Part 2 — Missing Days or Blocks of Time

List day(s) and blocks of time not reported, and check with the physician's office for the reason. (If patients were seen during day(s)/hours not reported, arrange to obtain missing data. If not possible to obtain missing data, ask for the number of patients seen during day(s)/hours not reported.)

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Blocks of time</th>
<th>Reason</th>
<th>Number of patients seen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will physician's office provide missing data? (Mark X)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 3 — Missing Patient Record Form

Items (1–13)

List missing items, and refer to the FR manual for guidelines on retrieving missing information.

<table>
<thead>
<tr>
<th>Patient Record number</th>
<th>Item number(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section VI - MISSING INFORMATION CHART - Continued

41. Was physician/office staff contacted for any reason during the editing process?

☐ Yes  ☐ No

Section I - TELEPHONE SCREENER

Call Number

<table>
<thead>
<tr>
<th>Call</th>
<th>Date</th>
<th>Time</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5a. Has the physician moved out of the United States?

☐ Yes – SKIP to CHECK ITEM A on page 6

☐ No

b. Is the physician retired or deceased?

☐ Yes – SKIP to CHECK ITEM A on page 6

☐ No
Hello, Dr. __________________________, I am (Your name). I’m 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. (Pause) You’ve probably also received a letter from the Census Bureau. We are acting as data collection agents for the study.

IF DOCTOR DOES NOT REMEMBER NCHS LETTER:

The CDC’s National Center for Health Statistics, as part of its continuing program to provide information on the health status of the U.S. population, is conducting the National Ambulatory Medical Care Survey (NAMCS). The purpose of this study is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published statistics will help your profession plan for more effective health services, improve medical education, and assist the public health community in understanding the epidemiology of diseases and health conditions.

As one of the physicians selected in our national sample, your participation is essential to the success of the study. You will be asked to complete a 1-page questionnaire on a sample of patient encounters during a randomly assigned 1-week reporting period. Additionally, there is a short interview with you about the nature of your practice and about physician preparedness in the event of a bioterror attack on our Nation.

Data collection for the NAMCS is authorized by the Public Health Service Act (Title 42, United States Code, Section 242k). Participation is voluntary. Although there are no penalties for not participating, each nonresponse makes the national statistics less accurate. All information collected is held in the strictest confidence and will be used only to prepare statistical summaries. Please be assured that there are several ways that the Privacy Rule (as mandated by the Health Insurance Portability and Accountability Act [HIPAA]) allows you to participate. Disclosures of patient data are permitted for public health purposes and for research that has been approved by an Institutional Review Board – both of which apply to this survey.
Section V – PATIENT RECORD FORM CHECK

CHECK ITEM C

1. Who answered the questions in the Physician Induction Interview? (Mark X) all that apply.
   - [ ] Physician
   - [ ] Office staff

2. Who completed the Patient Record forms? (Mark X) all that apply.
   - [ ] Physician
   - [ ] Other – Specify

3. Did the physician accept the Data Use Agreement?
   - [ ] Yes
   - [ ] No

4. If the FR abstracted the PRFs, were the Accounting Documents placed in each of the medical records used for abstraction?
   - [ ] Yes
   - [ ] No – Explain

5. Did physician (or staff) request to see the IRB approval?
   - [ ] Yes
   - [ ] No

Verify that all items on the Patient Record form check have been answered. DO NOT call the physician regarding missing information on Patient Record form unless instructed by your supervisor or the FR Manual.

Field Representative check list (a) Office check list (b)

Mark (X) when completed

a. Check for missing Patient Record forms (e.g., if the last completed Patient Record form is number 000051, do you have 000001 through 000050). List missing Patient Record forms in Section VI, Part I of chart.

b. Item 1a – Date of visit recorded on each Patient Record form – If missing, complete 1 and 2 below.
   (1) Determine date of visit by referring to Patient Record forms immediately before and after. For example, if 550087 through 550092 are dated “1/12/2005” and the date on 550088 is missing, enter “1/12/2005” in item 1a.
   (2) If the exact date of the patient visit cannot be determined, estimate the date and enter “EST” next to the entry.

c. Items 1–13 – Verify that each of these items has been answered on the Patient Record form. List missing information in Section VI, Part 3 of chart on page 24.

d. Check the physician’s office schedule against the dates on the Patient Record forms for survey week days with no completed Patient Record forms. Do the dates on the Patient Record forms include every day during the survey week that the physician’s office scheduled appointments?
   - [ ] Yes
   - [ ] No – List missing days in Section VI, Part 2 of chart on page 24.

39. Mark (X) when completed

Checklist

Office checklist

( ) ( )

NOTES

Section I – TELEPHONE SCREENER – Continued

7. Specialty
   a. Your specialty is ____________________________, is that right?
   - [ ] Yes – SKIP to item 8
   - [ ] No

   b. What is your specialty (including general practice)?
      (Name of specialty)

FR INSTRUCTION

Do not classify cases solely on the basis of specialty. Complete all items on the NAMCS-1 and have the physician fill out PRFs if appropriate.

8. Which of the following categories best describes your professional activity – patient care, research, teaching, administration, or something else?
   - [ ] Patient care
   - [ ] Research
   - [ ] Teaching
   - [ ] Administration
   - [ ] Something else – Specify

9a. Do you directly care for any ambulatory patients in your work?
   - [ ] Yes – SKIP to item 9c
   - [ ] No – does not give direct care [8b PROBE]
     - [ ] No, no longer in practice – SKIP to item 11 on page 4

   b. PROBE: We include as ambulatory patients, any patients coming to see you for personal health services who are not currently on the premises. Does your work include any such individuals?

   c. Are you employed by the Federal Government or do you work in a hospital emergency or outpatient department?

   d. In addition to working in any of these settings, do you also see any private patients?

   [ ] Yes
   - [ ] No – SKIP to item 10a on page 4

   If “Yes” to item 9d, all of the following questions are concerned with the private patients.

NOTES
Section I – TELEPHONE SCREENER – Continued

10a. We have your address as __________________________. Is that the correct address for your office?
   
   (Read address shown in item 1).

   □ Yes – SKIP to item 12
   □ No, incorrect address – Ask item 10b

b. What is the (correct) address and telephone number of your office?
   
   Number and street

   City

   State | ZIP Code

   Telephone (Area code and number)

   SKIP to item 12

11. Thank you, Dr. __________________________. But I believe that since you do not (see any ambulatory patients/practice any longer), our questions would not be appropriate for you. I appreciate your time and interest. (Go to Check Item A on page 6.)

12. I would like to arrange an appointment with you within the next week or so to discuss the study. It will take about 15 minutes. What would be a good time for you, before Friday, __________________________? (last Friday before the assigned reporting week?)

   Weekday | Month | Day | Year | Time

   a.m. | p.m.

Verify office location, if appropriate:

   □ Physician refused to participate – Go to the top of page 6.

   Thank you, Dr. __________________________. I’ll see you then. (Go to Check Item A on the bottom of page 6.)

Section IV – DISPOSITION AND SUMMARY

37. FINAL DISPOSITION

  □ Completed Patient Record forms
  □ Out-of-scope (Item 32, codes 2, 3, 4, 5, 6, 8, 9, or 10)
  □ Refused-Breakoff (Item 32, code 1)
  □ Unavailable during reporting period (Item 32, code 11)
  □ Moved out of PSU (Item 32, code 12–final)
  □ Can’t locate (Item 32, code 7)

  FOR TRANSFER CASES MARK –
  □ Moved out of PSU (Item 32, code 12–pending)

  End of Interview – Make certain all items are accurately completed before returning materials to the office.

38. CASE SUMMARY

   1. Number of patient visits during reporting week
   2. Number of days during reporting week on which patients were seen
   3. Number of patient record forms completed

   NOTE – For items 38(1) and 38(3), see FR instruction below.

FR, PLEASE READ BEFORE CONTINUING

Item 38(1) – Accurate determination of "Number of patient visits during reporting week" is EXTREMELY IMPORTANT! This count is to include any days the physician may have skipped or not participated. This information may be obtained from either the office staff or from the PRF Folio cover.

Item 38(3) – If the number of Patient Record forms completed is less than 20 or greater than 40, then explain why in the NOTES section below.

Items 18b and 38(1) – If applicable, record explanation of why items 18 and 38(1) differ significantly and any other information regarding this case which may help to understand it at a later date.

NOTES

Items 18b and 38(1) – If applicable, record explanation of why items 18 and 38(1) differ significantly and any other information regarding this case which may help to understand it at a later date.
### Section III – NONINTERVIEW – Continued

| 35. Why is physician unavailable or not in practice? | SKIP to item 37 on page 21 |

<table>
<thead>
<tr>
<th>36a. What is the physician’s new address?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and street</td>
</tr>
<tr>
<td>City, State, ZIP Code</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
<tr>
<td>b. Name of Field Representative</td>
</tr>
<tr>
<td>RO</td>
</tr>
<tr>
<td>Continue with item 37 on page 21</td>
</tr>
</tbody>
</table>

### SAMPLE PHYSICIAN’S OFFICE SCHEDULE

<table>
<thead>
<tr>
<th>Office No.</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.M.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NOTES
FR Instruction – COMPLETE QUESTIONS BELOW FOR ALL IN-SCOPE PHYSICIANS WHO HAVE REFUSED TO PARTICIPATE.

13. I appreciate that you choose not to participate in the study, but I would like to ask a few short questions about your practice so we can make sure responding physicians do not differ from nonresponding physicians.

a. At how many different office locations do you see ambulatory patients?

Number of office locations

b. During an average week, how many patient visits would you expect to have at all office locations?

Number of patient visits

c. At the office location where you see the most ambulatory patients:

(1) How many other physicians are associated with you?

Number of other physicians

If number of other physicians is 0, SKIP to item 13c(3).

(2) Is this a single- or multi-specialty group practice?

1. Multi-specialty practice
2. Single-specialty practice

(3) Are you a full- or part-owner, employee, or an independent contractor?

1. Owner – Automatically mark "Physician or physician group" in item 13c(4)
2. Employee
3. Contractor

(4) Who owns the practice?

1. Physician or physician group
2. HMO
3. Medical academic/Health center
4. Other hospital
5. Other health care corporation
6. Other – Specify

CHECK ITEM A

Final outcome of screening

1. Appointment MADE or Physician unavailable during reporting period – Go to Section II, page 7
2. In scope, but REFUSED – Go to Section III, page 19
3. Out-of-Scope/Other – Go to Section III, page 19

➤ CHECK ITEM A MUST BE COMPLETED BEFORE CONTINUING

32. What is the reason the physician did not participate in this study?

Explanations for noninterview codes 6 and 11 –

1. Temporarily not practicing – Refers to duration of 3 months or more
2. Unavailable during reporting period – Absence must be for duration of LESS than 3 months

33. Check all that apply to describe physician’s practice or medical activities which define him/her as ineligible or out-of-scope.

1. Federally employed
2. Radiology, anesthesiology or pathology specialist
3. Administrator
4. Work in institutional setting
5. Work in hospital emergency department or outpatient department
6. Work in industrial setting
7. Work in industrial setting
8. Work in institutional setting

34a. At what point in the interview did the refusal/break-off occur?

Mark (X) one.

1. During telephone screening
2. During induction interview
3. After induction but prior to assigned reporting days
4. At reminder call
5. During assigned reporting days or mid-week calls
6. At follow-up contact

b. By whom?

Mark (X) one.

1. Physician
2. Physician through nurse
3. Nurse/Secretary
4. Receptionist
5. Office manager/Administrator
6. Other office staff
7. Other – Specify

What reason was given? (Verbatim)

Date refusal/breakoff was reported to supervisor

Month __ Day ___ Year __

Conversion attempt result

1. No conversion attempt
2. Physician refused
3. Physician agreed to see Field Representative – Complete Section II

Final outcome of screening

1. Appointment MADE or Physician unavailable during reporting period – Go to Section II, page 7
2. In scope, but REFUSED – Go to Section III, page 19
3. Out-of-Scope/Other – Go to Section III, page 19

➤ CHECK ITEM A MUST BE COMPLETED BEFORE CONTINUING
Doctor, before we begin, I would like to give you a little background about this study. Systematic information about the characteristics and problems of the people who consult physicians in their offices is essential for medical researchers, educators, and others who are concerned with medical education, manpower needs, and the changing nature of health care delivery.

In response to the demand for this information, the Centers for Disease Control and Prevention, in close consultation with representatives of the medical profession, developed the National Ambulatory Medical Care Survey.

Your part in the study is very simple, carefully designed, and should not take much of your time. It consists of your participation during a specified 7-day period. During that time, you would supply a minimal amount of information about patients you see.

Now, before we get to the actual procedures, I have some questions to ask you about your practice. The answers you give will be used only for classification and analysis. Of course ALL information you provide for this study will be held in strict confidence.

---

**Section II – INDUCTION INTERVIEW**

14a. Overall, at how many office locations do you see ambulatory patients?  

14b. In a typical year, about how many weeks do you NOT see any ambulatory patients (e.g., conferences, vacations, etc.)?  

---

15a. This study will be concerned with the AMBULATORY patients you will see in your office(s) during the week of Monday, __________ through Sunday, __________. Are you likely to see any ambulatory patients in your office(s) during that week?  

15b. Why is that? Record verbatim.  

15c. Since it’s very important that we include any ambulatory patients that you might see in your office during that week, I’ll leave forms with you – just in case your plans change. I’ll check back with your office just before (Starting date) to make sure, and if necessary I can explain them in detail then.  

---

31a. CLOSING STATEMENT  

Thank you for your time and cooperation Dr. ______________________. I will call you on Monday, __________ to see if (everything is all right) your plans have changed. If you have any questions (Hand doctor your business card) please feel free to call me. My telephone number is also written in the folio.

---

31b. CLOSING STATEMENT  

Thank you for your time and cooperation Dr. ______________________. The information you provided will improve the accuracy of the NAMCS in describing office-based patient care in the United States.
### Section II – INDUCTION INTERVIEW – Continued

#### INSTRUCTIONS

**GIVE THE PHYSICIAN A FOLIO AND A COPY OF THE SAMPLE PATIENT RECORD FORM (NAMCS-73), AND EXPLAIN HOW TO COMPLETE THE FORMS.**

**Cover following points —**

1. **Who to list/Who not to list on the Patient Visit Worksheet found in the back of the NAMCS-26**
   - List every ambulatory patient visit to all in-scope locations during the reporting period.
   - INCLUDE patients the physician doesn’t see but who receive care from an assistant, nurse, nurse practitioner, physician assistant, etc.
   - EXCLUDE patients who do not seek care or services (e.g., they come to pay a bill or leave a specimen).
   - EXCLUDE telephone contacts with patients.

2. **Show doctor instruction card in folio pocket and go over Patient Record item by item, paying particular attention to —**
   - **Item 1d, Sex** – If the patient is female, we are interested in knowing if she is pregnant and, if so, the gestation week of the fetus. If gestation week is unknown then record LMP date in same fashion as Date of Visit.
   - **Item 2, Injury/Poisoning/Adverse Effect** – If any part of this visit was related to an injury or poisoning or adverse effect of medical or surgical care or an adverse effect of medicinal drug, then mark the appropriate box.
   - **Item 3, Reason for Visit** – To be recorded in patient’s own words. We want the patient’s own complaint here, not the physician’s diagnosis. If the patient has no complaint, the physician should enter the reason for the visit.
   - **Items 5a(1), Physician’s Primary Diagnosis for this Visit** – Can be tentative or provisional or expressed as a problem. Physician should not record “Rule Out” diagnosis (R.O.). Enter any other diagnosis related to the visit (e.g., depression, obesity, asthma, etc.) in items 5a(2) and 5a(3).

#### Office Locations

<table>
<thead>
<tr>
<th>Office No.</th>
<th>Office locations (Enter street address)</th>
<th>Circle In-scipe</th>
<th>Mark (X)</th>
<th>Out-of-scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>2</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>3</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>4</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

**FLASH CARD A**

1. **Private solo or group practice**
2. **Hospital emergency department**
3. **Freestanding clinic/urgicenter (not part of a hospital outpatient department)**
4. **Hospital outpatient department**
5. **Federally funded public health clinic (e.g., federally qualified health center (FQHC) and community health centers)**
6. **Ambulatory surgicenter**
7. **Mental health center**
8. **Institutional setting (school infirmary, nursing home, prison)**
9. **Industrial outpatient facility**
10. **Non-governmental clinic (e.g., state, county, city, maternal and child health, etc.)**
11. **Federal Government operated clinic (e.g., VA, military, etc.)**
12. **Family planning clinic (including Planned Parenthood)**
13. **Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)**
14. **Laser vision surgery**

**CHECK ITEM B**

- ![ ] All locations out-of-scope — Read CLOSING STATEMENT below
- ![ ] All/Some locations in-scope — Go to Item 17a

#### CLOSING STATEMENT

Thank you, Dr. ______________________, your practice is not within the scope of this study. We appreciate your time and interest. (Terminate interview and complete Sections III and IV on pages 19–21.)
START WITH NUMBER

To determine the Start With (SW) number read down the "If Take Every Number is" column and find the Take Every Number. The number to the right is the Start With Number. Transcribe this number onto line at the right, and to the front of the folio, and to the Patient Visit Worksheet if it is used.

<table>
<thead>
<tr>
<th>If the Take Every Number is:</th>
<th>Then the Start With Number is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
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<td>15</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Start With Number [Blank]

Section II – INDUCTION INTERVIEW – Continued

GO TO INSTRUCTIONS ON PAGE 17.

NOTES

Section II – INDUCTION INTERVIEW – Continued

Ask item 17a ONCE to obtain total for ALL in-scope locations.

17a. During the week of Monday, ____________ through Sunday, ____________, how many days do you expect to see any ambulatory patients? *(Only include days at in-scope locations.)*

**Note:** If physician is unavailable or refuses to participate, enter number of days in a normal week.

Enter street name or town of in-scope location(s).

**NOTE:** Keep the location numbers the same as the office numbers in item 16a.

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During your last normal week of practice, approximately how many office visit encounters did you have at each office location?

**Note:** If physician is in group practice, only include the visits to sampled physician.

Number of visits **[Blank]**

During the week of Monday, ____________ through Sunday, ____________, do you expect to see about _____ _____ _____ _____ 

Approximately how many ambulatory visits do you expect to have at this office location?

**Note:** To obtain the total number of estimated visits use estimate from item 17b if "Yes" was marked in item 17c. If "No" was marked in item 17c use the estimate from item 17d.

If physician is unavailable or refuses to participate, enter number of visits in normal week.

Number of visits **[Blank]**

Section II – INDUCTION INTERVIEW – Continued

GO TO INSTRUCTIONS ON PAGE 17.

NOTES

Additional folio for Office # [Blank]

Office number

<table>
<thead>
<tr>
<th>Office number</th>
<th>Est</th>
<th>Folio Number</th>
<th>OFFICE USE ONLY Number of PRFs completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of PRFs completed **[Blank]**

Section II – INDUCTION INTERVIEW – Continued

GO TO INSTRUCTIONS ON PAGE 17.

NOTES
Section II – INDUCTION INTERVIEW – Continued

18a. Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way (at this/that in-scope location)?

- Solo ............ 1 
- Non-solo ........... 2

If Solo, SKIP to Item 18d.

b. How many other physicians are associated with you (at this/that in-scope location)?

   - Multi ............ 1 
   - Single ........... 2

   - Owner ........... 1 
   - Employee ........ 2 
   - Contractor ........ 3 

   If "Owner" is marked then automatically mark "Physician or physician group" in item 18a.

c. Is this a single- or multi-specialty group practice (at this/that in-scope location)?

   - Single........... 1 
   - Multi............. 2

If "Owner" is marked then automatically mark "Physician or physician group" in item 18a.

d. Are you a full- or part-owner, employee, or an independent contractor (at this/that in-scope location)?

   - Full or part-owner ........... 1
   - Employee ........... 2 
   - Independent contractor ........... 3

If "Owner" is marked then automatically mark "Physician or physician group" in item 18a.

e. Who owns the practice (at this/that in-scope location)?

   - Physician or physician group ........... 1 
   - Medical/Academic health center ........... 2
   - Other hospital ........... 4 
   - Other health care corp ........... 5 
   - Other – Specify for Location #1 ........... 6 
   - Other – Specify for Location #2 ........... 6

   - Location #1 
   - Location #2 
   - Location #3 
   - Location #4

19. Is any laboratory testing performed in the office (at this/that in-scope location)?

   - Yes ........... 1 
   - No ........... 2

RETURN TO ITEM 18a FOR NEXT IN-SCOPE LOCATION

20a. During your last normal week of practice, about how many encounters of the following type did you make with patients:

   - (1) Home visits (including nursing homes) 
   - (2) Hospital visits 
   - (3) Telephone consults 
   - (4) Internet/e-mail consults

   Number of encounters per week

b. In a typical week, how many hours do you spend providing EMTALA mandated care?

   Number of hours

The following question is concerned with the Emergency Medical Treatment and Labor Act of 1986 (EMTALA).

PROBE – We are interested in all hours spent screening and stabilizing patients, regardless of whether you were compensated for them.

Visit Sampling

To select a sample of patient visits, the physician’s office will need to know where to start sampling (Start With) and how to select subsequent patient visits (Take Every).

To determine Take Every (TE) and Start With (SW) numbers follow these instructions. Read down the "Estimated visits for week" column to the line that corresponds to the total entry in ITEM 17e. Then, read across the "Days physician will see patients that week" line to the column that corresponds to the entry in ITEM 17a. Circle the appropriate number. This number is the physician’s Take Every number for all office locations. Then transcribe this number below, and onto the front of the folio, and to the Patient Visit Worksheet if it is used.

TAKING EVERY NUMBER

Estimated Visits for Week

<table>
<thead>
<tr>
<th>Days physician will see patients that week</th>
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</table>

Take Every Number

NOTES

RETURN TO ITEM 18a FOR NEXT IN-SCOPE LOCATION
The next questions are about any clinical or behavioral research projects you have conducted or with which you were directly associated.

29a. In the past 12 months, have you conducted or been directly associated with any research project involving your patients or their personally identifiable medical information? Do not include recruiting your patients for studies conducted by other people.

1 □ Yes
2 □ No – SKIP to FR INSTRUCTION.

FR NOTE – Such research might include comparing different treatments or different treatment periods for the same disease or disorder, pharmaceutical clinical trials, or other drug studies.

b. In the past 12 months, about how many of these research projects did you conduct or directly participate in?

Research projects

If “0”, SKIP to FR INSTRUCTION.

c. Of those projects, how many were reviewed by an Institutional Review Board, or IRB?

Reviewed by IRB

FR NOTE – Explain to the physician that you would like to review some of the questions found on the patient record form.

30a. During the period Monday, ___________ through ___________, will ANYONE be available to help you fill out the patient record forms for this study (all in-scope locations)?

1 □ Yes
2 □ No – Go to page 15

Sunday, ___________ will ANYONE be available to help you fill out the patient record forms for this study (all in-scope locations)?

FR NOTE – Explain to the physician that you would like to review some of the questions found on the patient record form.

b. Who will be helping you at each location? (Below enter the location and person’s name and position.)

NOTE: Keep the location numbers the same as the office numbers in item 16a.

Office No. | Location (Enter street name) | Name | Position
--- | --- | --- | ---
1 | | |
2 | | |
3 | | |
4 | | |

FR NOTE – Explain to the physician and to anyone helping the physician that you would like to review some of the questions found on the patient record form. Go to page 17.

---

Section II - INDUCTION INTERVIEW – Continued

21. Are you a member of a practice-based research network (PBRN)?

1 □ Yes
2 □ No
3 □ Don’t know

22. Does your practice submit claims electronically? (Electronic billing)

1 □ Yes
2 □ No
3 □ Don’t know

23a. Does your practice use electronic MEDICAL RECORDS (not including billing records)?

1 □ Yes, all electronic
2 □ Yes, part paper and part electronic
3 □ No
4 □ Don’t know – SKIP to item 24a

b. Does your practice’s electronic medical record system include –

<table>
<thead>
<tr>
<th>Medical record system include</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Patient demographic information?</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>(2) Computerized orders for prescriptions?</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>(3) Computerized orders for tests?</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>(4) Test results?</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>(5) Nurses’ notes?</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>(6) Physicians’ notes?</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>(7) Reminders for guideline-based interventions and/or screening tests?</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
<tr>
<td>(8) Public health reporting?</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
</tr>
</tbody>
</table>

Ask items 24 and 25 ONCE for ALL in-scope locations.

I would like to ask a few questions about your practice revenue and contracts with managed care plans.

24a. Roughly, what percent of your practice revenue from patient care comes from –

<table>
<thead>
<tr>
<th>Practice revenue</th>
<th>Percent of practice revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Medicare?</td>
<td>%</td>
</tr>
<tr>
<td>(2) Medicaid?</td>
<td>%</td>
</tr>
<tr>
<td>(3) Private insurance?</td>
<td>%</td>
</tr>
<tr>
<td>(4) Other? –(including charity, research, CHAMPUS, VA, etc.)</td>
<td>%</td>
</tr>
</tbody>
</table>

FR NOTE – Categories should sum close to 100%.

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NOTES
Section II – INDUCTION INTERVIEW – Continued

24b. Roughly, how many managed care contracts does this practice have such as HMOs, PPOs, IPAs, and point-of-service plans? If necessary read: Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan.

FR NOTE – Include Medicare managed care and Medicaid managed care, but not traditional Medicare and Medicaid. Include any private insurance managed care plans. Be sure the response is about contracts and not patients.

Include all the different plans an insurance provider may have and for which the physician has a contract. For example, the physician may have a contract for each of the plans Aetna may offer: a PPO, IPA, and point-of-service plan. This would equal 3 contracts, not 1 contract. It may be necessary to obtain information from the billing office of the practice.

25a. Are you currently accepting "new" patients into your practice(s) (at in-scope locations)?

b. From those "new" patients, which of the following types of payment do you accept (at in-scope locations)?

(1) Private insurance –
   (a) Capitated? ..................................  
   (b) Non-capitated? __________________________  
(2) Medicare? ...................................
(3) Medicaid? ...................................
(4) Workers compensation? ........................
(5) Self-pay? .....................................
(6) No charge? ...................................

26. On a 4-point scale from a lot of difficulty, some, little, or no difficulty, in the last 12 months, has your practice experienced any difficulty in referring patients with the following types of health insurance for specialty consultations?

(a) Medicaid ......................................
(b) Medicare .....................................
(c) Private insurance ..............................
(d) Uninsured ....................................

27. Have you or your staff received special training (e.g., in-service or other courses, CME, Grand Rounds, or self-guided study) since September 2001 in the identification and diagnosis of the following terrorism related diseases/conditions?

Type of personnel who received training.

Mark (X) appropriate column or mark (X) N/A box, if the physician’s practice does not have this type of personnel.

28a. Where would you turn for assistance in diagnosing patients presenting with unusual patterns of symptoms possibly related to terrorism? (Mark (X) all that apply.)

b. If you believe that a patient under your care has acquired one of the diseases/conditions listed above, to whom would you report that information? (Mark (X) all that apply.)

c. Is contact information for your local health department readily available in your office or primary practice site (e.g., posted, speed dial, or rolodex)?

d. When did your office last review the list of diseases defined as reportable in your state or local jurisdiction?

NOTES