ANNUAL REPORT

The United States National Committee on Vital and Health Statistics

Fiscal Year 1974

Reproduced and distributed for the Committee by the
NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
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The U.S. National Committee on Vital and Health Statistics was established in 1948 at the request of the Department of State in accordance with recommendations of the First World Health Assembly to advise on matters relating to vital and health statistics and to promote and secure technical developments in this field.

Specifically the functions of the National Committee are to:

Delineate statistical problems of public health importance which are of national or international interest;

Stimulate studies of such problems by other organizations and agencies whenever possible, or make investigations of such problems through subcommittees appointed for the purpose;

Review findings submitted by other organizations and agencies or by its subcommittees, and make recommendations for national and/or international adoption;

Cooperate with and advise other organizations on matters relating to vital and health statistics in the United States especially with reference to definitions, statistical standards, and measurement problems;

Advise on problems relating to vital and health statistics of national and international concern; and

Cooperate with national committees of other countries and with the World Health Organization and other international agencies in the study of problems of mutual interest.

ACTIVITIES DURING FISCAL YEAR 1974

During fiscal year 1974, the U.S. National Committee on Vital and Health Statistics concerned itself with statistical uses of ambulatory medical care data, analytical possibilities of data produced by the National Center for Health Statistics, statistics needed for the formulation of population policy, preparatory work for the Ninth Decennial Revision of the International Classification of Diseases, the kinds of disease classifications needed to serve various purposes, statistics needed to determine the health effects of environmental conditions, and methods of testing a system for quality control of medical care. The Committee also took note of the International Conference of National Committees on Vital and Health Statistics held in Copenhagen in October 1973. The Conference marked the 25th anniversary of the establishment of national committees and was attended by representatives of the U.S. National Committee on Vital and Health Statistics.

The Committee adopted the final report "Ambulatory Medical Care Records: Uniform Minimum Basic Data Set." The recommendation for study of this problem by the Committee emanated from the Conference on Ambulatory Medical Care Records held April 18-22, 1972, under the sponsorship of the National Center for Health Services Research and Development, the National Center for Health Statistics, and The Johns Hopkins University. Through consultants, the Committee then proceeded to develop a minimum data set which might be required as part of the basic medical record and abstracted as appropriate by the federally funded health services and health insurance programs; cooperative Federal-State-local health services data systems; private insurance carriers; accrediting, certification, and licensing groups and agencies; and professional review organizations.

This report on minimum data puts forth and defines the minimum set of items of information which should be incorporated into the records of all ambulatory medical care systems, regardless of the setting in which the care is delivered. It also specifies how much of the recorded data should be classified.

In selecting and defining the minimum basic data set, the consultants were guided by two of the purposes served by ambulatory medical care records, namely, the improvement of ambulatory patient data and a variety of management, planning, education, and research uses which can be served when data have been abstracted from records and analyzed. The next step is to test how well the reporting forms, the abstracting procedure, and the collected data can be used for measuring quality of patient care and for other purposes.

An interim report was presented on the analytical potential of vital and health statistics produced through the various data collection

mechanisms of the National Center for Health Statistics. Consultants dealt primarily with data on health care and with methodological problems concerning such subjects as estimating costs of alternative types of national health insurance, the effect of nonfinancial barriers to accessibility of medical care, and the further development of "synthetic" estimates for local area health planning.

The consultants were originally charged with the task of developing statistical data needs for the formulation of national population policies. After considering this problem, they requested that the assignment be limited to a more manageable dimension. Because fertility is the largest component of population growth, it was recommended that the charge be revised to read "Statistical data needs for the formulation and evaluation of national policies on fertility."

During the fiscal year, the Committee studied methods for identifying and measuring the effect of environmental hazards on the health of the population. The Committee also initiated a study of the kinds of disease classifications needed to serve various purposes. The need for such a study arose from the proliferation in recent years of a number of disease classifications presumably meant to serve similar purposes. Because there are now no guidelines for assessing the usefulness of a classification to serve specific purposes, consultants were asked to outline the characteristics of a disease classification which would:

- Be an effective nomenclature,
- Act as a tool for storage and retrieval of hospital records and for evaluating medical care, and
- Be a statistical base for inpatient morbidity statistics and morbidity statistics on ambulatory patient care.

Preparatory work by the World Health Organization on the Ninth Decennial Revision of the International Classification of Diseases is well underway. The U.S. National Committee has submitted a number of major revision proposals and has reviewed and commented on the many proposals which the World Health Organization has circulated to countries for approval. A major problem in the Ninth Revision cycle is the proposal for a dual classification of diseases according to the so-called "etiology" and "manifestation" axes of classification. The consensus is that only one axis of classification, the present etiological axis, is needed in the United States.

The Second International Conference of National Committees on Vital and Health Statistics reflected the remarkable change in concept

and practice of public health since the First Conference, held in London 20 years ago. At that time the delegates were concerned mainly with the problems of mortality and communicable disease statistics and with ways of improving the quality of these data. Although there was some discussion of statistics on morbidity in the general population, these references related essentially to needs for the future. At the Second Conference, in Copenhagen, health surveys were not dreams of the future but were as real as electronic computers for processing and servicing the various kinds of information systems now in existence to meet the needs of health administrators and health planners. Health indexes, morbidity data from household surveys, medical care records, and data on health resources, including medical manpower and facilities and health expenditures, are an integral part of these systems.

It was the consensus of the Conference that, because of the gaps in data, there was a continuing need for national committees or equivalent bodies to secure increased coverage of statistical needs. The developing countries in particular expressed great need for a consultative body to help develop national statistics. For countries with inactive national committees, there seemed to be a preference for utilizing the existing administrative structure to secure future technical advancements. For countries with national committees (like the United States, Yugoslavia, Japan, and Israel), the advantages and usefulness of national committees on vital and health statistics were obvious, and it is likely that these committees will be utilized more fully in the future.

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