NCHS Director’s Update to the Friends of NCHS

Charles J. Rothwell
Director, NCHS
February 6, 2017
ADMINISTRATIVE AND BUDGET UPDATES
NCHS Budget History

<table>
<thead>
<tr>
<th>FY</th>
<th>Prevention and Public Health Fund</th>
<th>Budget Authority</th>
<th>Public Health Service (PHS) Evaluation Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>29,161</td>
<td></td>
<td>138,683</td>
</tr>
<tr>
<td>2012</td>
<td>27,477</td>
<td></td>
<td>138,683</td>
</tr>
<tr>
<td>2013</td>
<td>22,345</td>
<td></td>
<td>138,683</td>
</tr>
<tr>
<td>2014</td>
<td>69,556</td>
<td>85,691</td>
<td>155,397</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td>160,397</td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Amount includes $15,397 million in Budget Authority for administrative and business services through the CDC Working Capital Fund.
2 Amount includes funding for administrative and business services through the CDC Working Capital Fund.

NOTE: CR is continuing resolution.
FY 2017 Budget Request

- Requests $160,397,000 for Health Statistics—level with FY 2016 enacted
  - Includes funds for administrative and business services as part of the CDC Working Capital Fund (planning about $17 million)

- 2017 Budget in perspective
  - 2% of CDC FY 2017 program budget request ($6.98 billion)
  - 0.2% of HHS discretionary budget request ($82.8 billion)
FY 2018 Budget Request

- Much of FY 2018 is unknown right not because of the change in administration
- NCHS is making key decisions on how to operate given the amount of uncertainty
  - Costs for data collection are rising
  - Level funding equals reduced spending
### Percentage of NCHS Data Collections Funded by Reimbursable Dollars in FY2016

<table>
<thead>
<tr>
<th></th>
<th>NCHS Appropriations</th>
<th>Reimbursable Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VITAL STATISTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>HEALTH CARE SURVEYS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>NHIS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td><strong>NHANES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>NSFG</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>35%</td>
<td>65%</td>
</tr>
</tbody>
</table>
Redesigning NHIS Content for 2018

- Website launched: http://www.cdc.gov/nchs/nhis/2018_quest_redesign.htm
- Public input can be sent to healthsurveys@cdc.gov.
Status of the NHIS Redesign

- **Public Input**

- **Key Meetings**
  - Convened technical expert panels on child health, income, pain, injury
  - Met with CDC centers, NCHS Board of Scientific Counselors, HHS/Assistant Secretary for Planning and Evaluation, agency partners, Healthy People federal inter-agency working group, professional associations (COPAFS, AEA, PAA), conference presentations (PAA, NCHS, FCSM)
NHIS Next Steps

- **Winter-Spring 2017:**
  - Two more Federal Register Notice public comment periods
  - Finalize rotation structure
  - Cognitive testing of selected new questions
  - Identify sponsored supplement opportunities
  - Work with Census to standardize and improve Spanish translation
  - Program survey instrument

- **Summer-Fall 2017:**
  - Test new survey instrument and procedures
  - Develop questions for 2019 survey (injury)
  - Interviewer training

- **Winter 2018:**
  - Launch redesigned survey
Mortality Records Received by NCHS within 10 Days of the Date of Death

Year

Percent

2010 2011 2012 2013 2014 2015 2016 (Jan-Sept)
Crude and age-adjusted death rates for all causes: United States, 2014–Quarter 2, 2016

- For 2016, the crude death rate for all causes was 894.7 deaths per 100,000 population for the first quarter and 822.3 for the second quarter. The rate for the first quarter decreased from 930.3 in the first quarter of 2015, and the rates for the second quarter were similar in 2015 (823.5) and 2016. The age-adjusted death rate decreased from 2015 to 2016 for the first quarter (769.1 and 801.4, respectively) and for the second quarter (705.3 and 716.8, respectively).

- The crude death rate for all causes for the 12-month period ending with the second quarter of 2016 was 836.1 per 100,000 population, a decrease from 843.0 for the same period of 2015. The age-adjusted rate remained lower in 2016 than in 2015 for the comparable period (720.2 and 736.4, respectively).

- In 2015 (12-month period ending with the fourth quarter of 2015), the crude death rate for all causes was 844.0 per 100,000 population, an increase from 823.7 in 2014. The age-adjusted death rate remained higher in 2015 than in 2014 (733.1 and 724.6, respectively).

Crude death rates for all causes:
United States, Quarter 4, 2014-Quarter 2, 2016

- 3-month period
- 12 months ending with quarter
Leveraging Meaningful Use Incentive Program

- The National Health Care Surveys were included in the final rule for Meaningful Use (October 2015)
  - Hospitals and Eligible professionals (physicians) can use submission of National Health Care Surveys data as one of their options to fulfill the public health objective for Meaningful Use Incentive Program
- MU Registration Statistics: February 2, 2017
  - 142,143 eligible professionals registered
  - 852 eligible hospitals/critical access hospitals registered
Moving Forward with Incorporating EHRs

• Work with EHR vendors to test and improve the HL7 CDA IG
• Develop and implement onboarding system for hospitals and providers using a web portal
• Continue to register physicians and hospitals for public health reporting
• National Hospital Care Survey:
  ▪ Continue to recruit sampled hospitals and obtain EHR data
  ▪ Prepare for integration of claims data with the EHR data from hospitals
• National Ambulatory Medical Care Survey:
  ▪ Continue to register physicians for Meaningful Use credit
  ▪ Obtain EHR data from sampled physicians
  ▪ Prepare for integration of abstracted data and EHR data
Survey Response Rates

- HHS is the leader among federal agencies in the breadth and volume of the household surveys it sponsors
- Declines in response rates to Federal surveys are occurring across all Agencies
- HHS convened a Technical Expert Panel in 2016 to examine approaches to maintaining response rates
NHANES 2016 Stand-Specific Response Rates

Response Rate

<table>
<thead>
<tr>
<th>Stand</th>
<th>Screen</th>
<th>Interview</th>
<th>MEC</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>361</td>
<td>96.9</td>
<td>46.1</td>
<td>35.9</td>
<td>46.1</td>
</tr>
<tr>
<td>362</td>
<td>71.1</td>
<td>35.9</td>
<td>52.8</td>
<td>46.1</td>
</tr>
<tr>
<td>363</td>
<td>96.3</td>
<td>52.8</td>
<td>57.9</td>
<td>56.1</td>
</tr>
<tr>
<td>364</td>
<td>95.5</td>
<td>57.9</td>
<td>71.8</td>
<td>72.3</td>
</tr>
<tr>
<td>365</td>
<td>96.9</td>
<td>71.8</td>
<td>72.3</td>
<td>72.3</td>
</tr>
<tr>
<td>366</td>
<td>96.1</td>
<td>72.3</td>
<td>72.3</td>
<td>72.3</td>
</tr>
<tr>
<td>367</td>
<td>98.0</td>
<td>56.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Anne Schuchat, MD (RADM, USPHS)  
Acting Director, Centers for Disease Control and Prevention  

- Acting Administrator, Agency for Toxic Substances and Disease Registry  
- Rear Admiral, U.S. Public Health Service  
- Anne Schuchat, M.D. became Acting Director for CDC in January 2017
New Additions to the U.S. Federal Statistical System

- Nancy A. Potok: Chief Statistician of the United States (January 2017).


For the Latest Resources

Please visit our website https://wwwdev.cdc.gov/nchs/.
Upcoming Reports

- 2/23 - Early Release of Estimates Based on Data From the January-September 2016 National Health Interview Survey
Upcoming Reports (continued)

- 2/28 - Surgery Performed in Hospital Outpatient Departments and Ambulatory Surgery Centers, 2010
Thank you