

Board of Scientific Counselors  
National Center for Health Statistics  
Coordinating Center for Health Information and Service  
Centers for Disease Control and Prevention

January 22-23, 2009  
Minutes  
NCHS  
3311 Toledo Rd.  
Hyattsville, MD 20782

All attendees are listed in Attachment 1.

**Thursday, January 22, 2009:**

Dr. Irma Elo, Chair, NCHS Board of Scientific Counselors, opened the meeting by welcoming the two new Board members, Drs. Kathie Harris and Jose Escarce.

Dr. Edward Sondik, NCHS Director, provided an update of Center activities (see PowerPoint).

*Discussion:* Dr. Elo commented positively on the use of NCHS data by the private-sector in publications such as *Pfizer Facts*. She suggested NCHS document users of the data. Dr. Elo expressed continued concern that the NCHS statistical programs and products are threatened due to the budget situation. She suggested that the BSC send a letter to DHHS Secretary-designee Tom Daschle similar to last year's letter to Secretary Michael Leavitt. Reflecting on the proposal of an economic stimulus package, BSC member Dr. Michael O'Grady said many NCHS activities are "shovel-ready" and could be implemented almost immediately, i.e. expanding surveys that are being cut. He recommended not limiting international collaborations to the European Union. Dr. Sondik responded that NCHS does have activities with Border health, and other international collaborations. BSC member Dr. Steve Schwartz expressed continued concern about vital statistics collection and the proposed modifications to the data collected in the future.

**Working Group Reports:**

Future Vision for NCHS Working Group: Dr. O'Grady, chair of the working group, reported on the discussions that the group had since it was established. Several topics had been discussed including the need for NCHS not think only incrementally but plan for the next 5-10 years down the road. The working group asked itself the question how can the BSC help NCHS think about what's coming in the future and how NCHS can use these opportunities "to step up". One key question under discussion centered on the location of NCHS within DHHS. Several options were discussed including 1) an independent agency reporting directly to DHHS, 2) within an office in DHHS, 3) consolidating all the Department's data collection at NCHS (instead of dispersed to AHRQ, CMS, etc), 4) moving NCHS to NIH or 5) remaining at CDC. The working group also identified ideal characteristics of a future NCHS: flexibility to respond to research and policy, ability to inform policy, ability to conduct high quality science, and ability to research and implement new methods (cell phone, privacy). Other topics touched upon included alternative budget mechanisms, cross-sectional vs. longitudinal data and survey users and outreach.

*Discussion:* The BSC believed that location of NCHS needs to be solved first, since other things flow from that. It was suggested that any discussion needs to consider views of internal and external stakeholders. Dr. O'Grady reminded the BSC that DHHS has a major human services component that is often the step-child to the health side. BSC member Dr. Ruth Stein cautioned that we not leave out other data collection efforts in CDC.

Vital Statistics Working Group: Dr. Steve Schwartz, chair of the working group, led the discussion. The working group discussed the need and means to modernize the vital statistics system. Each state birth and death electronic registration system costs about \$1,000,000, so \$100,000,000 would be needed just

for birth and death electronic systems for all states. One issue that needs to be kept in mind is that states have to meet first the needs of civil registration before health data needs. The data available for a national system for births and deaths is inconsistent with some states using the 1989 birth certificate and some using 2003 certificates.

*Discussion:* Dr. Elo raised the question about whether a case could be made for using economic stimulus money for electronic records to help modernize vital statistics and not just for the surveys.

Paradata: Dr. James Dahlhamer from the National Health Interview Survey (NHIS) presented the results of research on the paradata associated with the NHIS. (See PowerPoint.)

Ambulatory and Hospital Care Statistics Branch Presentation: Dr. Paul Beatty, Chief of the Ambulatory and Hospital Care Statistics Branch, and Dr. Jane Sisk, Director of the Division of Health Care Surveys, presented an overview of the Ambulatory and Hospital Care Statistics Program. This will be the next program undergoing review. (See PowerPoint.)

Dr. David Blumenthal, chair of the panel reviewing the Ambulatory and Hospital Care Statistics Program, commented that the NCHS surveys have terrific value and was glad that the National Hospital Discharge Survey is being modernized to include clinical data.

*Discussion:* Dr. Koepsell commented that the National Hospital Discharge Survey (NHDS) was missing Federal hospitals. Not everyone in numerator is in denominator, i.e. military hospital users. There seems to be a problem with multiple visits by same person. It would be good to have questions about whether this was the first visit for a specific condition. The question was raised about whether the NHDS should be harmonized with data from the Health Care Cost and Utilization Project (HCUP) and the Centers for Medicare and Medicaid Services (CMS). Dr. O'Grady said that NCHS should work with CMS and the Medicare Payment Advisory Commission (MedPAC) on areas that can benefit from our data, e.g. imaging, etc. NCHS should seek funding from CMS and MedPAC. Dr. Stein commented on the problem of lack of data on mid-level providers. BSC member Dr. Graham Kalton asked if it is necessary to do all surveys every year. Dr. Sisk responded that most costs are from recruiting the facilities so that there would not be big savings by taking surveys out of field periodically. Dr. Hedegard suggested that NCHS link their data to the national trauma data bank. Dr. Elo agreed and suggested that NCHS should see how these sources complement other sources of data and try to maximize their value by linkages. The discussion moved to the question of how to control the quality of the abstractions. Dr. Stein pointed out that in the future quality of abstractions as currently done will be moot since soon there will be big developments in the use of electronic records. Dr. O'Grady suggested that NCHS contact the Office of the National Coordinator of Health Information Technology (ONCHIT) about efforts on interoperability.

National Committee on Vital and Health Statistics (NCVHS) update: NCVHS Liaison, Dr. Bill Scanlon discussed NCVHS activities relevant to the BSC: Major NCVHS topics for discussion have been data needs for health reform and Health Information Technology (HIT). The NCVHS Population Subcommittee had a hearing recently on data for health reform and discussed the issue of access to the data while maintaining confidentiality. The Quality Subcommittee considered opportunities with HIT to promote health. The Committee is embarking on an effort to update the 21st century vision report. Dr. O'Grady, BSC Liaison to the NCVHS said that the Congressional Budget Office and the Congressional Research Service complained about the difficulty getting access to health data. He recommended that NCHS figure out how to help overcome those hurdles. Maybe NCHS can help broker access to data. Would this be a role that NCHS would want to play? Dr. O'Grady suggested that it might be worth having a session about how to make sure we promote access to data.

#### **Friday, January 23, 2009:**

The State of the USA: Mr. Chris Hoenig presented on The State of the USA, a project designed to provide easy access to reliable information on the issues such as the economy, education, health and the environment, families, children, and public safety (See PowerPoint). The guiding principle is to get more of the data sets into widespread use, including among people who are not used to analyzing data. They

want to create a single web-based source of key measures where people can get access to and use data. The point of this effort is to make data usable for a variety of users. On Dec 18, 2008, the Institute of Medicine identified a set of key health measures that are now being featured in *The State of the USA* project.

*Discussion:* The discussion included questions about the choices of measures and data included in the project. Some concerns were expressed about possible misinterpretation of data by those unused to analyzing data, e.g. showing graph with different associations might encourage people to assume that there is an association where none exists.

National Health and Nutrition Examination Survey (NHANES) Program Review (PowerPoint): Dr. William Kalsbeek, chair of the NHANES review panel, commended the Division of Health and Nutrition Examination Surveys (DHANES) for doing excellent work. He said that a key issue for the review panel is how DHANES can maintain vitality in light of reduced funding. The panel recommends aggressively marketing surveys, creating a standing external advisory body, conducting a review of benefits of oversampling, having a workshop about how to do enumeration, exploring NHIS/NHANES integration, determining possibility of providing State-level data for some of the largest states, and adding a longitudinal component.

*NHANES Program Response:* In reply to comment that in tight budget times, NCHS needs to be careful about diverting too many resources to helping other data collectors, Cliff Johnson, Director of DHANES said that NCHS gets direct benefits from helping communities and other countries. We learn from them as well as providing consultation to them. He gave the example of how Canada's experience with trailers in cold weather will help NCHS as our trailers go into colder areas of the U.S. during the winter.

*BSC Liaison Comments:* Dr. Jim Lepkowski, BSC Liaison to the NHANES Review Panel began by saying that NHANES is one of the most remarkable data collection systems in the world. He then identified several key issues with the report: 1) in the area of infrastructure, the report should mention that the old trailers are in serious need of refurbishing; 2) in the area of marketing of the program, the external review committee can serve as an advocate for the surveys; 3) if oversampling of minorities is going to continue, NHANES cannot just oversample Mexicans among Hispanics; 4) in a system-wide recommendation broader than just NHANES, NCHS should think about integrating the *administration* of both surveys-- NHIS and NHANES; 5) NCHS needs to think about the integration recommendation in relation to the recommendation regarding building in a longitudinal component. He also raised the question of whether the review panel should make specific staffing recommendations. He also raised several other points with respect to the review process. He noted that the reports are getting longer and the BSC should keep an eye on the length. Also the report should have an executive summary. He raised the question: if there is an external NHANES advisory board, how would the BSC interact with it?

*BSC Discussion:* Dr. Michael O'Grady suggested the need for professional marketing expertise although not necessarily a major expensive company. He also raised several questions. Is there a way to get NIH/PHS/FDA physicians to help with NCHS needs for physicians instead of NCHS paying to hire our own? Could user fees be charged, especially for the private sector? Perhaps a sliding scale could be used. Dr. Lee Cornelius suggested that when considering marketing, different audiences should be considered. Also, NCHS should document the impact of the data. Dr. Lepkowski asked, "What's the tradeoff between continuous vs. longitudinal data collection?" Dr. Graham Kalton stated that there are many models of longitudinal surveys and maybe the committee can clarify what they have in mind. Katherine Wallman supported the idea of a standing advisory board. She also recommended that NCHS highlight the number of physicians who use growth charts obtained from NHANES data, number of articles using NHANES, etc. Margo Schwab suggested that the group might want to prioritize recommendations, including what are the most important things NOT to change. Dr. Kalsbeek said he believed that would be the job of the standing advisory committee. Dr. Elo suggested that as NCHS looks at redesign issues, both the NHANES and NHIS review panel reports should be considered. Also NCHS should think Center-wide about how to better market all surveys, not just NHANES. Dr. Elo also agreed with the recommendation to consider user fees and maybe require users to report on how they use the data.

BSC Member Reports: *CDC BSC Chairs Meeting.* Dr. O'Grady reported on the meeting of CDC BSC Chairs held in Atlanta on October 29, 2008. While there were no significant actions from the meeting it is a good idea to send a BSC member once a year or so to such a meeting. The BSC Chairs also attended the October 30 meeting of the CDC Advisory Committee to the Director.

*Statistics Canada Interchange.* Dr. Cornelius reported on the joint NCHS/Statistics Canada Interchange held in Ottawa on November 13-14, 2008. He summarized commonalities in 10-year retrospective of the Interchange: data quality and response rate; methods--cognitive interviewing and social factors affecting respondents; sharing best practices; joint publications and conferences; Joint Canada/United States Health Survey. He said discussion occurred about next time expanding the Interchange to include Mexico, France, England and Australia. He reported that the group suggested areas for future Interchanges and joint work to be undertaken: international survey development, building on Budapest and Washington City Group initiatives, joint analyses of data sets for US and Canada; documenting what has been learned from first 10 years; and an interagency exchange of staff

BSC Website: Dr. Virginia Cain demonstrated the newly redesigned BSC website. Additional information has been put on the site and there will be additional design work and increased information included in the future. Recommendations from BSC included having "forthcoming" or "under construction" for information not yet on site and converting PowerPoints to pdf so they cannot be changed.

Summary and Follow-up: Dr. Elo suggested that next time the BSC cover border health and indigenous populations, receive the report of Long-term Care Surveys, receive an update from NCHS on redesign issues, hear reports on the NCHS mission and vital statistics working groups, hear the SLAITS program update, and the NSFG program presentation.

Dr. Sondik raised the issue that a National Academy of Sciences meeting on Federal Statistics would occur on May 8 so the BSC will likely adjust its schedule to not meet on that date.

The meeting was adjourned at 1:30.

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Irma T. Elo, Ph.D.  
Chair, NCHS BSC

## Attachment 1

<b>Attendance at BSC meeting: January 22,2009</b>	
<b>Board Members</b>	<b>Other Attendees</b>
Irma Elo, Chair Virginia Cain, DFO Llewellyn Cornelius Jose Escarce Kathleen Harris Holly Hedegaard Graham Kalton Thomas Koepsell James Lepkowski Michael O'Grady Steve Schwartz Ruth Stein Bill Scanlon (phone) Margo Schwab for K. Wallman	Ed Sondik Jennifer Madans Nathaniel Schenker Debbie Jackson Mona Bormes Marian MacDorman Sharon Kirmeyer Linda Bilheimer Natalie Dupree Marjorie Greenberg Dale Hitchcock Lew Berman Cliff Johnson Meena Khare Antonio Moore Dewey LaRochelle Stephanie Ventura Joyce Martin Paul Sutton Len Horning Fay Menacker Sam Notzon Kimberly Rosendorf Alan Simon Karen Lipkind Barbara Stussman Catherine Simile Christine Lucas Stephen Blumberg Sandy Smith Missy Jamison Qiyuan Pan Alex Golosinskiy Anne Stratton
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James Lepkowski  
Michael O'Grady  
Steve Schwartz  
Ruth Stein  
Margo Schwab (phone) for K. Wallman

Kathryn Porter  
Debra Reed Gillette  
Molly Lamb  
Chia-Yih Wang  
Linda Bilheimer  
Vera Osidach  
Jennifer Parker  
Lisa Broitman