The National Center for Health Statistics (NCHS) is implementing a comprehensive survey of health care in the United States. NCHS' National Health Care Survey builds on existing provider-based surveys, expanding to include such alternative health care settings as hospices, home health agencies, hospital emergency rooms, and surgi-centers (ambulatory surgical centers).

National Health Care Survey

Designed to include a patient followup component and linkage with NCHS' household interview survey, the National Health Care Survey (NHCS) will generate data that permit analyses of (*a*) patient outcome, (*b*) the relationship between use of health services and health characteristics, and (*c*) the use of health care at the local level. When fully operational by 1993, the NHCS will be a source of a wide range of data on the health care field and a significant resource for the monitoring of health care costs, the impact of medical technology, and the quality of care provided to a changing American population.

Survey development. During the past decade, notable changes in the health care delivery system have taken place. As the life expectancy of Americans has risen, so has the demand for health and social services to meet the needs of growing numbers of the elderly. The development of new diagnostic and surgical techniques has shifted a number of procedures from inpatient to outpatient and ambulatory settings. New facilities have developed to address that health care market.

The organization and financing of health care have undergone dramatic change in an effort to curb increasing costs. The Federal Government paved the way with the implementation of the Prospective Payment System in 1983. Private insurance companies followed suit by changing reimbursement policies to keep pace with the Government.

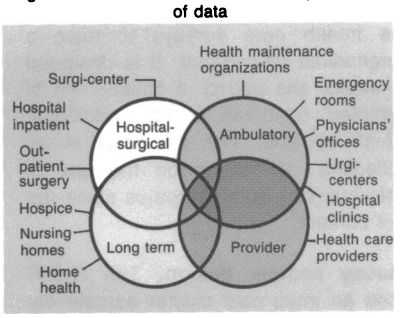
In an effort to meet the data needs of a new health care environment, NCHS developed a proposal to revise its existing health care surveys. The NHCS is a result of a number of years of planning involving many Federal agencies and private organizations. The goals of the NHCS are to expand data collection into alternative health care settings, provide greater analytical capabilities by use of an integrated cluster sample approach, establish annual data collection in each health care setting, and provide for patient followup studies on outcome of care and related issues.

NCHS currently conducts four provider-based health care surveys—the National Hospital Discharge Survey, the National Ambulatory Medical Care Survey, the National Nursing Home Survey, and the National Master Facility Inventory. Over time, the four surveys will be merged and expanded into an ongoing NHCS (fig. 1).

Survey components. The NHCS has five basic components. The first one to be implemented is the Hospital and Surgical Care Component. The National Hospital Discharge Survey (NHDS) serves as the basis for this component. The NHDS is the principal source of information on the inpatient use of hospitals. The survey obtains data on the characteristics of patients, their expected payment source, length of stay, diagnoses, surgical treatment and patterns of care in hospitals by bed size, ownership type, and geographic region. The NHDS will be expanded to obtain similar information from outpatient surgery units and freestanding surgi-centers.

The Ambulatory Care Component has as its base the National Ambulatory Medical Care Survey (NAMCS). The NAMCS, conducted annually from 1974–81, and on a periodic schedule beginning in 1985, collects information on the medical care provided by a sample of office-based physicians. NAMCS produces data on the characteristics of patients, their diagnoses and symptoms, and on the diagnostic procedures, therapy, drug prescribed, and payment source associated with each visit to the physician. Characteristics of the physician, such as specialty and type of practice, are obtained. This survey will be expanded initially to include hospital-based physicians providing medical care in hospital emergency rooms and outpatient departments and clinics. When fully implemented, this component will also cover ambulatory care provided in other settings such as urgi-centers (freestanding emergency clinics) and health clinics.

Figure 1. National Health Care Survey—sources of data



The Long-Term Care Component of the NCHS builds on the National Nursing Home Survey (NNHS). The NNHS has been conducted periodically since 1963 and most recently in 1985. This sample survey collects a wide range of information about facilities, services provided, staff, financial characteristics, and on residents' personal and health characteristics. This component will be restructured, reducing the nursing home sample size to allow expansion into home health agencies and hospices.

The National Master Facility Inventory (NMFI), conducted periodically since 1963, is a comprehensive file of inpatient facilities in the United States that provide medical, nursing, personal or custodial care. The file contains general information on services, location, staff, and other characteristics of the facilities and on numbers of patients by age and sex. The NMFI provides national statistics on facilities as well as serves as the universe from which probability samples are selected for the NHDS and the NNHS. In the NHCS, the NMFI will be expanded to include providers of ambulatory acute care and community-based long-term care and will form the Health Provider Inventory Component.

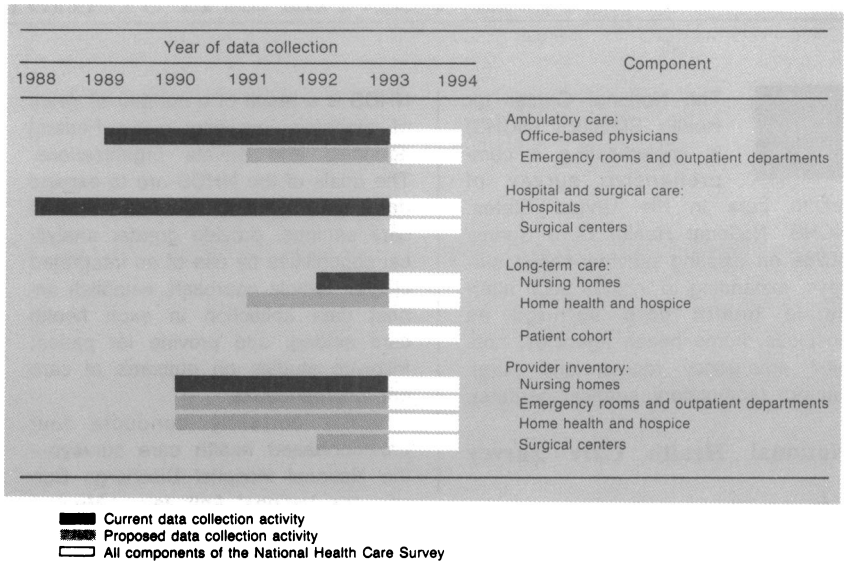
An important feature of the NHCS is the patient follow-on component. This component provides information on outcomes of patient care and subsequent use of care through periodic contacts with patients or patients' families. Information on subsequent treatment, outcome of treatment, and change in health status would be

gathered either from the patient or from the family of the patient. Data from the followup will be useful in assessing the quality, utilization, and financing of health care. The National Nursing Home Survey is the first of the health care surveys to have a longitudinal component. It is designed to extend the period of observation of sampled residents by an additional 12–18 months. The emphasis is on collecting information on the use of hospitals and nursing homes since the last contact.

Survey sample design. The NHCS uses an integrated cluster sample design; that is, providers are sampled from the same geographic areas used for the National Health Interview Survey. This cluster sample design has a number of advantages. Comparisons in a given area between health care use and health status indicators from the National Health Interview Survey will now be possible. Cluster sampling would also provide the opportunity for producing local area statistics, which have up to now been unavailable from the current health care surveys.

Survey schedule. NCHS will implement the NHCS over a period of years as resources permit. The proposed implementation schedule for each component of the NHCS is shown in figure 2. The Hospital and Surgical Care Component of the NHCS, the first to be incorporated into the redesign, began in 1988 with expansion to surgi-centers occurring in the early 1990's. In 1989, the Ambulatory Care Component will field the office-based physician survey on a continuing basis and, in 1990, will pretest the inclusion of hospital outpatient clinics and emergency rooms. Based on the pretest results, the full Ambulatory Care Component would be implemented in 1991. For the Long Term Care Component, clients of home health agencies would be sampled in 1991 and residents of nursing homes in 1992. Samples would be selected and data collected annually thereafter. The Provider Inventory scheduled for 1990 would concentrate on preparing current and complete sampling frames for nursing homes and home health agencies and hospices for use in the 1991 Long Term Care component. Sampling frames for surgi-centers and hospital outpatient clinics and emergency rooms will also be prepared for use by the Ambulatory and Hospital Care components of the NHCS. By 1993, it is planned that all components of the NHCS would be conducted annually.

Figure 2. Proposed implementation of the National Health Care Survey



Survey data release. Plans are being developed for releasing the data. Data users can expect to see many of the current reports, such as the annual hospitalization summary, continued. However, new reports covering health care in all settings in each component can be anticipated. For example, a new type of report may present statistics on all aspects of long-term care, including but not limited to nursing homes. As in the past, public-use data tapes will be available for research and analyses.

The NHCS has the potential not only to meet current data needs, but also to respond to those of the future. The NHCS has been designed for maximum flexibility allowing for changes in the basic framework as data needs change. Changes in the health care delivery system can be met with the inclusion of new provider settings and special topics in the NHCS or other modifications to produce the needed data.

National Committee on Vital and Health Statistics Report for 1987

Since 1949 the National Committee on Vital and Health Statistics (NCVHS) has been advising the Federal Government on policies for the direction of future health statistics collection. The NCVHS is the official external advisory committee on health statistics to the Secretary of the Department of Health and Human Services (DHHS). Operational and substantive support for the committee and its subcommittees is provided by the National Center for Health Statistics (NCHS).

A new report from the NCVHS reflects the committee's activities during 1987. Through its working subcommittee structure, the committee addressed (*a*) minimum data set development, (*b*) medical classification systems, and (*c*) statistics on long-term care, ambulatory care, minority health, and disease prevention and health promotion.

The committee has a long history of involvement in the minimum data set field, beginning with the development of the Uniform Hospital Discharge Data Set in the early 1970s. Taking a fresh look at the area, the NCVHS emphasized that a minimum health data set is the least amount of information that should be collected on a specific aspect of health care. Information items collected should be essential to a variety of data users but not necessarily be sufficient to meet the total data needs of any one user group.

The committee addressed the complex issues related to the International Classification of Diseases; its multiple uses by persons who collect, analyze, and report health-related data; and its upcoming tenth revision (ICD–10) and implementation. Also under consideration are mechanisms for achieving a single procedure coding system in the United States. In examining these issues, the NCVHS subcommittee on

Medical Classification Systems is serving as a forum for public and private sector organizations to express their concerns and explore their mutual interests.

The NCVHS examined the collection of data on persons receiving long-term care. Because of the great diversity in the subpopulations served and in the nature of services provided, the committee concluded in its report to the DHHS that the current minimum data set should be adopted for skilled nursing facilities and intermediate care facilities serving primarily elderly patients. The Committee recommended that additional data sets be developed for other components of the long-term care system, and it is continuing its own review and assessment of the adequacy of information and data available for long-term care policy.

The NCVHS continued to examine the needs of users of data on ambulatory care patients and their physicians. It initiated a thorough and systematic review of the Uniform Ambulatory Medical Care Minimum Data Set in conjunction with a DHHS task force and provided liaison to relevant agencies on statistical aspects of physician payment systems. A wide range of public and private sector groups are participating with the committee in this review.

In assessing the abilities of the DHHS to produce data on access to and financing of medical care for minorities, the committee met with several public and private agencies including the DHHS Office of Minority Health and considered ways to improve racial and ethnic information in the Medicare and Medicaid data systems. This issue and more general concerns about the availability and use of health data on minority populations are continuing to occupy the committee's interest.

Focusing on disease prevention and health promotion statistics, the NCVHS emphasized the need for coordination among Federal agencies to strengthen data collection and data monitoring processes. The committee completed a report on data gaps in health promotion and disease prevention, which was submitted to DHHS, and also reviewed data issues raised by the increased incidence of disorders related to human immunodeficiency virus (HIV), including acquired immunodeficiency syndrome (AIDS).

In addition, the NCVHS began a review of agency data dissemination policies and provided comments on the annual publication of "Health, United States." It also monitored the areas of health care statistics; data on quality of care, the aging population, uncompensated care, and occupational health; and international health statistics.

The committee has broad responsibilities that cover the total spectrum of health statistical issues at the national and international levels. In addition to NCHS, the NCVHS works closely with the Assistant Secretary for Health, the Health Care Financing Adminstration, and other Federal agencies.

Currently serving on the committee are Ronald G. Blankenbaker, MD, St. Vincent Hospital and Health Care Center, Indianapolis, IN, Chairman; Jane L. Delgado, PhD, National Coalition of Hispanic Health and Human Services Organizations, Washington, DC; Mary Anne Freedman, Vermont Department of Health, Burlington, VT; Stephen F. Gibbens, Consultant, Montecito, CA; James K. Hutchison, Blue Cross and Blue Shield Association, Chicago, IL; Carmault B. Jackson, Jr., MD, Consultant, San Antonio, TX; William H. Kirby, Jr., MD, Consultant, Timonium, MD; Joseph R. Martin, American Hospital Association, Chicago, IL; Robert L. Mullin, MD, Hospital of Saint Raphael, New Haven, CT; George C. Myers, PhD, Duke University, Durham, NC; Lloyd F. Novick, MD, MPH, New York State Health Department, Albany, NY; William J. Scanlon, PhD, Georgetown University School of Medicine, Washington, DC; Karel M. Weigel, RRA, Mayo Clinic, Rochester, MN; and Gail R. Wilensky, PhD, Project HOPE, Chevy Chase, MD. NCHS Director Manning Feinleib, MD, DrPH, is an ex officio member, and Gail F. Fisher, PhD, with NCHS, serves as executive secretary.

The NCVHS was established in 1949 by the Surgeon General of the Public Health Service. The first World Health Assembly in 1948 had recommended that member countries establish national committees to coordinate vital and health statistics activities within their countries and to serve as links to the newly founded World Health Organization's Expert Committee on Health Statistics.

The committee began with 12 members selected for their technical knowledge and expertise. It has since expanded to 16 members selected by the Secretary of DHHS from among persons who have distinguished themselves in fields such as health statistics, health planning, epidemiology, and the provision of health services. The NCVHS advises on a wide range of statistical questions related to health problems, health care resources, use of health care services, and health care financing and expenditures including terms, definitions, classifications, guidelines, and standard means for the collection of health information and statistics.

Copies of "The National Committee on Vital and Health Statistics, 1987" are available from the National Center for Health Statistics, Room 1–57, Center Building, 3700 East-West Highway, Hyattsville, MD 20782.

NCHS Data Users Conference Scheduled for July 1988

NCHS will hold a data users conference, July 27–29, in Bethesda, MD. There is no registration fee for the conference, and it is open to all current or potential users of NCHS public-use data files.

The conference program will include plenary sessions on policy, future directions in NCHS on data collection and release, and issues related to analysis and use. Workshops will focus on the data files from specific surveys, the developments in software, and new programs in data access. The conference offers the opportunity for data users to meet with NCHS staff and with others who have used the data files to exchange information, seek technical assistance, and share experiences.

For more information about the conference or to request a registration form, contact Debora Freeman, Scientific and Technical Information Branch, Rm. 1–57, Center Bldg., 3700 East-West Highway, Hyattsville, MD 20782, telephone (301) 436-8500.

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