



Health System Measurement Project

National Committee on Vital and Health Statistics

March 1, 2013

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HSMP

- Provides high level overview of US health system
- Focus is on 10 critical dimensions of health care system
- Data are provided for approximately 50 measures
- Uses data across HHS and other federal agencies
- Measures have established validity and reliability
- Most measures have multiple years of data
- Easy visualizations (graphs, tables, maps)
- Download data, explore data, customize tables



HSMP Background

- Measurement and Evaluation Workgroup
- 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
 - Have established reliability and validity
 - Align with other HHS strategic planning efforts



Data Sources

- Agency for Healthcare Research and Quality
- Census Bureau
- Centers 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

Health System Measurement Project

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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.

[Access to Care](#)[Cost & Affordability](#)[Coverage](#)[Health Care Workforce](#)[Health IT](#)[Innovation](#)[Population Health](#)[Prevention](#)[Quality](#)[Vulnerable Populations](#)**Measures by Topic****Measures by Population
Characteristic »****Data for You »**

See measures of interest to providers, state agencies, and employers



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Topical Areas



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.



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 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.



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.



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.



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.



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.



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.

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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.

[Usual Source of Medical Care](#)

[Access to Care, Specialty Care](#)

[Dental Visits, Access to Care](#)

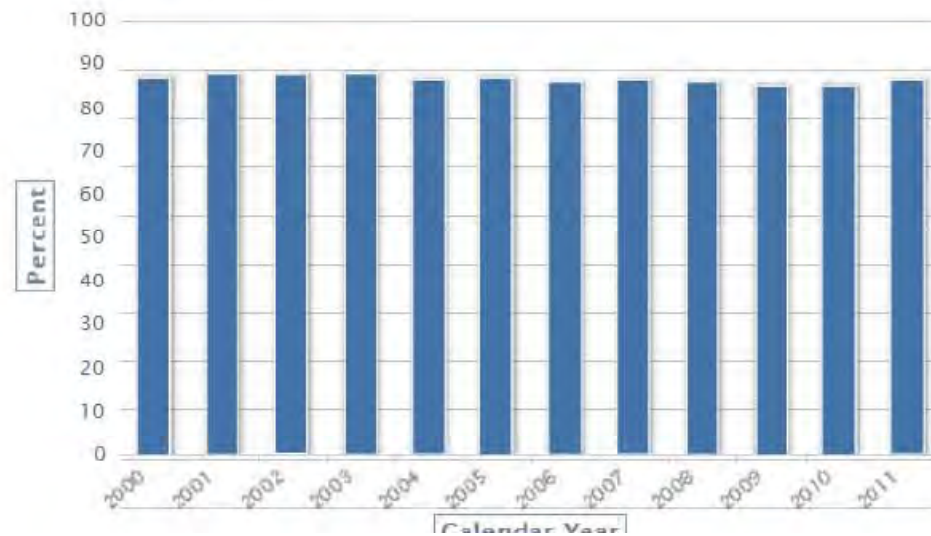
[Ambulatory Care-Sensitive Conditions, Rate of Hospitalization, Adults](#)

[Ambulatory Care-Sensitive Conditions, Rate of Hospitalization, Children](#)

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 »](#)

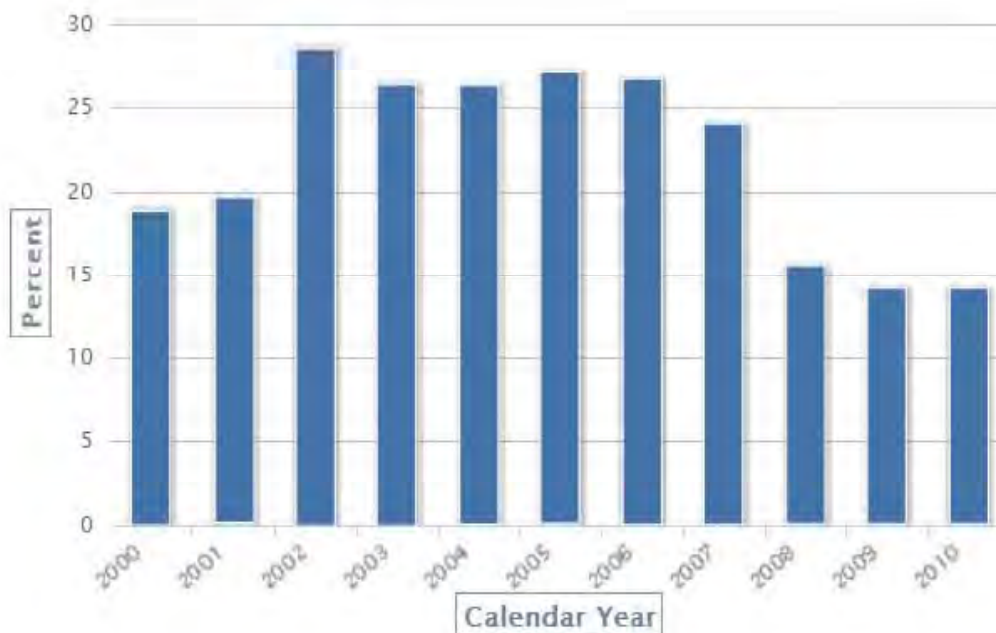


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Percentage of People Who Reported Difficulty Seeing a Specialist

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 »](#)

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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.

Data Source: [Medical Expenditure Panel Survey \(MEPS\)](#)

Metrics Calculation

This measure is the percentage of people who reported difficulty seeing a specialist among those who self-report needing specialty care in the prior 12 months. The numerator of the ratio is the number of people for whom it was never or only sometimes easy to see a specialist (2008 and onward) or a big problem or a small problem to see a specialist (2000-2007). The denominator is the number of people who self-report needing specialty care in the prior 12 months.

[Click here for Additional Information](#)

This measure appears in these topics



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Medical Expenditure Panel Survey

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The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. MEPS is the most complete source of data on the cost and use of health care and health insurance coverage. [Learn more about MEPS.](#)

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What's New Highlights

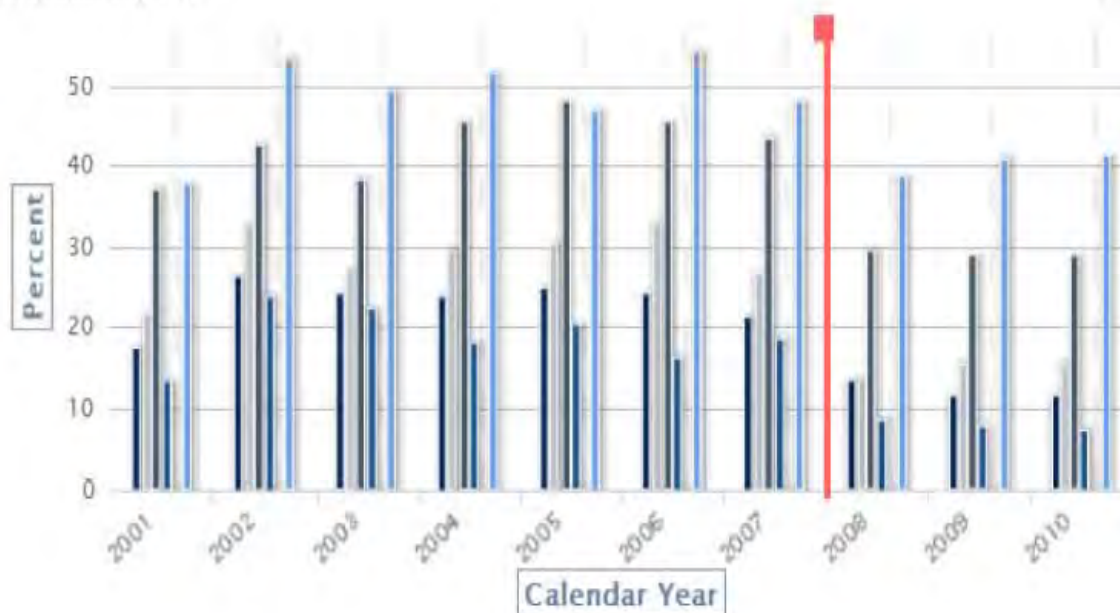
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Percentage of People Who Reported Difficulty Seeing a Specialist by Coverage

Overview

Last updated 18 Apr 2012



Any private Medicare only Dual (Mcaid & Mcare) Medicaid only Uninsured

Coverage Type is

- ☒ Any private
- ☒ Dual (Mcaid & Mcare)
- ☒ Medicaid only
- ☒ Medicare only
- ☒ Other public ☒ Uninsured

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Coverage Overview

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	Measure Value	Calendar Year	Coverage Type
		17.09%	2000 Any private
2		17.66%	2001 Any private
3		26.54%	2002 Any private
4		24.21%	2003 Any private
5		23.86%	2004 Any private
6		25.03%	2005 Any private
7		24.34%	2006 Any private
8		21.43%	2007 Any private
9		13.56%	2008 Any private
10		11.59%	2009 Any private
11		11.53%	2010 Any private
12		40.65%	2000 Medicaid only
13		37.2%	2001 Medicaid only
14		42.6%	2002 Medicaid only
15		38.69%	2003 Medicaid only
16		45.47%	2004 Medicaid only
17		48.06%	2005 Medicaid only
18		45.48%	2006 Medicaid only
19		43.59%	2007 Medicaid only



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Rate of Hospitalization for Ambulatory Care-Sensitive Conditions per 100,000 people as Defined by the Prevention Quality Indicator Composite for Adults (18+)

Inadequate access to outpatient primary and specialty care can lead to unnecessary hospitalizations. This measure describes the proportion of hospitalizations that are due to ambulatory care sensitive conditions; conditions that can be well managed in ambulatory settings. These conditions include hypertension, angina, heart failure, diabetes, and asthma.

Data Source: [Healthcare Cost & Utilization Project \(HCUP\)](#)

Metrics Calculation

The rate is equal to the discharge-based numerator divided by the population denominator, multiplied by 100,000. Rates are adjusted by age and gender using the total U.S. resident population for 2000 as the standard population.

Numerator - Inpatient discharges age 18 and over included in one of eleven AHRQ Prevention Quality Indicators (PQI) version 4.1: angina, asthma, bacterial pneumonia, congestive heart failure, dehydration, diabetes (without complications, with short-term complications, with long-term complications, and with lower extremity amputations), hypertension, and urinary tract infection.
Denominator - U.S. resident population age 18 and over.

[Click here for Additional Information](#)

This measure appears in these topics



See this measure by

[National Summary](#)

[Age Group](#)

[Age and Race and Ethnicity](#)

[Income Level](#)

[Income and Race and Ethnicity](#)

[Metropolitan Status](#)

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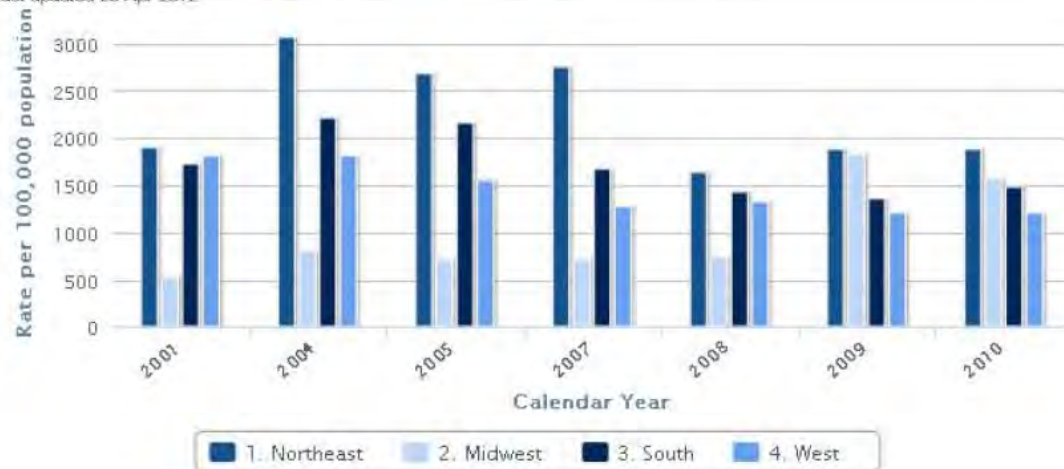
Rate of Hospitalization for Ambulatory Care-Sensitive Conditions among Adults by Race and Ethnicity and Region



For more information on how race was defined, please see the [Glossary](#) under Help.

For more information on how regions are defined, please see the [Glossary](#) under Help.

Last updated 20 Apr 2012



Region is

- ☒ 1. Northeast ☒ 2. Midwest
- ☒ 3. South ☒ 4. West

Race and Ethnicity is

- ☐ Asian or Pacific Islander; Non-Hispanic
- ☐ Black or African American; Non-Hispanic
- ☒ Hispanic (all races)
- ☐ White; Non-Hispanic

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Measure 3a : Rate of Hospitalization for Ambulatory Care-Sensitive Conditions among Adults | Race and Region

For more information on how race was defined, please see the [Glossary](/help=glossary/#R) under Help.
 For more information on how regions are

Menu

Measure Value	Calendar Year	Race and Ethnicity	Region
1	491.5	2001 Asian or Pacific Islander; Non-Hispanic	2. Midwest
2	540.62	2004 Asian or Pacific Islander; Non-Hispanic	2. Midwest
3	512.23	2005 Asian or Pacific Islander; Non-Hispanic	2. Midwest
4	451.53	2007 Asian or Pacific Islander; Non-Hispanic	2. Midwest
5	571.7	2008 Asian or Pacific Islander; Non-Hispanic	2. Midwest
6	942.38	2009 Asian or Pacific Islander; Non-Hispanic	2. Midwest
7	686.91	2001 Asian or Pacific Islander; Non-Hispanic	1. Northeast
8	1,016.53	2004 Asian or Pacific Islander; Non-Hispanic	1. Northeast
9	715.01	2005 Asian or Pacific Islander; Non-Hispanic	1. Northeast
10	994.7	2007 Asian or Pacific Islander; Non-Hispanic	1. Northeast
11	837.73	2008 Asian or Pacific Islander; Non-Hispanic	1. Northeast
12	563.14	2009 Asian or Pacific Islander; Non-Hispanic	1. Northeast
13	678.6	2001 Asian or Pacific Islander; Non-Hispanic	3. South
14	945.3	2004 Asian or Pacific Islander; Non-Hispanic	3. South
15	759.97	2007 Asian or Pacific Islander; Non-Hispanic	3. South
16	862.84	2008 Asian or Pacific Islander; Non-Hispanic	3. South
17	744.74	2009 Asian or Pacific Islander; Non-Hispanic	3. South
18	1,304.97	2001 Asian or Pacific Islander; Non-Hispanic	4. West
19	1,202.99	2004 Asian or Pacific Islander; Non-Hispanic	4. West
20	996.07	2005 Asian or Pacific Islander; Non-Hispanic	4. West
21	847.98	2007 Asian or Pacific Islander; Non-Hispanic	4. West
22	833.5	2008 Asian or Pacific Islander; Non-Hispanic	4. West



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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?

[Click here for Additional Information](#)

This measure appears in these topics



See this measure by

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- [Number of Chronic Conditions](#)
- [Other Public Coverage](#)
- [Region](#)
- [Sex](#)
- [State](#)

Filter this measure where

Calendar Year is ☒ 2002 ☒ 2003 ☒ 2004 ☒ 2005 ☒ 2006 ☒ 2007 ☒ 2008 ☒ 2009 ☒ 2010 ☒ 2011



National Health Interview Survey

National Health Interview Survey

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Related Sites

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[Surveys and Data Collection Systems](#)
[Integrated Version of Selected NHIS Variables](#)
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The National Health Interview Survey (NHIS) has monitored the health of the nation since 1957. NHIS data on a broad range of health topics are collected through personal household interviews. For over 50 years, the U.S. Census Bureau has been the data collection agent for the National Health Interview Survey. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving national health objectives.

Selected Participants

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



NHIS Brochure
[PDF - 712 KB]



Early Release Brochure
[PDF - 1.2 MB]



Folleto de NHIS
[PDF - 539 KB]



Confidentiality Brochure
[PDF - 251 KB]

What's New

- [Health insurance coverage by coverage status, type, selected characteristics, and age, January-June 2012](#) (1/2013)
- [Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2011](#) [PDF - 1.3 MB] (12/2012)
- [Wireless Substitution: Estimates From the National Health Interview Survey, January-June 2012](#) [PDF - 305 KB] (12/2012)
- [Selected Estimates Based on Data From the January-June 2012 National Health Interview Survey](#) (12/2012)
- [Health Insurance Coverage: Estimates From the National Health Interview Survey, January-June 2012](#) [PDF - 542 KB] (12/2012)
- [Preliminary Quarterly National Health Interview Survey Microdata Files](#) (12/2012)

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Page last updated: January 30, 2013

Page last reviewed: January 30, 2013

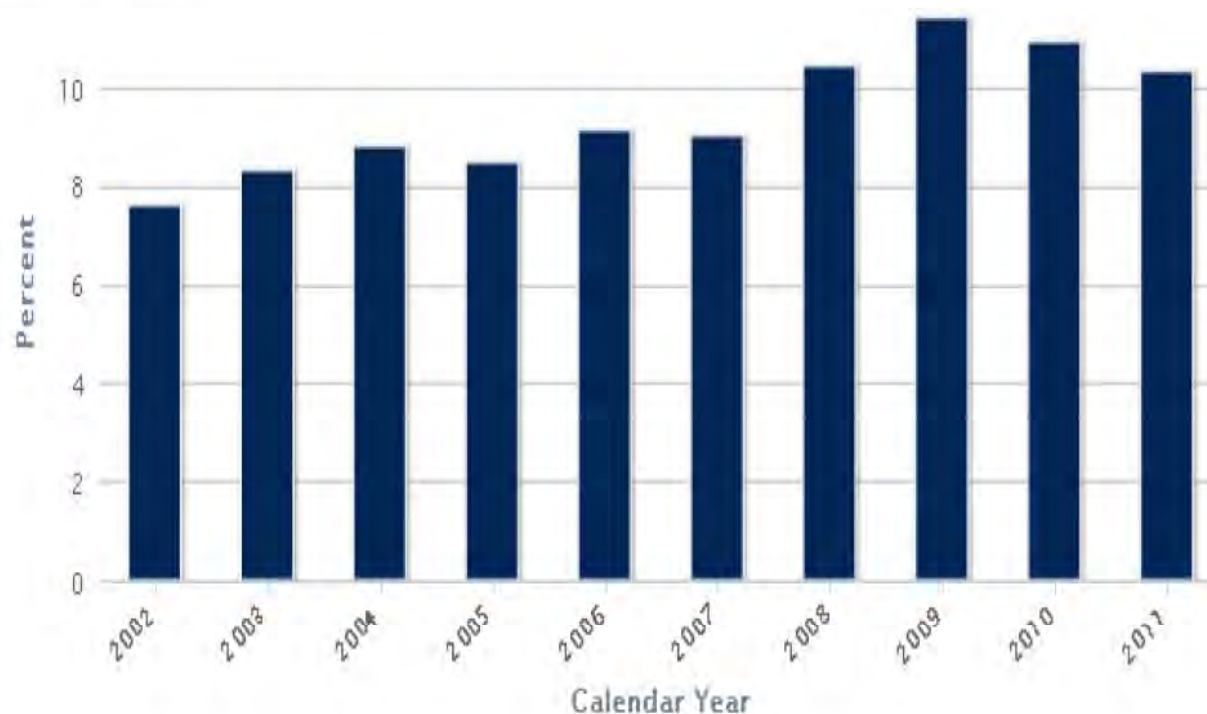
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Percentage of People Who Did Not Receive or Delayed Needed Care Due to Cost in the Past 12 Months

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Last updated 11 Apr 2012



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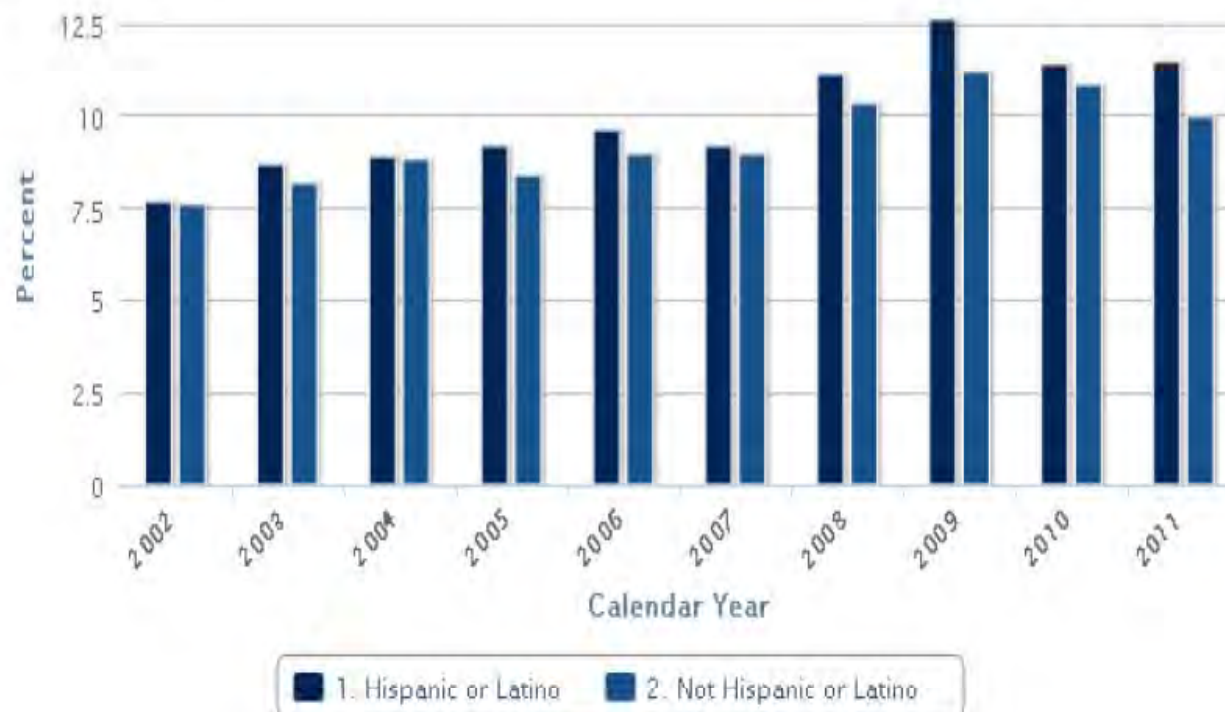
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Percentage of People Who Delayed Care Due to Cost by Ethnicity



For more information on how ethnicity was defined, please see the [Glossary](#) under Help.

Last updated 11 Apr 2012



Ethnicity is

- ☒ 1. Hispanic or Latino
- ☒ 2. Not Hispanic or Latino

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Ethnicity

All federal data collections are required to use the Office of Management and Budget (OMB) minimum data standards for race and ethnicity. The OMB's government-wide standards were originally issued in 1997 after a comprehensive public engagement process and extensive field testing. These standards had to be implemented by 2003. A detailed explanation of these standards is available at: www.whitehouse.gov/omb/fedreg_1997standards/.

Most surveys now include the new classifications though some are still in the process of converting to the new questions. Prior to 2003, racial and ethnic classifications were: American Indian or Alaskan Native; Asian or Pacific Islander; Black; Hispanic; and White. As of 2003, surveyors were encouraged to use a two-question format with ethnicity asked separately and before the question on race, and must provide respondents with the option of identifying with more than one race. The first question asks for self-identified ethnicity, with the classifications: Hispanic or Latino; and Not Hispanic or Latino. The second question asks for self-identified race, with the classifications: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Pacific Islander, or White. In rare instances, surveyors may also use a combined, single-question format, with the classifications: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Pacific Islander; White; and Hispanic or Latino. Please note that samples sizes for some categories, particularly American Indian or Alaskan Natives, may be small and estimates may not be available for all categories for all years in all measures.

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M

Metropolitan status

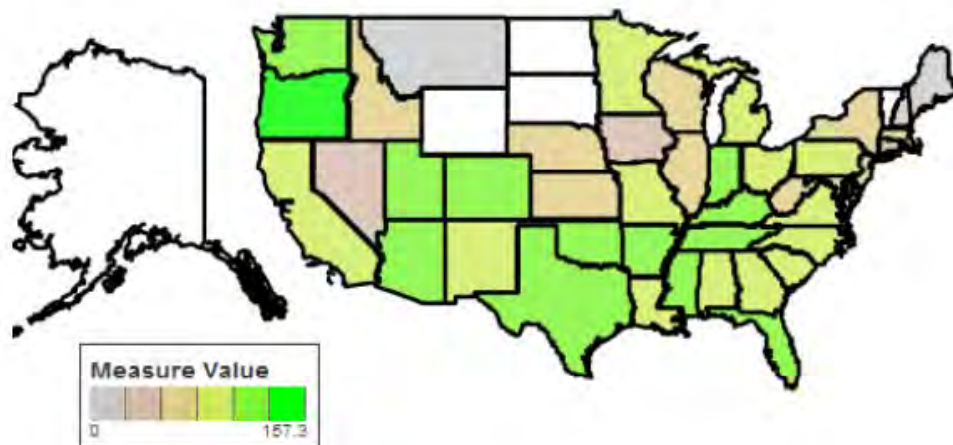
Metropolitan and micropolitan statistical areas (metro and micro areas) are geographic entities defined by the U.S. Office of Management and Budget (OMB) for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. An "MSA" is made up of both metro and micro areas. A metro area contains a core urban area of 50,000 or more population, and a micro area contains an urban core of at least 10,000 (but less than 50,000) population. Each metro or micro area consists of one or more counties and includes the counties containing the core urban area, as well as any adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core. Counties without these characteristics are considered outside Core Based Statistical Areas (MSAs).

Percentage of People Who Delayed Care Due to Cost by State

Click on a state to see data from that state, a time trend graph for the selected state will appear below the map.

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

Last updated 28 Apr 2011



Calendar Year is

- ☒ 2011 ☐ 2010 ☐ 2009
- ☐ 2008 ☐ 2007 ☐ 2006
- ☐ 2005 ☐ 2004 ☐ 2003
- ☐ 2002

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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.



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All Measures

Listed below are every measure available in the system. You can choose to browse them either by population characteristics, by an alphabetic index, or by the audience the data might interest.

[By Population Characteristic](#)[By Alphabetic Index](#)[By Data Audience](#)[Age Group](#)[Chronic Condition](#)[Coverage Type Overview](#)[Dental Coverage](#)[Disability Status](#)[Education Level](#)[Ethnicity](#)[Firm Size](#)[Health Status](#)[Hospital Bed Size](#)[Income Level](#)[Industry](#)[Medicaid Coverage](#)[Medicare Coverage](#)[Metropolitan Status](#)[Other Public Coverage](#)[Population Size](#)[Practice Size](#)[Pregnancy Status](#)[Private Coverage](#)[Provider Specialty](#)[Race](#)[Region](#)[Self-insured Status](#)[Sex](#)[State](#)[Transmission Category](#)[Type of Service](#)

Age Group

[Access to Care, Specialty Care](#)[Ambulatory Care-Sensitive Conditions, Rate of Hospitalization, Adults](#)[Ambulatory Care-Sensitive Conditions, Rate of Hospitalization, Children](#)[Birth Weight, Low](#)[Blood Pressure, High, Control of](#)[Cholesterol, High LDL \(bad\), Control of](#)[Colorectal Cancer Screening](#)[Communication between Patients and Providers](#)[Cost per Person with Specific Condition](#)[Delayed Care Due to Cost](#)



Next Steps

- Conducted usability testing on site functionality
- Focus group testing to be conducted on different users and audiences
- Future enhancements and improvements
- New measures, sources of data



Questions?

Thank you

<https://healthmeasures.aspe.hhs.gov>