

# **Overview of the National Health Care Survey**

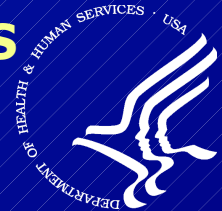
***Thomas McLemore***  
***Division of Health Care Statistics***

***October 10, 2003***



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Centers for Disease Control and Prevention**  
**National Center for Health Statistics**

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# Objectives

- **Provide an overview of the NHCS**
- **Illustrate its value for characterizing the health care delivery system**
- **Highlight new developments in the ambulatory, hospital, and long-term care surveys**
- **Future challenges**

# National Health Care Survey

- **Family of health care establishment and provider-based surveys**
- **Primary goal is to provide nationally representative data on the use of health care resources in the major sectors of the U.S. health care delivery system**

# NHCS Component Surveys

- **National Ambulatory Medical Care Survey**
- **National Hospital Ambulatory Medical Care Survey**
- **National Hospital Discharge Survey**
- **National Survey of Ambulatory Surgery**
- **National Nursing Home Survey**
- **National Home and Hospice Care Survey**

# Ambulatory Care Component

<i><b>Survey</b></i>	<i><b>Type of data</b></i>	<i><b>Years fielded</b></i>	<i><b>Sample size (approximate)</b></i>
National Ambulatory Medical Care Survey (NAMCS)	Visits to office-based physicians	1973-1981, 1985, 1989-present	2,500-3,400 physicians, 21,000-36,000 encounters
National and outpatient departments Survey (NHAMCS)	Visits to hospital present	1992-Hospital 21,000-36,000 ED visits,	500 hospitals, emergency Ambulatory Medical Care 27,000-35,000 OPD visits

# Hospital and Surgical Care Component

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<i>Survey</i>	<i>Type of data</i>	<i>Years fielded</i>	<i>Sample size (approximate)</i>
National Hospital Discharge Survey (NHDS)	Hospital discharges	1965-present	500 hospitals 300,000 discharges
National  (NSAS)	Ambulatory	1994-1996 Survey of 125,000 discharges	600 facilities surgery visits Ambulatory Surgery

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# Long-term Care Component

<i>Survey</i>	<i>Type of data</i>	<i>Years fielded</i>	<i>Sample size (approximate)</i>
National Nursing Home Survey (NNHS)	Nursing home characteristics, current residents, discharges	1973-74, 1977, 1985, 1995, 1997, 1999	1,100-1,900 nursing homes, 5,200-8,200 current residents 6,000-6,900 discharges
National Home 1996, (NHHCS)	Agency agencies, discharges	1992-1994, and Hospice Care Survey 3,400-5,400 2000	1,100-1,800 characteristics current patients current patients, 3,000-4,900 discharges

# Trends in Rates of Use of Health Care Services

<i>Rate per 1,000 Population 65+</i>	<i>1985</i>	<i>1992</i>	<i>1995- 96**</i>	<i>1997- 98**</i>	<i>1999- 2000**</i>
Office-based physician visits*	4,848	5,455	5,495	6,025	6,468
Outpatient department visits*	...	288.1	326.9	380.1	413.6
Emergency department visits*	...	411.7	432.9	470.1	489.4
Hospital discharges	369.8	336.5	345.4	363.2	365.0
Nursing Home current residents*	46.2	...	42.8	43.4	42.9
Nursing Home discharges*	38.2	...	...	62.2	65.1
Home Health Agency discharges*	153.5	155.5	143.9	...	71.4
Hospice discharges*	...	4.9	7.9	11.1	14.3

... Data not collected during that time period

\*Denotes statistically significant trend at the  $p < .05$  level

\*\*Denotes average NAMCS, NHAMCS, and NHDS rates for these years



# NHCS Common Methodology

- **National probability sample surveys**
- **Complex sample designs**
- **National and regional estimates**
- **Common definitions, data items, sampling frames**
- **Medical diagnoses**
- **Data collected by Census Bureau**
- **High response rates**
- **Data processed by private contractor**

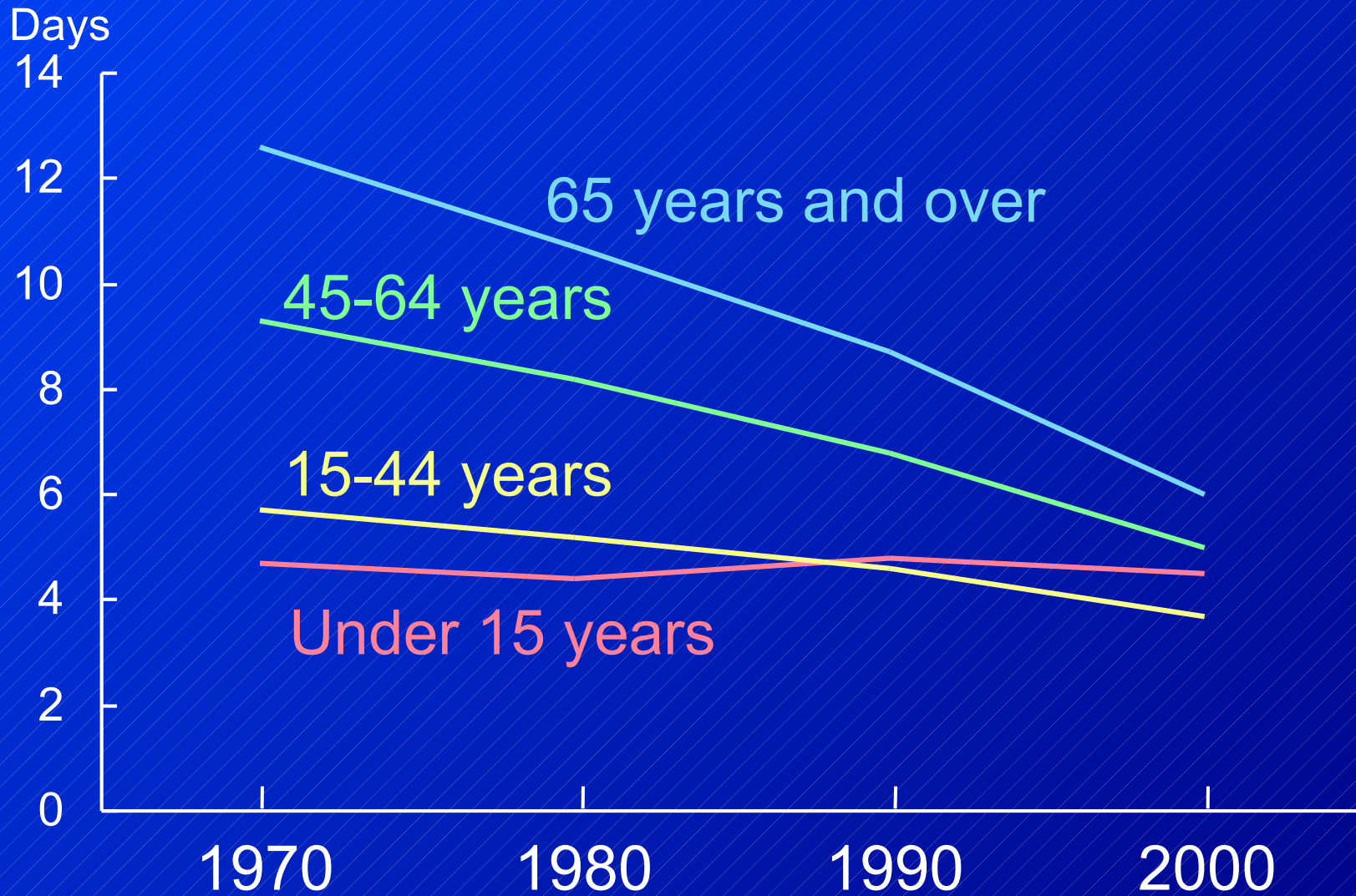
# How are NHCS Data Used?

- **To understand health care practice**
- **To identify and track specific conditions and problems**
- **To identify differences in the provision of services**
- **To establish national priorities**
- **To provide national comparative points**
- **To measure Healthy People objectives**

# Data Users

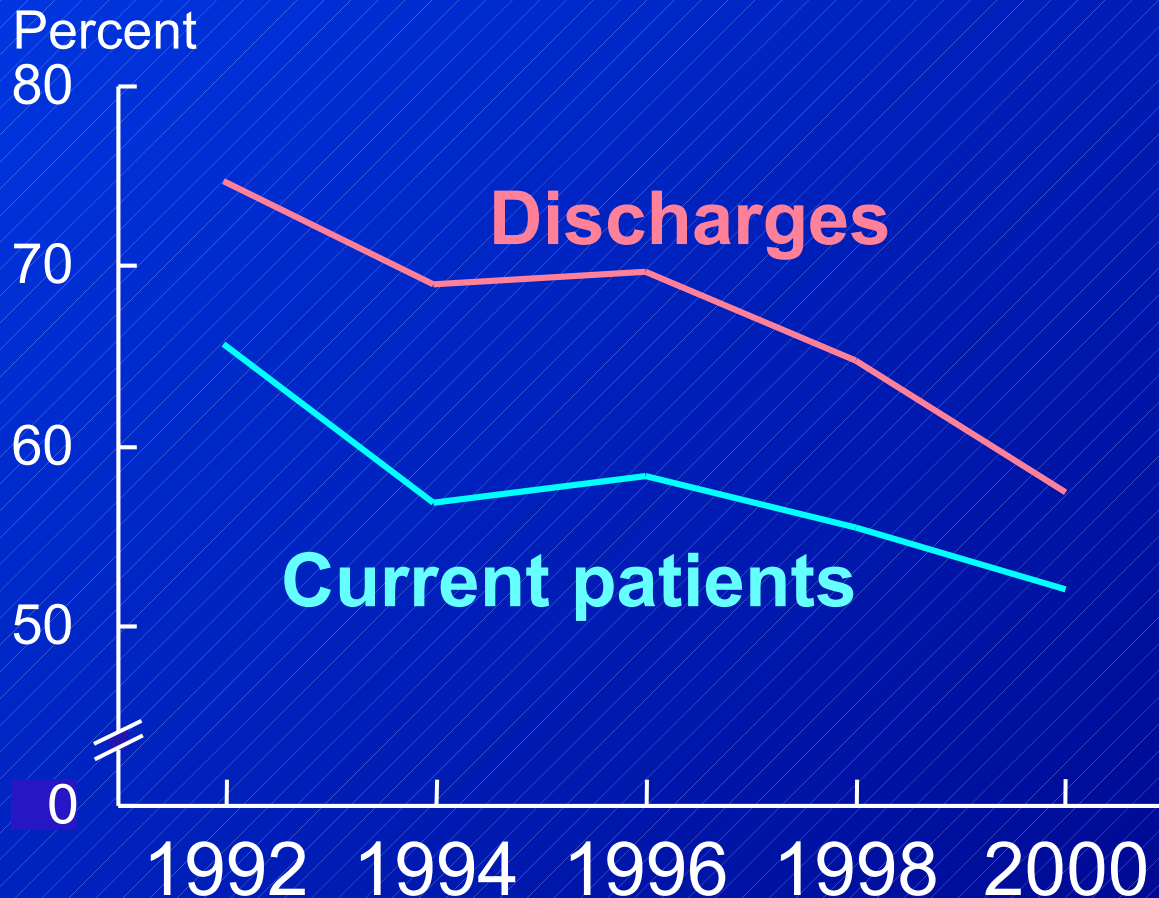
- **Over 150 journal articles in last 2 years**
- **Other Federal agencies**
- **Health and medical professional associations**
- **State and federal policy makers**
- **Health services researchers**
- **Epidemiologists**
- **Universities and medical schools**
- **Broadcast and print media**

# Average Length of Stay by Age, 1970-2000



SOURCE: NCHS/CDC, National Hospital Discharge Survey

# Hospice Patients and Discharges with Cancer as a Primary Diagnosis at Admission



SOURCE: NCHS/CDC, National Home and Hospice Care Surveys



# Seniors see doctor more often

## CDC's survey shows increase in visits over past decade

By Amy Fagan  
THE WASHINGTON TIMES

Older baby boomers and senior citizens are making more visits to the doctor's office than people in their age group did 10 years ago, a new study finds.

Fifty-three percent of patients visiting the doctor in 2001 were over age 45, according to the latest annual report from the Centers for Disease Control and Prevention's National Ambulatory Medical Care Survey, which looks at medical care provided in doctors' offices. That number compares with 42 percent 10 years ago.

The number of people over age 45 rose 11 percent during the last decade, but the percentage of doctor visits by that age group rose 26 percent. On average, people age 45 years and older are going to the doctor 17 percent more than people in that age category did in 1992.

"People over 45 are going to the doctor more, and there are more of them," said Catharine Burt, report author and chief of ambulatory statistics at CDC's National Center for Health Statistics.

body to pay for it," she said.

A CDC press release on the study explained that "seniors and older baby boomers are visiting the doctor more often to manage multiple chronic conditions, obtain newly available drugs and seek preventive care."

More drugs are being prescribed as well, the report found.

In 2001, 1.3 billion drugs were either prescribed or ordered by doctors for their patients, compared with 922.6 million in 1992.

Ms. Burt speculated on a number of reasons why people are visiting the doctor more than 10 years ago. She said the rise of managed care could contribute to it, since doctors in managed-care plans tend to focus on disease management, where a patient may return several times.

People also are increasingly interested in preventive care, like being tested for cancer. The public tends to be more educated about health now, with health Web sites easily accessible, and more direct-to-consumer advertising of prescription drugs, she added.

Ed Haislmaier, a visiting research

But Mr. Haislmaier said the key is making sure the health care system delivers the most effective services in the most cost-efficient manner. That is where the Medicare system is sorely lacking, he said, noting that Medicare is, "not an integrated chronic care system," and people often end up seeing multiple doctors for multiple drugs, without any coordination.

"Nobody's looking at the big picture," he said.

The best way to reform the system and hold down costs, he said, is to give people the choice of more comprehensive, integrated, private health care plans. If people choose to stay with traditional Medicare and it is not as cost-efficient as the private plans, then people should have to pay extra, he said.

This is the direction taken by the Republican-sponsored House Medicare prescription drug bill. Senate Democrats oppose this approach and say it will kill the Medicare system by forcing people into the private sector.

Mr. Haislmaier rebutted this claim and said if Medicare is the best option, "then it will hold up in competition."

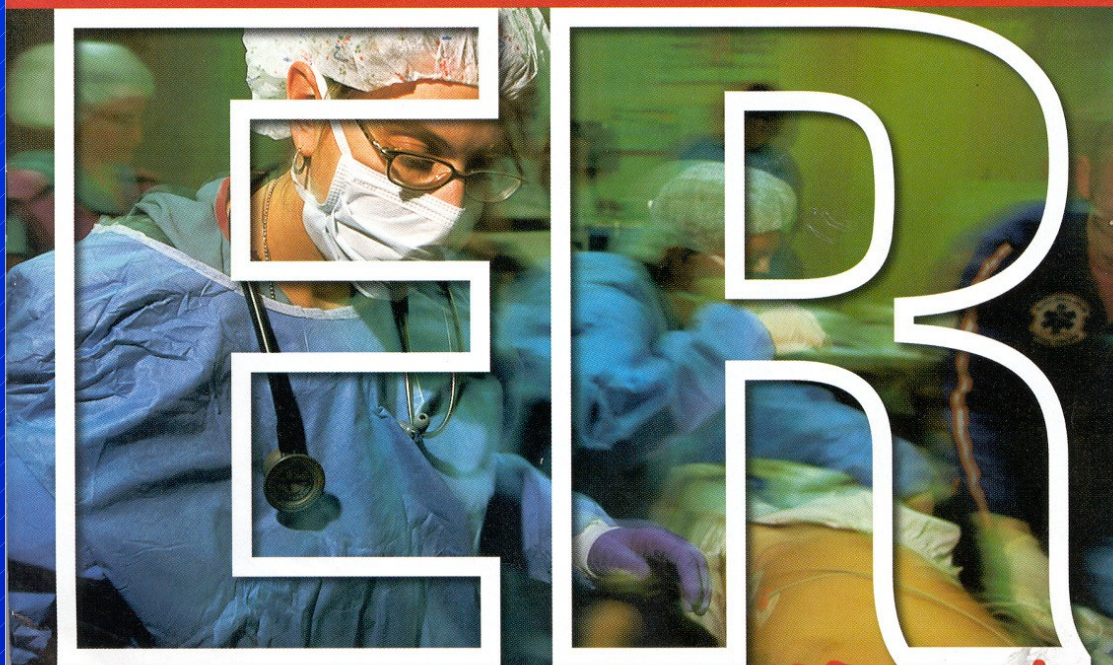


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**Turnaways and huge delays are a surefire recipe for disaster. What you can do**



# American Medical News

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AMERICAN MEDICAL ASSOCIATION ■ VOLUME 44 NUMBER 26

## Questions swirl around drug ads for patients

**Many doctors at the AMA Annual Meeting said they still hated them, but others are learning to live with them and even see benefits.**

Victoria Stagg Elliott

AMNEWS STAFF

**Chicago** WHEN ARTHUR SILK, MD, WRITES A prescription for atorvastatin calcium — sold under the trade name of Lipitor — he knows that there's a chance that his patient will leave his office without it. Or that they'll take the prescription, but not fill it. Or that even if they do, they might not take it as instructed.

The drug, manufactured by Pfizer Inc., however, is heavily advertised directly to consumers, and Dr. Silk believes this makes his patients more likely to follow doctor's orders.

"When I recommend it, they don't always take the prescription," the Garden Grove, Calif., internist said during a debate about direct-to-consumer prescription drug advertising at last month's AMA Annual Meeting in Chicago. "[But] when they see the ad in the paper, they call me up and say they'd like it."

Dr. Silk is part of a growing number of physicians who have learned to like direct-to-consumer ads, or at least to live with them.

Continued on next page



PHOTO BY EUGENE BUTENAS

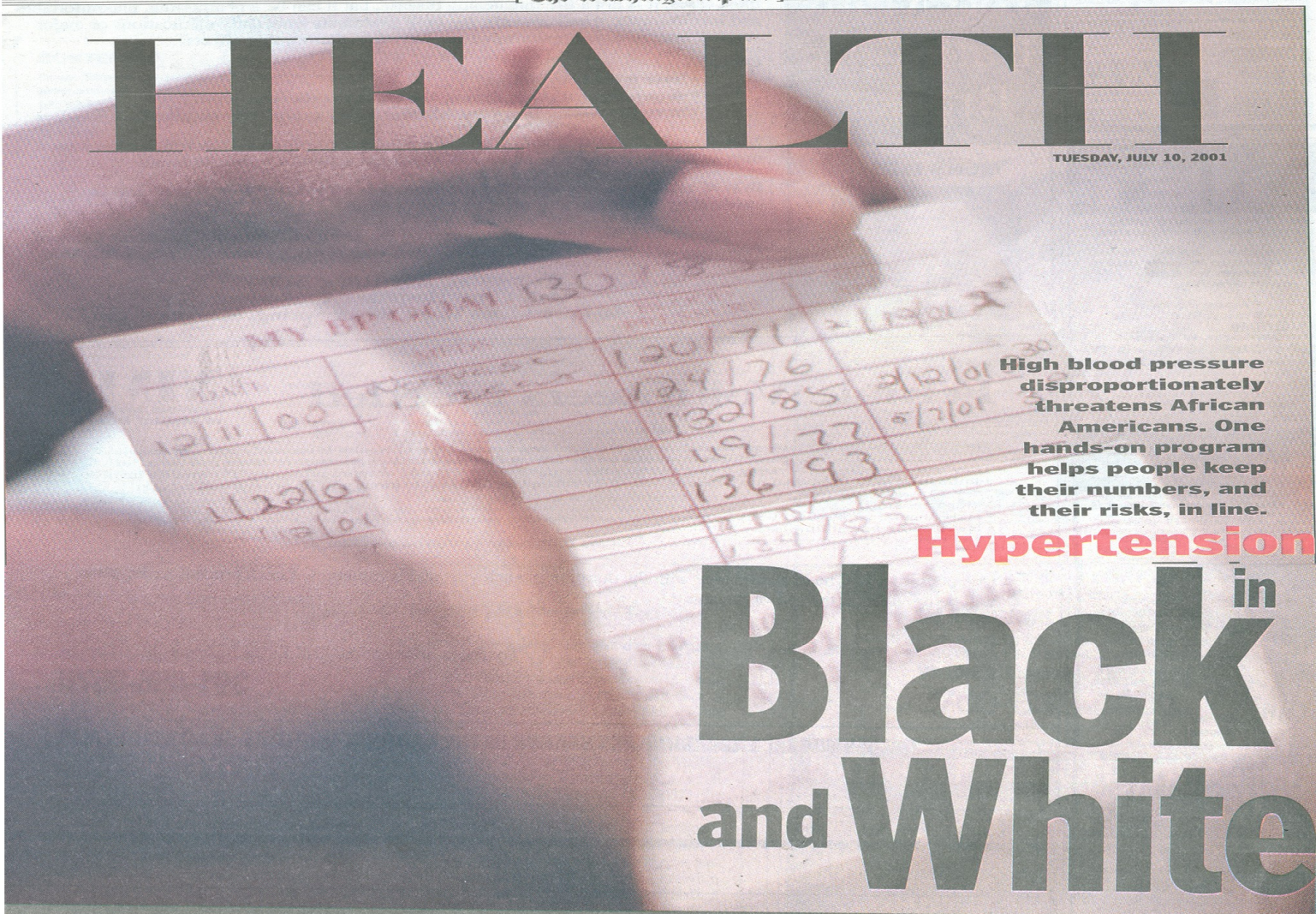
## Dr. Corlin speaks out on gun violence

Richard F. Corlin, MD, newly installed president of the American Medical Association, announced his plan to lobby for improved epidemiological studies of gun-related morbidity and mortality at last month's AMA Annual Meeting in Chicago. Speaking just before his inauguration at a press conference with Terry Hillard, Chicago superintendent of police, Dr. Corlin called for increased cooperation between physicians and law-enforcement agencies and reinstatement of funding for the Centers for Disease Control and Prevention to track gun-related homicides, suicides, deaths and injuries. "Cops and docs working together can solve this problem," he said. "We intend to live up to our end of it." To read more about his plan, turn to page 36.



# HEALTH

TUESDAY, JULY 10, 2001



**High blood pressure disproportionately threatens African Americans. One hands-on program helps people keep their numbers, and their risks, in line.**

## Hypertension <sup>in</sup> Black and White

**WORKOUTS GET EXTREME ■ DRY EYE AND THE RISKS OF LASIK SURGERY  
UPDATES ON TOILET TRAINING, RX DISCOUNTS AND UTERINE FIBROIDS.**



# The Washington Post

WEDNESDAY, JUNE 19, 2002

125TH YEAR No. 196 M2 DM

## Syria Interrogating Al Qaeda Recruiter

### Sept. 11 Plot Details Shared With U.S.

By PETER FINN  
Washington Post Foreign Service

BERLIN, June 18—A key figure in the Sept. 11 plot who last October left Hamburg for Morocco was secretly arrested there and flown to Syria, where he is providing U.S. investigators with new details about last year's attacks and possible future al Qaeda operations, according to German and Arab sources.

U.S. access to interrogation information from Mohammed Haydar Zammar, 41, a German citizen of Syrian origin, underlines how Sept. 11 has redefined engagement with governments in the Washington area, officials said. Syria remains on the State Department list

of countries that sponsor terrorism.

Syrian officials have begun to complain that the United States is not acknowledging their assistance in the war against terrorism. Although Syria has sponsored groups deemed terrorist by the United States, such as Hezbollah in Lebanon, officials in Damascus have stressed the country's hostility to al Qaeda and its willingness to cooperate with the United States against it.

Zammar, a former locksmith in Hamburg, has told his interrogators in Syria that he helped establish the cell in the German city, which was involved in the Sept. 11 attacks were

See ZAMMAR, A16, col. 1

Saudis arrest 13 al Qaeda suspects. | Page A15

## Fewer Antibiotics Are Prescribed to Children

### 40 Percent Decline Reverses a Trend

DAVID BROWN  
Washington Post Staff Writer

Antibiotic prescriptions for children fell by 40 percent over the course of the 1990s, reversing the upward trend that had fueled the emergence of hard-to-treat, drug-resistant bacteria, according to a study by doctors and parents, widespread media coverage of "super-bugs" and a few documented examples of death from bacterial infections that once would have been easily cured.



## Bus Blast Kills 2

### Jerusalem

#### Israelis Begin Retaliation As Leaders Blame

By JOHN WARD ANDERSON  
Washington Post Foreign Service

JERUSALEM, June 18—A Palestinian suicide bomber detonated a powerful side a commuter bus crowded with children and workers this morning, killing at least 19 other people as the Israeli government prepared to launch a new peace initiative. More than 50 people were injured in the blast.

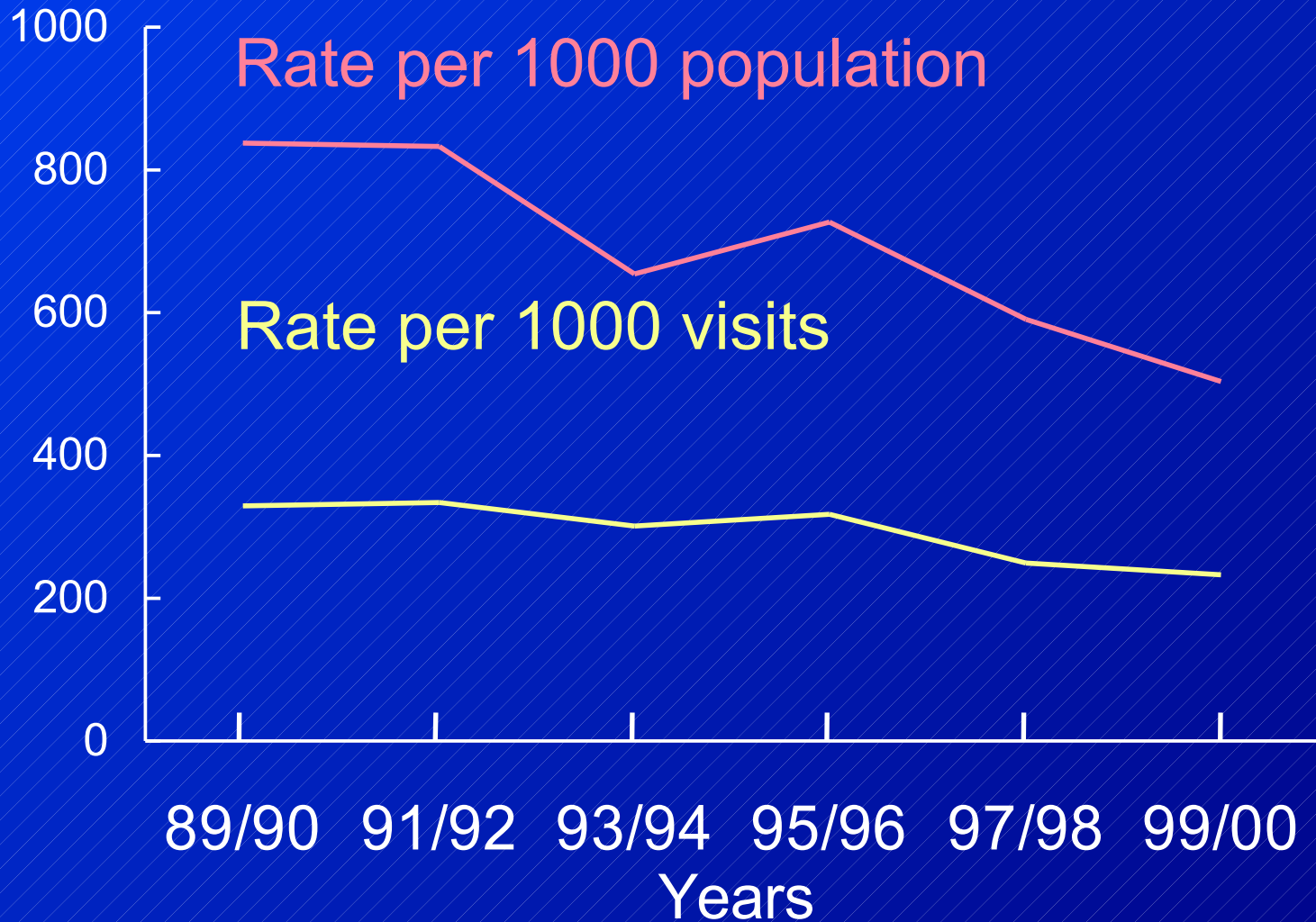
In what appeared to be the start of a retaliatory attack, Israeli tanks and bulldozers moved to the West Bank city of Jenin late today. Helicopter gunships opened fire on Palestinian who resided in the adjacent refugee camp, according to reports from the area.

[The Israeli government said early today that it will retake parts of the West Bank as long as terror attacks continue, according to a statement released after a late cabinet meeting, the Associated Press reported.]

[Shortly after the new policy was announced, Israeli tanks and troops invaded the West Bank city of Nablus and arrested three suspects who withdrew. Troops also moved into the Qalqilyah.]



# Antibiotic Prescribing Rates at Physician Office Visits for Children



SOURCE: NCHS/CDC, National Ambulatory Medical Care Surveys

# NHCS Data Dissemination

## Website

[www.cdc.gov/nchs/nhcs.htm](http://www.cdc.gov/nchs/nhcs.htm)

- NHCS and component survey websites
- Publications and information products
- Data warehouse

## CD/ROMs

## LISTSERVs

## Research Data Center

# Drivers

- **Increase relevance and timeliness of NHCS data**
- **Be more responsive to data needs for public health, health services research, health policy, and DHHS initiatives**
- **Expand surveys to include the full spectrum of health care providers (first step – eliminate major data gaps)**

# **Recent Developments – Ambulatory Care Component**

- Supplement on ED pediatric services and equipment**
- ED staffing and ambulance diversion**
- Supplemental sample of rural and proprietary hospitals**
- Bioterrorism preparedness items**

# **Recent Developments – National Hospital Discharge Survey**

- **Addition of data items on admission type and source**
- **Creation of linked files (AHA and ARF) for trend analysis**
- **Ongoing research to evaluate the collection of drug data**



# Recent Developments – Long-term Care Component

- **Redesign of the NNHS**
  - **Conversion to CAPI data collection**
  - **Development of expanded data content**
  - **Linkage to the Minimum Data Set**
  - **Collaborative effort to collect data on certified nursing aides**
- **Investigation of lists of long-term care residential places**
- **Ongoing research to develop a typology of LTC facilities**

# Future Challenges

- **Establishing priorities among the many competing data needs and interests**
- **Balancing data needs and respondent burden**
- **Developing new initiatives while maintaining necessary trend data**
- **Balancing public release of data with disclosure risk**
- **Resource management**