The National Center for Health Statistics
Adapting to meet new data needs: The ACA and beyond

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What We Do:

Monitor the nation’s health by collecting, analyzing and disseminating health data

• Compare across time, populations, providers and geographic areas

• Identify health problems, risk factors, and disease patterns

• Inform actions and policies to improve the health of the American people
Traditional data sources
Data sources and data systems

- **Birth and death records** (National Vital Statistics System)
- **Personal interviews** in the home and via phone (National Health Interview Survey, National Survey of Family Growth, State and Local Area Integrated Telephone Survey)
- **Physical examinations and laboratory testing** in mobile exam centers (National Health and Nutrition Examination Survey)
- **Medical records** from hospitals, emergency rooms, outpatient clinics, physicians’ offices, nursing homes and hospice and home care agencies (National Health Care Surveys)
- **Interviews with health care providers** in hospitals, physicians’ offices and long term care agencies (National Health Care Surveys)
New data sources, new data needs

• More and different populations: who are they and how are they similar or different?
• More information about health care: who has what, how is it treated, what’s working, who’s doing what works?
• Effects of policies: did the laws they passed do what they were intended to do? what are the unanticipated effects?
• Data access: Stakeholders want to look at data themselves
• They want to connect things
• New and different formats, fast
To meet new needs, we build on existing infrastructure

- Broad, population based health surveys
- Targeted items, modules, and surveys
- Linkage of data systems to increase analytic utility
- Methodological research to improve the quality of estimates, demonstrate use of data systems
- Tools to facilitate access to, and dissemination of statistical data
- Research on health, health policy, and health care delivery
Then came along the ACA

- New mandates and regulations
- Appropriations to fund new and existing grant programs
- New discretionary grant programs
NCHS data systems offer opportunities for baseline and new information on ACA-related topics such as

- Insurance coverage
- Changes in the health care system: Health centers and clinics; Hospitals; Practice arrangements
- Health workforce: loan repayment; physician training; nursing; teaching health centers
- Prevention and wellness: clinical preventive services; elimination of cost sharing; evidence-based services
ACA-related topics (continued)

- Health disparities: including race, ethnicity, sex, primary language and disability status; geographic disparities
- Effects of policies: restaurant menu/vending machine nutrition labeling
- Accessible medical diagnostic equipment
- Health care quality measurement, patient safety
- Reauthorization of the I HClA
- Creation (and demise) of CLASS
For a federal statistical agency charged with monitoring trends in the nation’s health, all these topics are important.
National Vital Statistics System

- Data from 57 vital registration jurisdictions (50 states, DC, NYC, 5 territories)
  - Births and information on the pregnancy and delivery
  - Deaths and information on cause of death
  - State and local level data
  - Reflects intergovernmental partnerships
Future Plans

• New Contract with states focused on improving:
  • Timeliness and quality of birth and death data
  • Quality of cause-of-death reporting
  • Security of birth records

• Complete national implementation of Electronic Birth Systems---final states funded in FY12 and FY13 are building and implementing new systems.

• Implementing new electronic death systems initiative in states---7 states funded in FY13

• Piloting receiving birth and death information directly from electronic medical records

⇒ Requires joint State/ National planning
National Health Care Surveys

- Ambulatory and hospital care surveys
  - National Ambulatory Medical Care Survey (NAMCS)
  - National Hospital Ambulatory Medical Care Survey (NHAMCS)
  - National Hospital Care Survey (NHCS)
- Long-term care data
  - National Study of Long-Term Care Providers (NSLTCP)
    - Use of administrative data from CMS to describe long term care providers and users
    - Primary data collection through surveys to fill the gaps in information on residential care facilities and adult day care
NCHS Health Care Data

• Characteristics of the practice
• Characteristics of health care providers
• Characteristics of patients
• Diagnosis
• Treatment and services
• Patterns of disease
• Use of technology and drugs
• Emergence of alternative care sites
Changes to the Health Care Surveys

• ACA funded improvements to NAMCS/ NHAMCS
  • Clinical Data to Evaluate the Quality of Care to Prevent Heart Disease and Stroke “Lookback” (2012, 2013)
• ASPR funded sample increases to NHAMCS (2012)
• ASPE funded questions of practice characteristics (2013, 2014)
National Health Interview Survey

- In person, in home survey collects data on about 87,500 persons in 35,000 responding households per year.*
- Representative of the noninstitutionalized civilian U.S. population.
- Data on
  - Health status, health conditions, functioning and disability
  - Health insurance coverage
  - Access to and use of health care
  - Immunization
  - Health-related behaviors and risk factors
  - Demographics, socioeconomic status, injuries and poisonings
  - Etc.

Adapting to new data needs

- Existing NHIS core questions provide baseline and trend data
  - For example, health status, health insurance coverage, access to and use of health care help examine effects of ACA
- New questions, annual supplements address targeted issues
  - ~86 new ACA related questions, 2011-2014, and beyond if funding permits
- Larger sample size for more state-level estimates
- NHIS microdata released online about 6 months after the end of each data collection year
- Early release estimates (E.g., quarterly report on health insurance)
NHI S ongoing and future plans

- Collecting information on lesbian, gay and bisexual population
- More state level estimates
- Special survey of NHPI, 2014
- Nationally representative follow back survey using 2012 respondents (web and CATI)
- Testing of other modes of data collection to supplement in-person surveys (web and telephone, field test in 2014)
- Collaborating with NHANES to test biomeasures at home (height, weight, blood pressure, blood spots)
- Sample redesign in 2016, redesigned questionnaire in 2017
National Health and Nutrition Examination Survey (NHANES)

• Standardized physical examinations, laboratory tests, personal interviews with a nationally representative annual sample of ~5,000 persons.

• Data on
  • Disease/condition prevalence
  • Nutrition
  • Body composition
  • Health-related behaviors
  • Environmental exposures
Pediatric Growth Charts
New in 2014: NHANES 24-Hour Urine Collection Component

- Measure sodium and other analytes
- Random $\frac{1}{2}$ sample 20-60 yrs.
- Asked to collect urine for 24 hours
- 5th exam trailer used
Accessing NCHS data

• Public-use data files available through NCHS website

  http://www.cdc.gov/nchs/data_access/ftp_data.htm

• Research data center: mechanism for researchers to access data not released to the public because of nondisclosure or confidentiality reasons

• NCHS linkage program enables broader analyses of factors that influence health and health outcomes.
Visit our website at http://www.cdc.gov/nchs