

## NATIONAL HEALTH CARE SURVEY

### WHAT IS THE PUBLIC HEALTH ISSUE?

The organization and financing of America's healthcare system have a profound effect on healthcare delivery and the ways patients access and receive health services. Data on trends in healthcare use are needed to inform policymakers and healthcare administrators about future demand for clinical and preventive services and the nation's need for healthcare providers. Information about what types of services are delivered and how they are delivered is critical for evaluating quality of care and appropriate use of clinical services, diffusion of new technologies, patient safety, and clinical outcomes. An understanding of how patients enter the healthcare system is necessary to shed light on healthcare disparities and the ability of the system to provide services to the most vulnerable populations through an effective healthcare safety net.

### WHAT HAS CDC ACCOMPLISHED?

The National Health Care Survey (NHCS) is a family of surveys that collects data from healthcare establishments about the use of services across the major sectors of the U.S. healthcare system. These data may be used to profile changes in the use of healthcare resources, patterns of disease, and the impact of new medications and technologies. Information on the characteristics of providers, facilities, and patients allows researchers to study shifts in the delivery of care across the healthcare system, variations in treatment patterns, and patient outcomes.

#### *Examples of Program in Action*

- Between 1992 and 2002, visits to office-based physicians became more complex due to increases in patient age, more diagnoses per visit, and a rise in the number of patients with multiple medications to manage. Data from NHCS show that the total visit rate for patients age 45 and over increased 14% during this time period.
- In 2002, the visit rate to office-based physicians by white persons was significantly higher than for African-Americans persons or Asians (334.6 visits per 100 persons compared to 252.9 and 229.3 visits, respectively). In contrast, African Americans had a considerably higher rate of use for hospital emergency departments. NHCS data for 2002 shows the use rate of emergency departments for African Americans (70.3 per 100 persons) to be significantly higher than for whites (35.7 per 100 persons) and 2.5 times higher than that of Asians (18.9 per 100 persons).
- Average length of hospital stay has been declining steadily and was significantly shorter in 2002 than in 1970 (4.9 compared with 7.8 days). Data from NHCS show that declines are pronounced for older age groups. For example, while for 15 to 44 year olds the average stay in 2002 was 2 days shorter than in 1970, for 45 to 64 year olds the average declined 4.3 days. For those aged 65 and over, average length of stay for hospitalizations was less than half what it had been in 1970 (5.8 compared with 12.6 days).

### WHAT ARE THE NEXT STEPS?

- Ensure that the component surveys of NHCS are conducted on a regular basis so that complete data on the healthcare system can be obtained to document shifts in the use of services between settings, the use of emerging healthcare settings, and services (such as ambulatory surgery centers, specialty hospitals and complementary and alternative medicine).
- Expand the sample sizes in various surveys to more accurately monitor disparities in healthcare among priority populations such as racial and ethnic minorities, women, people in rural communities, and children.
- Increase the usefulness of provider-based data to monitor and assess quality of care by providing 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 additional information on this or other CDC programs, visit [www.cdc.gov/program](http://www.cdc.gov/program)*

*January 2004*