

HEALTH SYSTEM MEASUREMENT PROJECT

National Committee on Vital and Health
Statistics

February 24, 2015

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HSMP Website

- Provides high-level overview of the US health system
- Focuses on 10 critical dimensions (topics) of the health care system
- Includes data for 44 measures (currently)
- Uses data across HHS (generally)
- Ensures measures have established validity and reliability (surveys)
- Displays multiple years of data in easy visualizations (graphs, tables, maps)
- Offers download and explore data capabilities

HSMP Background

- White House Request (2010)
- Included a Measurement and Evaluation Workgroup (for guidance)
- Selected a limited number of measures that:
 - provide a broad overview of the health care system
 - focus on critical areas such as access, quality and cost (total of ten topics)
 - maintain established reliability and validity
 - align with other HHS strategic planning efforts (and website)

HSMP Data Sources*

- Agency for Healthcare Research and Quality
- Census Bureau
- Center for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- National Center for Health Statistics
- Office of the National Coordinator
- Substance Abuse and Mental Health Services Administration

* See handout

About HSMP – Home Page

About the Project

The Health System Measurement Project tracks government data on critical U.S. health system indicators. The website presents national trend data as well as detailed views broken out by population characteristics such as age, sex, income level, and insurance coverage status.

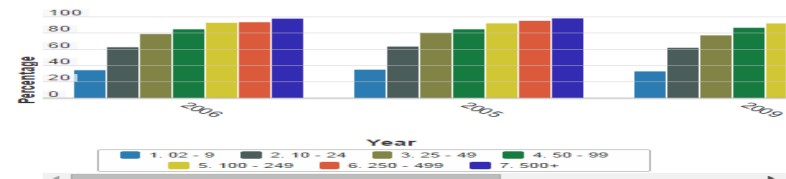
Explore Topics



Percentage of Employers Offering Health Insurance by Firm Size

Small businesses pay about 18 percent more than large businesses for the same health insurance policy. [1] The higher cost of coverage for contributes to the lower offer rate in small firms. Under the Affordable Care Act, businesses with fewer than 25 employees may qualify for a tax credit to offset health insurance costs.


[More](#)



with carousel



HSMP 10 Topical Areas

ASPE.hhs.gov U.S. Department of Health & Human Services

Health System Measurement Project

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Topical Areas

Access to Care
Access to Care
Access to health care improves health status and quality of life. Today, however, many Americans have inadequate access to care. This dashboard tracks changes in access to care.

Cost & Affordability
Cost & Affordability
The cost of health care should be affordable to American families, businesses, and taxpayers. This dashboard reports on trends in health care costs and on the efficiency and competitiveness of the delivery system.

Coverage
Coverage
Health insurance coverage gives Americans and their health providers protection against the financial risk associated with the costs of health care. This dashboard tracks measures related to insurance coverage and the financial protection it provides.

Health Care Workforce
Health Care Workforce
Access to health services and the quality of those services are closely linked to supply of trained health care providers. Training and retaining primary care providers is particularly important. This dashboard tracks key workforce measures including access to health care providers and the number of primary care providers.

Health Information Technology
Health Information Technology
Health information technology allows health care providers to better manage patient care through the secure use and sharing of health information. This dashboard tracks the use of electronic prescribing and the adoption of electronic health records by physicians and hospitals.

Innovation
Innovation
Innovation, knowledge development, and continuous improvement should be fundamental to the U.S. health care system. This dashboard tracks a set of short, intermediate, and long-term indicators that reflect new ideas, processes, and technologies for improving health outcomes.

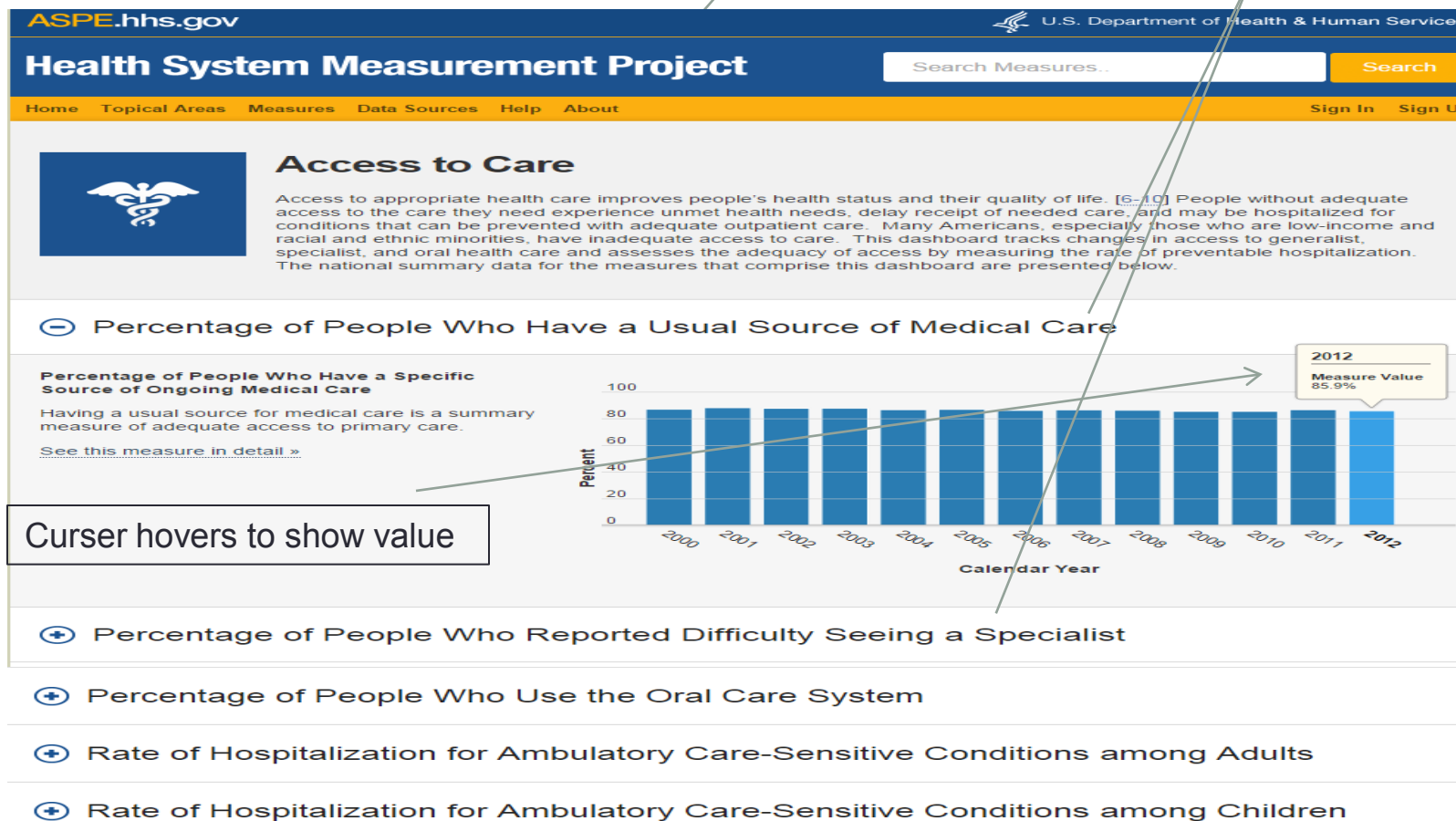
Population Health
Population Health
The health system should help Americans live longer, healthier lives. Health risk behaviors are a critical factor in determining people's health. This dashboard includes measures of population health outcomes and of critical health risk behaviors.

Prevention
Prevention
Prevention is often the most effective way to improve health and control health care costs. This dashboard tracks preventive interventions that address some of the leading causes of morbidity and mortality in the United States.

Quality
Quality
Americans' health care should be safe, coordinated, evidence-based, responsive to patient preferences, and continuously improving. This dashboard includes measures that capture multiple dimensions of quality, including outpatient care, inpatient care, and nursing facilities.

Vulnerable Populations
Vulnerable Populations
Disparities in health care access and outcomes are widespread. This dashboard tracks measures associated with health disparities.

HSMP – Access to Care Topic - Measures



1/10 Topics – 5/44 Measures – 69/354 Data Sets * See handout


HSMP Access to Care – Different Measure

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Access to Care

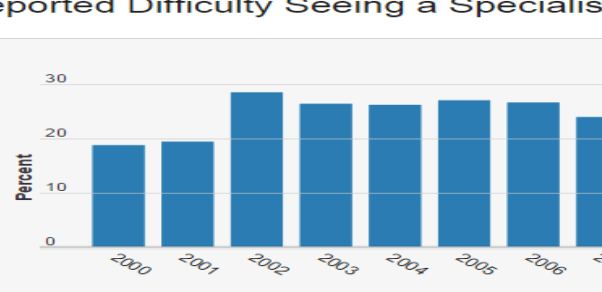
Access to appropriate health care improves people's health status and their quality of life. [6-10] People without adequate access to the care they need experience unmet health needs, delay receipt of needed care, and may be hospitalized for conditions that can be prevented with adequate outpatient care. Many Americans, especially those who are low-income and racial and ethnic minorities, have inadequate access to care. This dashboard tracks changes in access to generalist, specialist, and oral health care and assesses the adequacy of access by measuring the rate of preventable hospitalization. The national summary data for the measures that comprise this dashboard are presented below.

- + Percentage of People Who Have a Usual Source of Medical Care
- Percentage of People Who Reported Difficulty Seeing a Specialist

Percentage of People Who Reported Difficulty Seeing a Specialist

Many Americans need access to specialty care. This measure examines the extent to which those who need such care can receive it.

[See this measure in detail »](#)



Calendar Year	Percent
2000	18%
2001	19%
2002	28%
2003	26%
2004	26%
2005	27%
2006	27%
2007	24%
2008	15%
2009	14%
2010	14%
2011	16%

- + Percentage of People Who Use the Oral Care System
- + Rate of Hospitalization for Ambulatory Care-Sensitive Conditions among Adults
- + Rate of Hospitalization for Ambulatory Care-Sensitive Conditions among Children

HSMP Measure in Detail



Access to Care

Access to appropriate health care improves people's health status and their quality of life. [6-10] People without adequate access to the care they need experience unmet health needs, delay receipt of needed care, and may be hospitalized for conditions that can be prevented with adequate outpatient care. Many Americans, especially those who are low-income and racial and ethnic minorities, have inadequate access to care. This dashboard tracks changes in access to generalist, specialist, and oral health care and assesses the adequacy of access by measuring the rate of preventable hospitalization. The national summary data for the measures that comprise this dashboard are presented below.

Percentage of People Who Have a Usual Source of Medical Care

Percentage of People Who Have a Specific Source of Ongoing Medical Care

Having a usual source for medical care is a summary measure of adequate access to primary care.

[See this measure in detail »](#)



Percentage of People Who Reported Difficulty Seeing a Specialist

Percentage of People Who Use the Oral Care System

Rate of Hospitalization for Ambulatory Care-Sensitive Conditions among Adults

Rate of Hospitalization for Ambulatory Care-Sensitive Conditions among Children

HSMP Measure Detail+Data Source Link

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Percentage of People Who Have a Specific Source of Ongoing Medical Care

Having a usual source for medical care is a summary measure of adequate access to primary care.

Data Source: [National Health Interview Survey \(NHIS\)](#)

Metrics Calculation
The value for this measure is determined by a survey question in the National Health Interview Survey: "Is there a place you usually go when you are sick or need advice about your health?" The question is asked of one randomly selected adult (the "sample adult") and one randomly selected child (the "sample child"), in the family. Sample adults respond for themselves, and a knowledgeable adult in the family provides proxy responses for the sample child. Several follow-up questions garner more information about the source of care. A hospital emergency room is not included in usual place to go, and unknowns are excluded.

Additional Information
All estimates meet the criteria of less than or equal to 30% relative standard error. Estimates may have been suppressed if there were additional concerns over statistical reliability.

This measure is calculated by the CDC/NCHS from the National Health Interview Survey.

- + National Summary
- + Coverage Overview
- + Medicare Coverage
- + Medicaid Coverage

HSMP – 16 Components of 1 Measure

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- National Summary
- Coverage Overview
- Medicare Coverage
- Medicaid Coverage
- Private Coverage
- Other Public Coverage
- Ethnicity
- Race
- Age Group
- Education Level
- Income Level
- Metropolitan Status
- Number of Chronic Conditions
- Region
- Self Reported Health Status
- Sex

HSMP Data Source Link

www.cdc.gov/nchs/nhis.htm/

Google

CDC Home
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

SEARCH

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

National Health Interview Survey

National Health Interview Survey

About NHIS
What's New
Coming Events
Questionnaires, Datasets, and Related Documentation
Special Topics
NHIS on Disability
Survey Reports and Data Linked to NHIS
Listserv

Related Sites

- NHIS Early Release Program
- Surveys and Data Collection Systems
- Integrated Version of Selected NHIS Variables
- Joint Canada/United States Survey of Health
- Child and Family Statistics

NCHS Home > Surveys and Data Collection Systems


Print page


What's New


- Trends in the Use of Complementary Health Approaches Among Adults: United States, 2002–2012 [PDF - 241 KB] (2/10/2015)
- Use of Complementary Health Approaches Among Children Aged 4–17 Years in the United States: National Health Interview Survey, 2007–2012 [PDF - 300 KB] (2/10/2015)
- Health Care Utilization Among U.S. Adults With Diagnosed Diabetes, 2013 (2/3/2015)
- Strategies Used by Adults to Reduce Their Prescription Drug Costs: United States, 2013 (1/29/2015)
- Percentage of persons who were uninsured at the time of interview, for selected time periods, by state Medicaid expansion status, age group and poverty status: United States, 2013–June 2014 [PDF - 96 KB] (1/21/2015)
- Health Insurance Coverage: Estimates From the National Health Interview Survey, January–June 2014 [PDF - 472 KB] (12/16/2014)
- Selected Estimates Based on Data From the January–June 2014 National Health Interview Survey (12/16/2014)
- Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2010–June 2014 [PDF - 1MB] (12/16/2014)
- Wireless Substitution: Estimates From the National Health Interview Survey, January–June 2014 [PDF - 346 KB] (12/16/2014)
- Preliminary Microdata Files [PDF - 495 KB] (12/16/2014)


Selected Participants


Have you been selected to take part in the National Health Interview Survey?

 NHIS Brochure [PDF - 715 KB]

 Folleto de NHIS [PDF - 536 KB]

 Confidentiality Brochure [PDF - 591 KB]

 Folleto de Confidencial [PDF - 785 KB]

 Early Release Brochure [PDF - 1.2 MB]

Contact Us:

Division of Health Interview Statistics,
National Center for Health Statistics
3311 Toledo Rd,
Room 2217
Hyattsville, MD 20782
(301) 458-4901
(301) 458-4001
nhis@cdc.gov
[Contact CDC-INFO](#)

HSMP Same Measure with Detail by Coverage Component

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Percentage of People Who Have a Specific Source of Ongoing Medical Care

Having a usual source for medical care is a summary measure of adequate access to primary care.

Data Source: [National Health Interview Survey \(NHIS\)](#)

Metrics Calculation

The value for this measure is determined by a survey question in the National Health Interview Survey: "Is there a place you usually go when you are sick or need advice about your health?" The question is asked of one randomly selected adult (the "sample adult") and one randomly selected child (the "sample child"), in the family. Sample adults respond for themselves, and a knowledgeable adult in the family provides proxy responses for the sample child. Several follow-up questions garner more information about the source of care. A hospital emergency room is not included in usual place to go, and unknowns are excluded.

Additional Information

All estimates meet the criteria of less than or equal to 30% relative standard error. Estimates may have been suppressed if there were additional concerns over statistical reliability.

This measure is calculated by the CDC/NCHS from the National Health Interview Survey.

⊕ National Summary

⊖ Coverage Overview

Percentage of People Who Have a Usual Source of Medical Care by Coverage Overview

In order to define coverage types, disability is defined as follows: Disability was defined according to the standard questions used in the American Community Survey. An individual was identified as having a disability if any of the following conditions existed: is deaf or has serious difficulty hearing; is blind or has serious difficulty seeing even when wearing glasses; has difficulty dressing or bathing; has serious difficulty concentrating, remembering, or making decisions; has serious difficulty walking or climbing stairs; has difficulty doing errands alone such as visiting a doctor's office or shopping.

Coverage Type is

☒ 01. Private ☒ 02. Medicaid/CHIP

☒ 03. Medicare ☒ 08. Other public

☒ Dual (Medicare and Medicaid) ☒ Uninsured

Download these data »

Explore these data »

Percent

Calendar Year	01. Private	02. Medicaid/CHIP	03. Medicare	08. Other public	Dual (Medicare and Medicaid)	Uninsured
2000	85	85	85	85	85	50
2001	85	85	85	85	85	50
2002	85	85	85	85	85	50
2003	85	85	85	85	85	50

Calendar Year

01. Private 02. Medicaid/CHIP 03. Medicare 08. Other public
Dual (Medicare and Medicaid) Uninsured

Click on/off coverage types & graphic changes

HSMP Download or Explore Data Capabilities

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Percentage of People Who Have a Specific Source of Ongoing Medical Care

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+

National Summary

-

Coverage Overview

Percentage of People Who Have a Usual Source of Medical Care by Coverage Overview

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☒ 02. Medicaid/CHIP

☒ 03. Medicare

☒ 08. Other public

☒ Dual (Medicare and Medicaid)

☒ Uninsured

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Calendar Year	01. Private	02. Medicaid/CHIP	03. Medicare	08. Other public	Dual (Medicare and Medicaid)	Uninsured
2000	85	85	85	85	85	15
2001	85	85	85	85	85	15
2002	85	85	85	85	85	15
2003	85	85	85	85	85	15

HSMP Explore Data

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' Measure 1 : Percentage of People Who Have a Usual Source of Medical Care | ...

In order to define coverage types, disability is defined as follows: Disability was defined according to the standard questions used in the American Community Survey. An individual was identified as having a disability if any of the following conditions existed: is deaf or has serious difficulty hearing; is blind or has serious difficulty seeing even when wearing glasses; has difficulty dressing or bathing; has serious difficulty concentrating, remembering, or making decisions; has serious difficulty walking or climbing stairs; has difficulty doing errands alone such as visiting a doctor's office or shopping.

Find in this Dataset

ManageMore ViewsFilterVisualizeExportDiscussEmbed

	Measure Value	Calendar Year	Coverage Type
1	92.3%	2000	01. Private
2	93.3%	2001	01. Private
3	93.2%	2002	01. Private
4	93.3%	2003	01. Private
5	92.7%	2004	01. Private
6	93.2%	2005	01. Private
7	92.6%	2006	01. Private
8	92.6%	2007	01. Private
9	92.3%	2008	01. Private
10	92.3%	2009	01. Private
11	92%	2010	01. Private
12	92.4%	2009	02. Medicaid/CHIP
13	92.8%	2010	02. Medicaid/CHIP
14	95.5%	2000	03. Medicare
15	96%	2001	03. Medicare
16	96.5%	2002	03. Medicare
17	96.8%	2003	03. Medicare
18	96.4%	2004	03. Medicare
19	96.4%	2005	03. Medicare
20	96.3%	2006	03. Medicare
21	95.5%	2007	03. Medicare
22	96%	2008	03. Medicare
23	96.4%	2009	03. Medicare
24	96.5%	2010	03. Medicare

Also downloadable

HSMP Cost & Affordability Topic

ASPE.hhs.gov



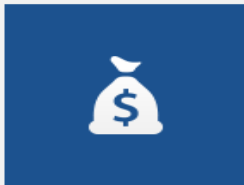
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Cost & Affordability

The cost of health care should be affordable to American families and businesses. Families must be able to meet the expenses of the care they need and the cost of health care to American employers and governments must be controlled. That means that care needs to be produced efficiently, without waste or unnecessary cost. This dashboard describes trends in the costs of care for treating specific prevalent conditions. It tracks the burden of health care costs on businesses and governments and the extent to which Americans can afford needed care. Finally, it reports on trends in the efficiency of care delivery and the competitiveness of the delivery system, key factors in keeping costs down. The national summary data for the measures that comprise this dashboard are presented below.

- ⊕ Mean Total Premium for Employer-Sponsored Insurance
- ⊕ Mean Health Care Expenses per Person with a Specific Condition
- ⊕ Hospital Market Concentration
- ⊕ Percentage of People Who Delayed Care Due to Cost
- ⊕ National Health Expenditures

Measure - % People w/delayed Care



Cost & Affordability

The cost of health care should be affordable to American families and businesses. Families must be able to meet the expenses of the care they need and the cost of health care to American employers and governments must be controlled. That means that care needs to be produced efficiently, without waste or unnecessary cost. This dashboard describes trends in the costs of care for treating specific prevalent conditions. It tracks the burden of health care costs on businesses and governments and the extent to which Americans can afford needed care. Finally, it reports on trends in the efficiency of care delivery and the competitiveness of the delivery system, key factors in keeping costs down. The national summary data for the measures that comprise this dashboard are presented below.

+ Mean Total Premium for Employer-Sponsored Insurance

+ Mean Health Care Expenses per Person with a Specific Condition

+ Hospital Market Concentration

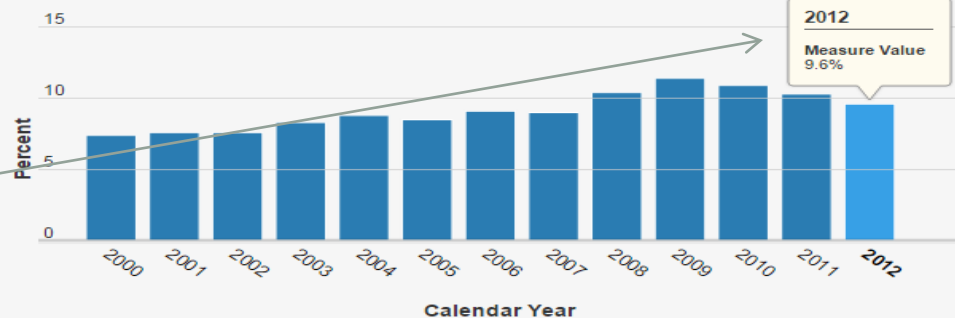
- Percentage of People Who Delayed Care Due to Cost

Percentage of People Who Did Not Receive or Delayed Needed Care Due to Cost in the Past 12 Months

Postponing or not getting needed medical care due to cost is a measure of the affordability of care that has been monitored by HHS for many years.


[See this measure in detail »](#)

Cursor hovers to show value



HSMP Measure by State Map

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Percentage of People Who Did Not Receive or Delayed Needed Care Due to Cost in the Past 12 Months

Postponing or not getting needed medical care due to cost is a measure of the affordability of care that has been monitored by HHS for many years.

Data Source: [National Health Interview Survey \(NHIS\) - Family, Adult and Child Questionnaires](#)

Metrics Calculation
Delay in Access Due to Cost (unmet medical need) is based on a positive answer to either of the following two questions: During the past 12 months, was there any time when a person needed medical care but did not get it because the person could not afford it? During the past 12 months, has medical care been delayed because of worry about the cost?

Additional Information
Inclusion Criteria: All persons in the family were included. All estimates meet the criteria of less than or equal to 30% relative standard error. Estimates may have been suppressed if there were additional concerns over statistical reliability.

This measure is calculated by CDC/NCHS from the NHIS.

+ National Summary

+ Coverage Overview

+ Private Coverage

+ Ethnicity

+ Race

HSMP Measure by State Map

⊖ State

Percentage of People Who Delayed Care Due to Cost by State

White coloring indicates that no data are available for that state.

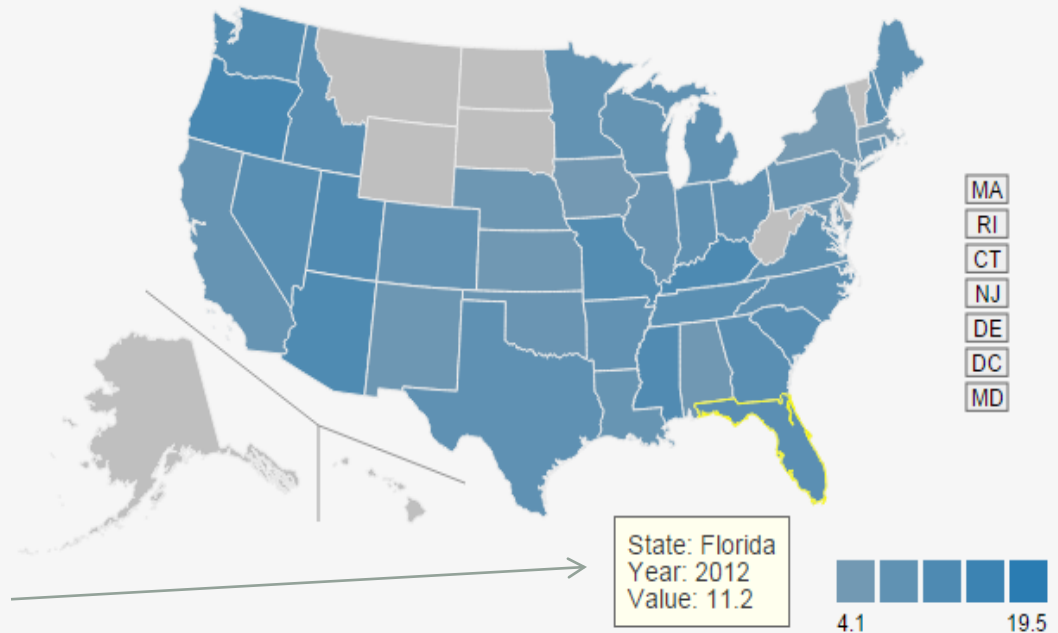
Year

- | | | |
|---------------------------------------|----------------------------|----------------------------|
| <input checked="" type="radio"/> 2012 | <input type="radio"/> 2011 | <input type="radio"/> 2010 |
| <input type="radio"/> 2009 | <input type="radio"/> 2008 | <input type="radio"/> 2007 |
| <input type="radio"/> 2006 | <input type="radio"/> 2005 | <input type="radio"/> 2004 |
| <input type="radio"/> 2003 | <input type="radio"/> 2002 | <input type="radio"/> 2001 |
| <input type="radio"/> 2000 | | |

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Cursor hovers to show value



HSMP User Guide & Glossary

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Help



User Guide

If you would like to know how to use the site or about the data upon it, you can find that information here.



Glossary

If you're not certain what some term on the site means, you'll find a definition for it in the glossary.

Still have questions? Please contact the [HSMP Administrator](#).

HSMP User Guide

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HSMP User Guide

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Information Displayed in HSMP

The Health System Measurement Project brings together trend data on a limited set of key health system measures from multiple data sources to provide a picture of the status of the U.S. health system.

The Project focuses on ten critical dimensions of our health care system. These dimensions encompass the availability of care, the quality of care, the cost of care, the health of the population, and the dynamism of our health care system. The Project examines the evolution of these aspects of our system over time. It also assesses the status of these dimensions of the system with respect to subgroups of the population, with a particular emphasis on vulnerable populations.

The measures are divided into the 10 topical areas and are cross-listed as appropriate:

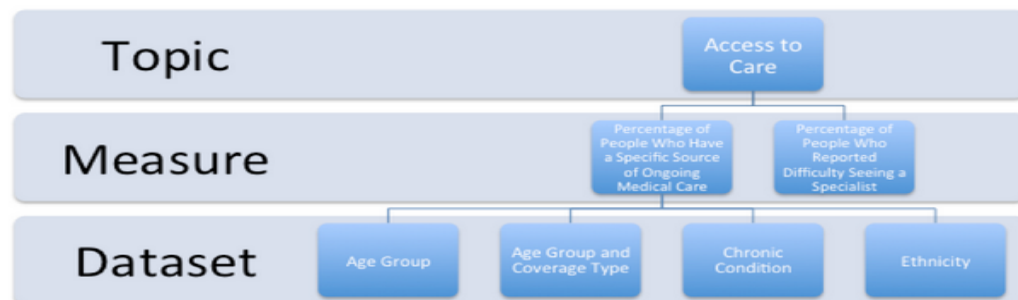
- Access to Care
- Cost and Affordability
- Coverage
- Health Information Technology
- Innovation
- Population Health
- Prevention
- Quality
- Vulnerable Populations
- Workforce

Where data allow, options enable users to see variations in this measure across populations (e.g., age, race, ethnicity, sex).

Data Hierarchy

HSMP User Guide (cont.)

Reviewing the data hierarchy of the HSMP 2.0 system is important to understanding how the data elements fit together.



The highest level of the hierarchy is the home page, which contains information about recently updated data.

Topical are one level deeper. Each topical area has between 3 and 12 measures.

A measure is one level deeper. Most measures have multiple datasets displaying measures by a number of characteristics, such as income level, health insurance coverage type, age, etc. Each measure has metadata that provide information about that measure.

Datasets are the lowest level and contain computed statistical values. Datasets are represented in the User Interface as both charts (within a measure page) and tabular datasets (viewable online and available for download to Excel or .csv). Datasets also have descriptive metadata.

In addition to core data elements (topics/measures/datasets-charts), the system also has the following features:

- An index page to find measures by topical area
- A Help/FAQ/Contact Us page.

How to Locate Information

Data Source

The data source is stated at the top of each Measure page, beside the label for "Data Source." Many of the data sources are linked to sites that provide additional information on the data.

Date of Most Recent Update

The date each dataset was most recently updated is available above each graph on the Measure page.

Measure Calculation

The measure calculation methodology is available at the top of each Measure page in a box labeled "Metrics Calculation." For individual breakouts, additional breakout-specific calculation methodology is provided directly above the dataset graph on the Measure page.

How to Interact with the Data

Switching from graphs to tables

The breakout display can be switched from a graph to a data table by clicking the "table" button on the upper right corner of each graph.

Selecting different data groups for display

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Glossary

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B

Birth

Birth is defined as delivery of an infant that shows specified signs of life as defined by the CDC. For more information, please see: <http://www.cdc.gov/nchs/products/other/miscpub/statereq.htm>.

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C

Chronic condition

Surveys defined chronic conditions in similar ways for the purposes of displaying data on the Health System Measurement Project, however, the definitions vary slightly due to survey methodology and data constraints. Examples are below.

The Medical Expenditure Panel Survey (MEPS) defined chronic conditions derived from the [Clinical Classification Codes \(CSS\)](#).

The National Health Interview Survey (NHIS), defined a count of chronic conditions as follows. For adults, multiple types of cancers were only counted once for the count of chronic conditions. Multiple types of heart conditions (for adults: coronary heart disease, myocardial infarction, other heart disease or condition; for children: congenital heart disease, other heart condition) were also only counted once. Adults with emphysema and/or chronic bronchitis were considered to have chronic obstructive pulmonary disease (COPD); therefore prevalence of both conditions was only counted once. For children, multiple types of developmental conditions (Down syndrome, mental retardation, other developmental disorder) were only counted once.

The National Health and Nutrition Examination Survey (NHANES) defined chronic conditions as ever being told by a health professional that an individual had cancer, hypertension, coronary heart disease, myocardial infarction, heart disease, stroke, asthma, diabetes, arthritis, liver condition, chronic bronchitis or if they had measured hepatitis antibodies.

The National Ambulatory Medical Care Survey (NAMCS) defined chronic conditions as if a sampled visit had any of the following conditions on their chart: arthritis, asthma, cancer, cerebrovascular disease, chronic renal failure, congestive heart failure, COPD, depression, diabetes, hyperlipidemia, hypertension, ischemic heart disease, obesity, or osteoporosis.

Confidence interval

The confidence interval measures the statistical probability that the range obtained from the sample contains the true population value. For example, a 95% confidence interval is expected to contain the true population value in 95% of samples.

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HSMP Next Steps

- Future enhancements and improvements
- New topics, measures, and sources of data

Questions

Thank you!

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