The National Health Care Surveys and the Merit-Based Incentive Payment System and Meaningful Use
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)
- CMS’s EHR Incentive Programs (also known as Meaningful Use) (MU)
- Critical Access Hospital (CAH)
- Division of Health Care Statistics (DHCS)
- Electronic Health Record (EHR)
- Eligible Clinician (EC)

Many acronyms are used in this PowerPoint presentation. The reader may want to print this acronym list and use it as a reference while viewing this PowerPoint presentation.
Acronym List (cont.)

- Eligible Professional (EP)
- Eligible Hospital (EH)
- 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)
- Secured File Transmission Protocol (SFTP)
What is the National Center for Health Statistics?

• The National Center for Health Statistics (NCHS) is the federal statistics agency responsible for monitoring the nation’s health.

• It is part of the Centers for Disease Control and Prevention (CDC).

• Through its surveys of providers and individuals, NCHS monitors the health of the nation by providing data on:
  o Health care trends;
  o Health status of the population; and
  o Impact of health policy decisions on programs.
The mission of the Division of Health Care Statistics (DHCS) is to produce accurate, objective statistics on health care to inform health care policy and serve a variety of research needs.

DHCS carries out its mission by collecting, analyzing, and disseminating data on the use, access, and quality of health care provided in the United States, and the health care organizations and professionals who deliver that care.

DHCS is the division of the NCHS that administers the National Health Care Surveys.

The National Health Care Surveys are the means for carrying out DHCS’ mission.
The National Health Care Surveys are a family of surveys on 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 Health Care Surveys

• The National Health Care Surveys are a little different from the other surveys conducted by NCHS in that they are surveys of establishments, not households. Thus, rather than providing estimates of the population they provide estimates about health care providers and encounters with providers.

• The surveys are nationally representative and collect core information over time. Thus, trends in the types of care delivered in each setting can be monitored in an objective and reliable manner, and can be examined in relation to characteristics of providers, patients, and clinical management of patients' care.
Uses of National Health Care Survey Data

National Health Care Survey data are used by policy makers, researchers, providers, companies, and private individuals. The data are used to describe the US health care system including:

• Care provided to sub-populations such as children or the aging;
• Patterns of medication use;
• Population based implementation of guidelines;
• Use of emergency rooms; and
• Adoption of electronic health records.
Uses of National Health Care Survey Data

Data collected in the National Health Care Surveys 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:

Uses of National Health Care Survey Data:
National Center for Health Statistics Publications

Variation in Physician Office Visit Rates by Patient Characteristics and State, 2012
Ali J. Ashman, Ph.D.; Esther Hing, M.P.H.; and Kripali Thakur, M.D., M.P.H.

Key Findings
Data from the National Ambulatory Medical Care Survey
- In 2012, there were an estimated 305 physician office visits per 100 persons. The visit rate among females exceeded the rate for males.
- The rate for adults aged 65 and over was more than twice the rate for adults aged 18-64 and children under age 18.
- Among the 34 most populous states, Missouri had the lowest rate of physician office visits for both adult age groups (18-64 and 65 and over), and Connecticut had the highest rate.
- The percentage of visits made by adults aged 18-64 with private insurance in the expected source of payment varied across the 34 most populous states, ranging from 53% in New York and Arkansas to 78% in Maryland.

Figure 1: Physician office visits per 100 persons, by sex and age, United States, 2012

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

National Health Care Survey Demonstration Projects:
Traumatic Brain Injury
by Shailesh Lavoie, Ph.D., Kameshini Chari, M.P.H., and Carol DiLiafranceso, 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 outpatient discharges and emergency room visits for traumatic brain injury (TBI) based on unlinked data from the 2011 NHCS of hospital and emergency department (ED) encounters and the 2011 and 2013 NHCS of inpatient department (IPD) encounters.
Methods—For the 2011 NHCS IPD data collection, 97 hospitals provided important administrative claim data and 98 hospitals provided laboratory claim data. Although the data are not intended to be nationally representative, the survey provides epidemiologic opportunities to study rare but serious conditions, such as TBI, because of inpatient discharges and emergency department encounters from participating hospitals are collected for a 12-month period. Analyses were conducted to study TBI encounter and across the incident ED, and IPD settings. Differences among subgroups were evaluated using chi-squared or logistic regression at the 0.05 level.

Introduction
Traumatic brain injury (TBI) is a disruption of normal brain function caused by a blow or a jolt to the head or a penetrating head injury. The outcome of TBI varies from mild (e.g., a brief loss of consciousness or amnesia for events after the injury) to severe (i.e., an extended period of unconsciousness or amnesia after the injury). TBI is a serious health problem in the United States, contributing to a substantial number of deaths and years 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, 72,000 of whom die from it.

Acute care
Acute care is the hospital care provided to TBI patients in the inpatient and emergency department settings in the United States. NHCS IPD and ED data can be used to analyze the distribution of TBI patients in these settings. NHCS IPD and ED data can be used to analyze the distribution of TBI patients in these settings. The analysis of TBI in both hospital inpatient and emergency department settings is a hospital indicator for measuring the incidence of TBI in the United States. NHCS ED data can be used to study the type and severity of TBI patients seen at EDs. NHCS IPD data can be used to study the type and severity of TBI patients seen at IPDs. NHCS ED data can be used to study the type and severity of TBI patients seen at IPDs. NHCS IPD and ED data can be used to study the type and severity of TBI patients seen at IPDs.
Uses of National Health Care Survey Data: Researchers and Media

Fewer Antibiotics Are Prescribed to Children
40 Percent Decline Reverses a Trend

Dr. Arthur Kelleman, Emory University

Where Americans Get Acute Care: Increasingly, It’s Not At Their Doctor’s Office

Institution: Stephen B. Thacker CDC Library | Sign in as Member | Individual | [Expand]
National Ambulatory Medical Care Survey (NAMCS)

NAMCS collects data on visits to physician offices and Community Health Centers.

• Physician offices:
  – Data are collected on sampled physicians, and a sample of patient visits. Sampled physicians are nationally representative of non-federal, employed, office-based physicians primarily engaged in direct patient care. Physicians are selected from the master files maintained by the American Medical Association and the American Osteopathic Association.
  – Visits for a selected week are sampled from the annual practices of sample physicians. The total physician sample is divided into 52 random subsamples of approximately equal size, and each subsample is randomly assigned to 1 of the 52 weeks in the survey.

• Community Health Centers (CHCs):
  – Provider and visit data, similar to what is collected at physician offices, is also collected from a sample of physician and non-physician medical providers working in federally funded CHCs throughout the country.
National Hospital Ambulatory Medical Care Survey (NHAMCS)

NHAMCS data are collected from
- emergency departments;
- outpatient departments; and
- hospital-based ambulatory surgery locations.

Data are collected on a sample of visits to emergency and outpatient departments of a nationally representative sample of hospitals that are non-federal, non-institutional, general and short stay, (i.e., length of stay is less than 30 days).

The sample frame comprises 600 hospitals that are divided into 16 panels. Each panel in turn comprises approximately 30 hospitals, with only 13 of those panels used within a given year. The panels are rotated every year for 3 years, until a new sample frame is purchased.

Visits to the hospitals over a selected four-week period are sampled from each eligible department. Hospitals in the same panel have the same reporting period.
National Hospital Care Survey (NHCS)

- Data for the NHCS are collected for all inpatient discharges and encounters in emergency and outpatient departments, including ambulatory surgery.
- Clinical and demographic information on the patients and encounters are collected.
- Patient-level identifiers are also collected and allow a patient’s episodes of care to be linked between different hospital inpatient and outpatient settings, as well as to outside databases such as the National Death Index. These linkages will provide a more complete picture of patient care and outcomes such as readmissions and mortality.
- Information on facility characteristics is also collected.
National Health Care Surveys: Merit-Based Incentive Payment System and Meaningful Use

The National Health Care Surveys are now an option available to meet the public health reporting objectives of the Medicare Quality Payment Program - specifically the Merit-Based Incentive Payment System (MIPS) - final rule and the CMS EHR Incentive Programs final rule on modified Stage 2 & Stage 3.

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: MIPS and Meaningful Use

Participation in the National Health Care Surveys is listed as an option for MIPS and both Modified Stage 2 and Stage 3.

• Under Merit-Based Incentive Payment System (MIPS)
  – Reporting data to the National Health Care Surveys falls under Public Health and Clinical Data Registry Reporting Objective; Specialized Registry Measure & Public Health Registry Reporting Measure

• Under Modified Stage 2 (2016 and 2017):
  – Reporting data to the National Health Care Surveys falls under Objective 10; Public Health Reporting – Measure 3: Specialized Registry Reporting

• Under Meaningful Use Stage 3 (optional in 2017 and the only option in 2018 and beyond):
  – Reporting data to the National Health Care Surveys falls under Objective 8; Public Health and Clinical Data reporting – Measure 4: Public Health Registry Reporting
Declaration of Readiness for Public Health Reporting

The Declaration of Readiness for Public Health Reporting for the National Health Care Surveys is available in PDF format at: https://www.cdc.gov/nchs/data/nhcs/declaration_of_readiness_6-30-2016.pdf

Registration is offered free of charge.
National Health Care Surveys - Clinician and Provider Active Engagement

Clinicians and providers 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; OR
2. The clinician or provider is in the process of testing and validation of the electronic submission of data; OR
3. The clinician or provider has completed testing and validation of the electronic submission and is electronically submitting production data.
National Health Care Surveys - Clinician and Provider Active Engagement

Registration through this portal will satisfy active engagement Option 1: The clinician or provider completes registration to submit data.

Clinicians or Providers identified as 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- Clinician and Provider Active Engagement

- 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 will be sampled.
  - In future years, NCHS may expand the National Health Care Surveys sample.
National Health Care Surveys and Provider Active Engagement

- Clinicians and Providers NOT invited to submit data in a given year remain in active engagement with NCHS under Option 1 of active engagement.
Registered ECs & EPs who are Sampled for the National Ambulatory Medical Care Survey (NAMCS) in a Given Year

- If a registered EC or EP is in the sample for NAMCS, NCHS will invite them to submit EHR data for the testing and validation stage and then for the production stage.
- Data would be submitted for a randomly selected one-week reporting period in each survey year. NCHS defines the reporting week.
- Data for all patient visits to the EC or EP during the selected week would be submitted to NCHS or a designated agent.
- Data about the EC or EP and office/practice characteristics will also be collected.
Sampled ECs and EPs for the National Ambulatory Medical Care Survey (continued)

• ECs and EPs invited to submit EHR data will be notified at least a month in advance.
• NCHS staff will work with ECs, EPs and their technical contacts to facilitate submission.
• An encounter will be considered closed two weeks after the encounter date.
Data are collected on the ECs, EPs, and the medical care they provided at the encounter (visit).

Data on the EC and EP are collected once, at induction to the survey. These data include, but are not limited to:

- Physician medical specialty;
- Whether an MD or DO;
- Whether physician is in patient care, research, administration or teaching;
- Whether physician works in a federal location or an office-based practice owned by a hospital;
- Total number of estimated and actual visits at sampled locations and total number of actual days working during sampled week.
NAMCS
Data Collected on Patient Visit

• Patient Characteristics: Age, Sex, Race, Ethnicity, Patient’s zip code, Expected Source of Payment
• Vital Signs: Height, Weight, Temperature, Blood Pressure
• Current Reason for visit
• Injury/Poisoning/Adverse Effect
• Continuity of care including number of visits in the previous 12 months
• Diagnoses related to visit
NAMCS
Data Collected on Patient Visit (cont.)

• Current chronic conditions including but not limited to:
  – Asthma
  – Cancer
  – Diabetes
  – Obesity

• Medical procedures and services ordered or provided at visit

• Medications or immunizations continued, ordered or provided at visit

• Types of providers seen and estimated time spent with sampled provider

• Visit disposition

• Laboratory and other diagnostic tests and results

• CPT & HCPCS codes related to visit
Participation Options for Eligible Hospitals and Critical Access Hospitals

• Hospitals may participate in either NHAMCS or NHCS, depending on which sample they are in.

• If a registered EH or CAH is in the sample for NHAMCS or NHCS, NCHS will invite the EH or CAH to submit EHR data for the testing and validation stage and then for the production stage.

• Non-sampled EHs or CAHs will not need to send data for now, but may be invited in the future.
Participation Options for EHs and CAHs: National Hospital Care Survey (NHCS)

• If the hospital is selected to participate in NHCS, data would be collected for all inpatient discharges and all encounters in all hospital-based emergency service areas and hospital-based outpatient departments for a year.

• Information on hospital facility characteristics will also be collected.
Data Collected on Patients: NHCS

• Patient Characteristics: Age, Sex, Race, Ethnicity, Expected Source of Payment

• Personally Identifiable Information (PII) for linking: Name, Address, SSN, Medical Record Number

• Vital signs on arrival and last taken: Height, Weight and Blood pressure
Data Collected on Inpatient stay: NHCS

- All diagnoses including admission diagnosis and Present on Admission flags
- Problems and reason for visit
- Procedures during stay
- Priority of admission
- Use of ICU, NICU or CCU
- Medications and immunizations continued, ordered or provided during stay
  - Includes oxygen, dietary supplements, anesthetics and chemotherapy
- Laboratory and other diagnostic tests and results
- Types of providers seen
- Discharge disposition
Data Collected on ED and OPD encounters: NHCS

- Reason for visit, chief complaint and diagnoses for visit including chronic continuing problems
- Procedures and services ordered or provided at encounter
- Medications or immunizations continued, ordered or provided at encounter
  - Includes oxygen, dietary supplements, anesthetics and chemotherapy
- Laboratory and other diagnostic tests and results
- Types of providers seen
- Encounter disposition
- For ED and OPD encounters that result in hospital admission details of hospital stay
- Selected clinical notes for emergency department encounters
Participation Options for EHs and CAHS: National Hospital Ambulatory Medical Care Survey (NHAMCS)

• If the hospital is selected to participate in NHAMCS, data would be collected for all encounters from all Emergency Service Areas and Outpatient Departments for one month.

• Information on the Emergency Service Areas and Outpatient Departments characteristics will also be collected.
Data Collected on Patients: NHAMCS

- Patient Characteristics: Age, Sex, Race, Ethnicity, Expected Source of Payment

- Personally Identifiable Information (PII) for linking: Name, Address, SSN, Medical Record Number

- Vital Signs on arrival and last taken:
  - ED: Height, Weight, Temperature, Blood Pressure, Pulse, Respiratory Rate, Pulse Oximetry, Pain
  - OPD: Height, Weight, Temperature, Blood Pressure
Data Collected on ED and OPD encounters: NHAMCS

- Reason for visit, chief complaint and diagnoses for visit including chronic continuing problems
- Procedures and services ordered or provided at encounter
- Medications or immunizations continued, ordered or provided at encounter
  - Includes oxygen, dietary supplements, anesthetics and chemotherapy
- Laboratory and other diagnostic tests and results
- Types of providers seen
- Encounter disposition
- For ED and OPD encounters that result in hospital admission details of hospital stay
- Selected clinical notes for emergency department encounters
The Office of the National Coordinator for Health IT (ONC) “2015 Edition” final rule indicates EPs and EHs that choose to report National Health Care Surveys to NCHS in 2015-2017 to fulfill the MU public health objective are required to use standards and format options specified by NCHS.

The ONC 2015 Final Rule is available at the following link:


Data submissions will be accepted by CDC/NCHS in one of 3 formats.
The preferred format is HL7 CDA® documents as described by the Implementation Guide (IG) for National Health Care Surveys Release 1, DSTU Release 1.1 - 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 this IG and other versions of this IG.

The Implementation Guide is available at: 
Reporting Format Stage 2: 2015-2017
Option 2: Custom Extract

A second option is a custom extract built to include data elements as specified in the National Health Care Surveys Data Elements list, and available from NCHS.
Reporting Format Stage 2: 2015-2017
Option 3: CCDs

NCHS will also accept:

– Continuity of Care Documents (CCDs) produced by CEHRT platform; OR
– Exit records (applicable to EpicCare only); OR
– Discharge summaries; OR
– Similar documents approved after discussion with National Health Care Survey staff.
Transmission of EHR Data for Stage 2

Data transmission will be via Secured File Transmission Protocol (SFTP). The specific SFTP site depends upon which survey data are being submitted. Each data submitter will be provided with their own secure account for data transmission.
Reporting Format Stage 3: 2018 and beyond

In 2018 and onward, all data submissions must be HL7 CDA® documents as described by the Implementation Guide for National Health Care Surveys Release 1, DSTU - US Realm.

These submissions must be through CEHRT.
Any questions, please e-mail NCHSMUINFO@cdc.gov or call 301-458-4321.