

The National Health Care Surveys: Merit-Based Incentive Payment System and Promoting Interoperability



Topics Covered

- **List Acronyms Used in this Presentation**
- **National Center for Health Statistics/ Division of Health Care Statistics**
- **Uses of National Health Care Survey Data**
- **Using the National Health Care Surveys to Meet PI & MIPS Objectives**
 - For EPs and ECs
 - For EHs and CAHs

Acronym List

- ❑ Advancing Care Information (ACI)
- ❑ Centers for Disease Control and Prevention (CDC)
- ❑ Centers for Medicare and Medicaid Services (CMS)
- ❑ Certified Electronic Health Record Technology (CEHRT)
- ❑ Community Health Centers (CHCs)
- ❑ Continuity of Care Documents (CCDs)
- ❑ Critical Access Hospital (CAH)
- ❑ Division of Health Care Statistics (DHCS)
- ❑ Electronic Health Record (EHR)
- ❑ Eligible Clinician (EC)
- ❑ Eligible Professional (EP)
- ❑ Eligible Hospital (EH)

We suggest you print out this “slide” and the next one and refer to this list as you read this presentation.

Acronym List (cont.)

- ❑ Emergency Department (ED)
- ❑ Merit-Based Incentive Payment System (MIPS)
- ❑ National Ambulatory Medical Care Survey (NAMCS)
- ❑ National Center for Health Statistics (NCHS)
- ❑ National Hospital Ambulatory Medical Care Survey (NHAMCS)
- ❑ National Hospital Care Survey (NHCS)
- ❑ Office of the National Coordinator for Health IT (ONC)
- ❑ Outpatient Department (OPD)
- ❑ Personally Identifiable Information (PII)
- ❑ Promoting Interoperability (PI)
- ❑ Secure File Transfer Protocol (SFTP)

What is the National Center for Health Statistics?

- The National Center for Health Statistics (NCHS) is one of 13 federal statistical agencies. NCHS is part of the Centers for Disease Control and Prevention (CDC).
- As the Nation's principal health statistics agency, the mission of NCHS is to provide statistical information that will guide actions and policies to improve the health of the American people.
- Through its surveys of individuals and healthcare providers NCHS monitors the health of nation by providing data on:
 - Health care trends;
 - Health status of the population; and
 - Impact of health policy decisions on programs.

NCHS' National Health Care Surveys

- The National Health Care Surveys are a family of surveys of encounters with health-care providers. The surveys are designed to answer key questions of interest to health care policy makers, public health professionals, and researchers. The National Health Care Surveys include:
 - National Ambulatory Medical Care Survey (NAMCS)
 - National Hospital Ambulatory Medical Care Survey (NHAMCS)
 - National Hospital Care Survey (NHCS)
 - National Study of Long-Term Care Providers (NSLTCP)
- NAMCS and NHCS are currently participating in EHR data collection.

Uses of National Health Care Survey Data

- The data are used to describe health care in the United States including:
 - Care provided to sub-populations such as children or women;
 - Patterns of medication use;
 - Population based implementation of guidelines;
 - Use of emergency departments; and
 - Adoption of electronic health records.

Uses of National Health Care Survey Data

- National Health Care Surveys data are available for free.
- Downloadable data sets are available at:
 - http://www.cdc.gov/nchs/data_access/ftp_data.htm
- Data tables and NCHS publications using National Health Care Survey data are available at:
 - <https://www.cdc.gov/nchs/products/index.htm>

Uses of National Health Care Survey Data: Peer-Reviewed Publications

The American Geriatrics Society, 2017

Opioids and Other Central Nervous System–Active Polypharmacy in Older Adults in the United States

Lauren B. Gerlach, DO,* Mark Olsson, MD,^{†‡} Helen C. Kales, MD,*^{§¶} and Donovan T. Maust, MD, MS*^{§¶}

American Journal of Emergency Medicine, 2017



Contents lists available at ScienceDirect

American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem



ED utilization of medical clearance testing for psychiatric admission: National Hospital Ambulatory Medical Care Survey analysis

Brian J. Yun, MD, MBA^{a,b,c,*}, Shih-Chuan Chou, MD, MPH^{c,d}, Justine M. Nagurney, MD^{c,e,f}, Benjamin A. White, MD^{a,b,c}, Curtis W. Wittmann, MD^{c,g}, Ali S. Raja, MD, MBA, MPH^{a,b,c}

The Diabetes Educator, 2017

A Retrospective Cross-sectional Analysis of Health Education Disparities in Patients With Diabetes Using Data From the National Ambulatory Medical Care Survey

Purpose

The purpose of this study was to determine if there was an association between receipt of diet/nutrition, exercise, and weight loss education in adult patients with a primary diagnosis of diabetes with various demographic and socioeconomic variables using data from the National

Janelle D. Branoff, MSCR
Michael R. Jiroutek, DrPH, MS
Chloe R. Kelly, MSCR
Sadiah Huma, MSCR
Beth S. Sutton, PhD

National Health Statistics Report, 2016

National Health Statistics Reports

Number 97 ■ July 27, 2016

This report was updated on September 19, 2016. The values for speech and occupational therapy received in follow-up outpatient visits were corrected in the text on page 5 and in Figure 7. The values for the percentage of traumatic brain injury encounters by setting were corrected in Table 1.

National Hospital Care Survey Demonstration Projects: Traumatic Brain Injury

by Shaleah Levant, Ph.D., Karishma Chari, M.P.H., and Carol DeFrances, Ph.D., Division of Health Care Statistics

Abstract

Purpose—This report demonstrates the analytical potential of the National Hospital Care Survey (NHCS) through a case study of inpatient discharges and ambulatory visits for traumatic brain injury (TBI) based on unweighted data from the 2013 NHCS of inpatient and emergency department (ED) encounters and the 2013 and 2014 NHCS for outpatient department (OPD) encounters.

Methods—For the 2013 NHCS data collection, 97 hospitals provided inpatient administrative claims data and 88 hospitals provided ambulatory claims data. Although the data are not intended to be nationally representative, the survey provides unique opportunities to study rare but serious conditions, such as TBI, because all inpatient discharges and ambulatory encounters from participating hospitals are collected for a 12-month period. Analyses were conducted to study TBI encounters in and across the inpatient, ED, and OPD settings. Differences among subgroups were evaluated using a chi-squared 2-sample test for equality of proportions at the 0.05 level.

Results—Analyses were conducted to examine TBI encounters across various hospital settings and highlight the tremendous analytical capabilities of NHCS, capabilities that have not been available before in previous surveys. New data elements such as intensive care use and diagnostic and physical services received, and the ability to link individuals in NHCS across hospital settings are used in the analyses.

Keywords: traumatic brain injury (TBI) • health care • National Hospital Care Survey

Introduction

Traumatic brain injury (TBI) is a disruption of normal brain function caused by a blow to the head or a penetrating head injury. The severity of TBI may range from “mild” (i.e., a brief change in mental status or consciousness) to “severe” (i.e., an extended period of

unconsciousness or amnesia after the injury) (1,2). TBI is a serious health problem in the United States, contributing to a substantial number of deaths and cases of permanent disability each year. According to data from the National Hospital Discharge Survey, the National Hospital Ambulatory Care Survey, and the National Vital Statistics System, an estimated 1.7 million people suffer from TBI annually, 52,000 of whom die (2). Data from only inpatient hospitalizations likely underreport the occurrence of TBI because most TBIs are mild and those patients are not admitted to the hospital (3). Therefore, the analysis of TBI in both hospital inpatient and ambulatory settings is a helpful indicator for measuring the incidence of TBI in the United States. Nearly 80% of individuals sustaining TBI seek treatment in emergency departments (ED) and 275,000 are hospitalized annually (2). Studies have found sex and age differences in TBI cases, with males, young children, and older adults at high risk of TBI (2,4,5). The National Hospital Care Survey (NHCS) presents unique opportunities to study how TBI is diagnosed and treated, as well as the continuum of care for TBI patients in U.S. hospitals. Patient identifiers allow for the linkage of patient records across settings, and the collection of data on services received (such as intensive care unit use and diagnostic and therapeutic services) allows for analysis of hospital utilization. This report analyzes inpatient and ED data on TBI from the 2013 NHCS data collection and outpatient department (OPD) data from the 2013 and 2014 NHCS data collections to



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



Uses of National Health Care Survey Data: Research and Media

Medscape

News > Medscape Medical News

Hypertension Control Varies by Geography, Demographics

Nicola M. Parry, DVM
September 19, 2017

FierceHealthcare

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Only 3% of emergency room visits may truly be avoidable, study suggests

by **Paige Minemyer** | Aug 31, 2017 1:03pm

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HIV-Positive Patients Less Likely to Get Common Cardiovascular Treatments

DECEMBER 08, 2017
Jared Kaitwasser

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Patients who are HIV positive often slip through the cracks when it comes to heart health, according to new research.

A study from the University of California, Los Angeles (UCLA), found doctors were less likely to prescribe common cardiovascular prevention and intervention therapies to HIV-positive patients when compared to the general population.

The study is based on data from the National Ambulatory Medical Care Survey/National Hospital Ambulatory Medical Care Survey from 2006 to 2013. The data covered patients ages 40-79, some of whom were HIV

Joseph A. Lapaio, MD, PhD

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National Ambulatory Medical Care Survey (NAMCS)

- Physician offices:
 - Non-federally employed;
 - Office-based physicians primarily engaged in direct patient care;
 - Sample of visits for a randomly assigned week (out of 52 weeks).
- Physicians are selected from the master files maintained by the American Medical Association (AMA) and the American Osteopathic Association (AOA).
- Community Health Centers (CHCs):
 - Collect data from a sample of physicians and non-physician medical providers working in federally qualified health centers (and look-a-likes) in the US.
- CHC facility information maintained by the Health Services and Resources Administration (HRSA).

National Hospital Care Survey (NHCS)

- Data are collected for all inpatient discharges and encounters in emergency and outpatient departments, including ambulatory surgery.
- Clinical and demographic information on patients and encounters are collected. Information on facility characteristics is also collected.
- Patient-level identifiers are also collected and provide a link between episodes of care and different hospital inpatient and outpatient settings. These linkages will provide a more complete picture of patient care and outcomes such as readmissions and mortality.

Merit-Based Incentive Payment System (MIPS) & Promoting Interoperability

- The National Health Care Surveys are an option available to meet the public health reporting objectives of the
 - Promoting Interoperability (PI) Program (Formerly known as Meaningful Use)
 - Medicare Quality Payment Program's Merit-Based Incentive Payment System (MIPS) - final rule and the CMS EHR Incentive Programs final rule on modified Stage 2 and Stage 3; as well as other subsequent regulations.
- Regardless of specialty or sub-specialty, **ALL** eligible clinicians (ECs), eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) can use submission of data to the National Health Care Surveys as one of the measures to meet their public health objectives requirements.
- National Health Care Surveys registration is offered free of charge.

PI & MIPS - Modified Stage 2 and Stage 3

- Merit-Based Incentive Payment System (MIPS):
 - Falls under Public Health and Clinical Data Registry Reporting Objective; Specialized Registry Measure and Public Health Registry Reporting Measure.
- PI Modified Stage 2 (2018):
 - Falls under Public Health Reporting Objective; Specialized Registry Reporting Measure.
- PI Stage 3 (optional in 2017 and 2018; only option in 2019 and beyond):
 - Falls under the Public Health and Clinical Data Reporting Objective; Public Health Registry Reporting Measure

Declaration of Readiness

- The [Declaration of Readiness](#) for Public Health Reporting for the National Health Care Surveys is available in PDF format.

National Health Care Surveys: Active Engagement

- ECs and EPs intending to meet MIPS, Modified Stage 2, and Stage 3 public health measures with the National Health Care Surveys must demonstrate active engagement.
- Active engagement may be demonstrated under **3 options**:
 1. The clinician or provider completes registration to submit data;
 2. The clinician or provider is in the process of testing and validation of the electronic submission of data;
 3. The clinician or provider has completed testing and validation of the electronic submission and is electronically submitting production data.

National Health Care Surveys: Active Engagement

- ECs and EPs NOT invited to submit data in a given year remain in active engagement with NCHS under Option 1 of active engagement.
- Each year in January all clinicians and providers in active engagement will receive documentation demonstrating their active engagement status with NCHS.

National Health Care Surveys: Registration

- Registration through the National Health Care Surveys Registry Portal will satisfy active engagement Option 1: The clinician or provider completes registration to submit data.
- ECs and EPs identified in one of the National Health Care Surveys' sample will be asked to move to the next stages: testing and validation (Option 2) and production (Option 3) stages.

National Health Care Surveys: Participation

- Unlike reporting data to other specialized registries (e.g., Clinical Data Registries and Public Health Agencies), the National Health Care Surveys are sample-based.
- The National Health Care Surveys' samples are scientifically designed to yield nationally representative findings.
 - Only a relatively small percentage of clinicians and providers that register for the National Health Care Surveys will be invited to submit data in any given year.
 - Clinicians and providers invited to submit data are called sampled clinicians and providers by NCHS.
 - For 2017 and 2018, < 10% of clinicians and providers were sampled.
 - In future years, NCHS may expand the National Health Care Surveys sample.

Sampled Physicians/Providers

- NCHS will ask NAMCS sampled ECs and EPs to submit EHR data for testing & validation and for production.
- Patient data are submitted for a randomly assigned one-week reporting period during the current survey year.
- Patient data from the assigned week are submitted to NCHS or a designated agent to fulfill the production data obligation.
- Physician and office/practice characteristics are also collected from the EP or EC and/or his/her designee.

Sampled Physicians/Providers Data Submission

- ECs and EPs invited to submit EHR data will be notified at least a month in advance.
- NCHS will work with ECs, EPs and their technical contacts to facilitate data submission.

NAMCS: Physician/Provider-level Data

- NAMCS provides information on physician practice characteristics, patient characteristics, and visit characteristics.
- Data are collected from EC and EP during an initial screening (referred to as an induction interview). These data include, but are not limited to:
 - Physician medical specialty;
 - Physician's professional activity (patient care, research, administration or teaching);
 - Whether physician works in a federal location or an office-based practice owned by a hospital;
 - Estimated visits versus actual visits at sampled locations; including total number of actual days working during sampled week.

NAMCS: Patient Visit Data

- Patient Characteristics:
 - Age, Sex, Race, Ethnicity, Zip code, Payment source
- Vital Signs:
 - Height, Weight, Temperature, Blood Pressure
- Reason for visit and Diagnoses
- Injury/Poisoning/Adverse Effect
- Continuity of care
 - # of visits in the previous 12 months
- Services/Examinations/Screenings
- Medications and Immunizations
- Types of providers seen
 - Estimated time spent with sampled provider
- Laboratory/Diagnostic
 - Tests and results
- CPT and HCPCS codes

National Health Care Surveys: EH and CAH Participation

- Hospitals participate in either NHAMCS or NHCS, depending on how they are sampled. **Only a registered EH or CAH that is sampled for NHCS** will be asked to submit EHR data at the testing and validation stage, and at the production stage.
- Hospital data are collected for:
 - All inpatient discharges, and
 - All encounters with hospital-based emergency service areas and hospital-based outpatient departments for a year.
- Information on hospital facility characteristics are also collected
- Non-sampled EHs or CAHs (including those sampled for NHAMCS) are not required to send data, but may be invited to do so in the future.

NHCS: Patient Data:

- Patient Characteristics:
 - Age, Sex, Race, Ethnicity, Zip code, Payment source
- Personally Identifiable Information (PII) for linking:
 - Name, Address, SSN, Medical Record Number
- Vital signs on arrival and last taken:
 - Height, Weight and Blood pressure
- Reason for visit
- Visit disposition
- Problem lists
- Diagnoses:
 - Admission diagnosis/Admission flags
- Admission:
 - Procedures during stay
 - Use of ICU, NICU or CCU
- Medications and Immunizations:
 - Includes oxygen, dietary supplements, anesthetics and chemotherapy
- Types of providers seen:
 - Estimated time spent with sampled provider
- Laboratory/Diagnostic:
 - Tests and results

NHCS ED Data

- Reason for visit/chief complaint
- Diagnoses
 - including chronic conditions
- Types of providers seen
- ED and OPD encounters that result in hospital admission
 - Includes details of the hospital stay
- Clinical notes from emergency department encounters
- Medications and Immunizations
- Laboratory and other diagnostic tests and results
- Procedures and services
- Encounter disposition

National Hospital Ambulatory Medical Care Survey (NHAMCS): Participation

- **NHAMCS is not collecting EHR data at this time.**

Reporting Format for 2018

- **HL7 CDA® documents**, described in one of the following DSTU Implementation Guides for the National Health Care Surveys:
 - Release 1, Release 1.1 or Release 1.2 (preferred);
 - Available from www.hl7.org.
- **CDA documents**, including Continuity of Care Documents (CCDs), Discharge Summaries, and Transfer Summaries, produced by Certified Electronic Health Record Technology (CEHRT).
- **Custom extract**
 - Must include data elements as specified in the National Health Care Surveys;
 - The list of data elements list available from NCHS.

Reporting Format for 2019

- After December 31, 2018 the format required to generate and transmit data to NCHS for Measure 4: Public Health Registry Reporting will be HL7 CDA® R2 Implementation Guide:
 - National Health Care Surveys, DSTU Release 1.2 – US Realm, August 2016;
 - Available from www.hl7.org.
- EPs and ECs using CEHRT products certified to HL7 CDA® R2 Implementation Guide: National Health Care Surveys, DSTU Release 1 may continue to do so.
 - Release 1 is an earlier release than the latest Release 1.2 of the IG

Reporting Format for 2019

The preferred format is HL7 CDA® documents as described by the Implementation Guide (IG) for National Health Care Surveys Release 1, DSTU Release 1.2 - US Realm.

NCHS is working with ONC and EHR vendors to enable Certified Electronic Health Record Technology (CEHRT) to send National Health Care Surveys data to NCHS based on the Implementation Guide.

Transmission of EHR Data for Stage 2

- Data transmission will be via Secured File Transmission Protocol (SFTP) using the CDC's Secure Access Management Services (SAMS). Each data submitter will be provided with their own secure account for data transmission.
- NCHS is working on providing other transmission options for vendors and providers including Direct.

Any questions, please e-mail:
hcs-support@cdc.gov