

## Consolidated Health Informatics Initiative Final Recommendation Sheet Format<sup>1</sup>

### **Domain Title and Team Lead:**

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### **Scope:**

To enumerate code sets used to report data to public health and for the purpose of population health statistics that were not specifically defined in other CHI domain reports.

Domain/Sub-domain	In-Scope (Y/N)
Public Health Reporting	Y
Population Health Statistics	Y
Billing Data/Statistics	N
Institution Health Statistics	Y/N*

\*The Workgroup recommends that institutions keep local statistics using the same codes as required for reporting, but chooses to defer actual operation to the local level.

### **Alternatives Identified:**

Incomplete list and use matrix identified – includes:

- ICD-10
- ICD-9
- ICD-9-CM
- MedDRA
- CPT-4
- LOINC
- SNOMED
- COSTART
- DRG
- DSM-IV
- HCPCS
- Eindhoven Classification-Medical Model
- HL7 Terminology
- HL7 Vaccine List
- ICD-10 E-Codes
- ILD Classification

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<sup>1</sup> Information Sheet designed specifically to facilitate communication between CHI and NCVHS Subcommittee on Standards and Security resulting from May 20, 2003 testimony. CHI may seek assistance to help further define scope, alternatives to be considered and/or issues to be included in evaluation process.

NAACCR  
NDC  
RxNorm  
Units  
VAERS

### **Final Recommendation:**

No recommendation / standard ready for adoption.

Population Health Reporting needs to cover a wide range of domains and currently use few standard terminologies while many systems use locally developed code sets. Of those code sets that are in common usage, none currently are domain recommendations of CHI. Several have been mentioned as terminologies to which the recommended domain terminology requires mapping. Some are HIPAA approved code sets. Some are required by regulation or international agreement. Hence, because of this diversity, the workgroup feels a specific CHI recommendation for population health reporting is inappropriate at this time.

### **Content Coverage:**

NA

### **Acquisition:**

NA

### **Findings:**

The Workgroup makes two specific recommendations of CHI to be conducted in a later phase:

1. The terminology systems and uses noted in the appendix are incomplete. Before specific recommendations can be made, a complete understanding of the scope of systems is required. As the nation's health statistics agency, it is recommended that CHI support funding for NCHS to develop this complete list. As part of this task, NCHS should be asked to note areas in which population health reporting requires aggregated data outside of the CHI domains involving clinical data such as occupations, industries and socio-economic data and suggest standard means to address these aggregation issues.
2. Other CHI domain terminologies have specific clinical uses. It is hoped by many that these clinical terminologies can be used for population reporting. It is how they are to be used that is unknown. It is recommended that an appropriate body be asked to develop a report on the use of clinical data for population health reporting and to include in that report recommendations on

the incorporation of past, present and future data as they might represent different population health concepts. The report should focus in part on the following:

- The extent to which mapping between two terminologies can satisfy multiple needs, including population health reporting;
- A description of the forms and complexity of the maps;
- Ability of mapped clinical data to relate to longitudinal data; and
- The problem of using a dual system where part of population health data is derived from computer mapped clinical data to a reporting terminology and part reported as now using human interpretation to the reporting terminology needs enumeration.

It is anticipated that the NCVHS, the Board of Scientific Counselors of the NCHS and The National Library of Medicine would participate in these studies.



**Appendix:**  
**Limited Summary of Current Population Health Reporting Systems Using Standard Terminology Maintained by HHS Agencies**

Terminology	Population Health Use	First Used	Version	Update Frequency	Fee	Regulatory Requirement	Clinical Relationship
COSTART	Vaccine Adverse Event Reporting System (VAERS)					None	
CPT-4	Minimum Data Elements (National Breast/Cervical Cancer Early Detection - MDE)				Yes	None	Procedure
CPT-4	Vaccine Safety Datalink Project (VSD)				Yes	None	Procedure
CPT-4	Uniform Data System (UDS) for the Consolidated Health Center Program- HRSA Bureau of Primary Health Care				Yes	Section 330(e), 330(h) PHS Act,	Detection and Treatment and availability of health care services
CPT-4	Health Cost and Utilization Project (HCUP)				Yes	None	Procedures
CPT-4	Medical Expenditure Panel Survey (MEPS)				Yes	None	Procedures
CPT-4	IHS – monitoring care		latest	As released	Yes	Yes	Procedures
DRG	Medical Expenditure Panel Survey (MEPS)					None	Diagnoses and inpatient procedures

Terminology	Population Health Use	First Used	Version	Update Frequency	Fee	Regulatory Requirement	Clinical Relationship
DSM IV	Medical Expenditure Panel Survey (MEPS)				?	None	Diagnoses
DSM-4 Eindhoven Classification-Medical Model	Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP)				?	None	Procedure
	National Patient Safety Network Itself				?	?	
HCPCS	Health Cost and Utilization Project (HCUP)					None	Procedures
HCPCS HL7 controlled terminology	Grantee Researchers using CMS data					None	Procedures
	National Patient Safety Network Itself					None	
HL7 vaccine list	Vaccine Adverse Event Reporting System (VAERS) - FDA and CDC					None	
ICD-10	122 Cities Mortality Reporting System (122 MRS)					None	Mortality
ICD-10	Medical Examiner/Corner Information Sharing Program (MECISP)					None	Mortality

<b>Terminology</b>	<b>Population Health Use</b>	<b>First Used</b>	<b>Version</b>	<b>Update Frequency</b>	<b>Fee</b>	<b>Regulatory Requirement</b>	<b>Clinical Relationship</b>
ICD-10	Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP)					None	Morality
ICD-10	National Mortality Follow-back Survey (NMFS)					None	Morality
ICD-10	National Vital Statistics System (NVSS)					None	Morality
ICD-10	National Vital Statistics System - Fetal Death (NVSS)					None	Morality
ICD-10	National Vital Statistics System - Linked Birth/Infant Death (NVSS)					None	Morality
ICD-10	National Vital Statistics System - Mortality (NVSS)					None	Morality
ICD-10	National Vital Statistics System - Natality (NVSS)					None	Morality
ICD-10	Adult Spectrum (HIV) of Disease (ASD)					None	Morality
ICD-10	HIV/AIDS Reporting System (HARS)					None	Morality
ICD-10	Pediatric Spectrum (HIV) of Disease (PSD)					None	Morality

Terminology	Population Health Use	First Used	Version	Update Frequency	Fee	Regulatory Requirement	Clinical Relationship
ICD-10	National Nosocomial Infectious Surveillance System (NNIS)					None	Morality
ICD-10	Central Nervous System Injury Surveillance System (CNSISS)					None	Morality
ICD-10	National Occupational Mortality Surveillance System (NOMS)					None	Morality
ICD-10	National Surveillance System for Pneumoconiosis Mortality (NSSPM)					None	Morality
ICD-10	National Traumatic Occupational Fatalities Surveillance System (NTOF)					None	Morality
ICD-10 ICD-10 for Health-related Injury Code and/or modify the E Codes in ICD-9 for iatrogenic injuries	Vaccine Safety Datalink Project (VSD)					None	Morality
	National Patient Safety Network Itself					None	
ICD-9	Title V Information System - HRSA Maternal and Child Health Bureau			Annual		None	Improved health outcomes and needs assessment

Terminology	Population Health Use	First Used	Version	Update Frequency	Fee	Regulatory Requirement	Clinical Relationship
ICD-9 CM	Health Cost and Utilization Project (HCUP)					None	Diagnoses
ICD-9 CM	Medical Expenditure Panel Survey (MEPS)					None	Diagnoses
ICD-9-CM	National Exposure Registry (NER)					None	Diagnosis
ICD-9-CM	Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP)					None	Diagnosis
ICD-9-CM	Longitudinal Follow-up to the National Maternal and Infant Health Study (LFNMIHS)					None	Diagnosis
ICD-9-CM	National Ambulatory Medical Care Survey (NAMCS)					None	Diagnosis
ICD-9-CM	National Home and Hospice Care Survey (NHHCS)					None	Diagnosis
ICD-9-CM	National Hospital Ambulatory Medical Care Survey (NHAMCS)					None	Diagnosis
ICD-9-CM	National Hospital Discharge Survey (NHDS)					None	Diagnosis
ICD-9-CM	National Nursing Home Survey (NNHS)					None	Diagnosis

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ICD-9-CM	National Survey of Ambulatory Surgery (NSAS)					None	Diagnosis
ICD-9-CM	National Mortality Follow-back Survey (NMFS)					None	Diagnosis
ICD-9-CM	Second Longitudinal Study on Aging (LSOA II)					None	Diagnosis
ICD-9-CM	HIV/AIDS Reporting System (HARS)					None	Diagnosis
ICD-9-CM	Hemophilia Surveillance System (HSS)					None	Diagnosis
ICD-9-CM	Streptococcus Pneumoniae and Haemophilus Influenzae					None	Diagnosis
ICD-9-CM	Central Nervous System Injury Surveillance System (CNSISS)					None	Diagnosis
ICD-9-CM	State-Based Emergency Department Injury Surveillance					None	Diagnosis
ICD-9-CM	Fatality Assessment and Control Evaluation (FACE)					None	Diagnosis
ICD-9-CM	National Coal Workers' Autopsy Study (NCWAS)					None	Diagnosis

Terminology	Population Health Use	First Used	Version	Update Frequency	Fee	Regulatory Requirement	Clinical Relationship
ICD-9-CM	Vaccine Safety Datalink Project (VSD)					None	Diagnosis Detection and Treatment and availability of health care services
ICD-9-CM	Uniform Data System (UDS) for the Consolidated Health Center Program- HRSA Bureau of Primary Health Care	1966	2nd	Annual		Section 330(e), 330(h) PHS Act,	Diagnosis Detection and Treatment and availability of health care services
ICD-9-CM	Grantee Researchers using CMS data					None	Diagnosis
ICD-9-CM	IHS – for reporting, monitoring care	Long term	Latest	As released		Yes	Diagnosis
ILD Classification Internally developed, considering incorporation within LOINC	Coal Workers' X-ray Surveillance Program (CWXSP)					None	
Internally developed, considering incorporation within LOINC	Blood Product Deviations (BPD) - FDA					Yes	
	BPD-Fatalities					Yes	
LOINC	Minimum Data Elements (National Breast/Cervical Cancer Early Detection - MDE)					None	
LOINC	National Healthcare Safety Network (NHSN)					?	
LOINC	National Patient Safety Network Itself					?	

Terminology	Population Health Use	First Used	Version	Update Frequency	Fee	Regulatory Requirement	Clinical Relationship
LOINC	IHS- monitoring care	2002	Latest	As released		None	Test Names
MedDRA	Vaccine Adverse Event Reporting System (VAERS) - FDA and CDC					None	
MedDRA, and SNOMED CT MedDRA, Patient problem list, Device Problem list, Device list (known as standard product nomenclature in UMLS) NAACCR ( <a href="http://www.naacr.org/filesystem/pdf/Volumell10.1FINALPDF5-30-03.pdf">http://www.naacr.org/filesystem/pdf/Volumell10.1FINALPDF5-30-03.pdf</a> )	Adverse Event Reporting System (AERS) - FDA	1995*	10.1**	Annually	0	Yes PA 02060	Typically, a registrar in a hospital abstracts the best available data from the medical record and submits that data to the central cancer registry (CCR). The CCR consolidates the information for the cancer from the multiple hospital sources.

Terminology	Population Health Use	First Used	Version	Update Frequency	Fee	Regulatory Requirement	Clinical Relationship
NDC	Medical Expenditure Panel Survey (MEPS)					None	Drugs
RxNORM	National Patient Safety Network Itself					None	
SNOMED	Minimum Data Elements (National Breast/Cervical Cancer Early Detection - MDE)					None	
SNOMED CT	National Healthcare Safety Network (NHSN)					None	
SNOMED CT	National Patient Safety Network Itself					None	
SNOMED CT	Vaccine Adverse Event Reporting System (VAERS) - FDA and CDC					None	
Units	Childhood Blood-Lead Poisoning Surveillance System (CBLS)					None	
VAERS vaccine list	Vaccine Adverse Event Reporting System (VAERS) - FDA and CDC					None	

<b>Terminology</b>	<b>Population Health Use</b>	<b>First Used</b>	<b>Version</b>	<b>Update Frequency</b>	<b>Fee</b>	<b>Regulatory Requirement</b>	<b>Clinical Relationship</b>
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Note: CDC Systems based on 1998 report that has not been updated. Conversion of CDC Surveillance systems to national codes, particularly LOINC and SNOMED is well underway and not reflected in this table