

National Health Care Surveys: Addressing the Affordable Care Act



Division of Health Care Statistics
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Introduction

The Patient Protection and Affordable Care Act expands health insurance coverage to 32 million more people . National Health Care Surveys will address the impact of the Affordable Care Act on physician offices, hospitals, emergency departments, outpatient clinics, community health centers, and ambulatory surgery centers as well as in long term care facilities as Lauren discussed (yesterday??)



National Health Care Surveys

Care in physician offices and hospitals

- National Ambulatory Medical Care Survey
- National Hospital Ambulatory Medical Care Survey
- National Hospital Discharge Survey

Long-term care

- National Nursing Home Survey
- National Home and Hospice Care Survey
- National Survey of Residential Care Facilities

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The National Center for Health Statistics collects data on the health care provided and the organizations and health care professionals that deliver it through our provider survey

Physician offices and hospitals through the NAMCS , NHAMCS and NHDS
Lt-care



Addressing the Affordable Care Act

Changes to NAMCS/NHAMCS funded with Prevention Funds

- State-Based Estimates of Clinical Preventive Services
- Clinical Data to Evaluate the Quality of Care to Prevent Heart Disease and Stroke

Other New Data Elements

National Hospital Care Survey

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There are a number of recent developments in DHCS that will allow us to better address the impact of the Affordable Care Act.

Two projects were proposed to CDC and funded with the Prevention and Public Health Funds. These two projects build on the infrastructure of the NAMCS and NHAMCS.

We have also added new data elements on our mail survey of physicians that will provide state based estimates of the physicians acceptance of new patients and new patients with Medicaid and Medicare.

And we should not forget that there is significant funding for health IT electronic medical records from the Recovery Act and our National Hospital Discharge Survey beginning in 2011 will go entirely electronic,



State-Based Estimates

- Adds up to 22,000 physicians to the 3,200 in the current NAMCS sample
- Adds clinical data elements to monitor preventive services provided
- Permits monitoring and evaluation of the effects of expanded health care coverage
- Supports state activities to monitor the effects of the expansion of Medicaid programs in reducing morbidity and mortality from chronic disease and other preventable conditions

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The objectives of this first project funded by the prevention funds are to 1) monitor and evaluate clinical preventive services provided in physicians' offices at the state level

Thus we will be adding up to 22,000 physicians to the 3200 in the current NAMCS sample. These numbers bounce around a bit.... In 2011 we are adding 1000 physicians to the 3200 in our current sample. In 2012 I have seen proposals that have added from 10,000 to 22,000 physicians to the sample.

We will be adding clinical data elements to monitor evidence-based preventive services including prescriptions for aspirin and other anti-platelet medications; prescription and counseling for blood pressure and cholesterol control and prescription and counseling for smoking cessation.

These data expand the capacity of CDC and its health department partners to use these data for monitoring the effects of expanded health coverage on use of appropriate preventive services.



Quality of Care to Prevent Heart Disease and Stroke

- Identifies patients at high risk
- Expands the current data collection to include risk factors and clinical management 12 months prior to the office visit
- Permits the monitoring and evaluation of clinical preventive services for prevention and treatment of the Nation's major cause of death and disability: Heart Disease and Stroke

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The objective of the second project funded with the Prevention Funds is to better assess physicians' clinical management to prevent heart disease and stroke.

NAMCS in physicians' offices and NHAMCS in hospital outpatient departments will expand the data collected on patients at high risk for heart disease and stroke to include the clinical management of patients' risk factors during the 12 months before the sampled visit.

For patients with hypertension, hypercholesterolemia, or prior stroke, for example, the surveys would collect the number of visits, medications prescribed, changes in medications, family history, and contraindications to certain medications. Since these surveys will already be collecting selected intermediate outcomes, including blood pressure and cholesterol levels, the data would permit evaluating and monitoring the appropriateness of clinical management and the relationship to these outcomes.

The data would also permit monitoring and evaluation of clinical preventive services for prevention and treatment of the Nation's major causes of death and disability Heart Disease and Stroke.



Building on NAMCS/NHAMCS

- Infrastructure already in place to collect data for physician offices, emergency and outpatient departments and community health centers
- NAMCS/NHAMCS data on characteristics of physician offices and hospitals, produces a rich data set to evaluate the effects of the ACA according to different practice characteristics.

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These projects build on the infrastructure already in place to collect data on care provided in physician offices, emergency and outpatient departments and community health centers

There is no other source of data on ambulatory care available that is nationally representative and soon to be able to provide state specific estimates.

In addition the data on characteristics of the physician offices and hospitals produces a rich data set to evaluate the effects of the Affordable Care Act on practices characteristics and to monitor any shift between the care given in the ED, CHCs Outpatient clinics and physician offices.



Adds to our capabilities

- Computerizes the data collection
- Improves the timeliness of the data
- Increases in sample size for State based estimates increases the precision of estimates by other characteristics as well
- Adds the collection of retrospective, longitudinal data to the capabilities that we can offer

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Initially the Prevention funds will be used to do some very needed developmental work.

Clearly we can't increase our sample size several fold and continue to rely on paper and pencil data collection instruments so we are beginning to computerize the data collection for NAMCS and NHAMCS. This includes a physician or hospital level data collected in an Induction Interview and patient level data collected on a Patient Record Form.

As you may know NAMCS and NHAMCS give physicians' offices and hospitals the choice of either abstracting the patient level data themselves or having the Census Field Representatives collect the patient level data. If the Census Field Representatives collect the data we are computerizing the patient record form on the Census FR's laptop. We have not settled on a solution for computerizing the patient level data collected by the office or hospital staff yet.

We have engaged a contractor through our Interagency agreement with Census to advise us about the options for letting the office staff collect data and we are conducting some qualitative research this fall on the preferences of the office and hospital staff regarding data collection modes --

Computerization of the data collection should improve the timeliness of when we get the data out and may make it possible to have releases of selected data items within 6 months of data collection.

Increasing the sample size to allow for State based estimates also will improve the precision of other estimates as well. With this increase in ss we may be able to say more about access and disparities by additional groups and may be able to make estimates rarer conditions.

And the fourth benefit of these is the addition of the capability to demonstrate that we can collect retrospective data.



Timeframe and Milestones

- Fall 2010-Spring 2011—Development of the tool to computerize the data collection
- Fall 2010 Qualitative research with office and hospital staff
- Fall 2011 Training Census FRs on new data collection tool
- December 2011 launch NAMCS/ NHAMCS

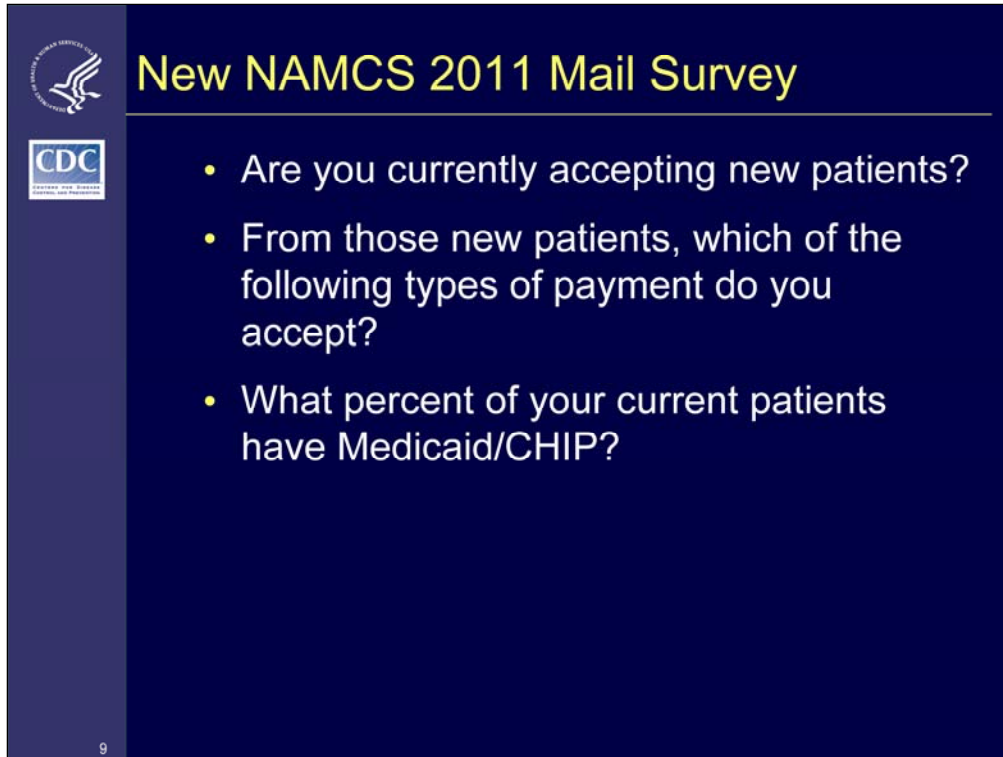
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The timeline for all these changes is very tight. This fall we will be developing the computerized data collection tool for the Induction Interview and Patient Record form that is used by the census field representatives.

In addition we are conducting the qualitative research with the office staff in physician offices and hospital outpatient and emergency departments to determine their preferences for data collection

This Spring we will be testing and pretesting the data collectiong

Training Field representatives on NAMCS and NHAMCS next fall and launching the 2012 NHAMCS and NAMCS starting in December 2011.



The slide features a dark blue background with a vertical sidebar on the left containing the CDC logo and the text 'DEPARTMENT OF HEALTH & HUMAN SERVICES'. The main title 'New NAMCS 2011 Mail Survey' is in yellow. Below the title, three survey questions are listed in white text.

New NAMCS 2011 Mail Survey

- Are you currently accepting new patients?
- From those new patients, which of the following types of payment do you accept?
- What percent of your current patients have Medicaid/CHIP?

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As I mentioned we also added a few questions on our NAMCS 2011 mail survey for those who think the new health care legislation will effect physician’s acceptability of Medicaid patients either positively or negatively. These data will be available next September on a state- by state basis. It could be quite interesting since

The new legislation requires States to bring the Medicaid payment up to the level of Medicare and in some states (NY, NJ, RI, DE and DC) Medicaid payment is only 30-40% of Medicaid.

Bring in Sandy’s article

The Inquiry article suggests that in the past, increases in state Medicaid payment rates to physicians have resulted in increased service use among Medicaid recipients. If the same were to happen in response to the ACA, the increased service use might increase costs of the plan above what may be projected, though it's possible that the change might also improve quality of care. The article also suggests that in the past, increases in Medicaid payment rates for office-based physicians have tended to shift site of care toward physician offices and away from hospital outpatient and emergency departments. If this were to happen in response to provisions in HR 3962, it could reduce the impact of the plan on costs somewhat since care can be less expensive to provide outside of hospital-based settings.



NHDS goes electronic

- Currently piloting the transmission of electronic claims data and adding data from electronic medical records
- Beginning in 2011, NHDS will go totally electronic

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Our national Hospital Discharge survey is going through some changes as well. Beginning in 2011, NCHS will recruit a new sample of hospitals for this new National Hospital Discharge Survey. During this first year the survey hospitals will be asked to provide data on all inpatients from their UB-04 administrative database, as well as, facility level data through a facility questionnaire. This is departure from the current NHDS by moving to an electronic system for collection of core data while providing a flexible platform that allows for primary data collection from the medical record for strategic samples of cases.

The current NHDS is scheduled to end with the 2010 data collection. (OMB approved this change on September 19, 2009). Clearance is now being sought to field a new NHDS, scheduled to begin in 2011 with the recruitment of approximately 500 hospitals and collecting data on hospital inpatients for all discharges from those hospitals in 2011 continuing through 2013. Hospitals recruited for the NHDS will provide data on hospital inpatients from their Uniform Bill (UB)-04 administrative database. This is departure from the current NHDS by moving to an electronic system for collection of core data while providing a flexible platform that allows for primary data collection from the medical record for strategic samples of cases. In addition, facility level data will be collected through a facility questionnaire. Then in 2013, a new National Hospital Care Survey (NHCS) will be formed by integrating the emergency and outpatient departments within the hospitals participating in the NHDS. The NHCS would replace the NHDS and the National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB 0920-0278). A separate clearance will be submitted for the NHCS.



National Hospital Care Survey

- Starts with inpatients NHDS
- Collects data on all inpatients
- Collects PII for linkage to the National Death Index and data from CMS and measures of rehospitalization
- Adds NHAMCS in 2013

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The new survey will continue to provide the national general purpose health-care statistics that NHDS and NHAMCS currently provide. The new survey will have some distinct advantages. First, more information at the hospital level will be collected. This includes, but is not limited to, the hospital's infrastructure for health information technology and volume of care provided by facility. Thus analyses of the effect of the facility characteristics on the quality of care provided can be conducted.

Second, the data collected from the UB-04s on the inpatient discharges will be collected from all inpatient discharges, not just a sample. In 2013, when the hospital ED and OPD are integrated into the survey and visits are sampled from the ED and OPD clinics, the care provided to patients admitted to the hospital through the ED and OPD can be examined. The collection of personal identifiers (protected health information) will allow NCHS to link episodes of care provided to the same patient in the ED and/or OPD and as an inpatient, as well as link sampled cases to the National Death Index to measure post-discharge mortality.

In the new legislation, Medicare payment for preventable hospital readmissions will be reduced beginning in 2012. Medicare inpatient hospital payments will be reduced on a dollar value basis for each hospital's percentage of preventable Medicare readmissions measures: heart attack, heart failure, and pneumonia. In 2015, the program will expand to include acute myocardial infarction coronary artery bypass graft, percutaneous transluminal coronary angioplasty, and vascular issues, in addition to others recommended by the Secretary.



Changes in the Health Care Surveys

- Increase in sample size
NAMCS/NHAMCS
- Computerized data collection
- Collection of electronic data
NHDS/NHAMCS
- Collection of longitudinal data

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So we think the changes we are making in our health care surveys – increasing sample size, computerizing the data collections, collecting electronic data and longitudinal data will add to the relevance and value of our data collection for policy decisions now and in the future.



Thank you