



The National Center for Health Statistics (NCHS) has always been an important source of data on health care utilization. With the recent completion of the 1985 National Ambulatory Medical Care Survey and the 1985 National Nursing Home Survey and the addition of data analysis by diagnosis-related groups for the annual National Hospital Discharge Survey, researchers and policy analysts can look to NCHS for data to examine a variety of issues on the use of health care.

## National Ambulatory Medical Care Survey

The National Ambulatory Medical Care Survey (NAMCS) is a source of a wide range of data on the care provided by office-based nonfederally employed physicians. Statistics collected in the survey include data on patient characteristics such as age, sex, race, and ethnicity. Physicians are categorized by specialty and whether in solo, partnership, or group practice.

An important aspect of NAMCS is its ability to produce data on the reason for a visit to the physician and on diagnoses made by the physician. The reason for visit is expressed in the patient's own words and classified and coded according to a system developed by NCHS. The physician notes a principal and other current diagnoses for each patient visit.

A patient record form is used to obtain data on each visit included in the sample. Data are gathered on other aspects of the patient's visit, such as whether the patient had seen the physician previously, whether this was a repeat visit by the patient for the current problem, and whether the patient had been referred by another physician. The duration of the visit and whether followup was planned for the patient are also recorded.

Data are also collected on diagnostic services which are ordered or performed during the visit. Diagnostic services covered by the survey include breast, pelvic, and rectal examinations; visual acuity; urinalysis; hematology; blood chemistry; Pap smear; blood pressure check; EKG; chest

X-ray; glucose test; and ultrasound readings.

NAMCS is also the source of information on the number and types of drugs provided or prescribed during physician visits. For each visit, the physician was asked to record all new or continued medications ordered, injected, administered, or otherwise provided at the visit, including immunization and desensitizing agents. As used in the NAMCS, the term "drug" is interchangeable with the term "medication," and the term "prescribing" is used in the broad sense to mean ordering or providing any medication, either prescription or nonprescription.

The NAMCS drug database permits classification by brand name and generic name of drug, therapeutic effect desired, prescription or nonprescription, federally controlled substance, and single or multiple ingredient. Data on drugs can be analyzed by diagnoses of the patient, patient characteristics, and physician's specialty, as well as other aspects of the survey.

A final data item covers nonmedication therapy, such as physiotherapy, ambulatory surgery, radiation therapy, psychotherapy, family planning, diet and other counseling, and corrective lenses.

The NAMCS had previously been conducted on an annual basis from 1973 through 1981. The 1985 survey is similar in most regards to the earlier surveys with several notable exceptions. The sample for the 1985 study was increased to 5,000 physicians—up from 3,000 for each of the earlier studies. The sample in 1985 was redesigned to allow more precise information by physician specialty. Prior to 1985, the sample was stratified by 9 groups of specialties; for 1985, 15 physician specialty groups were used.

NAMCS is a national probability sample survey of visits to office-based nonfederally employed physicians, who are principally engaged in office practice, in all specialties except anesthesiology, pathology, or radiology. The physician response rate in 1985 was 70.2 percent. Physicians in the sample were asked to complete patient records for a systematic random sample of office visits occurring during a randomly assigned 1-week reporting

period. Responding physicians completed 71,594 patient records. Data were collected from March 1985 through February 1986.

The first data from the 1985 NAMCS are now available for data users. A summary report has been published; detailed reports on prescribed drugs and trends in ambulatory care are in progress; and a public use data file can now be obtained. Ordering information appears at the end of the NCHS article, on page 239.

## 1985 National Nursing Home Survey

With the completion of data collection for the 1985 National Nursing Home Survey (NNHS), a comprehensive array of current data on the nation's nursing home population is available. Prior to the 1985 study, this survey was last conducted in 1977, and earlier studies were fielded in 1973-74 and during the 1960s.

The purpose of the NNHS is to collect baseline and trend statistics about nursing facilities, their services, residents, discharges, and staff. NNHS statistics describe the nation's nursing facilities and the health status of their residents.

In the NNHS, data were collected from a nationally representative sample of approximately 1,200 nursing homes using a combination of personal interview and self-enumeration techniques. Facilities covered in the survey are those providing some level of nursing or personal care without regard to licensure status or to certification status under Medicare or Medicaid. Participation in the survey is voluntary; the response rate was 93 percent.

Information about the facility—number of beds, certification status, number and kinds of staff—were collected through personal interviews with the administrator or a designee.

Basic expense and revenue information was obtained through a questionnaire sent to the facility's accountant. Up to four registered nurses in each facility were asked to provide demographic, socioeconomic, and job retention information.

Data on health status of the residents were obtained through interviews with appropriate nursing staff. For each facility a maximum sample of five current residents and six recently discharged patients were selected for this phase of the survey. In addition to basic demographic information, information on residents included medical conditions, impairments, functional limitations, services received, and sources of payment.

For the first time in the NNHS, in 1985 the next of kin was contacted by phone to provide data on the socioeconomic status and prior episodes of health care for the resident. This type of information is generally not available at the facility, and no information is requested directly from the resident.

An overview report of the 1985 NNHS findings has been published. A public use data tape will be released in the fall of 1987. At that time a summary volume providing tabulations on most of the items included in the survey is expected to be available. Individual analytical reports on special topics such as utilization measures and resident characteristics will follow.

### **Analysis by DRGs Now Available From Hospitalization Survey**

NCHS' National Hospital Discharge Survey (NHDS) is in the forefront of providing information on hospital utilization, including the recent shifts in utilization brought about, in part, by the implementation of the Prospective Payment System. The annual NHDS has produced national and regional estimates of hospitalization since 1965; 1985 data are the latest.

NHDS data for 1985 show an 11-percent drop in discharge rates from 1983; 1985 is the first year since 1971 that the hospital discharge rate has fallen below 150 per 1,000 population.

Beginning in 1980, data have been produced by diagnosis-related groups (DRGs) as established by the Health Care Financing Administration to manage reimbursement for hospital care under the Medicare and Medicaid programs. Hospitalization data were analyzed by DRGs for 1980 and 1981 in two separate reports and in a trend analysis for 1980-84.

Each year the NHDS collects data on a sample of patients in a sample of non-Federal short-stay hospitals in the

United States. Data on utilization by patient characteristics, such as age, sex, and marital status; diagnoses and surgical and nonsurgical procedures as coded by the appropriate edition of the International Classification of Diseases; and hospital size and location are regularly produced by the survey.

Annual summary reports, a detailed diagnosis and procedures report, and analysis of special topics, such as patterns of hospitalization among children and adolescents, source of payment for hospitalization, and reports highlighting specific diagnoses have been published. Public use data files from 1968 to 1985 are available; from 1980 through 1985 DRGs are coded on the data file.

### **New Reports and Data Files**

Data from the National Ambulatory Medical Care Survey are available in a preliminary summary report from NCHS.

*Advance Data* No. 128-1985 National Ambulatory Medical Care Survey

A public use data file can be purchased from the National Technical Information Service. Request order form from NCHS.

The National Nursing Home Survey overview report has been published. Order from NCHS.

*Advance Data* No. 131-Nursing Home Characteristics. Preliminary Data from the 1985 National Nursing Home Survey

Recent National Hospital Discharge Survey reports include the DRG trend analysis.

*Vital and Health Statistics Series 13, No. 87, Utilization of Short-Stay Hospitals by Diagnosis Related Groups, United States, 1980-1984; GPO Stock No. 017, 022-00962-5; Price \$2.75. Order from the U.S. Government Printing Office, Washington, DC, 20402.*

The 1985 National Hospital Discharge Survey public use data file is now available for purchase from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, VA 22161, (301) 487-4650. The price is \$175 for data tape and documentation; use order number PB87-125613.

Following are other recently released NCHS data tapes available at NTIS:

The 1984 Vital Statistics Data files

contain micro-level or summary statistics from the National Vital Registration System. Detail files include the full record, with identifiers removed; summary files are organized by geographic area or, in the case of mortality, by cause of death.

Nativity, detail, PB86-233129; Price \$1,900

Nativity, local area summary—PB86-233087; Price \$400

Nativity, state summary—PB98-233103; Price \$175

Mortality, detail—PB87-129706; Price \$900

Mortality, local area summary—PB86-125639; Price \$400

Mortality, cause of death summary—PB87-129680; Price \$600

Divorce, detail—PB87-125506; Price \$175

National Health Interview Survey, 1984—PB87-121547; price \$700.

National Health Interview Survey, 1985—PB87-148144; price \$700

New publications available from the U.S. Government Printing Office include

*Vital and Health Statistics Series 2, No. 100, Methods and Response Characteristics 1980 National Natality and Fetal Mortality Surveys; GPO Stock No. 017-022-00978-1; price \$4.25*

*Vital and Health Statistics Series 10, No. 158, Use of Selected Preventive Care Procedures, United States, 1982; GPO Stock No. 017-022-00980-3; price \$4*

*Vital and Health Statistics Series 10, No. 159, Types of Injuries and Impairments Due to Injuries, United States; GPO Stock No. 017-022-00979; Price \$4*

To order publications from NCHS or for more information on the publications or activities described in this article, contact the Scientific and Technical Information Branch, 3700 East-West Highway, Hyattsville, MD 20782, or phone (301) 436-8500.

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