



The National Committee on Vital and Health Statistics
The Public Advisory Body to the Secretary of Health and Human Services



NCHS and NCVHS
A FIFTY-YEAR PARTNERSHIP
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NCHS and NCVHS

A 50-Year Partnership

- The National Center for Health Statistics (NCHS) was established in 1960 as the Nation's principal federal health statistics agency, bringing together the National Office of Vital Statistics and the National Health Survey.
- The National Committee on Vital and Health Statistics (NCVHS) had been established in 1949 as a federal advisory committee in response to a recommendation by the World Health Organization that all governments establish such committees.



NCHS and NCVHS

A 50-Year Partnership

- The NCVHS provides advice and assistance to the Department in the areas of health data, health statistics and national health information policy.
- The NCVHS Executive Secretary has always been located in NCHS (or the National Office of Vital Statistics from 1949 – 1960) with the exception of 1977-79.
- **NCVHS was written into the legislation for NCHS in 1974, which gave the Committee official status for advising the Secretary of Health, Education and Welfare.**



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- The Committee received additional responsibilities to advise the Secretary on health data standards and privacy policy with passage of Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) added responsibilities for recommending electronic prescribing standards.
- Affordable Care Act of 2010 added responsibilities for advising on National Health Plan Identifier and Operating Rules for HIPAA Transaction Standards



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History



Since 1949, the NCVHS has provided a bridge between government and the health industry, research and public health communities as well as connections to those working on health information policy in other countries.



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Roles of a federal advisory committee:

- **Convening**
- **Studying**
- **Educating**
- **Evaluating**
- **Deliberating**
- **Visioning**
- **Recommending**
- **Advocating**



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The NCVHS current working structure consists of:

- **Executive Subcommittee**
- **Subcommittee on Population Health**
- **Subcommittee on Privacy, Confidentiality and Security**
- **Subcommittee on Quality**
- **Subcommittee on Standards**



NCHS and NCVHS

A 50-Year Partnership

- The Committee's first fifteen years were largely devoted to revisions of the *International Classification of Diseases*
- In its first annual report (1949 - 1950), NCVHS observed:

“By and large, health statistics are still in the horse and buggy stage of development.”

 - A National Health Survey hadn't been conducted since 1937
 - NCVHS called for better data on illness, issuing a report in 1953 that led to the National Health Survey Act of 1956
 - This led to establishment of the National Health Interview Survey, conducted continuously since 1957, and the National Health and Nutrition Examination Survey, first conducted in 1960 and now is a continuous survey.



NCHS and NCVHS

A 50-Year Partnership

- In the 1970's, NCVHS developed uniform data sets for hospital, ambulatory and long-term care data, which have been implemented in the NCHS National Health Care Survey:
 - National Hospital Discharge Survey has been conducted annually since 1965.
 - National Ambulatory Medical Care Survey was first conducted in 1973 and annually since 1989; National Hospital Ambulatory Medical Care Survey was inaugurated in 1992 and also is annual.
 - National Nursing Home Survey first was conducted in 1973-74 and most recently in 2004.
- NCVHS also worked closely with the Cooperative Health Statistics System



NCHS and NCVHS

A 50-Year Partnership

• From the mid-1980's, until 1996, NCVHS had the following Subcommittees, the majority with lead staff from NCHS:

- Ambulatory and Hospital Care Statistics
- Disease Prevention and Health Promotion Statistics
- Long-term Care Statistics
- Medical Classification Systems
- Mental Health Statistics
- Minority Health Statistics
- State and Community Health Statistics
- Statistical Aspects of Physician Payment Systems



NCHS and NCVHS

A 50-Year Partnership

- As NCVHS scope and legislative mandates grew, there was less bandwidth to address the needs of NCHS data systems.
- At the same time, CDC was encouraging the establishment of Boards of Scientific Counselors to conduct peer reviews of Center programs.
- NCHS Board of Scientific Counselors (BSC) was established and held its first meeting in October 2003. NCVHS works closely with the BSC and each has a liaison to the other.
- NCVHS has continued to advocate for adequate resources for health statistics and NCHS data systems.



NCHS and NCVHS

A 50-Year Partnership

- NCVHS has retained its historical interest and oversight for international classifications. This has continued in the current decade:
 - 2001 report on Classifying and Reporting Functional Status (using the International Classification of Functioning, Disability and Health [ICF])
 - 2003 recommendation letter on transition to ICD-10 code sets
 - Numerous reports and recommendations on terminologies and classifications for electronic health records, in general, and for multiple clinical domains (Consolidated Health Informatics Initiative)
 - 2007 and 2010 recommendation letters on the need to adopt ICD-10 code sets and related standards on schedule



NCHS and NCVHS

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- The NCHS Director asked the Committee to work with the NCHS, CNSTAT and HHS Data Council on Shaping a Health Statistics Vision for the 21st Century (see 2002 report on www.ncvhs.hhs.gov)
 - Defined health statistics
 - Developed a model of the Influences on the Population's Health
 - Described the health statistics cycle
 - Articulated ten guiding principles and detailed recommendations for adopting an overarching conceptual framework
 - Served as framework for an edited volume on *Health Statistics* (Oxford University Press 2005)

Place and Time

Context

Community attributes

Natural environment

Air quality
Water quality
Climate and weather
Topography and soil
Environmental contaminants
Animals and plants

Cultural context

Norms and values
Religion
Racism and sexism
Discrimination
Competition/cooperation

Political context

Public policies and Laws
Social
Economic
Health
Environment
Political culture
Differential political
enfranchisement or
participation

Health services

Structure
Numbers of personnel
Types of personnel
Organization
Facilities
Types of services
Accessibility
Processes
Professional behaviors
Utilization
Treatment modalities
Cost and financing
Access and Use
Quality

Built environment

Housing
Workplace
School
Transportation
Communication
Access

Economic resources

Employment
Control over work
Income
Income inequality
Economic change
Education
Child care
Early childhood
experience
and education

Biological characteristics

Community age distribuion
Community gender distribuion
Genetic make-up

Social attributes

Cohesion
Influence
Networks
Support
Social change

The populaton's health

| | Level | Distribution |
|--------------------------|-------|--------------|
| Disease | | |
| Functional status | | |
| Well-being | | |

Population-based health programs

Water Supply
Waste Disposal
Air Pollution Control
Public Health Programs
Children
Adults

Collective lifestyles and health practices

Diet
Wellness behavior
Physical activity
Sexual practices
Smoking
Substance abuse
Violent behavior
Access to health
information



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- The Health Statistics Vision report was closely aligned with the NCVHS 2001 report on *Information for Health*, which conceptualized the integration of information from three dimensions into a National Health Information Infrastructure drawing data from:
 - Health care providers
 - Personal health records
 - Population health records

