Enhancements to the NAMCS and NHAMCS

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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

- 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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