

National Hospital Care Survey (NHCS) Summary Update

On January 7, 2016, the NHCS received a 3-year clearance to continue the NHCS data collection. The terms of clearance state that “NCHS will communicate regularly with the Office of Management and Budget (OMB) about the outcome of its effort to combine NHAMCS [OMB No. 0920-0278, Exp. Date 06/30/2021] with the NHCS, particularly progress in recruiting hospitals and their ability to efficiently transfer data to NCHS, as well as the expected timing of combining these Information Collection Requests (ICRs) as well as its progress on developing the frame for the free standing ambulatory care facilities.” In the time period since that approval and the current submission, much activity has taken place around NHCS recruitment, operations, dissemination, and methods work.

Recruitment

Recruitment remains difficult, and NCHS has worked diligently to increase hospital participation in the survey. NCHS increased outreach for the survey through several mechanisms, trying to find new benefits for participating hospitals, and illustrating the strength of NHCS data in light of the current opioid public health emergency. Outreach activities have included attendance and exhibiting at conferences, publishing announcements in state hospital association and other newsletters, conducting webinars, and creating a new listserv for data related updates. For a list of conferences attended, please see section A16.

Operations

For the most recent completed data collection year (2016), 147 hospitals participated in NHCS by submitting at least 6 months of either EHR or claims data. This is still not enough hospitals to make reliable ED national estimates. Once NHCS participation has reached 250 hospitals with EDs, NCHS will evaluate whether NHAMCS should continue alongside NHCS or be replaced entirely by NHCS. At this time, NHAMCS is expected to operate in tandem with NHCS, until the NHCS is fully implemented; assuring that the data collected in the two surveys can be compared. Due to funding issues, a change in data collection contractor, as well as concentration on recruitment, NHCS data were not collected in 2017 but resumed in 2018.

Dissemination Activities

Dissemination has begun using the very large database of hospital encounters already received. National estimates have not been possible yet, but several analytical strides have been made that demonstrate the use and importance of the survey. NCHS has published demonstration papers, developed a new topical report to highlight NHCS data, and made select years of NHCS data available to researchers through the NCHS Research Data Center (RDC). For more information on dissemination activities, see section A16.

Methodological Work

NCHS was awarded two Patient Center Outcomes Research Trust Fund (PCORTF) projects utilizing NHCS data. The first PCORTF project links NHCS data to the National Death Index (NDI) and Center for

Attachment M: Summary Update

Medicaid and Medicare Services (CMS) Master Beneficiary Summary File (MBSF) to create new data infrastructures to advance studies on mortality following hospital care. The second PCORTF will enhance NCHS' ability to identify opioid-related ED hospital visits. For more information on the PCORTF projects, please see section B4.

2019-2021 Recruitment Strategy:

Hospital recruitment has proven to be difficult. For the 2016 data collection 147 hospitals agreed to participate and provided at least 6 months of data. The encouraging news is more hospitals have participated in NHCS nearly every year it has been in the field. In 2011, 61 hospitals provided data; in 2012, 96 hospitals; in 2013, 97 hospitals; in 2014, 95 hospitals; and in 2015, 118 hospitals provided data for NHCS. NCHS anticipates the number of participating hospitals to increase in 2018 and moving forward.

The previous proposed strategy involved focusing on the collection of EHR data from hospitals with 300 or more staffed beds. Despite all efforts, NCHS was unable to recruit enough hospitals to make a national estimate. There was some exploratory work done in planning for a new strategy. The work showed that since some non-responding hospitals are clustered in select hospital networks, it presents an opportunity to gain many hospitals at once if recruitment can be targeted at the hospital network level. For more details on this exploratory work, please see section B3.

NCHS plans to employ two main strategies to increase response rates for 2019-2021 – decreasing hospital burden and making more appealing benefits available to participating hospitals. With regard to reducing burden, NCHS has eliminated abstraction of a sample of records (because abstraction is burdensome) from the design of the survey and is also working with EHR vendors to build interfaces to simplify and reduce time to submit EHR data for NHCS. Regarding benefits, NCHS plans to offer participating hospitals more sophisticated reports back to them. Additionally, Meaningful Use (MU) credit is still being offered for hospitals that register through the National Health Care Services registry. Last, NCHS is currently exploring the possibility of non-profit hospitals in the sample receiving a community tax benefit for participating in the NHCS. For more information on decreasing burden and increasing benefits, please see section B3.