



National Ambulatory Medical Care Survey: Planning for the Future

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Agenda

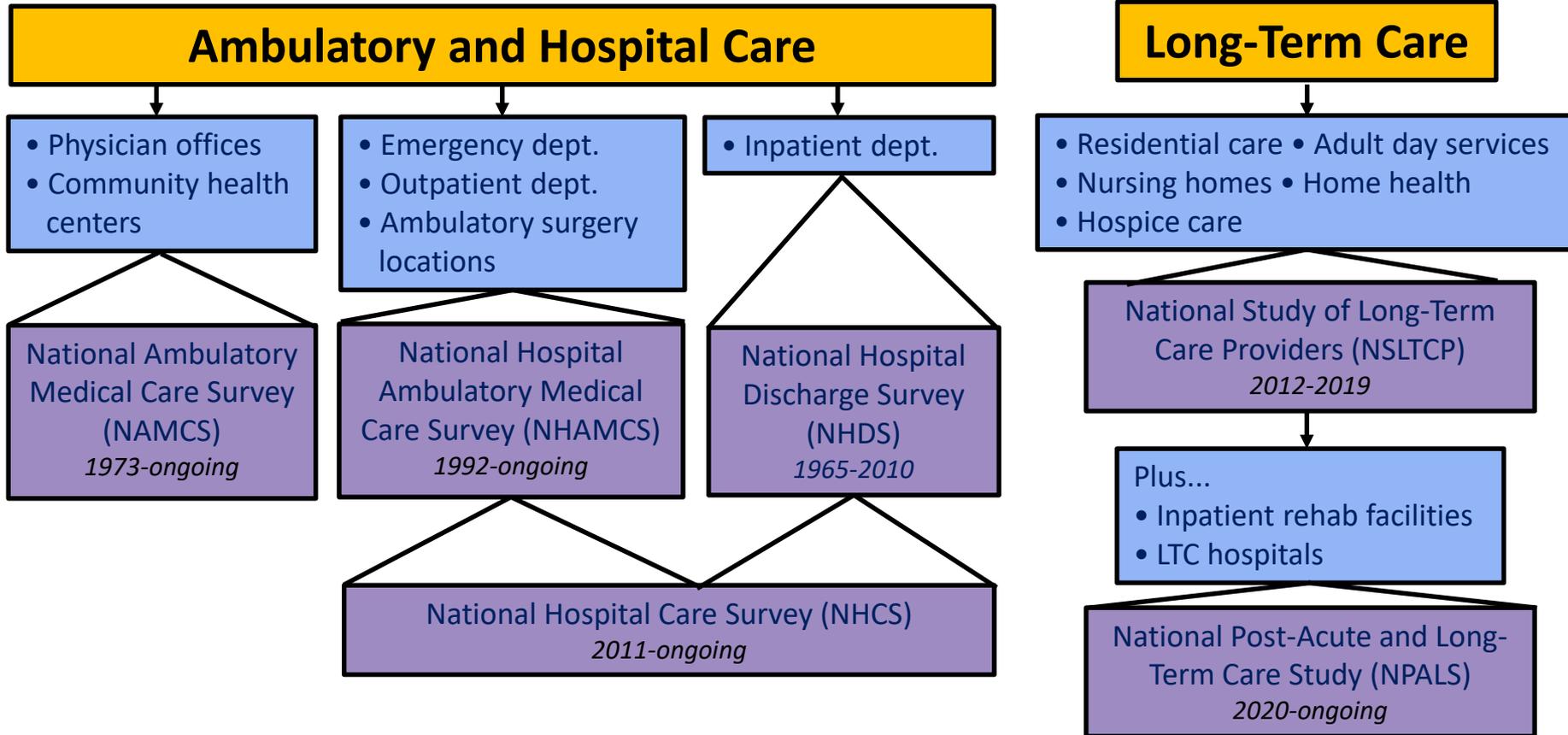
- Division of Health Care Statistics Overview
- NAMCS Overview
 - Unique strengths
- Changing Health Care Systems and Data
- NAMCS: Planning for the Future
 - Goal for today: *Start the discussion on where to go with NAMCS...*

Division of Health Care Statistics Overview

Mission

- Division of Health Care Statistics
 - Produce accurate, objective, nationally-representative statistics on health care to inform health care policy and serve a variety of research needs

National Health Care Surveys: Spectrum of Care

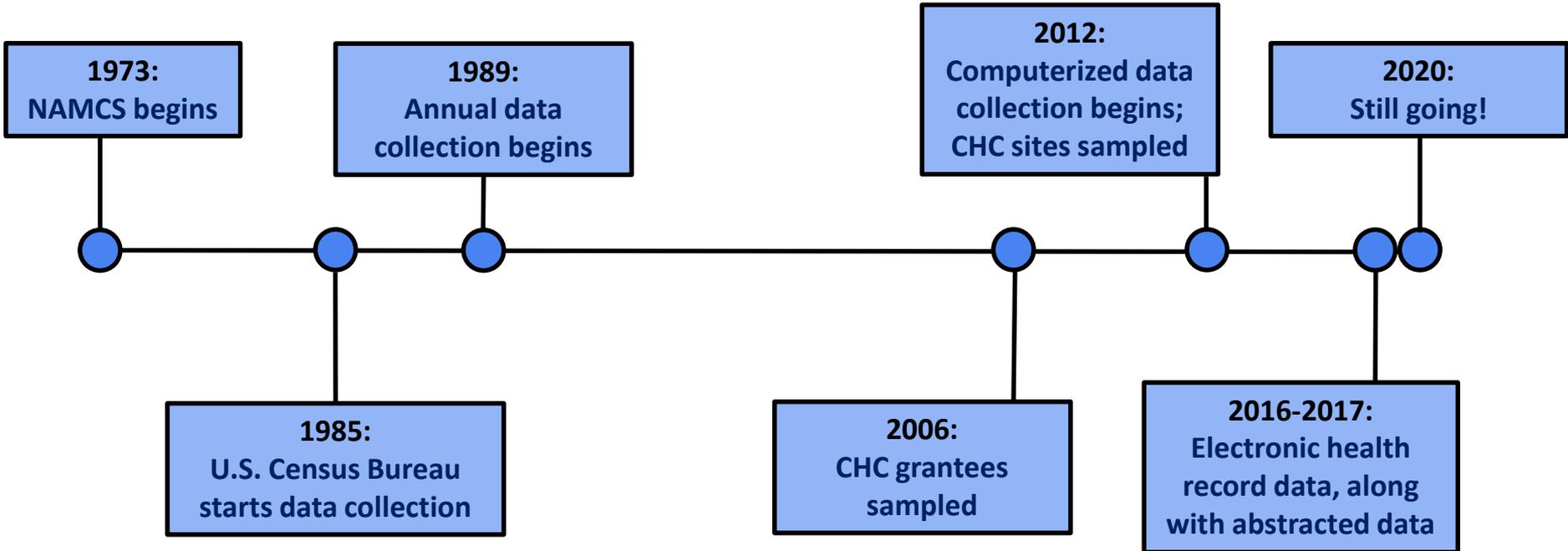


NAMCS Overview

NAMCS: Purpose

- NAMCS is designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States.

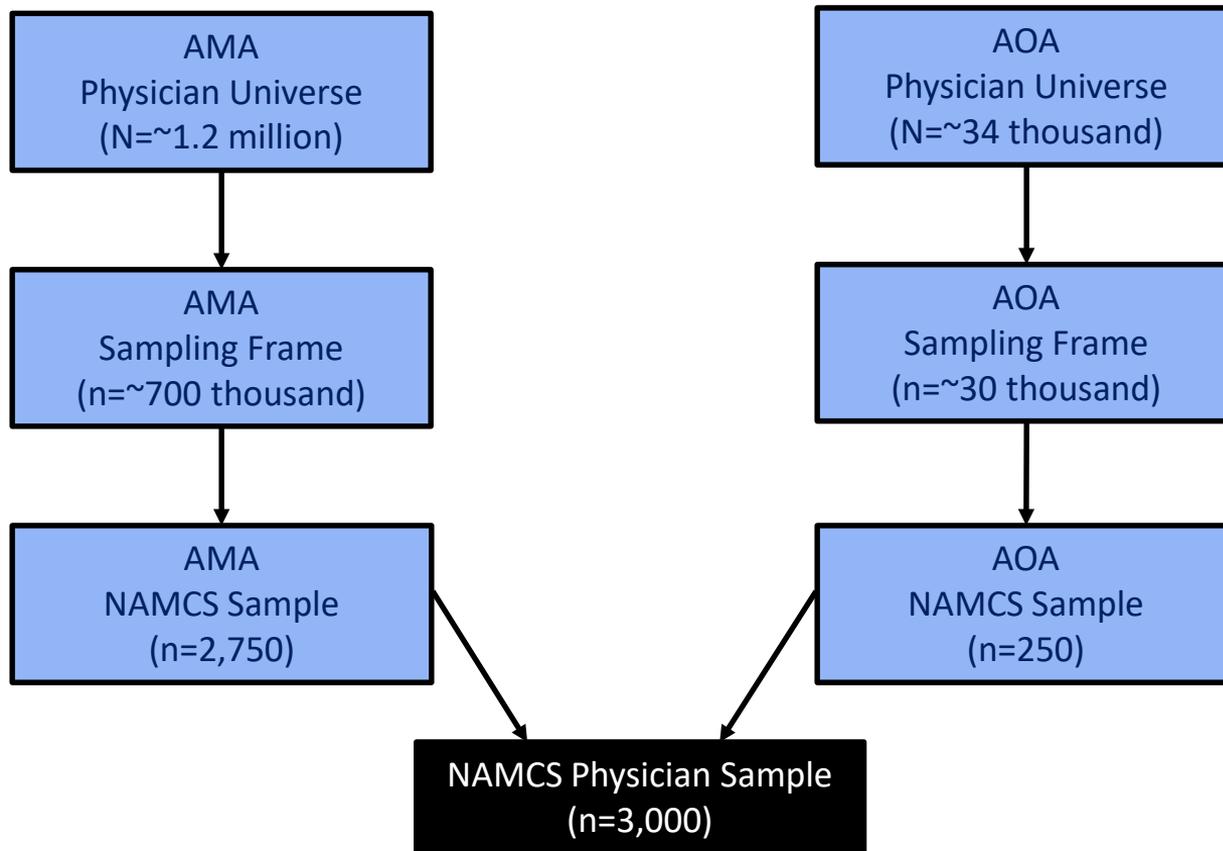
NAMCS: Milestones



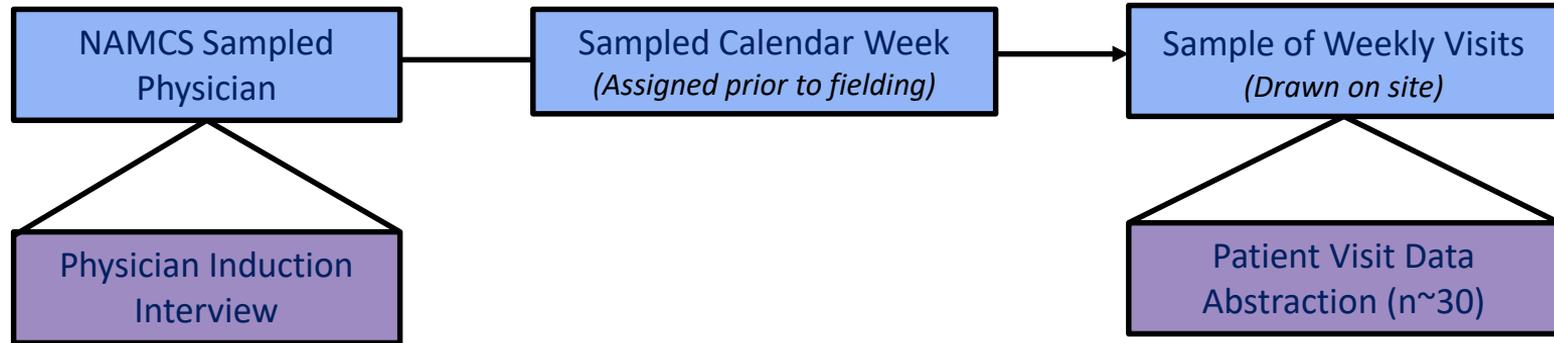
NAMCS: Physician Scope

- Physicians must:
 - Be classified by AMA or AOA as primarily engaged in office-based care
 - Not be federally-employed
 - Not specializing in anesthesiology, radiology, or pathology
 - Not be an intern, resident, or fellow
- Visits must:
 - Be for medical purposes

NAMCS: Physician Sampling Process



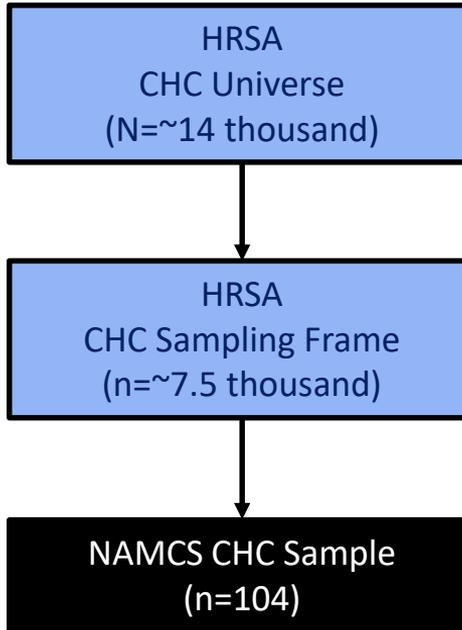
NAMCS: Physician Data Collection Process



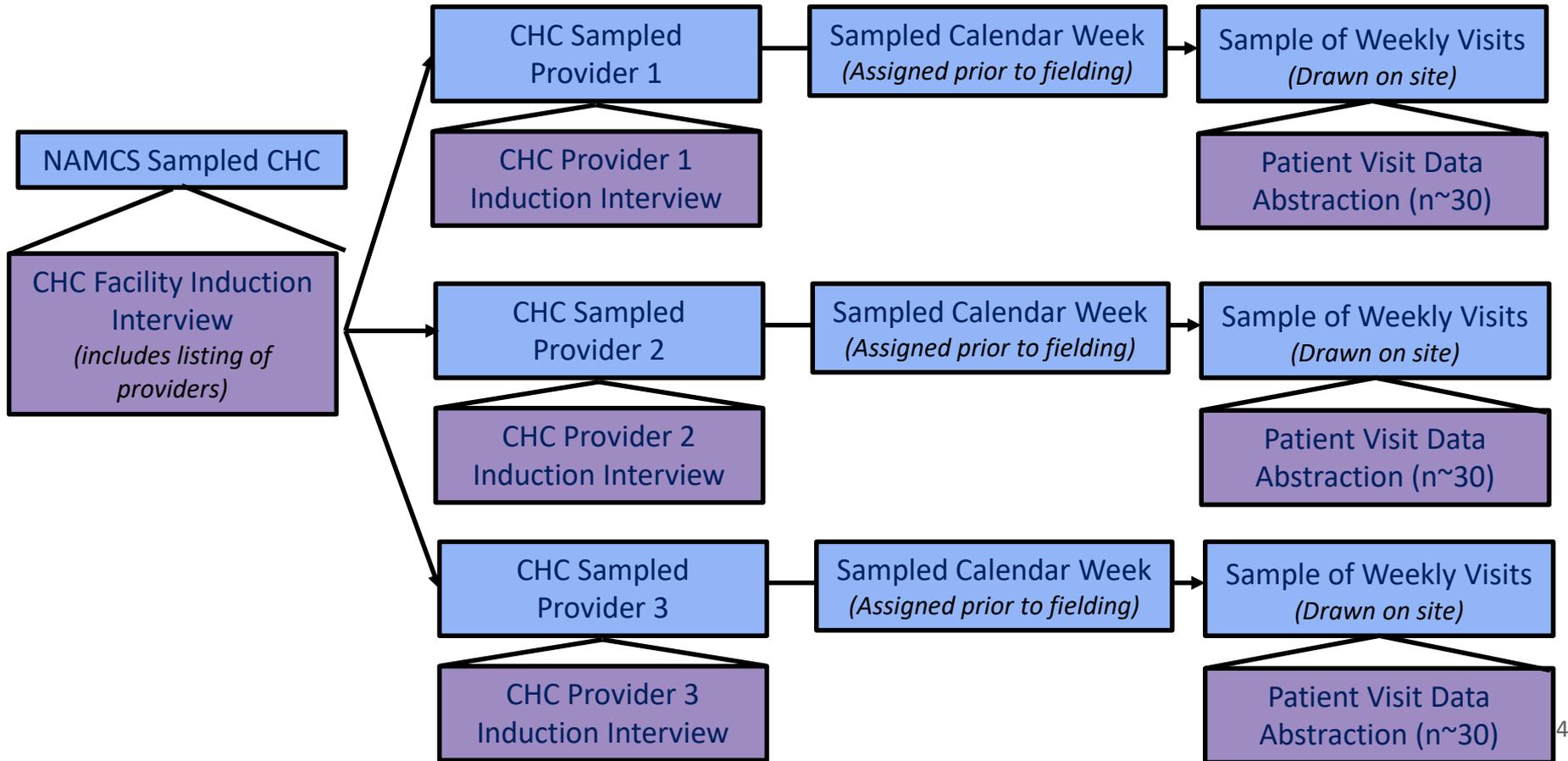
NAMCS: CHC Scope

- Community health centers (CHCs) must meet one of the following criteria:
 - Receive grant funds from the federal government through Section 330 of the Public Health Service Act
 - Be a look-alike CHC that meets all the requirements to receive Section 330 grant funding, but does not receive a grant
 - Be an Urban Indian Health Center
- CHC Providers include:
 - Physicians
 - Physician assistants
 - Nurse practitioners
 - Certified nurse midwives

NAMCS: CHC Sampling Process



NAMCS: CHC Data Collection Process



NAMCS: Strengths

- Only nationally-representative survey of physicians and CHCs
 - Sampling procedures yield representative estimates of both office-based physicians and CHCs
- Visit-level data collected directly from the source
 - Trained field representatives abstract data directly from medical records
- Various clinical data elements
 - Patient demographics, reasons for visit, diagnoses, procedures, medications, immunizations, and laboratory/diagnostic tests

NAMCS: Strengths (cont.)

- Provider characteristics
 - Can be analyzed independently and with visit-level data
- Sponsored content with other federal agencies
 - EHR adoption and interoperability, alcohol screening and brief intervention, STI prevention/PrEP, complementary health approaches
- Some experience with EHR data collection
 - EHR data collected from some physicians in 2016 and 2017, along with abstracted data from others

NAMCS: Importance

- Analysis of trends in care utilization and practice over time
 - Diagnoses, reasons for visit, laboratory tests, procedures, services, and medications
- Benchmarking and assessment
 - National, regional, and state-specific (2012-2015) estimates
 - *Healthy People* objectives
- Study of health disparities
 - Patient demographic characteristics and geographical differences

NAMCS: Uniqueness Relative to Other Sources

- Physician surveys
 - Example: AMA physician surveys
 - Self or proxy reported data from physician, but no clinical data
- Provider electronic health record databases
 - Example: Optum[®] EHR and claims/EHR integrated databases
 - Not nationally representative data of commercially insured and Medicare Advantage enrollees, based on selected EHR vendors and health plans
- Ambulatory medication/drug prescription databases
 - Example: IQVIA[®] National Disease and Therapeutic Index
 - Propriety data on only prescriptions dispensed in retail pharmacies with limited information about provider or patient

Importance of NAMCS: Recent Examples

Medscape Thursday, December 5, 2019

NEWS & PERSPECTIVE DRUGS & DISEASES CME & EDUCATION ACADEMY VIDEO

News > Medscape Medical News > Psychiatry News

Psychiatrists' Acceptance of Medicaid Patients Remains Low

Megan Brooks
June 06, 2019

CNN health Food Fitness Wellness Parenting Vital Signs

Drop in new opioid prescriptions to benzodiazepine patients could reduce overdoses, study suggests

By Mark Lieber, CNN
Updated 2:16 PM ET, Fri April 13, 2018

RESEARCH

thebmj | *BMJ* 2019;367:k6461 | doi: 10.1136/bmj.k6461

Antibiotic prescribing without documented indication in ambulatory care clinics: national cross sectional study

Michael J Ray,^{1,2} Gregory B Tallman,³ David T Bearden,² Miriam R Elman,¹ Jessina C McGregor²

ABSTRACT

OBJECTIVES

To identify the frequency with which antibiotics are prescribed in the absence of a documented indication in the ambulatory care setting, to quantify the potential effect on assessments of appropriateness of antibiotics, and to understand patient, provider, and visit level characteristics associated with antibiotic prescribing without a documented indication.

DESIGN

Cross sectional study.

RESULTS

Antibiotics were prescribed during 13.2% (95% confidence interval 11.6% to 13.7%) of the estimated 990.8 million ambulatory care visits in 2015. According to the criteria, 57% (52% to 62%) of the 130.5 million prescriptions were for appropriate indications, 25% (21% to 29%) were inappropriate, and 18% (15% to 22%) had no documented indication. This corresponds to an estimated 24 million prescriptions without a documented indication. Being an adult male, spending

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Changing Health Care Systems and Data

Changing Systems...

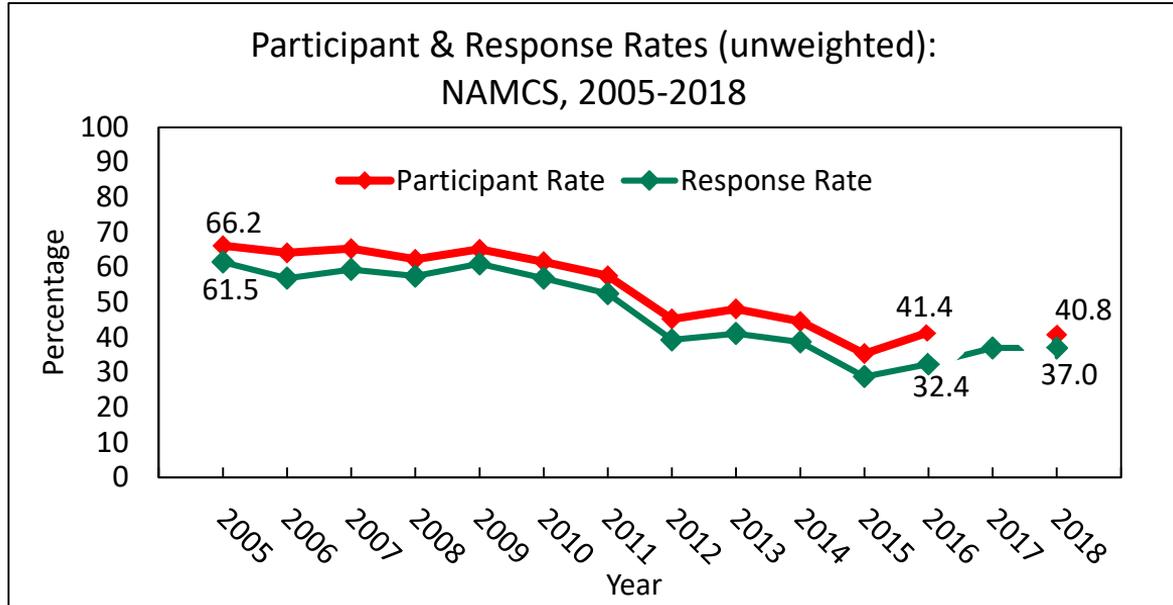
- Settings of care for ambulatory services have changed.
 - Urgent care centers and retail health clinics
- Ambulatory care providers have changed.
 - Advanced practice providers, such as nurse practitioners and physician assistants
- Physician offices are more complex.
 - Healthcare practices, conglomerates, hospital-owned groups
- Ambulatory care is no longer provided only in person.
 - Telemedicine, e-health, and other off-site care provided via other technological means

...Yield Changing Data

- Increased reporting requirements
 - Need to show value relative to other reporting systems
- EHR adoption by physicians and CHCs
 - Impacts how data are stored and collected for NAMCS
 - Additional stakeholders (EHR vendors, health information exchanges, health IT staff)
 - New ways to process, edit, store, code, and analyze data
- Data security and confidentiality
 - Increased concern by health care providers over security
 - Increased involvement of legal departments

NAMCS Response Rates

- Response and participation rates are decreasing
 - Similar to other surveys, but with unique challenges and considerations



Participant rate = Physicians who completed the Induction Interview and (if seeing patients during the sampled week) gave at least one visit record / eligible physicians

Response rate = Physicians who completed the Induction Interview and (if seeing patients during the sampled week) gave at least half the expected visit records / eligible physicians

NAMCS: Planning for the Future

NAMCS: 2020 and 2021

- Update survey and materials
 - Streamline Induction Interviews to collect only a minimum amount of information
 - Update advance letters, create promotional videos, update participant website
- Incentives
 - Explore both monetary and non-monetary
- Recruitment
 - Target large health care practices and conglomerates, hospital-owned groups
- Complementary/alternative sources of sampling physicians
 - Explore other frames such as NPPES and SK&A to draw a sample of physicians
 - Strategies for sample frame maintenance

NAMCS: Ideas for the Future

- Decide on the need and relevance for NAMCS
 - Identify data gaps on ambulatory care and methods to fill those gaps
- Defining ambulatory care
 - Include different methods of care delivery
 - Include telemedicine due to the decreasing need for “traditional” face-to-face visits
- Providers and settings
 - Expand NAMCS to collect data from providers other than physicians
 - Collect data from settings other than physician offices and CHCs

NAMCS: Ideas for the Future (cont.)

- Reintroduce EHR data collection
 - Use National Health Care Surveys registrants to collect data via the HL7 CDA Implementation Guide
 - Explore collection of EHR data from CHCs
- Sample approach
 - Target individual providers, health care groups, or EHR vendors
 - Use other databases, perhaps combining multiple ones
 - Collect visit data for full calendar year, quarters, or months
 - Use overlapping, multi-year panels of respondents
- Explore data linkage
 - Collect personally identifiable information (PII) to enable linkage
 - Explore linkage to National Death Index, CMS claims data, and other sources

Questions for Discussion

- Is NAMCS still needed? What changes are needed to ensure its relevance?
- What is ambulatory care? What is direct patient care?
- Should physicians be limited to office-based practices?
- How would nurse practitioners and physician assistants be included in a future NAMCS?
- Should NCHS move NAMCS data collection toward all EHR? Some EHR and some abstraction?
- Should NAMCS employ an overlapping multi-year panel design?
- Should NCHS expand data collection from a sampled week to a month, a quarter, or a year?
- Should PII be collected to gauge repeat visits and for data linkage?

Moving Forward

- Interest in forming an NCHS Board of Scientific Counselors workgroup to discuss the future of NAMCS in more detail?