Program

- Tuesday-Wednesday
  - Program Sessions
  - Brown-bag meet the staff @ 12:30
  - Exhibits and Posters

- Thursday in Hyattsville -
  - NHI S Hands-on

- Plenary Sessions
  - This Morning
    - Katherine Wallman
    - Harold Luft
  - Wednesday
    - Lisa Simpson
    - Mohammad Akhter
    - Pamela Hyde
Dedication:
Randy Curtin
Dedication:
Randy Curtin
Dedication:
Randy Curtin

Legacy
● Quality
● Innovation
Dedication:
Randy Curtin

Legacy
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● Vital Statistics
● ORM
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Mentor and Friend
Innovation:

- Changes and
- Challenges
Congressional Mandate

National Center for Health Statistics

Sec. 306 [242k] (a) There is established in the Department of Health and Human Services the National Center for Health Statistics (hereinafter in this section referred to as the “Center”) which shall be under the direction of a Director who shall be appointed by the Secretary. The Secretary, acting through the Center, shall conduct and support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.

(b) In carrying out subsection (a), the Secretary, acting through the Center—

(1) shall collect statistics on—

(A) the extent and nature of illness and disability of the population of the United States, the causes and circumstances of injury and death, the health status of the population, and the utilization of health services, including medical care, dental care, public health services, mental health services, rehabilitation services, long-term care services, and traditional healing and wellness services;

(B) the number, characteristics, and causes and circumstances of births and deaths, and the number, characteristics, and health status of infants and children;

(C) the extent and nature of disability, including disabilities attributable to injuries and accidents, and the number, characteristics, and health status of people with disabilities;

(D) the extent and nature of mental illness, including mental illness attributable to injuries and accidents, and the number, characteristics, and health status of people with mental illness;

(E) the extent and nature of substance use and addiction and the characteristics of people with substance use and addiction problems;

(F) the extent and nature of health care needed by and received by women, including maternity care, and the characteristics of people with health care needs;

(G) the extent and nature of the health needs of minorities and low-income and rural populations, and the characteristics of people with health needs;

(H) family formation, growth, and dissolution;

(i) shall undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining current data on the matters referred to in paragraph (1);
Congressional Mandate

...addresses the full spectrum of health concerns
Congressional Mandate

...addresses the full spectrum of health concerns

Trends

Budget Appropriation

Reimbursable Funding

New Priorities
A Few of the Health Concerns ...
... Drivers to Innovation
An Extraordinary Focus on Data

• Open Government Initiative
  • Transparency
  • Data use by the public
  • Focus on the community level and personal decision-making

• HHS Leadership:
  • Committed to strengthening data systems and supporting and promoting the use of government data resources
An Extraordinary Focus on Data + A Myriad of Health Issues ➔ Opportunity

- Open Government Initiative
  - Transparency
- Data use by the public
- Focus on the community level and personal decision-making

HHS Leadership:
- Committed to strengthening data systems and supporting and promoting the use of government data resources
Other Drivers Toward Innovation

- Changes/evolution in health care
- Competitive forces
- Information technology
- The flood of new data ("Big Data")
- Research and policy needs
- Dissemination
Other Drivers Toward Innovation

- Changes/evolution — ACA —
- Competitive forces
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We have Responded ...
We have Responded ...

Some Examples ➔
How We’ve Responded ...

● Health Care Program

• NAMCS number of State estimates (Thank you ACA)

• More in-depth information on hospital care (Our new National Hospital Care Survey)

• New capabilities in ambulatory care assessment (Follow-back and DAWN)
How We’ve Responded …

- **Timeliness**
  - NHANES released within 9 months
  - NHIS -- Quarterly releases with full year within 6 months
  - Health Care targeting 10 months
How We’ve Responded ...

- **Vital Statistics**
  - Vital statistics - preliminary data (90% +) within 9 months - An advance from our “Good to Great” partnership with NAPHSIS
  - Working toward development of vital statistics model law
Assuring Availability of National Clinical Measures

How We’ve Responded ...

- Oral health
- Measures of environmental exposure
- ‘Million Hearts’ data
  - Blood Pressure, Cholesterol, CVD practice (NAMCS)
  - Obesity
- The National Youth Fitness Survey
How We’ve Responded ...

- National Clinical Measures
How We’ve Responded …

- National Clinical Measures
How We’ve Responded …

- Expanding our focus on diversity
- Expanding the Asian subsample
- Developing a protocol to support self-identification of the Lesbian, Gay and Bisexual community
- Expanding state estimates
- R & D on small area estimation
How We’ve Responded …

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How We’ve Responded ...

- Dissemination
  - Health Indicator Warehouse and HealthData.gov
  - Health Data Interactive
  - Data briefs (at 100 and counting ...)
  - Health US content, editions and tools
  - Interactive Health US
How We’ve Responded ...

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- **July 2010:**
  - 40 published

- **July 2012:**
  - 100 published
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Innovation in Health, US
Interactive
Health US 2011, In Brief

Developed by the National Library of Medicine in collaboration with NCHS
The Interactive Health US 2011, In Brief

Figure 20. Personal health care expenditures, by source of funds: United States, 1999–2009

Source of Funds

Out-of-pocket spending for personal health care expenditures grew less rapidly than Medicare, Medicaid, and private insurance spending from 1999 to 2009. Between 1999 and 2009, total personal health care expenditures grew from $1.1 trillion to $2.1 trillion. During this period, the average annual growth in Medicare expenditures was 9%, for Medicaid and private insurance 7%, and for out-of-pocket spending 5%. In 2009, 34% of personal health care expenditures were paid by private health insurance, 23% by Medicare, 17% by Medicaid, 14% out of pocket, and less than 1% by the Children’s Health Insurance Program (CHIP).

SOURCE: CDC/NCHS, Health, United States, 2011, Table 120. Data from the Centers for Medicare & Medicaid Services, National Health Expenditure Accounts (NHEA).
The Interactive Health US 2011, In Brief

Health Care Resources
Patient Care Physicians per Population

Figure 19. Patient care physicians per 10,000 population, by state: United States, 2009

The number of patient care physicians per 10,000 population in the United States in 2009 ranged from a high of 40 in Massachusetts to a low of 17 in Idaho and Mississippi.

On average, there were 25 patient care physicians per 10,000 population in the United States in 2009. The New England states, Mid-Atlantic states, District of Columbia, Maryland, Hawaii, and Minnesota were in the highest quartile (27 or more patient care physicians per 10,000 population). States in the lowest quartile (17–21 patient care physicians per 10,000 population) included parts of the South and some of the Mountain states, along with Iowa and Indiana.

SOURCE: CDC/NCHS, Health, United States, 2011, Table 108. Data from the American Medical Association (AMA) and the...
Our New Home Page

Follow the Conference on Facebook

Join our event page to receive the latest updates and stay tuned for interactive discussions with NCHS Senior Leadership. Help spread the word by sharing with friends and colleagues.

FEATUR ED TOPICS

Dr. Nathaniel Schenker Elected American Statistical Association 2014 President
Dr. Schenker will serve as president-elect in 2013, and become president on January 1, 2014

QuickStat of the WEEK

In 2010, hospitalization rates per 10,000 population for stroke for males and females increased with increasing patient age. For males, the rate per 10,000 ranged from 14.7...
How We’ve Responded ...

- Expanding our focus on Administrative Data Sources
  - Data linkage
  - International classifications
  - Electronic Health Records --
    - Monitoring adoption and use
    - As a data source
Expanding our focus on Administrative Data Sources

- Data linkage
- International classifications
- Electronic Health Records --
  - Monitoring adoption and use
  - As a data source

55% of physicians had adopted an EHR system in 2011

≈ 75% meet federal "meaningful use" criteria
A Look Into the Future

• Use of the internet for data collection
• Explosion of new data sources
  • Merging of data sources
  • Meeting the need for more local data
• Monitoring health over time (longitudinal data)
  • Electronic health records
  • At-home monitoring
Screenings

Tests, Tests, Tests

Health

Long term care

Drugs

Immunizations

Hospital stays

X-Rays

Physical Therapy

Comparative Treatment Effectiveness

Birth

Now

Death