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ACTING AS DATA COLLECTION AGENT FOR THE
NATIONAL CENTER FOR HEALTH STATISTICS
CENTERS FOR DISEASE CONTROL AND PREVENTION

National Ambulatory Medical Care Survey TRADITIONAL PHYSICIAN 2016 INDUCTION SAMPLE CARD

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This sample card presents a partial list of the induction questions for traditional physicians. This tool may be shown to physicians who request examples of the questions they may be asked. DISCLAIMER: Questions may not be in the same order or worded exactly as presented in the instrument and may not include the answer options.

INDUCTION INTERVIEW

This study will be concerned with the AMBULATORY patients seen during the assigned 7-day reporting week. Information for up to 5 office locations will be collected and used to determine the office where PRFs will be sampled.

First, there are some questions about your practice.

- Overall, at how many different office locations do you see ambulatory patients? Do not include settings such as EDs, OPDs, surgicenters, Federal clinics, and CHCs.
- At what office location(s) will you see ambulatory patients during your practice's 7-day reporting period? *(Locations/Addresses will be collected/verified for up to 5 locations. Additional questions about expected number of visits for the reporting week and number of visits during the last normal week for each location will be asked.)*
- In a typical year, about how many weeks do you NOT see any ambulatory patients (e.g., conferences, vacations, etc.)?
- Are you likely to see any ambulatory patients in your office during the reporting week?
 - If not, why is that?
- What types of tests/procedures are available onsite (e.g., EKG/ECG, phlebotomy, lab testing, spirometry, ultrasound, x-ray)?
- Do you see patients during the evening or on weekends?
- What is your National Provider Identifier (NPI)?
- What is your Federal Tax ID, also known as an Employer Identification Number (EIN)?
- During your last normal week of practice, how many hours of direct patient care did you provide?
- During your last normal week of practice about how many encounters of the following type did you make with patients:
 - Nursing home visits
 - Other home visits
 - Hospital visits
 - Telephone consults
 - Internet/e-mail consults

The following question sets ask about policies, services, and experiences related to the prevention and treatment of sexually transmitted infections (STIs) and the use of PrEP (pre-exposure prophylaxis) for HIV prevention. (The physician must answer these questions.)

- Does the office have a written policy that asks parents, relatives or guardians of an adolescent patient to leave the room during any part of the visit?
- When does the office policy require that you ask relatives or guardians of adolescent patients to leave the room during part of the visit?
- Do you evaluate patients for sexually transmitted infections or treat patients with sexually transmitted infections in your office?
- Which injectable antibiotics are provided onsite at the office for same-day treatment for patients diagnosed with gonorrhea or syphilis?
- For patients with vaginal discharge or urethritis, which point-of-service tests does your office provide onsite?
- Do you document any of the following about your patients on at least an annual basis?
 - Any substance abuse or injection drug use
 - Condom use
 - HIV status of their sex partners
 - Number of sex partners they have
 - Patients' sexual orientation or the sex of their sex partners
 - Types of sex that they have (vaginal, anal, oral)
- Have you heard of PrEP to prevent HIV infection?
- Please indicate whether you agree or disagree with the following statements about PrEP. They include various attitudes and beliefs that some providers might have about PrEP.
 - PrEP is effective for HIV prevention.
 - PrEP use will result in an increase in risky sexual behavior and sexually transmitted infections.
 - PrEP will lead to drug resistance if a patient gets infected while taking PrEP.
 - Most patients will have difficulty affording PrEP regardless of their insurance status.
 - Most patients will have difficulty adhering to daily dosing of PrEP.
 - One or more of my patients have asked for PrEP.
 - One or more of my patients have declined PrEP.
 - Have you prescribed PrEP?
 - Why have you not prescribed PrEP?

INDUCTION INTERVIEW – Continued

Cultural competence questions must be answered by the sampled physician.

- Within the past 12 months, have you participated in any cultural competence training?
- How familiar are you with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards)?

This set of questions is only administered to primary care physicians and seeks to determine the extent to which alcohol screening and brief intervention (SBI) is being conducted within the practice.

- How do you screen for alcohol misuse?
- How often do you screen for alcohol misuse?
- If patient is interviewed, who administers the screening?
- Among patients who screen positive for risky alcohol use, how often are brief interventions conducted?
- What resources would be helpful in implementing alcohol/substance screening and intervention in primary care settings?

This section refers to characteristics of the sampled physician's practice.

- How many physicians, including you, are associated with this practice? *(Include this office and any other locations)*
- Is your practice certified as a patient-centered medical home and by whom?
- What is the level of certification for the National Committee for Quality Assurance (NCQA)?
- Is someone in your practice responsible for assisting patients to safely transition back to the community within 72 hours of being discharged from a hospital or nursing home?
- Does your practice report any quality measures or quality indicators to either payers or to organizations that monitor health care quality?

This set of questions refers to the types of providers who work at the office with the most visits.

- How many full-time and part-time providers are on staff?
- Are the PA's, NP's, CNM's, CNS's, and NA's patients logged separately from your patients?
- Do the PAs, NPs, CNMs, CNSs, and NAs bill for services using their own NPI number?
(Some additional questions will be asked about the level of supervision and approval you provide for the various non-physician clinicians.)

There are sets of questions regarding revenue and contracts at all eligible offices.

- Roughly, what percent of your patient care revenue comes from:
 - Medicare?
 - Medicaid?
 - Private insurance?
 - Patient payments?
 - Other (including charity, research, Tricare, VA, etc.)?
- Roughly, what percentage of the patient care revenue received by this practice comes from managed care contracts:
 - Fee-for-service?
 - Capitation?
 - Case rates (e.g., package pricing/episode of care)?
 - Other?
- Are you currently accepting "new" patients into your practice and what types of payment do you accept?
- What method best describes your basic compensation?

Some examples of additional questions include:

- On average, about how long does it take to get an appointment for a routine medical exam?
- Is this a single- or multi-specialty (group) practice?
- Are you a full- or part-owner, employee, or an independent contractor?
- Who owns the practice?

EHR/EMR SYSTEM

- Does the reporting location submit any claims electronically (electronic billing)?
- Does the reporting location use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.
- In which year did you install your current EHR/EMR system?
- Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?
- What is the name of your current EHR/EMR system?
- Are there plans for installing a new EHR/EMR system within the next 18 months?
- Does the reporting location have any of the following computerized capabilities?
 - Recording patient history and demographic information?
 - Recording patient problem list?
 - Recording clinical notes?
 - Recording patient's medications and allergies?
 - Reconciling lists of patient medications to identify the most accurate list?
 - Providing reminders for guideline-based interventions or screening tests?
 - Ordering prescriptions?
 - Are prescriptions sent electronically to the pharmacy?
 - Are warnings of drug interactions or contraindications provided?
 - Do you prescribe controlled substances?
 - Are prescriptions for controlled substances sent electronically to the pharmacy?
 - Ordering lab tests?
 - Viewing lab results?
 - Ordering radiology tests?
 - Viewing imaging results?
 - Identifying patients due for preventive or follow-up care in order to send patients reminders?
 - Providing data to generate lists of patients with particular health conditions?
 - Providing data to create reports on clinical care measures for patients with specific chronic conditions (e.g., HbA1c for diabetics)?
 - Providing patients with clinical summaries for each visit?
 - Exchanging secure messages with patients?

There are questions about sharing (either sending or receiving) patient health information, e.g., hospital discharge summaries, ED notifications, and summary of care records for transitions of care or referrals; whether that can be done to/from another provider whose EHR/EMR system is different from your own; and what online activities are available to the patients.