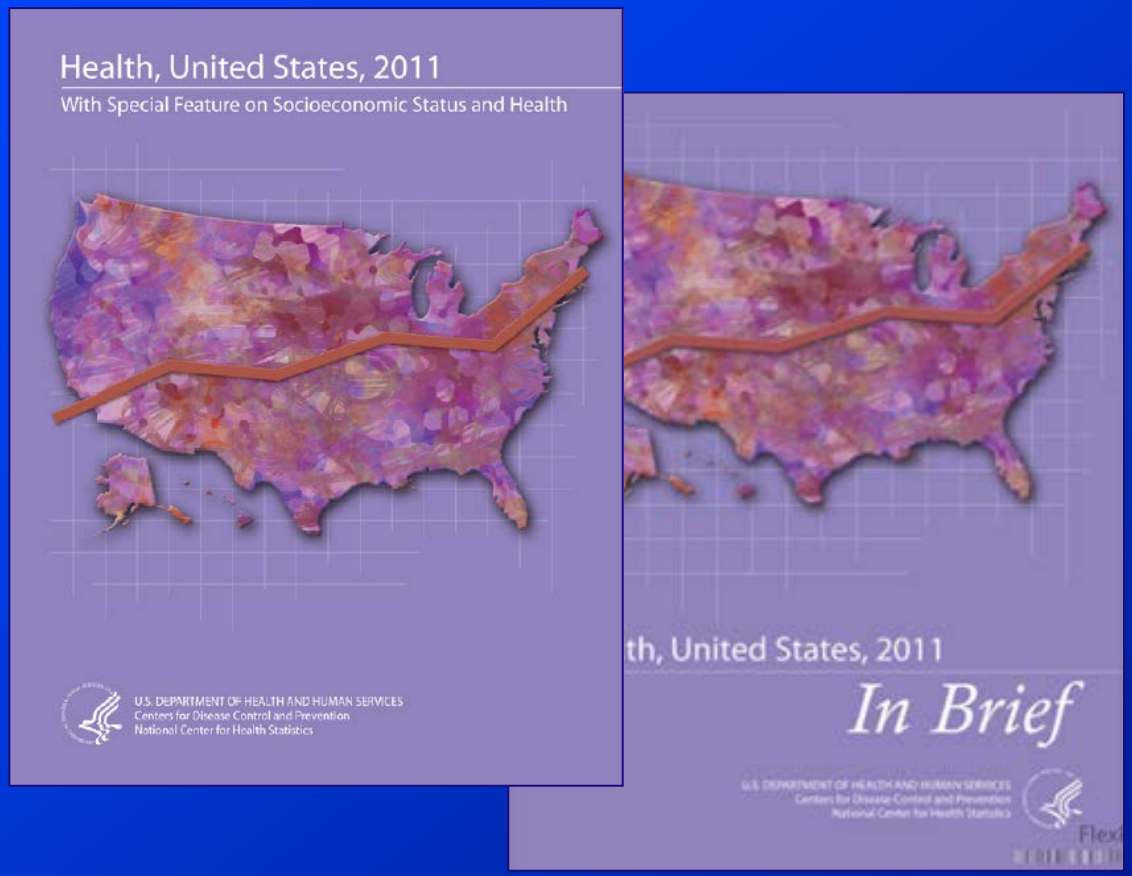

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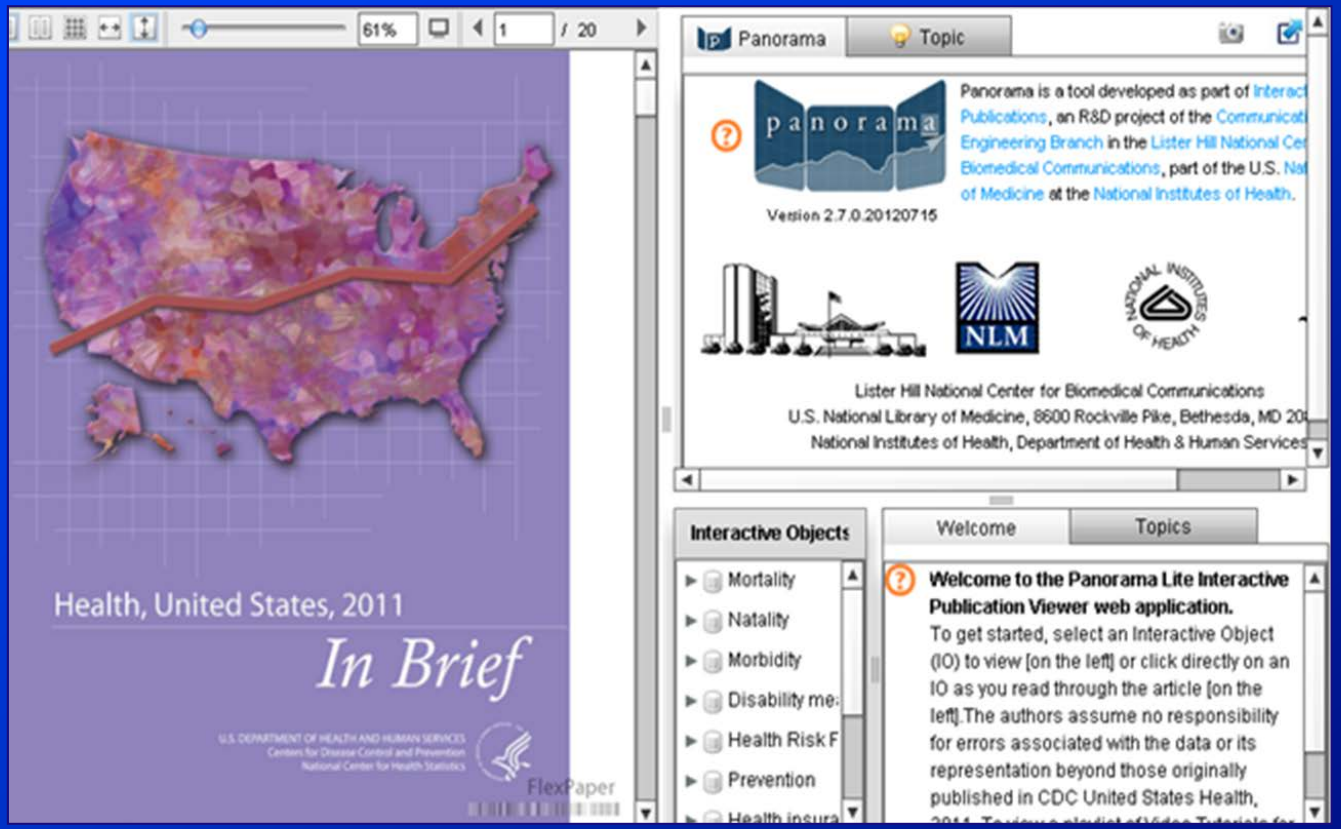
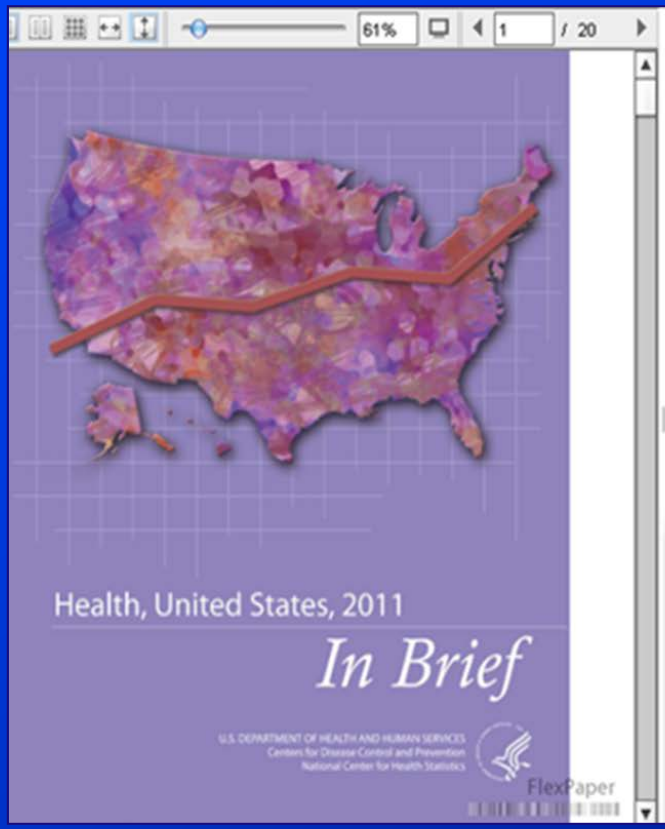
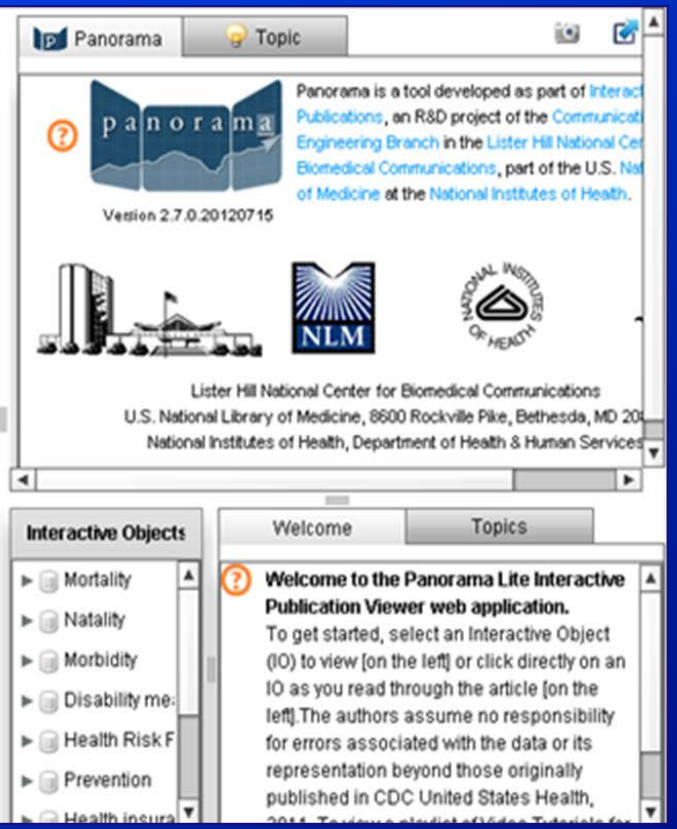
Innovation in *Health, US*



Interactive
Health US 2011, In Brief





Developed by the
National Library of Medicine
in collaboration with NCHS

The Interactive
Health US 2011, In Brief

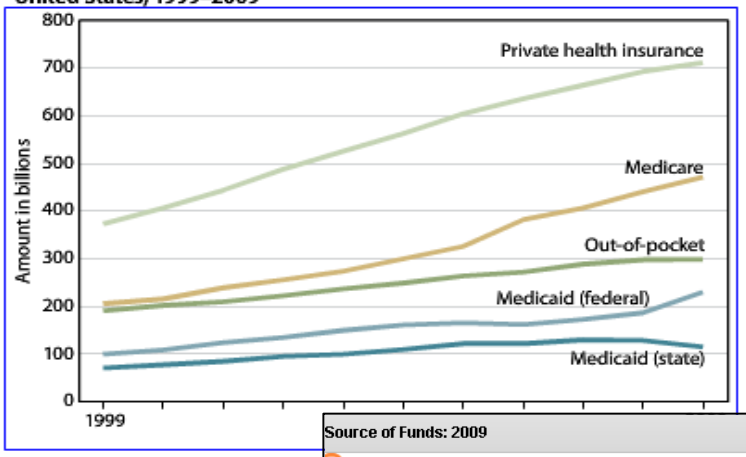
Source of Funds

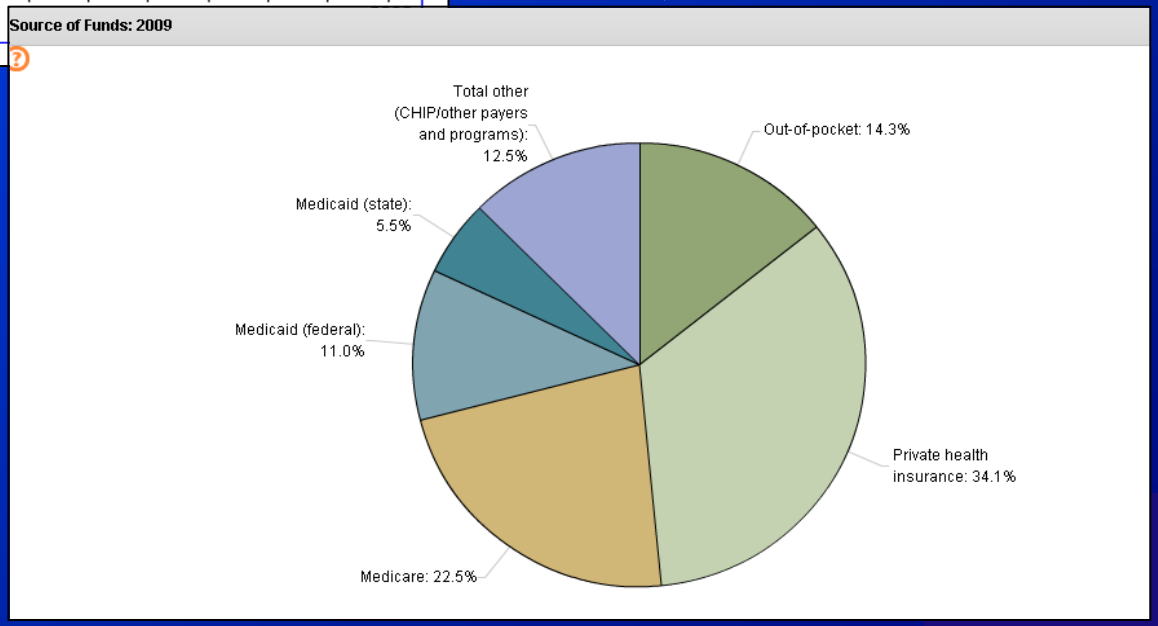
Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, Medicaid, and private insurance spending from 1999 to 2009.

Between 1999 and 2009, total personal health care expenditures grew from $1.1 trillion to $2.1 trillion. During this period, the average annual growth in Medicare expenditures was 9%, for Medicaid and private insurance 7%, and for out-of-pocket spending 5%. In 2009, 34% of personal health care expenditures were paid by private health insurance, 23% by Medicare, 17% by Medicaid, 14% out of pocket, and less than 1% by the Children's Health Insurance Program (CHIP).

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 129. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).

Figure 20. Personal health care expenditures, by source of funds: United States, 1999–2009



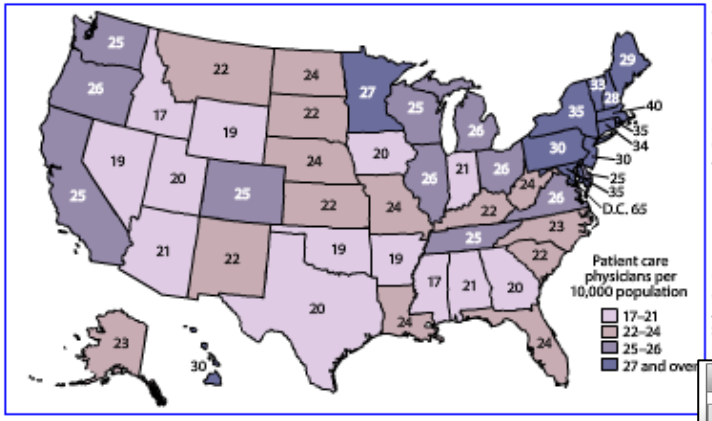


The Interactive
Health US 2011, In Brief

Health Care Resources

Patient Care Physicians per Population

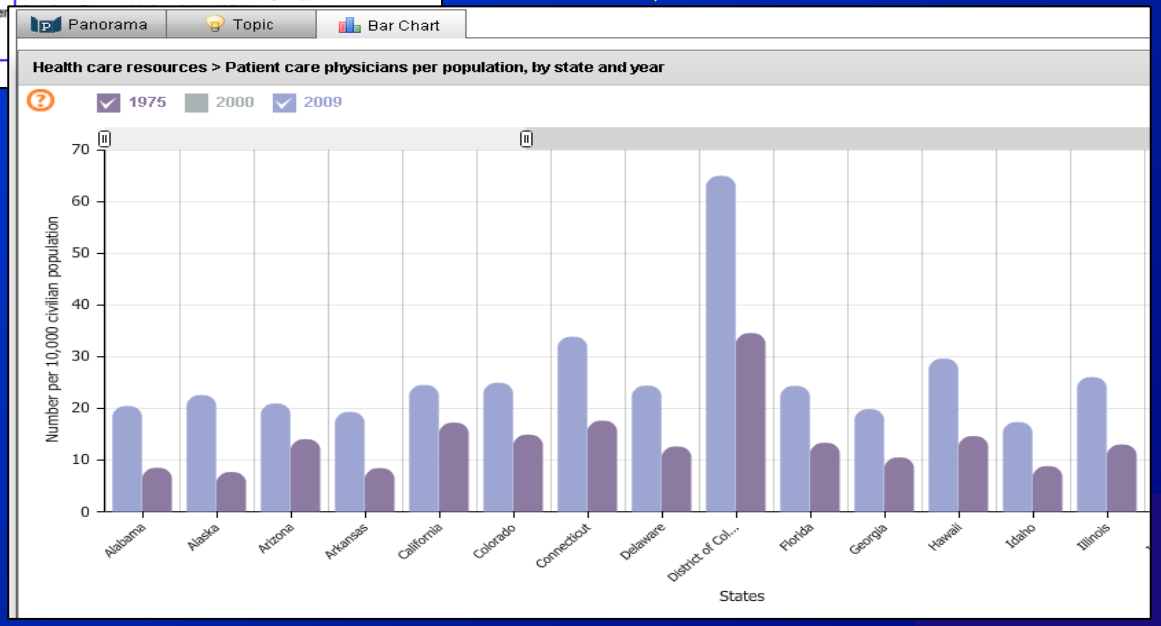
Figure 19. Patient care physicians per 10,000 population, by state: United States, 2009



The number of patient care physicians per 10,000 population in the United States in 2009 ranged from a high of 40 in Massachusetts to a low of 17 in Idaho and Mississippi.

On average, there were 25 patient care physicians per 10,000 population in the United States in 2009. The New England states, Mid-Atlantic states, District of Columbia, Maryland, Hawaii, and Minnesota were in the highest quartile (27 or more patient care physicians per 10,000 population). States in the lowest quartile (17–21 patient care physicians per 10,000 population) included parts of the South and some of the Mountain states, along with Iowa and Indiana.

SOURCE: CDC/NCHS, *Health, United States, 2011*, Table 109.
Data from the American Medical Association (AMA) and the



CDC Home

Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People.™

SEARCH

A-Z Index A B C D E F G H I J K L M N O P

Our New Home Page

National Center for Health Statis

Follow the Conference on Facebook

Join our event page to receive the latest updates and stay tuned for interactive discussions with NCHS Senior Leadership. Help spread the word by sharing with friends and colleagues.

Learn More

1 2 3 4 5

FEATURED TOPICS

Dr. Nathaniel Schenker Elected American Statistical Association 2014 President

Dr. Schenker will serve as president-elect in 2013, and become president on January 1, 2014

NEXT TOPIC

New RELEASES

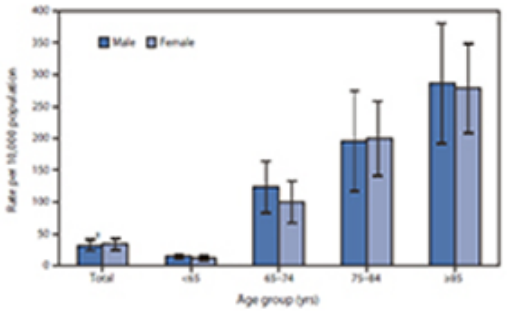
Death in the United States, 2010

NCHS Data Brief No. 98, July 2012

FastStats: STATISTICS BY TOPIC

FastStats provides quick access to statistics on topics of public health importance and includes:

QuickStat *of the* WEEK



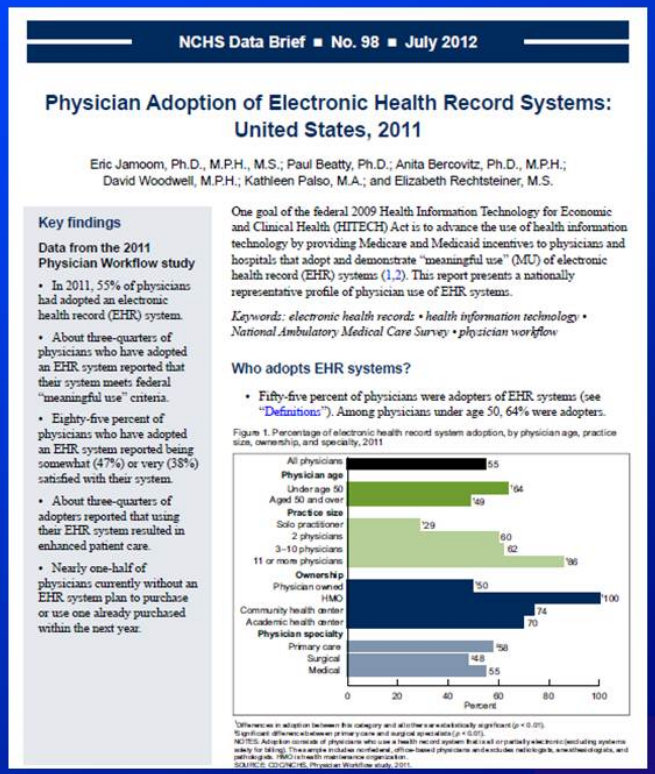
In 2010, hospitalization rates per 10,000 population for stroke for males and females increased with increasing patient age. For

How We've Responded …

- **Expanding our focus on Administrative Data Sources**
  - **Data linkage**
  - **International classifications**
  - **Electronic Health Records --**
    - **Monitoring adoption and use**
    - **As a data source**

How We've Responded …

- **Expanding our focus on Administrative Data Sources**
  - 55% of physicians had adopted an EHR system in 2011
  - ≈ 75% meet federal "meaningful use" criteria



NCHS Data Brief ■ No. 98 ■ July 2012

Physician Adoption of Electronic Health Record Systems: United States, 2011

Eric Jamoom, Ph.D., M.P.H., M.S.; Paul Beatty, Ph.D.; Anita Bercovitz, Ph.D., M.P.H.; David Woodwell, M.P.H.; Kathleen Palso, M.A.; and Elizabeth Rechtsteiner, M.S.

Key findings

Data from the 2011 Physician Workflow study

- In 2011, 55% of physicians had adopted an electronic health record (EHR) system.
- About three-quarters of physicians who have adopted an EHR system reported that their system meets federal "meaningful use" criteria.
- Eighty-five percent of physicians who have adopted an EHR system reported being somewhat (47%) or very (38%) satisfied with their system.
- About three-quarters of adopters reported that using their EHR system resulted in enhanced patient care.
- Nearly one-half of physicians currently without an EHR system plan to purchase or use one already purchased within the next year.

One goal of the federal 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act is to advance the use of health information technology by providing Medicare and Medicaid incentives to physicians and hospitals that adopt and demonstrate "meaningful use" (MU) of electronic health record (EHR) systems (1,2). This report presents a nationally representative profile of physician use of EHR systems.

Keywords: electronic health records • health information technology • National Ambulatory Medical Care Survey • physician workflow

Who adopts EHR systems?

- Fifty-five percent of physicians were adopters of EHR systems (see "Definitions"). Among physicians under age 50, 64% were adopters.

Figure 1. Percentage of electronic health record system adoption, by physician age, practice size, ownership, and specialty, 2011

- Data linkage
- International classifications
- Electronic Health Records --
  - Monitoring adoption and use
  - As a data source

A Look Into the Future

- Use of the internet for data collection
- Explosion of new data sources
  - Merging of data sources
  - Meeting the need for more local data
- Monitoring health over time (longitudinal data)
  - Electronic health records
  - At-home monitoring

Screenings

Tests, Tests, Tests

Health

Long term care

Surgeries

Doctor visits

Costs

Hospital stays

Obesity

X-Rays

ER

Drugs

Immunizations

Comparative Treatment Effectiveness

Physical Therapy

Birth → **Now** → *Death*

2012
NATIONAL CONFERENCE ON HEALTH STATISTICS