



NCVHS Pop Health

Sept. 13, 2017

NCVHS Hearing
**“Next Generation Vital Statistics: A hearing on
the current status, current issues and future
possibilities”**

Sept. 11-12, 2017

Objectives of Hearing

Using a multi-stakeholder presentation and generative discussion approach, the hearing objectives were to:

- Identify the essential elements of the vital statistics system – the components and as a whole,
- Assess its current status and risks to its viability, and
- Consider what actions are needed both to protect and improve the system.

Who presented

- **Federal:**
 - HHS: CMS, NIH, HRSA, CDC (OPHSS, NCHS, NCDPPHP)
 - Other Federal representative: Dept. of Commerce, Dept. of State, Social Security Administration, Dept. of Homeland Security
- **State and local:**
 - State registrars, county registrar, medical examiners, coroners
- **Industry representatives**
 - NAPHSIS, NAME, IAC&ME, NFDA, AIRA, AMCHP, CSTE
 - Verus Financial, Pention Benefits Information, LLC, Kaiser Permanente

Who was in the room (continued)

- Others:
 - Robert Wood Johnson Foundation
- Total hearing presenters: 40+ individuals

Findings: There are multiple uses of Vitals

Individual records

- **Birth certificate**

- Populates public health and other data systems (IIS, SSN at birth)
- Establishes identity (Dept. of State, DMV)
- Initiates enrollment and provision of health benefits (Medicaid, CHIP)

- **Death Certificate**

- Support provision of life insurance benefits (cause and manner of death also needed)
- Terminate benefit payments at death to prevent fraud (DC, DMF, EVE) (SSA, CMS, pensions)
- Facilitate epidemiological research and clinical trials (NIH, CDC, Academia)

Findings: Multiple uses of Vitals

Aggregate records

- Describe & monitor health status, including causes of death
- Identify and monitor new & emerging public health threats (surveillance) (e.g., disasters, HIV, avian influenza, opioid deaths, Zika)
- Support program planning and management (HRSA, CMS, SSA-Actuarial)
- Facilitate epidemiological research
 - Birth (CDC, March of Dimes, AMCHP)
 - Death (NIH, CDC, academia)

Significant themes identified during hearing: General concerns from all sectors represented

- Timeliness
- Accuracy
- Completeness
- Variability across the states
- Data linkage

Significant themes identified during hearing: State Concerns

- Understanding of the complexity of state vital records systems
- Constraints of state laws/regulations on data access & sharing
- Underfunded & unpredictable funding
- Unfunded uses (free rides)
- Multiple demands
- Importance of the public service function of vitals office

Significant themes identified during hearing: Concerns for Feds and others

- Loss of SSA's Death Master File (ability to identify a death rapidly)
- Cost of NDI
- Lack of integrated system/connection to EHRs
- EDRS is not established in all states
- SSA wants marriage and divorce statistics

Visioning themes

- Decoupling statistical/medical from the legal requirements
- Refocusing on marriage and divorce data
- Individual record use versus the aggregated data use
- Considering birth and death systems separately
- The vital record as part of an integrated health record
 - Birth record as the first page, death record as the last
- Access
- Reimagining vitals not as a representation of paper records

Memorable quotes

- “Have we built a house too large for the foundation”
(specifically about the birth certificate) – Ursula Bauer
- “You’re special but you’re not that different” (state
exceptionalism) – Dave Ross

Next Steps

- Summary report
- Recommendation letter
- Environmental scan
 - Summary of vitals use and financial contributions through text, diagram, and tables