



# Board of Scientific Counselors National Center for Health Statistics Centers for Disease Control and Prevention

February 27, 2012

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**Edward J. Sondik, Ph.D.**

**Director, National Center for Health Statistics  
Centers for Disease Control and Prevention  
3311 Toledo Road, Room 7209  
Hyattsville, Maryland 20782**

Dear Dr. Sondik:

As part of an on-going program review process, the Board of Scientific Counselors (BSC) of the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) commissioned a panel to review the Ambulatory and Hospital Care Statistics Branch (AHCSB) and to report its findings to the BSC. The Ambulatory and Hospital Care Statistics Branch is one of the three branches within the Division of Health Care Statistics (DHCS), NCHS. The enclosed report summarizes the review process; describes the current AHCSB surveys, programs and data products, accomplishments and contributions, collaborators and sponsors; examines the issues and challenges facing the AHCSB; and presents a series of recommendations.

Former BSC member, Neil R. Powe, MD, MPH, MBA from the University of California San Francisco School of Medicine chaired the panel. Additional panel members are listed in Attachment 1 of the report. The BSC commends Dr. Powe and his fellow panel members for their conscientious and thorough review, and forwards the report and recommendations to you for action.

The evaluation of the AHCSB could not have come at a more opportune moment. The AHCSB has implemented many changes in the past several years, including modifications to the selection and recruitment of participant facilities, changes to data collection methods, consolidation of surveys (the National Hospital Ambulatory Medical Care Survey and the National Hospital Discharge Survey into the new National Hospital Care Survey), and expansion of surveys (increasing the sample size of the National Ambulatory Medical Care Survey to provide state estimates). These changes will enhance NCHS' ability to provide the information needed to manage and improve the nation's health care system.

The panel identified a number of issues, both internal and external, facing the AHCSB as it seeks to manage and modernize its surveys and make the data more useful, relevant and timely. In broad terms, these include:

- Staffing, with, serious staff shortages within the branch in terms of numbers, skill sets and expertise, and staff burnout from operating at unsustainable work levels for the past 6-12 months;





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- Budget, with low levels of and unstable funding impacting the ability to implement the surveys as designed or as updated in the field;
- Scope and relevance of surveys, including the ability to respond to emerging data needs, the need for targeted or focused data, the need for data on charges, costs, payments and payment mechanisms as well as on patient outcomes and health care quality, and the need for data to evaluate the changes in the health care environment resulting from the Affordable Care Act and other healthcare reform legislation.

With these considerations in mind, the overarching recommendation of the panel is to maintain and accelerate the progress that the AHCSB has made in the recent past. Specifically, the Branch should continue moving forward in the following areas:

- Use of electronic medical records;
- Computerization of surveys;
- Expanded survey content;
- Enhanced survey design, including longitudinal studies, monitoring of shifts in health care settings, more direct measures of quality of and access to care, record linkage, and use of administrative records;
- Enhanced survey capacity to add survey components, change content and meet new and emerging data needs.

In addition to this overarching recommendation, several specific recommendations are made that address current as well as future areas for improvement. These include:

- Creating an on-going strategic planning and goal-setting process so that the work of the Branch continues to provide critical information to guide and improve the delivery of health care in the US.
- Increased staffing so that the needed expertise in medical coding, physician practice, analysis and data management are available within the Branch and that work levels are sustainable.
- Continuing to broaden the scope of the ambulatory and hospital care surveys to learn more about medical practice, the role of ancillary staff such as nurse practitioners or physician assistants, access to the healthcare system by vulnerable populations such as the disabled and residents of rural areas, and enhanced efforts to explore linkages to other datasets both internal and external to NCHS.
- Improving survey operations by dedicating time and staff to quality control and methodological research.
- Targeting outreach to potential users, collaborators and sponsors, particularly the agencies and programs which might have information needs related to the Affordable Care Act and health care reform.
- Continuing to evaluate the ways data are presented and made available and the methods for reaching audiences.
- Establishing an extramural funding program to encourage the use of survey data.

In addition to the panel's recommendations, BSC members suggested that the AHCSB should consider:

- Using the NAMCS to assess the degree of "medical home-ness" of the practice, using standard questions currently available.
- Including questions in the NAMCS to assess the physician's instructions to the patient regarding referrals to specialists and the timing of a return appointment.
- Adding questions to the NAMCS to assess the adoption of ICD-10-CM by physicians.

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- Using the new National Hospital Care Survey to gather information to assess the impact of the conversion from ICD-9-CM to ICD-10-CM and to possibly develop comparability ratios for use by researchers and analysts.

The Board of Scientific Counselors heartily endorses the work of the panel and hopes that you will take the panel's full set of recommendations into consideration. In this new era of health care reform, the AHCSB provides critical information to monitor the effect of changes in how Americans receive health care, the costs of changes in the health care delivery and the comparative value of various options for care. We welcome your response and continued dialogue on how the BSC can assist in implementing the recommendations of the AHCSB review panel.

On behalf of the Board of Scientific Counselors, we respectfully submit the enclosed report.

Sincerely,

/S/

Llewellyn Cornelius, Ph.D.  
Chair, NCHS Board of Scientific Counselors

Enclosures