START WITH NUMBER

To determine the “Start With” (SW) number, find the range in the left column that contains the TE number (page 6, line 48). Then, reading to the right, choose the first number that is between 1 and the TE number. If there are no numbers in that range, enter a 0 into the SW number row. If there is no TE number, enter a 0 into the SW number row.

With a TE number between

1–99
100–199
200–299
300–399
400–499
500–599
600–1,299
1,300 or more

Contact HQ

Go to page 6, line 49.

NOTES
Page 8 FORM NAMCS-201 (11-24-2006)

U.S. DEPARTMENT OF COMMERCE
ACTING AS DATA COLLECTION AGENT FOR THE
Economics and Statistics Administration
U.S. CENSUS BUREAU

Assurance of Confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establish­ment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

NOTICE – Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA(0920-0234).
9. The third provider will have the first “Cumulative visit volume” greater than or equal to $(TE \times 2) + SW$. Again, mark (X) in column f to indicate this selection.

Example given below –

<table>
<thead>
<tr>
<th>Provider to be sampled</th>
<th>The first “Cumulative visit volume” equal to or greater than</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. The first provider to be selected for sampling will be the one who has the first “Cumulative visit volume” greater than or equal to the SW number. Mark (X) in column f to indicate this selection.

8. The second sampled provider will have the first “Cumulative visit volume” that is greater than or equal to the $TE + SW$. Mark (X) in column f to indicate this selection.

11. Complete the table below for the 3 sampled providers selected. Complete a separate NAMCS-1 for all 3 rows below.

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Complete a NAMCS-1 for all 3 provider IDs regardless of provider or CHC disposition. If there are only 2 providers at a CHC, you still would complete a NAMCS-1 for the 3rd provider ID.

12. CHC FINAL DISPOSITION

1. Completed Induction
2. Out-of-Scope
3. Refused-Breakoff
4. CHC not seeing patients during reporting week
5. Moved out of PSU
6. Can’t locate
11. Continued

FR Instructions –

(a) (b) (c) (d) (e) (f)

Provider's name MD/DO, NP, PA, NMW Specialty Expected visit
volume

Cumulative
visit volume

Mark (X) if to
be sampled

= Total Expected
Visit Volume

= TE

START WITH number based on table on page 8

2.

1. Count the number of in-scope providers and enter in line 47.

= SW

Go to
Instruction
7, page 7.

3.

5. Divide the “Total expected visit volume” by 3 (to one decimal place) – this is the Take Every
(TE) number. Place result into line 48.

6. To determine the “Start With” (SW) number: Refer to the table on page 8.

46

47 48 49

= Total Number of Eligible Providers

8. How would you classify this center? Mark (X) ALL that apply.

☐ Federally-funded Community Health Center (330)
(i.e., Community Health Center (CHC), Migrant Health Center
(MHC), Health Care for the Homeless (HCH), and/or Public
Housing Primary Care (PHPH) grant program)

☐ Federally Qualified Health Center, but not federally funded
(330 look-alike)

☐ Tribal (638) or Urban Indian (437) Health Center

☐ None of the above – Read CLOSING STATEMENT below.

FR NOTE – Categories should sum close to 100%.

Continue with item 11 on page 4.

9a. We have your address as (Read item 1d). Is this correct?

☐ Yes – SKIP to item 10

☐ No, incorrect address – Ask item 9b

b. What is the correct address and telephone number?

9b.

10. What percent of your CHC’s revenue comes from the following sources?

Sources Percentage

330 Grant %

Tribal 638 contract or compact %

Other Federal Grant %

State/Local Grant %

Individual, corporation or foundation grants or donations %

Medicare/Medicaid %

Patient fees %

Other %

FR NOTE – Categories should sum close to 100%.

REFER TO FLASHCARD H.

Continue with item 11 on page 4.

CLOSING STATEMENT – Thank you, (Name of respondent), your center is not within the scope of this study. We appreciate your time and interest. (Terminate interview and SKIP to item 11 on page 7.)
11. I would like to discuss a plan for conducting the National Ambulatory Medical Care Survey (NAMCS) for a sample of your providers. This center has been assigned to a 1-week reporting collection period beginning on Monday, __________ through Sunday, __________.

I will need to sample 3 providers from your Center. In order to do this, I will need the name, specialty, and estimated visit volume for all physicians and mid-level providers who will be working during the sample week at all in-scope locations. In-scope locations include all fixed locations that provide health care, mobile clinics, and specialty clinics. Please do not include providers that work solely at school-based clinics.

Please exclude dentists, hygienists, radiologists, psychologists, anesthesiologists, and pathologists. Include physicians (both MD and DOs), nurse practitioners (NPs), physician assistants (PAs), nurse midwives (NMWs).

<table>
<thead>
<tr>
<th>Provider's name</th>
<th>MD/DO, NP, PA, NMW</th>
<th>Specialty</th>
<th>Expected visit volume</th>
<th>Cumulative visit volume</th>
<th>Mark (X) if to be sampled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
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<td>5</td>
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<td>14</td>
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<tr>
<td>15</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total (Lines 1–15)** – Continue on next page.

Continue with item 11, List of Physicians/Providers, on page 5.
I will need to sample 3 providers from your Center. In order to do this, I will need the name, specialty, and estimated visit volume for all physicians and mid-level providers who will be working during the sample week at all primary care, mobile clinics, and specialty clinics. Please do not include providers that work solely at school-based clinics.

11. I would like to discuss a plan for conducting the National Ambulatory Medical Care Survey (NAMCS) for a sample of your providers. This center has been assigned to a 1-week reporting collection period through Sunday, [missing date].

Continue with item 11, List of Physicians/Providers, on page 5.
11. Continued

<table>
<thead>
<tr>
<th>Provider’s name (a)</th>
<th>MD/DO, NP, PA, NMW (b)</th>
<th>Specialty (c)</th>
<th>Expected visit volume (d)</th>
<th>Cumulative visit volume (e)</th>
<th>Mark (x) if to be sampled (f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td></td>
<td></td>
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<tr>
<td>37</td>
<td></td>
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<td>38</td>
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<td>41</td>
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<td>43</td>
<td></td>
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<td></td>
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<tr>
<td>44</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total (Sum of lines 36–45) (From above)**

**Total (Sum of lines 16–35) (From page 5)**

**Total (Sum of lines 1–15) (From page 4)**

| 46                  |                         |                |                           |                             |                             |
| 47                  |                         |                |                           |                             |                             |
| 48                  |                         |                |                           |                             |                             |
| 49                  |                         |                |                           |                             |                             |

**FR Instructions –**

1. Count the number of in-scope providers and enter in line 47.
2. If the community health center has 3 or fewer providers sample all providers. Go to Instruction 11, page 7. If community health center has 4 or more providers then follow the rest of these instructions.
3. Obtain an "Expected visit volume" for each provider (column d) for the sample week, keeping a cumulative visit total in column e. If there are more than 45 providers continue the list on a separate sheet and attach to this form.
4. The "Total expected visit volume" (line 46) should equal the last entry in "Cumulative visit volume", column e.
5. Divide the "Total expected visit volume" by 3 (to one decimal place) – this is the Take Every (TE) number. Place result into line 48.
6. To determine the "Start With" (SW) number: Refer to the table on page 8.
7. INTRODUCTION

Hello [Name of respondent], I am [Your name]. I am calling for the Centers for Disease Control and Prevention regarding their study of ambulatory care. You should have received a letter from the Director of the National Center for Health Statistics, explaining the study. You have probably also received a letter from the Census Bureau. We are acting as the data collection agents for the study.

8. The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) is conducting the National Ambulatory Medical Care Survey (NAMCS), a national survey of office-based physicians and mid-level providers. The NAMCS is designed to collect information on the characteristics of visits to U.S. offices of physicians and mid-level providers. The NAMCS is used to provide national data on the conditions for which patients visit physicians, sociodemographic characteristics of visits, and the services provided during each visit.

9. Your center has been selected, and we are requesting a short interview (approximately 20 minutes) with you to obtain information that would allow us to sample three physicians or mid-level providers in your center. We will then send a letter to you identifying the selected physicians. We will ask you to schedule visits for the interview, and we will verify that the visits have occurred. The interview will be conducted by telephone, and we will interview about three providers in your center.

10. Many organizations and leaders in the health care community, including those providing the enclosed letter of endorsement, have expressed their support and join me in urging your participation in this meaningful study. Participation is voluntary. The following are some key points about the survey:

- Data collection for the NAMCS is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k).
- All information collected will be held in the strictest confidence according to Section 308(d) of the Public Health Service Act. All data items will be used for statistical purposes only. No patient names, social security numbers, or addresses are collected.
- This study conforms to the Privacy Rule as mandated by HIPAA, because disclosure of patient data is permitted for public health purposes, and the NCHS Research Ethics Review Board has approved NAMCS.
- None of the information collected will be released to any other agency, organization, or individual without your permission.
- U.S. Census Bureau employees, who administer the study, have taken an oath to abide by Title 13, U.S. Code, Section 9, which requires them to keep all information about your practice and patients confidential.
- A representative of the Census Bureau, acting as our agent, will be calling you to schedule an appointment regarding the details of your participation. If you have any questions regarding your participation, please call [phone number].

11. Additional information on the survey may be obtained by visiting the NAMCS participant Web site at www.cdc.gov/namcs. We greatly appreciate your cooperation.

FR Instructions – Continued –

7. The first provider to be selected for sampling will be the one who has the first "Cumulative visit volume" greater than or equal to the SW number. Mark (X) in column f to indicate this selection.

8. The second sampled provider will have the first "Cumulative visit volume" that is greater than or equal to the TE + SW. Mark (X) in column f to indicate this selection.

9. The third provider will have the first "Cumulative visit volume" greater than or equal to (TE^2) + SW. Again, mark (X) in column f to indicate this selection.

Example given below –

<table>
<thead>
<tr>
<th>Provider to be sampled</th>
<th>The first &quot;Cumulative visit volume&quot; equal to or greater than . . .</th>
<th>Cumulative visit number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SW</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SW + TE</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>SW + (TE^2)</td>
<td></td>
</tr>
</tbody>
</table>

10. If this CHC was in last year’s sample (Item 1e), and any of the providers selected this year were also selected last year (Item 2), choose the next provider on the list. If the provider is at the end of the list, start at the top.

11. Complete the table below for the 3 sampled providers selected. Complete a separate NAMCS-1 for all 3 rows below.

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Address</th>
<th>Telephone No.</th>
<th>Expected Visit Volume</th>
<th>Final disposition from NAMCS-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FR Instructions –

- The first 3 digits of the Provider ID are the same as the first 3 digits of the CHC ID, the last digit is 1, 2, or 3 as listed above.
- Three NAMCS-1s are to be completed for each CHC regardless of CHC or provider disposition.

12. CHC FINAL DISPOSITION

1. Completed Induction
2. Out-of-Scope
3. Refused-Breakoff
4. CHC not seeing patients during reporting week
5. Moved out of PSU
6. Can’t locate

Complete a NAMCS-1 for all 3 provider IDs regardless of provider or CHC disposition. If there are only 2 providers at a CHC, you still would complete a NAMCS-1 for the 3rd provider ID.
**START WITH NUMBER**

*Start With* Number Selection

To determine the "Start With" (SW) number, find the range in the left column that contains the TE number (page 6, line 48). Then, reading to the right, choose the first number that is between 1 and the TE number. If there are no numbers in the row that are between 1 and the TE number, SKIP to the next row. This is your SW number. Record the SW number below and on page 6, line 49. Also enter the SW number into first "Cumulative Visit Number" row in Instruction 9 and complete the other two row entries.

<table>
<thead>
<tr>
<th>With a TE between</th>
<th>Use the 1st number in the row that is between 1 and the TE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–99</td>
<td></td>
</tr>
<tr>
<td>100–199</td>
<td></td>
</tr>
<tr>
<td>200–299</td>
<td></td>
</tr>
<tr>
<td>300–399</td>
<td></td>
</tr>
<tr>
<td>400–499</td>
<td></td>
</tr>
<tr>
<td>500–599</td>
<td></td>
</tr>
<tr>
<td>600–1,299</td>
<td></td>
</tr>
<tr>
<td>1,300 or more</td>
<td>contact HQ</td>
</tr>
</tbody>
</table>

Start With Number ________    {Go to page 6, line 49.

**NOTES**