



**National Committee on Vital and Health Statistics**

Advising the Secretary of Health and Human Services  
on health information policy since 1949.

# Next Generation Vital Statistics

## Potential Strategies to Support the Division of Vital Statistics in Achieving its Goals

NCVHS Committee Meeting

September 28, 2016

# Background

- The National Vital Statistics System is the oldest and most successful example of inter-governmental data sharing in Public Health and the shared relationships, standards, and procedures form the mechanism by which NCHS collects and disseminates the Nation's official vital statistics.
- These data are provided through contracts between NCHS and vital registration systems operated in the 57 US vitals jurisdictions legally responsible for the registration of vital events – births, deaths, marriages, divorces, and fetal deaths.
- Legal authority for the registration of these events resides individually with the 50 States, 2 cities (Washington, DC, and New York City), and 5 territories (Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands).
- Standard form the collection of the data and model procedures for the uniform registration of the events are developed and recommended for nationwide use through cooperative activities of the jurisdictions and NCHS.

# Vital Statistics History

- 1900 --- Census Bureau established death registration areas (11 states and DC)
- 1902 --- Permanent Census Act passed by Congress: Mandated a National Vital Statistics System
- 1915 --- Census Bureau established birth registration areas
- 1933 --- Birth and death registration areas include all states
- 1946 --- Vital Statistics moved from Census Bureau to the Public Health Service
- 1957 --- Marriage Registration areas established
- 1958 --- Divorce registration areas established
- 1960 --- National Center for Health Statistics (NCHS) created. Office of Vital Statistics moved to NCHS.
- 1972 --- Vital Statistics Cooperative Health Statistics Program began

# Jurisdictional Challenges

- Jurisdictions have developed electronic systems and web-based systems to replace 'paper' collection of data from parents, next-of-kin, physicians, hospitals, funeral directors, coroners, and all others involved in the complex systems to generate birth and death records.
- Since each jurisdiction has its own legal requirements, there is enormous variation in rules regarding access and release of vital statistics data.

# Thinking About the Future

- Role for Federal Government → could offer guidelines for building state-based systems, which would be cost-effective and consistent, reduce duplication.
- Improve quality and validity of data:
  - What are methods and best practices to accomplish improvements?
- Current Data Sources:
  - Birth certificates
  - Death certificates
  - Fetal Death Report
- Main Areas of Opportunity
  - Content
  - Transactional
  - Systems Development

# Developing Quality Standards: Questions to Consider

	Content	Transactional	Systems Development
<b>Birth Data</b>	<ul style="list-style-type: none"> <li>• Where does the gold standard quality come from?</li> <li>• Have EHR vendors and states/jurisdictions begun to embrace the existing VR standards to achieve the vision of the NCHS eVital Standards Initiative? If not, what are barriers?</li> </ul>	<ul style="list-style-type: none"> <li>• What standards are being used?</li> <li>• What steps are needed to achieve consistent standards adoption and interoperability?</li> <li>• What can we do to improve national standards adoption and interoperability?</li> </ul>	<ul style="list-style-type: none"> <li>• How does tremendous variability across states in records access impact quality of systems and data?</li> <li>• Is there a “minimum necessary”?</li> </ul>
<b>Death Data</b>	<ul style="list-style-type: none"> <li>• What can we learn from existing domestic studies?</li> <li>• International studies?</li> <li>• How do EHRs fit into the current status and future of VS?</li> </ul>	<ul style="list-style-type: none"> <li>• Should vitals be part of meaningful use or another incentive-based program to promote adoption of standards?</li> <li>• Possible to develop standards for extracting data from EHRs?</li> <li>• Possible to align vendors to promote consistency?</li> </ul>	<ul style="list-style-type: none"> <li>• What’s the relationship between NEXT GEN VS and EHR systems, in light of state variation?</li> <li>• Identity Management – how do EHR and VS information systems ID management align?</li> <li>• Privacy!</li> </ul>

# Brainstorming

- Organize an NCVHS Workshop in 2017
- Scope: births or deaths or both? All three aspects of quality, or focus on content?
- Goal: to provide recommendations to the Secretary to improve quality of Vital Statistics enterprise
- Participants: jurisdictions, NCHS, researchers, systems developers, EHR vendors, data collectors (providers, funeral directors), users, other Feds