

Enhancements to the NAMCS and NHAMCS

2012 National Conference on Health Statistics

Monitoring Health Care Reform Through Provider-based Surveys: New Initiatives from the NAMCS & NHAMCS

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Overview

- Current Initiatives
- Additional Changes in 2012
- Computerization of NAMCS/NHAMCS
- Changes in 2013

Current Initiatives

- Lookback Module:
 - Monitor the clinical management of patients at risk for selected conditions including heart disease and cerebrovascular disease.
- Asthma:
 - Assess physician's use and acceptance of NAEPP guidelines for diagnosis and management of asthma.
- Complementary and Alternative Medicine (CAM):
 - Assess the use of CAM therapies in patient treatment plans.
- State-based Estimates:
 - NAMCS: CDC and state health departments to monitor the effect of health reform on the use of appropriate preventative services.
 - NHAMCS: States to monitor the effects of expansion of Medicaid programs on care provided in emergency departments.

Changes in 2012

- Focus on CHC delivery sites (NAMCS)
 - Inclusion of physicians and mid-level providers at community health centers (CHC)
 - Shift from administrative sites
- Reabstraction (Both surveys)
 - Independent second interviewer
 - Limited to those cases which were abstracted by interviewer
 - Item by item comparison
- 2011 Preliminary 6-month estimates

Computerization of NAMCS/NHAMCS

- Infrastructure:
 - How data is handled
 - Flow basis vs. batching
 - Timeliness of data
- Data Collection:
 - Computerized survey instruments (interviewer laptop)
 - Web-based application (stand-alone laptop)
 - Remote web access (respondents computer/laptop)

NAMCS/NHAMCS

Computerized Instruments

- Induction interview:
 - NAMCS/NHAMCS Interviewers
 - Telephone screen and in-person
 - Facility level and practice level data collected
- Abstraction:
 - Interviewer or Respondent
 - Visit level data collected
 - Data recorded in electronic PRFs

Additional Improvements

- Data editing
 - Improving data quality
 - Soft edits vs. hard edits
 - Data dictionary

- Turnaround times
 - Data sets
 - Public use files (PUF)
 - 6 month estimates

Benefits of Computerization

- Accommodates the nearly 5-fold sample size increase (NAMCS) and addition of 167 new hospitals (NHAMCS)
- Eases the burden for both our survey respondents and the interviewers completing inductions and abstractions
- More secure; computer encrypted passwords to protect the data
- Maximizes completeness of the data; minimizes error
- Improves data processing (i.e., time spent reviewing/editing data)

Changes in 2013

- Addition of survey questions:
 - Physician Workforce
 - Current Procedural Terminology (CPT)
- Supplements:
 - EHR and Physician Workflow
 - Levels of electronic health record system adoption
 - Office of National Coordinator for Health Information Technology (ONC)
 - New web component

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