Monitoring Million Hearts Campaign Using NCHS Ambulatory and Hospital Care Statistics

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National Health Care Surveys

• Primary means of carrying out our mission to collect, analyze, and disseminate data on health care providers, their services, and the people they serve.

• Unusual for NCHS surveys in several ways:
  • Surveys of establishments, not households
  • Rather than providing estimates about the population, they provide estimates about the universe of encounters with providers
  • Patient-level data largely abstracted from medical or administrative data
National Health Care Surveys

• Ambulatory and Hospital Care Surveys
  – National Ambulatory Medical Care Survey (NAMCS)
  – National Hospital Ambulatory Medical Care Survey (NHAMCS)
  – National Hospital Discharge Survey (NHDS)
  – New National Hospital Care Survey (NHCS)

• Long-Term Care Surveys
  – New National Study of Long-Term Care Providers (NSLTCNP)
Examples of Data

Provider Organizations

• Setting
• Sources of Revenue
• Ownership/staffing
• Practice Size/Volume
• Electronic Health Records

Clinicians

• Specialty and training
• Hours worked per week
• Visits
• Demographics
• Region
Examples of Data

Patients
- Demographics
- Medical Conditions
- Continuity of care
- Vital Signs
- Insurance Status
- Residential zip code

Encounter
- Medications
- Services ordered or provided
- Diagnoses
- Counseling
- Visit Duration
- Disposition
Changes Underway

ACA funded Improvements to NAMCS/NHAMCS

- Major increase in sample— from 3,000 physicians to nearly 20,000

- Addition of Clinical Data To Evaluate the Quality of Care To Prevent Heart Disease and Stroke “Lookback”
National Ambulatory Medical Care Survey (NAMCS)

• Visits to non-federal, office-based physicians primarily engaged in patient care

• Data at practice, clinician, and patient level
Percent of Physician Visits by Patients with CVD Risk Factors (Hypertension, Hyperlipidemia, Diabetes)

Source: CDC/NCHS, NAMCS 2010
Percent of Visits by Patients with 1, 2 or 3 Risk Factors for CVD

Source: CDC/NCHS, NAMCS 2010
Percent of Visits by People with Hypertension or High Blood Cholesterol where the Blood Pressure or Cholesterol is under control

Blood pressure Under Control

- Males: 65%
- Females: 62%

Cholesterol Under Control

- Males: 68%
- Females: 61%

Source: CDC/NCHS, NAMCS 2010
Percent of visits by smokers where smoking cessation counseling was ordered or provided

Source: CDC/NCHS, NAMCS
Lookback Module on Prevention of Heart Disease and Stroke

• To monitor and evaluate services to prevent major causes of death and disability, namely heart disease and stroke

• Includes patients at higher risk, e.g., with hypertension or prior stroke

• Expands the current data collection to include risk factors and appropriate preventive services 12 months prior to the sampled office visit
Lookback selected conditions

- Cerebrovascular disease/ history of stroke/ transient ischemic attack (TIA)
- Congestive heart failure (CHF)
- Diabetes
- Hyperlipidemia
- Hypertension
- Ischemic heart disease (IHD)
Lookback Data: Visit Lookback

- Family history of coronary heart disease
- Selected chronic condition
- Risk factors
- Preventive care
- Medication & immunization
Lookback Data: Lab results Lookback

- Total cholesterol
- High density lipoprotein (HDL)
- Low density lipoprotein (LDL)
- Triglycerides
- Glycohemoglobin A1C (HgbA1C)
- Fasting blood glucose
How does the Lookback Module work?
NAMCS/NHAMCS “Lookback” module

To monitor and evaluate services to prevent major causes of death and disability—heart disease and stroke
National Hospital Ambulatory Medical Care Survey (NHAMCS)

- NHAMCS’ objectives are similar to NAMCS, but with a focus on care in different settings:
  - Outpatient Departments
  - Emergency Departments
  - Hospital-based Ambulatory Surgery Centers (since 2009)
  - Free-standing Ambulatory Surgery Centers (since 2010)
NHAMCS changes

- Many of the NAMCS changes also apply to NHAMCS:
  - Lookback module in the OPD

- 2012 core sample will remain the same, but augmented by supplemental sample of EDs only in five states
National Health Care Surveys
Strengths

• Nationally representative
• Provider based
• General purpose
• Objective (record-based) clinical information
• Multi-level data structure
• Large sample sizes
• Flexible
For More Information

http://www.cdc.gov/nchs/nhcs.htm

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