

# DHIS Data Hub

## American Hospital Association Survey Data, 2009–2014

The Division of Health Informatics and Surveillance (DHIS), within the Center for Surveillance, Epidemiology, and Laboratory Services (CELS) in the Office for Public Health Scientific Services (OPHSS), manages Data Hub, a resource that provides CDC staff members with access to data acquired from the American Hospital Association (AHA).

AHA administers topic-specific surveys to more than 6,400 hospitals throughout the United States each year. The largest survey, the AHA Annual Survey of Hospitals, collects information on hospital demographics, organizational structure, service types and utilization, and business arrangements with physicians. The AHA Health IT Survey is another annually conducted survey that delves into the information technology (IT) capacity of hospitals, adherence to federal Meaningful Use (MU) requirements, and vendor types for electronic health record and health information exchange services. AHA conducts additional surveys to collect information on managed care relationships, care systems and payments, capitation and shared risk, and population health, among others. These data can provide context for CDC public health surveillance and epidemiological studies.



### Why Use AHA Data?

Hospitals, particularly those with emergency departments, have seen many changes in hospital administration and capacity during 2013 and 2014 due to the healthcare transformation prompted by the implementation of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, and the Health Care and Education Reconciliation Act (H.R. 4872) on March 30, 2010.<sup>1</sup> In a context of high health care costs and inefficiencies, significant health disparities, and multiple payers and providers,<sup>2</sup> there is an increased focus on preventive and population health.

Measures include evidence-based preventive services that carry no out-of-pocket costs;<sup>3</sup> electronic health records (EHR) and health information exchanges (HIE) to inform national, state, and local health programs;<sup>4</sup> and the proliferation of accountable care organizations to better coordinate delivery of care and improve

outcomes. As these two laws continue to affect hospitals over time, AHA survey data are a vital and reliable resource for understanding historical trends and changes yet to be explored.

AHA survey data can inform research hypotheses related to emergency department visits, provision of primary care and preventive health services, vendors providing EHR systems, and hospital status in achieving Meaningful Use goals. These data can be also used to enhance population-based research capabilities by augmenting CDC-generated or -aggregated surveillance data or complementing other databases such as the Healthcare Cost and Utilization Project and BioSense Platform.

### How to Access AHA Data

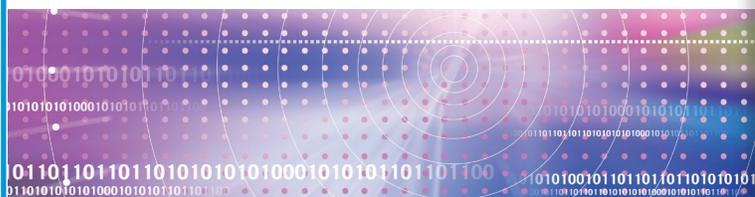
CDC staff can access AHA data at no cost through Data Hub. Data Hub currently has a site license for the AHA Annual Survey data from 1993 through 2014 and for the AHA Health IT Survey data from 2008 through 2014.

**Please contact CDC's AHA Data Administrator at [AHAdata@cdc.gov](mailto:AHAdata@cdc.gov) for more information and access to AHA survey data.**

1. Patient Protection and Affordable Care Act, Pub. L. No. 111–148, 124 Stat. 119 (Mar. 23, 2010).
2. Davis K, Stremikis K, Schoen C, Squires D. Mirror, mirror on the wall, 2014 update: how the U.S. health care system compares internationally. The Commonwealth Fund [Internet], 2014 June [cited 2016 Aug 18]. Available from: <http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror>.
3. Cogan JA. The Affordable Care Act's preventive services mandate: breaking down the barriers to nationwide access to preventive services. *J Law Med Ethics*. 2011;39(3):355–65.
4. Vest JR, Kash BA. Differing strategies to meet information-sharing needs: publicly supported community health information exchanges versus health systems' enterprise health information exchanges. *Milbank Q*. 2016 Mar;94(1):77–108.

### CONTACT US

Centers for Disease Control and Prevention  
1600 Clifton Road NE, Mailstop E-97, Atlanta, GA 30329  
Phone: 800-CDC-INFO (800-232-4636) TTY: 888-232-6348  
8AM–8PM ET, Monday–Friday; Closed Holidays  
E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: [www.cdc.gov](http://www.cdc.gov)



Center for Surveillance, Epidemiology, and Laboratory Services

Division of Health Informatics and Surveillance



# AHA Annual Survey Trends

AHA administers the Annual Survey to more than 6,400 hospitals across the United States with a response rate of about 75% each year. These data can be used to understand distribution of facilities and services provided, construct trend analyses, develop healthcare forecasts, and make selective comparisons (Figures 1 and 2).

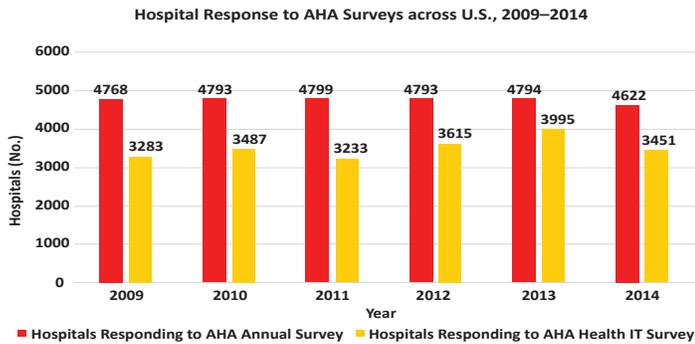


Figure 1. Hospitals responding to the AHA Annual Surveys and Health IT Surveys, 2009-2014. Response rates have remained consistently high across survey years.

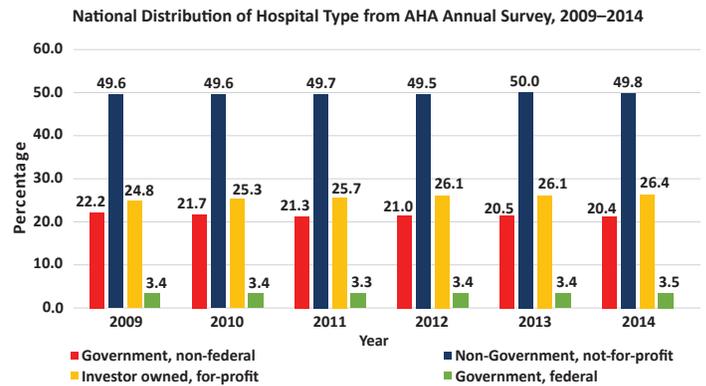


Figure 2. Hospital type based on organizational structure of the hospital administration from 2009-2014. Greater detail about each type is available; for example, federal government hospitals include sub-types like Veterans Affairs, Public Health Service (PHS) hospitals, PHS Indian Service hospitals, and others.

## Health IT Survey

The AHA Health IT Survey contains hospital-level information on more than 3,200 hospitals throughout the United States. Even though the use of lab results and exchange of electronic health records are relatively new to syndromic surveillance, the AHA data clearly demonstrate a significant increase in these practices among survey respondents in recent years (Figures 3, 4, 5, and 6).

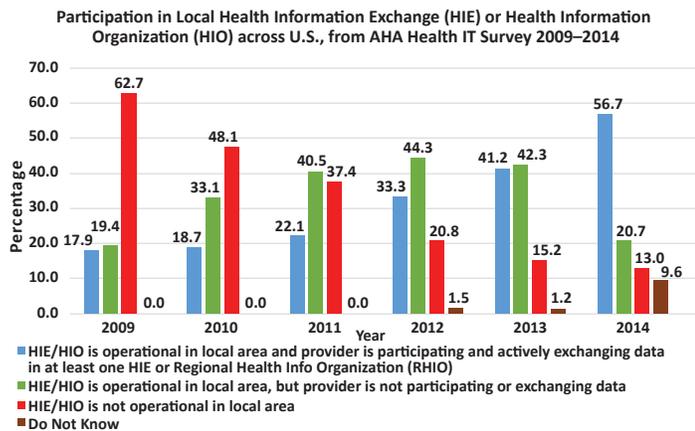


Figure 3. Availability and participation in local electronic health information exchanges (HIE) and Health Information Organizations (HIO) increased 216.8% from 2009-2014.

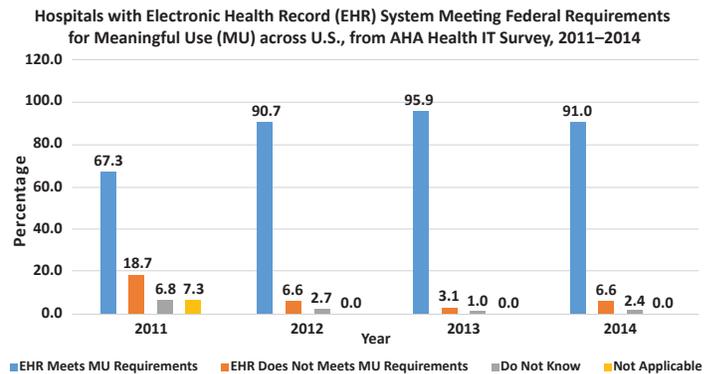


Figure 4. Percentage of hospitals reporting Electronic Health Record (EHR) systems certified as meeting federal Meaningful Use (MU) requirements, 2011-2014. Compliance with MU requirements increased 35.22% in this time period.

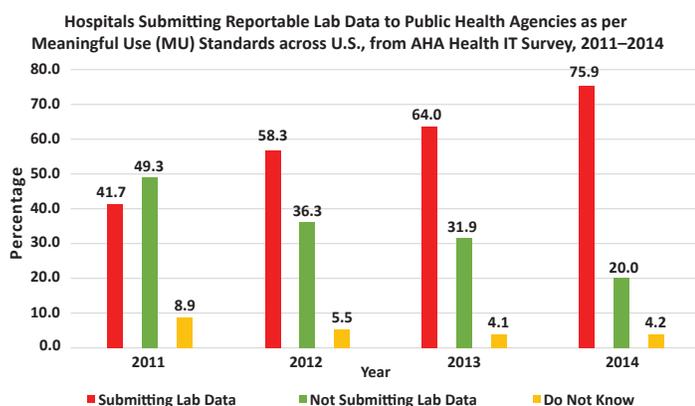


Figure 5. Hospitals submitting reportable lab results to public health agencies as per Meaningful Use standards. There was an 81.9% increase in hospitals submitting lab data to public health agencies from 2011-2014.

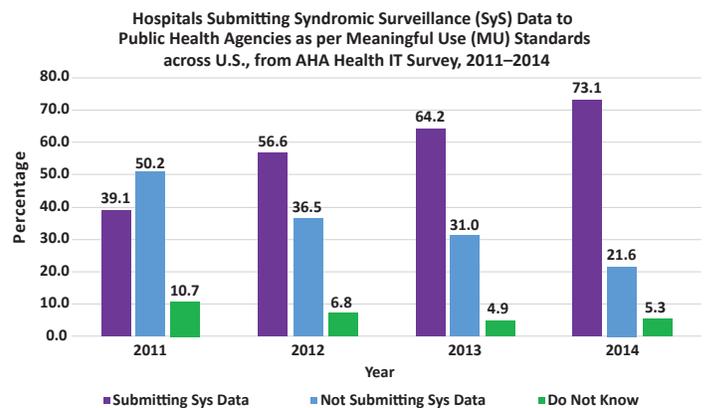


Figure 6. Hospitals submitting syndromic surveillance (SyS) data to public health agencies as per Meaningful Use standards, 2011-2014. During this period, hospitals submitting syndromic surveillance data increased 86.9%.