# NATIONAL CENTER FOR HEALTH STATISTICS DATA LINE

The focus will be on the future at the forthcoming 1992 Data Users Conference, the sixth in a series to provide analytical and technical assistance to users of the vital and health statistics from the National Center for Health Statistics (NCHS) of the Centers for Disease Control (CDC).

Other highlights of this column include new publications now available from NCHS:

- a report from the 1989 National Ambulatory Medical Care Survey showing the patterns of visits to pediatricians,
- the proceedings of the 23rd biennial Public Health Conference on Records and Statistics, and
- a new edition of the International Classification of Diseases, 9th Revision, Clinical Modification, to include automatic updating for the first time.

### 1992 Data Users Conference

NCHS will hold its 1992 Data Users Conference August 5–7 at Bethesda, MD. The program has a plenary session, workshops focusing on NCHS's major data systems, and special sessions devoted to such topics as research initiatives and current and emerging analytical issues.

The plenary session will address the topic "What Does the Future Hold for the NCHS Data User?" Speakers will consider the changes in the Federal statistical environment, user requirements and needs, the impact of automation, and the changing environment for data collection and analysis.

Concurrent workshops will cover the NCHS data systems, with, in many cases, special sessions for new data users and separate sessions geared for the user experienced in the analysis of data from the system. Workshops will include special opportunities for user exchange and discussion with other researchers and those from collaborating organizations. In addition to tracing the data system's background and development, the workshops will preview upcoming data collection activities and data releases, as well as offer discussions of future methodological and system design changes that will affect access to and analysis of data.

Several workshop sessions have been designed to bring together data from a number of systems to address specific areas. One features data on the family. Substantive analyses from four NCHS data systems will illustrate the variety of issues related to family health and well-being that can be addressed with NCHS data. Another workshop will include presentations on sources of NCHS data on human immunodeficiency virus and acquired immunodeficiency syndrome, and a discussion of methodological issues regarding the collection and use of data on them.

A special workshop will focus on the data sources for key health issues for the aging. It cuts across all NCHS data systems and highlights multiple sources for key issues about aging. Some issues are disability, active life expectancy, health promotion and disease prevention, trend data, quality of life, use of acute and long-term care, rural health, and drug use.

NCHS data on occupation and the environment will be covered in a session that describes the data available from a variety of NCHS data sets as well as the potential uses and limitations of these data sets for analysis. Another workshop will describe NCHS data resources for examining and assessing the health of members of minority groups. Health status, access to health care, and health habits are among topics to be addressed.

Several sessions will be dedicated to conceptual or methodological issues that impact analysis of vital and health statistics. Comparability of data, that is, the ability to compare, link, and combine data from various surveys, is severely limited without comparability of key variables used to define the sample population. A workshop session will describe an ongoing project to recommend procedures for increasing comparability of key population descriptor variables across both NCHS and other Federal agency surveys.

Another workshop addresses the analytic potential, linkage, and confidentiality issues. As the potential for linking data systems and the longitudinal nature of studies expand, the analytical potential of data increases, but so do the concerns related to confidentiality and access to the data. This workshop examines some of the critical issues being discussed today and the impact of future developments.

CDC WONDER is the CDC's online public health information system. CDC WONDER/PC is the new version, which provides remote access to large databases, graphics, and mapping; electronic mail; and surveillance and survey data uploads and feedback. The WONDER workshop will provide information and a demonstration on how to access and use the system.

NCHS is monitoring the progress towards the Healthy People 2000 objectives at the national level *(1)*. A CDC-developed computer inventory of the data bases to track the objectives, including access through WONDER, will be discussed and exhibited in a workshop session. Major data issues, including gaps in data and measurement problems, will be presented and discussed.

Another workshop is to examine the research and methodology programs of NCHS. This session will feature presentations on *(a)* the NCHS Questionnaire Design Research Laboratory, which investigates cognitive issues related to improving the quality of collection and reporting of national health statistics; *(b)* uses and limitations of SUDAAN, a comprehensive software package for the analysis of survey data; *(c)* the Integrated Survey Design, which is the use of the National Health Interview Survey as a sampling frame to integrate and coordinate the sample design of all NCHS surveys; and *(d)* new technologies in statistical cartography and graphics.

The conference will have exhibits and displays from other related Federal health programs. Invitations to those on the mailing list have been mailed. Others wishing to attend may receive an invitation and registration packet from Barbara Hetzler, NCHS Conference Management Staff, Room 1100, 6525 Belcrest Rd., Hyattsville, MD 20852; tel. (301) 436-7122. While there is no registration fee, advance registration is requested.

### Office Visits to Pediatricians

Patients 21 years old and younger made 85.9 million visits to pediatricians in the 12-month period from March 1989 to March 1990, according

to a new report from the 1989 National Ambulatory Medical Care Survey *(2)*. The patients were usually 5 years old and younger, coming to the physician for a checkup, or if ill, because of an ear or upper respiratory infection, and likely were given a prescription for an antibiotic.

Visits to a pediatrician accounted for 12.6 percent of all visits to a physician for ambulatory care during the year. Pediatrics was the only specialty to show a significant increase in the percentage of office visits, with an increase from 11.4 percent in 1985 to the 12.6 reported for 1989.

The most common reason reported for visiting a pediatrician was well-baby examination (13.5 percent), which, along with physical examination (5 percent), accounted for almost one-fifth of the visits. Among the frequent symptoms reported were cough (11.1 percent), fever (8.0 percent), and earache or other infection (7.3 percent). The reason for the visit was reported by the patient or the person who accompanies the patient to the physician's office. Patient visits are classified by the diagnosis rendered by the physician. Matching closely the reason reported by the patient for the visit, the principal diagnoses made by the physician were health supervision of infant or child, suppurative and unspecific otitis media, and upper respiratory infection.

Pediatricians administered or prescribed medication, including immunizations, during an estimated 67 percent of their patient visits in 1989. Of those pediatric patients who received medication, 44.3 percent received only one drug, while 17.5 percent received two drugs. Pediatric patients, because of their age and commonly diagnosed bacterial infections, mainly utilized three classes of drugs, antimicrobial agents, respiratory tract drugs, and immunologic agents. Amoxicillin, erythromycin, and such immunizing agents as diphtheria-tetanus-pertussis and poliomyelitis, head the list of the most utilized generic ingredients administered or prescribed by pediatricians.

The average time spent with a pediatrician per visit was 12.6 minutes. This figure represents time actually spent face-to-face, thus waiting time and time spent with other office personnel, such as a nurse or technician, is not counted. The most common disposition of the office visit was for the patient of a pediatrician to return at a specific time (42.7 percent), followed by return only if needed (32.5 percent).

## Proceedings Available

Proceedings of the Public Health Conference on Records and Statistics, sponsored by NCHS and held July 15—17, 1991, are now available *(3)*. The proceedings includes presentations at the plenary sessions and workshops. The 28 concurrent workshops with 125 papers addressed such topics as the national health agenda, alternative sources of health care, identifying health care access barriers, and the economics and quality of health care. Looking at community health, the conference focused on infant mortality, adolescent and family health, the uninsured and the homeless, substance abuse and violence in the community, and HIV and AIDS assessment and surveillance.

Under new concepts for the decade, workshops were held on desktop computer statistical programs, new data from vital records, computer-assisted survey information collection, small area data needs, software development for State and local level application, and new developments in survey methods.

Presenters included statisticians, epidemiologists, researchers, program administrators, and policy makers from government and the research and academic communities.

Copies of the proceedings are available on request from the NCHS Conference Management Staff, Room 1100, 6525 Belcrest Rd., Hyattsville, MD 20782; tel. (301) 436-7122.

## ICD-9-CM Periodic Updates

The official version of the fourth edition of the International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM) *(4)*, published by NCHS, is available with periodic revisions through a subscription service with the U.S. Government Printing Office. Volume I, the Diseases Tabular List, and Volume II, the Diseases Index, are used to code diagnoses for statistical, epidemiologic, reimbursement and billing, and administrative and patient management purposes. The volumes are published in three-ring binders for updating. Subscribers receive periodic addenda to the volumes without additional charge.

Ordering information is available from, and orders may be placed with, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. The price for both volumes is $65. Inquiries about orders may be directed to Superintendent of Documents, Order Desk, U.S. Government Printing Office, Washington, DC 20402–9371; tel. (202) 783–3238. Inquiries about ICD–9–CM may be directed to NCHS Scientific and Technical Information, Room 1064, 6525 Belcrest Rd., Hyattsville, MD 20782; tel. (301) 4368500.

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## References

1. Public Health Service, Office of the Assistant Secretary for Health: Healthy people 2000: national health promotion and disease prevention objectives. DHHS Publication No. (PHS) 91-50212. Office of Disease Prevention and Health Promotion, U.S. Government Printing Office, Washington, DC, 1990.
2. Woodwell, D.: Office visits to pediatric specialists, 1989. Advance Data from Vital and Health Statistics No. 208. Centers for Disease Control, National Center for Health Statistics, Hyattsville, MD, 1992.
3. National Center for Health Statistics: Proceedings of the 1991 Public Health Conference on Records and Statistics. The 1990's: a decade of decisions for vital and health statistics. DHHS Publication No. (PHS) 92-1214. Centers for Disease Control, Hyattsville, MD, 1992.
4. International classification of diseases: manual of the international statistical classification of diseases, injuries, and causes of death. 9th revision. Clinical Modification. DHHS Publication No. (PHS) 91-1260. Centers for Disease Control, National Center for Health Statistics, and Health Care Financing Administration, Hyattsville, MD, 1992.