



National Health Care Surveys

About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective to help us understand the population's health, influences on health, and health outcomes.

National Health Care Surveys

The National Health Care Surveys (NHCS) are designed to provide information about the organizations and providers that deliver health care, the services rendered, and the patients they serve across diverse settings. Provider sites surveyed include doctors' offices, community health centers, ambulatory surgery centers, hospital outpatient/emergency departments, inpatient hospital units, residential care facilities, adult day care facilities, nursing homes, home health agencies and hospice organizations.

National Health Care Surveys are used to study:

- Resource use, including staffing
- Quality of care, including patient safety
- Clinical management of specific conditions
- Disparities in use and quality of care
- Diffusion of health-care technologies including drugs, surgical procedures, and information technologies
- Effects of policy changes

Examples of NHCS Data

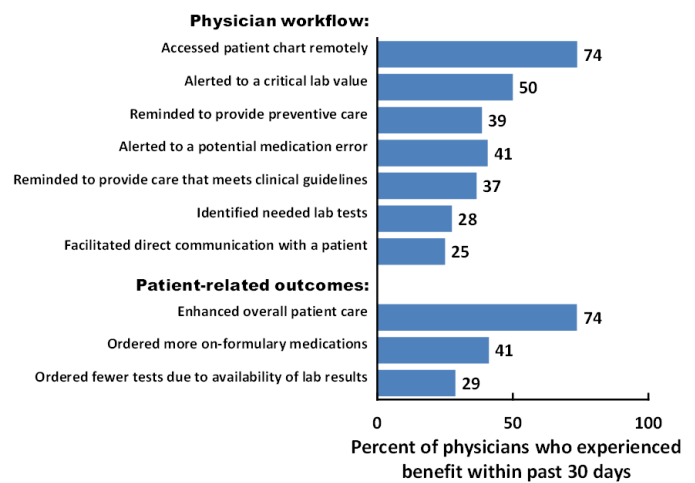
Electronic Medical Records/Electronic Health Records

The American Recovery and Reinvestment Act of 2009 provided funding to promote adoption and use of health information technology.

The Office of the National Coordinator for Health Information uses NCHS data to monitor provider adoption of electronic medical records/electronic health records (EMR/EHR). NCHS has been tracking EHR use since 2001, when 18 percent of office-based physicians reported using EHRs. Adoption of EHRs increased to 42 percent of physicians in 2008. In 2012, based on preliminary estimates, 72 percent of physicians reported using an EHR system.

A three-year longitudinal follow-up of impacts of EHR began in 2011. First-year results indicate that a majority of adopters (74 percent) reported that using their EHR system resulted in enhanced overall patient care.

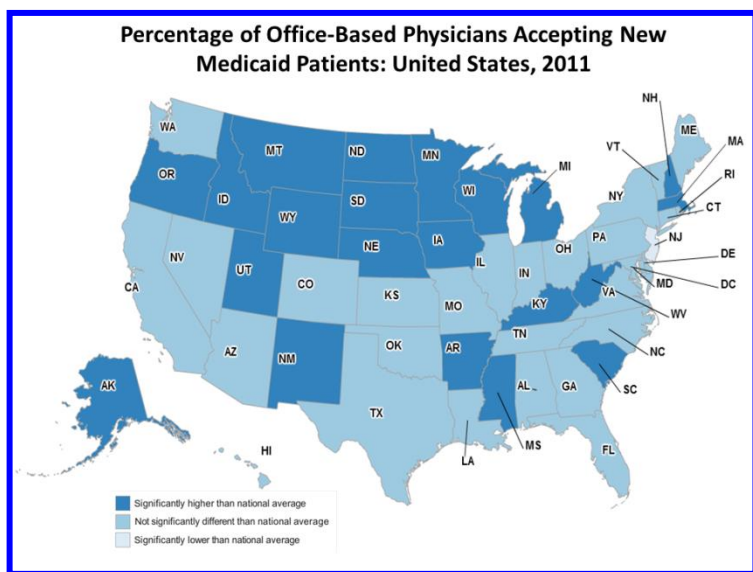
Percent of physicians whose EHR provided selected benefits: United States, 2011



Physicians Accepting New Medicaid Patients by State

The percentage of physicians accepting new patients – which varies by type of payment – serves as a measure of physician workforce capacity. In 2011, 82 percent of physicians reported that they accepted new patients with private insurance, compared with 69 percent who accepted new patients with Medicaid.

Physician acceptance of new patients with Medicaid varies by state. In 2011, 21 states had physician acceptance rates for new Medicaid patients that were higher than the national average of 69 percent. The percentage of physicians accepting new Medicaid patients in New Jersey was the nation's lowest - 40 percent. A previous study using NCHS data found that higher state Medicaid-to-Medicare fee ratios were correlated with greater acceptance of new Medicaid patients.



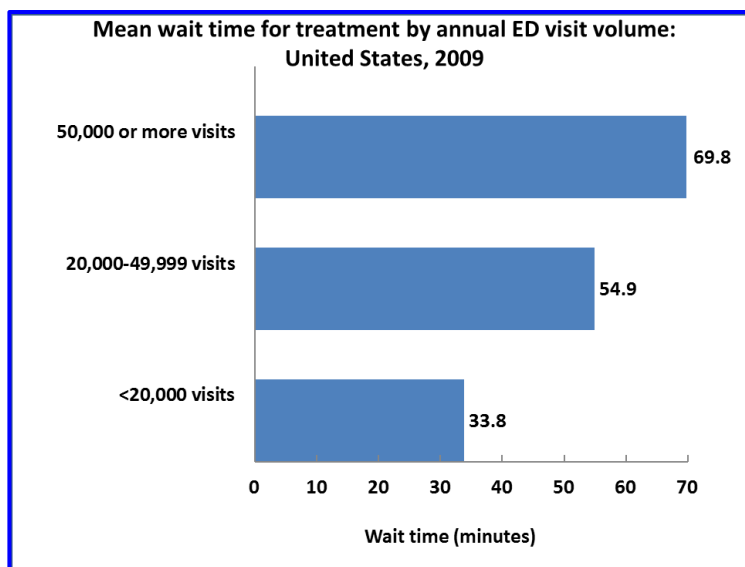
Source: National Ambulatory Medical Care Survey Electronic Medical Record Supplement, 2011

Volume of Emergency Department (ED) Visits Affects Wait Time

Emergency department (ED) wait time is an indication of overcrowding. In 2009, mean wait times for treatment increased as the annual volume of visits increased. The mean wait time was 33.8 minutes in EDs with less than 20,000 annual visits, compared with 69.8 minutes in EDs with 50,000 or more annual visits.

In some hospitals, increased ED visit volume resulted in ED crowding (boarding admitted patients in hallways or other spaces), ambulance diversion, and increased wait times for minor, and sometimes serious problems, such as myocardial infarction.

Mean wait times were longer in EDs that went on ambulance diversion or that boarded admitted patients.



Source: National Hospital Ambulatory Medical Care Survey, 2009

Challenges and Future Opportunities

- Continue to prepare for transition to electronic health records.
- Integrate surveys in the hospital setting to the new National Hospital Care Survey, and long-term care surveys to the new National Study of Long Term Care Providers.
- Collect data for ambulatory and hospital ambulatory care using computerized instruments.
- Expand range of providers and data currently collected for better coverage of the health care system.
- Improve ability to provide geographic estimates at the state and regional level.

For further information about NCHS and its programs, visit us at <http://www.cdc.gov/nchs> or call the Office of Planning, Budget and Legislation at 301-458-4100.

Updated December, 2012