

# National Health Care Survey

## About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides multiple perspectives to help understand the population's health, influences on health, and health outcomes.

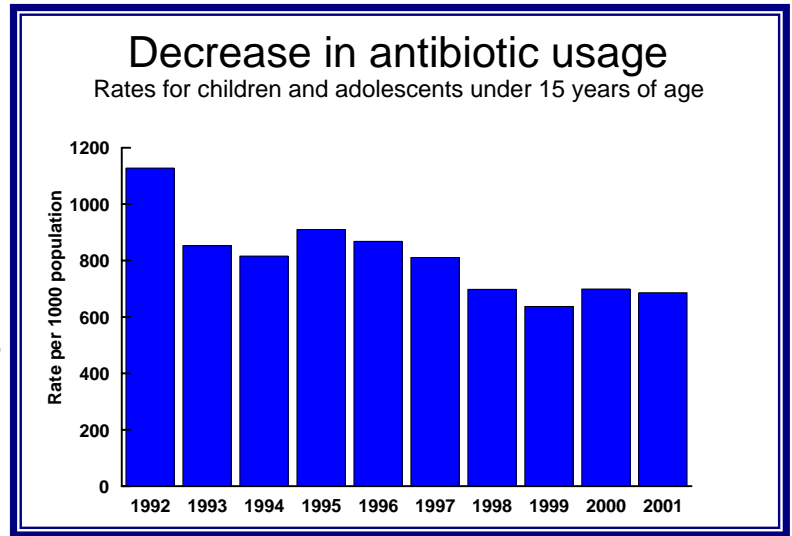
## National Health Care Survey (NHCS)

The NHCS is a family of surveys that collects data from health care establishments about the utilization of services across the major sectors of the U.S. health care system. These data may be used to profile changes in the use of health care resources, patterns of disease, and the impact of new medications and technologies. Information on the characteristics of providers, facilities, and patients allows researchers to study shifts in the delivery of care across the health care system, variations in treatment patterns, and patient outcomes.

### Provider sites surveyed:

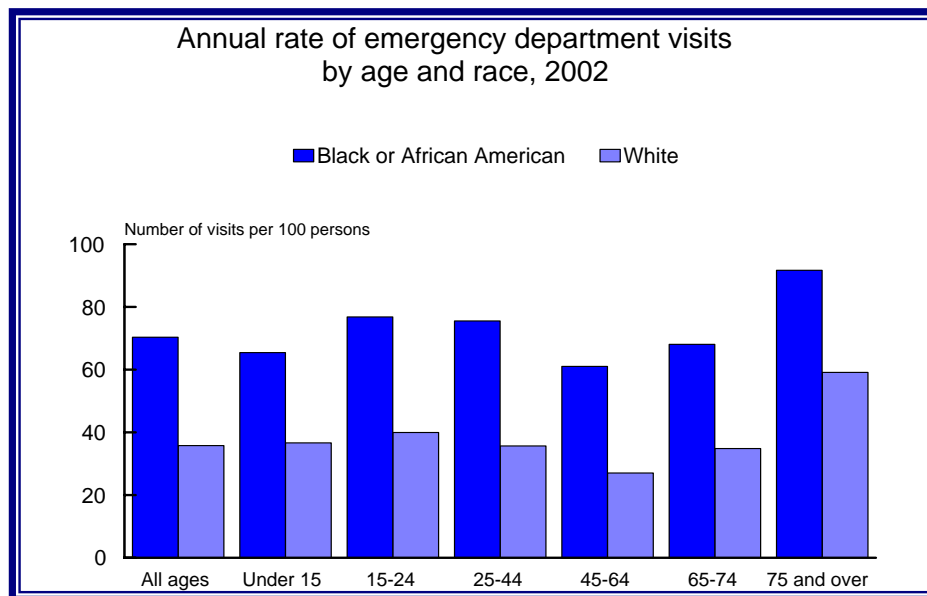
- Hospitals
- Nursing Homes
- Emergency Departments
- Hospital Outpatient Departments
- Office-Based Physicians
- Ambulatory Surgery Centers
- Home Health Agencies
- Hospices

## Examples of NHCS Data



Source: National Health Care Survey, 2003.

- The **antibiotic prescribing rate** has decreased from 1,128 per 1,000 children under age 15 in 1992 to 686 per 1,000 in 2001.
- Since the early 1980s there had been an increase in the use of antibiotics that coincided with a rise in antibiotic resistance. This in turn led public health officials to place priority on educating providers and patients about more appropriate use of antibiotics. The data show the effectiveness of the campaign among office-based physicians treating children under 15 years of age.



**Source:** National Hospital Ambulatory Medical Care Survey: 2002 Emergency Department Summary, National Center for Health Statistics, 2004.

- The **emergency departments** (ED) utilization rate for black or African American persons was almost double the rate for white persons.
- Higher ED visit rates among blacks are, in part, indicative of difficulties accessing preventive and primary health care services.

Other recent findings include:

- The average **hospital stay decreased** from an average of 7.8 days in 1970 to an average of 4.9 days in 2001.
- In 2001, over half (53 percent) of the **visits to office-based physicians** were from patients over age 45, compared to 42 percent in 1992. The number of people over age 45 rose 11 percent during the past decade, however, the doctor visits increased 26 percent during the same time period.
- In 2001, about 1.3 billion **drugs were ordered or provided** at 61.9 percent of office visits. The average drug mention rate increased by 22 percent from 1992 to 2001.
- During 2001, about 83.7 million visits were made to **hospital outpatient departments** in the United States. The 2001 rate (29.9 per 100 persons) represents a 33 percent increase since 1992.
- From 1992 through 2002, the number of **emergency department visits** increased from 89.8 million to 110.2 million visits annually (up 23 percent), and the number of hospital EDs in the United States decreased by about 15 percent.
- In 2000, almost two-thirds of hospice patients received **hospice care** for less than 30 days, down from 27 days in 1994. Over a third of hospice patients discharged in 2000 had a week or less of hospice care.

## Challenges and Future Opportunities

- Collect data on ambulatory surgery on a regular cycle. For example, the National Survey of Ambulatory Surgery has not been conducted since 1996, yet the growth in outpatient surgeries has surpassed that of inpatient settings. In 2000, 63 percent of all surgical operations in community hospitals were performed on outpatients, up from 51 percent in 1990 and 16 percent in 1980.
- Diversification in the long-term care industry has expanded the types of long-term care facilities that are available and information is needed on these places. These now include assisted living facilities, residential care facilities and specialized care units within existing health care facilities. As life expectancy increases and the baby boom generation matures, data are needed to help understand emerging patterns of care and shape long-term policy.
- Expand the sample sizes in the various surveys to more accurately monitor disparities in health care among priority populations such as racial and ethnic minorities, women, rural communities and children.
- Expand the range of providers captured in the survey for more comprehensive coverage of the health care system. For example, in ambulatory care, expand the sample to include providers not currently covered such as radiologists or oncologists, as well as to capture the emerging use of alternative health care providers.
- Expand the availability of provider-based data to monitor and assess quality of care and provide national benchmark data for comparison with state and local performance. Data collection forms and sampling frames can be adapted to address quality of care issues and information can be linked to data on provider characteristics.
- Expand the collection of data on prescription drugs into the hospital setting.

For further information about NCHS and its programs, visit us at <http://www.cdc.gov/nchs>  
or call the Office of Planning, Budget and Legislation at 301-458-4100.  
For further information on NHCS, visit their website at <http://www.cdc.gov/nchs/nhcs.htm>