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