NCHS Dataline

A new study from the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention finds limited use of electronic medical records and computerized clinical support systems in hospitals and doctors' offices. Preliminary 2003 death data show a record-high life expectancy in the United States and the 2003 public use data file from the National Health Interview Survey is now available for data users on the NCHS website.

ELECTRONIC MEDICAL RECORDS

About 31% of hospital emergency departments, 29% of outpatient departments, and 17% of doctors' offices have electronic medical records to support patient care, as reported in ambulatory medical care surveys conducted by NCHS from 2001 to 2003. Electronic medical records and computerized systems offer opportunities to improve the quality of medical care in all settings, yet the use of electronic records in health care lags far behind the computerization of information in other sectors of the economy. In health care, billing applications were the first to be computerized. Electronic billing systems are used in three-quarters of physician office practices, but computerization of clinical records has been much slower.

The National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey measured the use of systems to improve the accuracy and safety of prescription drug use and found that about 8% of physicians use computerized systems whereby orders for drugs are entered electronically rather than on prescription pads. In these electronic systems, the computer compares the order against standards for dosing, checks for allergies or drug interactions, and warns of potential patient problems. Younger physicians, those under 50 years of age, were twice as likely as physicians 50 years of age and over to use this computerized system for ordering prescriptions.

About 40% of hospital emergency departments use automated drug dispensing systems, compared to about 18% of outpatient departments. Other studies have shown that automated drug dispensing systems, which operate like vending machines in that the order is written and the machine dispenses the correct drug and dosage for patients, can reduce errors. These automated systems were more likely to be in use in emergency departments located in metropolitan areas and those with the highest volume of patients. For outpatient departments, medical school affiliation was associated with use of automated drug systems.

The National Ambulatory Medical Care Survey of the care provided by office-based physicians and the National Hospital Ambulatory Medical Care Survey, covering hospital emergency and outpatient departments, regularly report on the characteristics of patients, including diagnosis and symptoms as well as the diagnostic and therapeutic care provided to track trends in the patterns and quality of medical care. Items on the use of electronic medical records were added to track changes in their use of information technology. "Use of Computerized Clinical Support Systems in Medical Settings: United States, 2001–2003," is available at http://www.cdc.gov/nchs/.[1]

LIFE EXPECTANCY REACHED RECORD HIGH IN 2003

Life expectancy for Americans has reached an all-time high, 77.6 years in 2003, up from 77.3 in 2002, as documented in "Deaths: Preliminary Data for 2003."[2] The report also shows that the gap between male and female life expectancy closed from 5.4 years in 2002 to 5.3 years in 2003, continuing a trend toward narrowing since the peak gap of 7.8 years in 1979. Record-high life expectancies were found for white males (75.4 years) and black males (69.2 males), as well as for white females (80.5 years) and black females (76.1 years).

Other findings in the report include:

- The preliminary age-adjusted death rate in the U.S. reached an all-time low in 2003 of 831.2 deaths per 100,000 population.
- Age-adjusted death rates declined for eight of the 15 leading causes of death. Declines were seen for heart disease (down 3.6%) and cancer (down 2.2%), the two leading causes of death that account for more than half of all deaths in the U.S. each year. Declines were also documented for stroke (4.6%), suicide (3.7%), flu/pneumonia (3.1%), chronic liver disease and cirrhosis (2.1%), and accidents/unintentional injuries (2.2%).
- After the first infant mortality rate increase in 44 years in 2002, the rate for 2003 did not change significantly (6.9 deaths per 1,000 live births in 2003 compared to a rate of 7.0 per 1,000 in 2002.)
- Firearm-related mortality dropped nearly 3% between 2002 and 2003.
- The preliminary age-adjusted death rate for HIV declined 4.1% between 2002 and 2003, continuing a downward trend observed since 1994.
- Age-adjusted death rates from alcohol dropped 4.3% and the rate for drug-related deaths fell 3.3% in 2003.
- Mortality increased for the following leading causes of death: Alzheimer's disease, kidney disease, hypertension, and Parkinson's disease.

The report is based on data recorded from approximately 93% of state death certificates issued in 2003 and reported to NCHS through the National Vital Statistics System. It is available on the NCHS website, http://www.cdc.gov/nchs/.

NEW PUBLIC USE DATA FILE AVAILABLE

The public use file for the 2003 National Health Interview Survey has been released and is available for data users on

the NCHS website at http://www.cdc.gov/nchs.nhis.htm. It includes downloadable data files and documentation for the large-scale household interview survey of a nationally representative sample of the U.S. civilian, noninstitutionalized population, along with published reports and background information about the survey and its data sets. The annual survey collects information on a wide range of health topics, including the extent of illness and disability, health status, health habits and risk factors, use of health services, health insurance coverage, and many more topics. In addition to core topics included each year, supplemental topics appear for a single year or may be repeated periodically. The 2003 survey includes content to help track Healthy People 2010 objectives, including items on arthritis, asthma, cancer screening and sun protection, diabetes, and heart disease. It also includes special supplements on mental health and immunization.

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REFERENCES

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