



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.

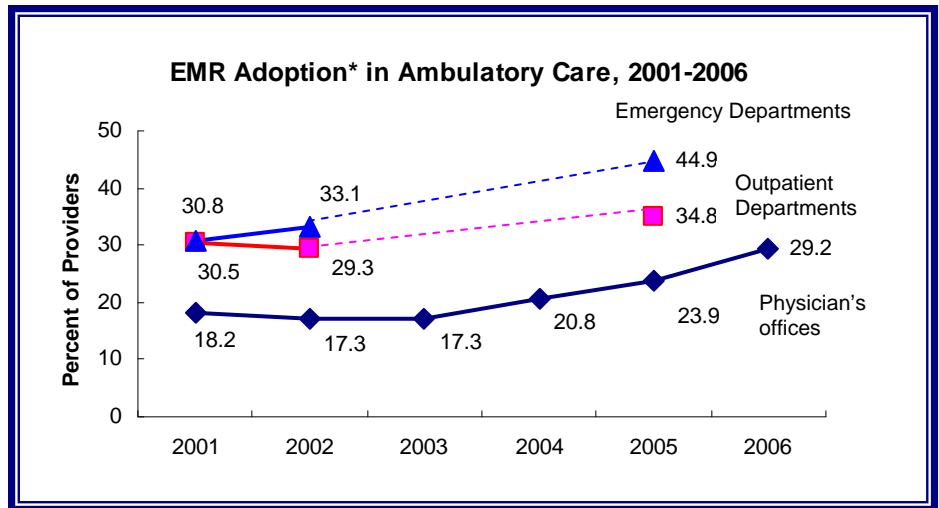
Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective to help us understand the population's health, influences on health, and health outcomes.

The National Health Care Surveys

The National Health Care Surveys are designed to meet the need for information about the organizations and providers that supply health care, the services rendered, and the patients they serve. These data are used to study shifts in the delivery of care across the health care system, monitor changing patterns of disease and treatments, and measure the impact of new technologies and policies.

Examples of Data from the National Health Care Surveys

Health information technologies, such as electronic medical records (EMRs), have the potential to enhance the quality of care and efficiency of patient-provider encounters.



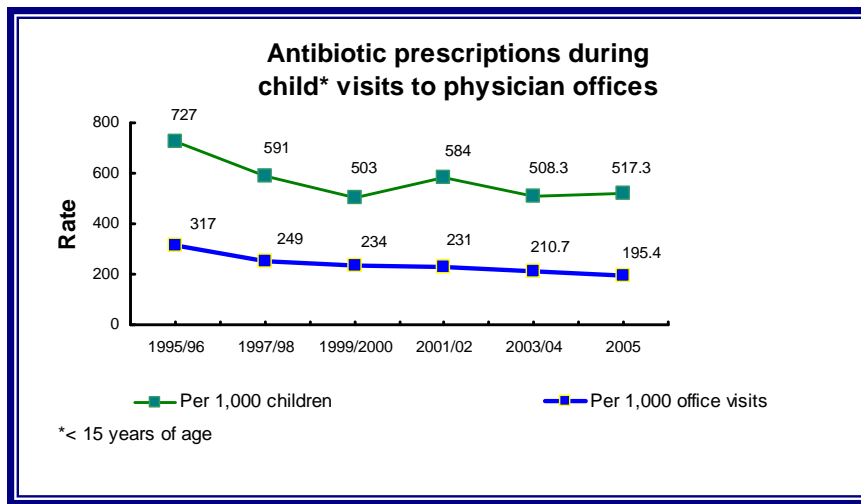
* Includes full or partial EMR – National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, 2001-2006.

Four features of EMR are considered to be minimally necessary to meet national standards for functional electronic health records: electronic clinical notes, prescription ordering, computerized test ordering, and electronic test results.

- In 2006, 29.2 percent of physician's offices reported EMR adoption. Only 12.4 percent of those physicians reported having all four of the EMR components; an additional 16.8 percent reported having at least partial EMR systems.
- A total of 44.9 percent of hospital-based emergency departments and 34.8 percent of hospital-based outpatient departments reported having full or partial EMRs.

Provider Sites Surveyed

- Physician offices
- Emergency/outpatient departments
- Inpatient departments
- Nursing homes
- Home health agencies
- Hospice agencies
- Residential care facilities
- Ambulatory surgery facilities



Source: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, 1999-2005.

Although antibiotics are essential to medical care, widespread antibiotic use has led to the development of bacteria resistant to antibiotics and infections that are more difficult to treat. NCHS tracks antibiotic use and data showed increases in antibiotic use at children's visits to physician offices from 1980 through 1992. This raised concern about inappropriate prescribing practices for children. In the mid-1990s, a series of public health initiatives educated the public and health care providers about judicious use of antibiotics in children.

- For children less than 15 years of age, between 1995 and 2005, there was a 30 percent decline in the number of antibiotic prescriptions written at physician office visits.
- The rate of antibiotic prescription per physician office visit for children also declined, suggesting that physicians have responded to these initiatives.

Other recent highlights include:

- In 2005, patients in the United States made an estimated 1.2 billion visits to **physician offices, hospital outpatient departments, and hospital emergency departments**, a rate of 4.0 visits per person annually. Between 1995 and 2005, the number of visits per person increased by about 20 percent in primary care offices, surgical care offices, and hospital outpatient departments; by about 37 percent in medical specialty offices; and 7 percent in emergency departments. The aging of the U.S. population has contributed to these increased visit rates, because older patients receive more health care than younger patients.
- In 2005, there were approximately 35 million discharges (excluding newborns) from non-federal **short-stay hospitals** in the United States. The average length of hospital stay declined from 7.8 days in 1970 to 4.8 days in 2005. Persons aged 65 years and over comprised 38 percent of all inpatients.
- In 2004, there were almost 1.5 million **nursing home residents** in an estimated 16,100 nursing homes in the United States. Between 1997 and 2004, the number of nursing home facilities decreased about 5 percent and the number of residents decreased about 7 percent.

Challenges and Future Opportunities

- Collect data on residential care facilities. Data are needed to help understand emerging patterns of care and shape long-term care policy for the aging population. In partnership with the Assistant Secretary for Planning and Evaluation and other organizations, NCHS is currently field testing the first nationally representative survey of residential care facilities and their residents to be conducted in 2009 or 2010.
- Improve the National Hospital Discharge Survey (NHDS). Current operations for the NHDS are tied to data reported on the Uniform Bill. An effort is underway to redesign the NHDS to allow for more flexibility in data collected from hospitals to include costs, in-depth clinical data, better data on quality of care, patient demographics and health related outcomes. The full scale redesign is planned for 2010.
- Collect data on ambulatory surgery on a regular cycle to document the growth in outpatient surgeries which has surpassed that in inpatient settings in recent years. Plans are being developed to incorporate ambulatory surgery centers into the ongoing annual National Hospital Ambulatory Medical Care Survey at some point in the future.
- Expand the range of providers captured in the survey for more comprehensive coverage of the health care system. For example, in ambulatory care, expand the sample to include providers not currently covered such as radiologists, diagnostic centers, and alternative health care providers.
- Expand the sample sizes in the various surveys to more accurately monitor disparities in health care among priority populations such as racial and ethnic minorities and rural communities.
- Expand the availability of provider-based data to monitor and assess quality of care and provide national benchmark data for comparison with State and local performance. Data collection forms and sampling frames can be adapted to address quality of care issues, and information can be linked to data on provider characteristics.

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.
For further information on NHCS, visit their website at <http://www.cdc.gov/nchs/nhcs.htm>.