

**NAMCS-1B**  
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# **National Ambulatory Medical Care Survey CHC ADMINISTRATOR/PROVIDER 2018 INDUCTION SAMPLE CARD**

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<sup>1</sup>"Monitor" means "to acquire, identify, or scan, or to possess, information that is stored on, processed by, or transiting an information system"; "information system" means "a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination or disposition of information"; "cyber threat indicator" means "information that is necessary to describe or identify security vulnerabilities of an information system, enable the exploitation of a security vulnerability, or unauthorized remote access or use of an information system."

**This sample card presents a partial list of the induction questions for CHC administrators or CHC providers. This tool may be shown to administrators/providers 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.**

## **CHC ADMINISTRATOR INDUCTION INTERVIEW**

**The following questions are only asked of the CHC Administrator.**

**This section refers to characteristics of the sampled CHC.**

- How many physicians are associated with this CHC?
- Is the CHC at this location certified as a patient-centered medical home?
- What is the level of certification for the National Committee for Quality Assurance (NCQA)?
- Is someone in the CHC at this location responsible for assisting patients to safely transition back to the community within 72 hours of being discharged from a hospital or nursing home?
- Does the CHC at this location 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 CHC.**

- How many full-time and part-time providers are on staff?
- How many mid-level providers (i.e., nurse practitioners, physician assistants, and certified nurse midwives) are associated with this CHC location?
- Are the PA's, NP's, CNM's, CNS's, and CRNA's patients logged separately from the provider's patients?
- Do the PAs, NPs, CNMs, CNSs, and CRNAs bill for services using their own NPI number?

**Some examples of additional questions include:**

- Is this a single- or multi-specialty CHC?
- Who owns the CHC?

## **EHR SYSTEM**

- Does the CHC reporting location submit any claims electronically (electronic billing)?
- Does the CHC reporting location use an electronic health record (EHR) system? Do not include billing record systems.
- In which year did the CHC install its current EHR system?
- Does the CHC's current system meet meaningful use criteria as defined by the Department of Health and Human Services?
- What is the name of the CHC's current EHR system?
- Are there plans for installing a new EHR system within the next 18 months?
- Does the CHC 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 electronically 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 system is different from your own; and what online activities are available to the patients.

## CHC PROVIDER INDUCTION INTERVIEW

**This study will be concerned with the AMBULATORY patients seen at this CHC location during the assigned 7-day reporting week.**

**First, there are some questions about your practice.**

- Overall, at how many different office locations do you see ambulatory patients?
- 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 at the current CHC location during the reporting week?
- During the reporting week, how many days do you expect to see any ambulatory patients at the CHC location?
- During your last normal week of practice, approximately how many office visit encounters did you have at this CHC location? (*As the sampled provider, if you are in a group practice only include the visits to you.*)
- During the reporting week, do you expect to have about the same number of visits as you saw during your last normal week at the current CHC location taking into account time off, holidays, and conferences?
- Approximately how many ambulatory visits do you expect to have at this CHC location?
- Are you a full- or part-owner, employee, or an independent contractor?
- Does the CHC have the ability to perform any of the following 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 provider must answer these questions.)**

- Does the CHC 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 CHC 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 at the current CHC location?
- Which injectable antibiotics are provided onsite at the current CHC location for same-day treatment for patients diagnosed with gonorrhea or syphilis?
- For patients with vaginal discharge or urethritis, which point-of-service tests does the current CHC location 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?

**Cultural competence questions must be answered by the sampled provider.**

- 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 providers 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?
- How are screening question(s) administered?
- 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?