ATTACHMENT H

2010 NAMCS Instruction Booklet

SECTION I IDENTIFICATION AND GENERAL INSTRUCTIONS/INFORMATION

A. Name

B. Sampling

1. LISTING PATIENT VISITS - Keep daily lists of **all** patient visits beginning at midnight on the first date of the reporting period (provided on the cover of this booklet) and continuing through the last date of the reporting period (also provided on the cover). For additional information on how and who to list, refer to page 5 - "Listing Patient Visits" and page 6 - "Eligible Visits."

2. SELECTION OF PATIENT VISITS - Select a sample of patient visits following the instructions on the cover of this booklet. (See page 6 - "Sampling Procedures – Selecting Patients for Sample" for additional information on sampling patient visits.)

C. Patient Record Form Numbers

1. Folio Number:

Additional Folio Number:

2. Contact the field representative when additional pads of Patient Record forms are needed. Check the Patient Record forms to make sure that they are either light blue (form type A) or red (form type B).

3. Instructions - General instructions for completing Patient Record forms are on page 7. Instructions for the individual items begin on page 10. Job Aids for completing the Patient Record forms include the NAMCS-80 and NAMCS-150.

D. Field Representative Information

Name

_____

Phone Number

_____

E. Other Contact

Name

_____

Phone Number

_____

SECTION II INTRODUCTION

Purpose and Background

Ambulatory medical care is the largest and most widely used segment of the American health care system. Fewer than one person in ten is hospitalized in the United States each year, but nearly three out of four persons visit a physician in the same period. The physician's office is clearly the focal point of medical care in the United States. The U.S. Census Bureau conducts the National Ambulatory Medical Care Survey (NAMCS) for the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS), in order to obtain data on this important part of our country's health care system.

Until the advent of the NAMCS, very little was known about the distribution, purpose, and outcome of visits to physicians' offices. For example, there were no reliable data on the following:

- The nature of the health problems which people bring to physicians in their offices
- How these problems break down by the patient's age, sex, or race
- How physicians treat these problems
- How health problems vary by such factors as type of physician, season of year, or kind of community

Yet this information is essential for medical education and for the planning and administration of health services. There is a great need to make medical education more efficient and more relevant. This requires good data on what actually happens in the physician's office.

Similarly, the planning, employment, and administration of health care facilities and services cannot be rationally accomplished when information is lacking about the all-important segment of medical care which is dispensed in physicians' offices. Variations in the nature and volume of this type of care, according to medical specialty, size of community, geographical region, physician characteristics, as well as characteristics of patients, have important implications for better planning and utilization of medical personnel and facilities.

The endorsement of this survey by many professional medical societies indicates the interest and importance which the medical profession itself attaches to it. For the 2010 survey, 20 professional associations have provided letters supporting physician participation in the NAMCS.

Scope

The NAMCS is a continuous survey, with a different sample of physicians participating each week throughout the year. Conducted every year from 1973 through 1981, and again in 1985, the original sample size of 1,600 physicians was expanded to 3,000 from 1975

through 1981, and expanded further to 5,000 in 1985. Beginning again in 1989, it has run continuously with a yearly sample of approximately 3,000 physicians. Results of the NAMCS have been extensively published and disseminated over the years.

Compared to 2009, the 2010 NAMCS sample is slightly expanded with a total of 3,400 physicians. The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is once again sponsoring the inclusion of an additional 200 primary care physicians (general/family practice, internal medicine, obstetrics/gynecology and pediatricians). In addition, 200 oncologists were added to the survey to build upon efforts by the National Caner Institute (NCI) to improve estimates of physician services that are needed by clinical and public policymakers to assess and monitor the quality of cancer care. As in previous years, we will have a supplementary sample of 104 Community Health Centers (CHC). Survey eligibility in the CHCs include physicians, nurse midwives, nurse practitioners, and physician assistants. We will sample three physicians/mid-level providers per CHC.

The primary objective of the NAMCS is to collect data on a representative national sample of patient visits to *office-based physicians* who are concerned with *direct patient care.* The NAMCS definition deliberately excludes certain types of medical practices. For example, the following providers/physicians are outside the scope of the survey:

- Physicians in military service
- Certain specialists, such as those in radiology, pathology and anesthesiology
- Hospital-based physicians working with inpatients, emergency departments, or outpatient departments
- Teachers or researchers who do not practice in private offices
- Federally-employed physicians such as those in the Department of Veterans Affairs (VA)
- Physicians who exclusively see patients in industrial or institutional settings

<u>Study Roles</u>

The National Center for Health Statistics has contracted with the Census Bureau to implement the data collection activities for the National Ambulatory Medical Care Survey. Trained Census Bureau field representatives will perform the following activities:

- Contact selected physicians/CHC providers to screen them for eligibility and arrange an appointment with them or other designated representative to further discuss the study
- Assist the office staff as requested in obtaining the necessary approval for participation in the study

- Obtain basic practice information on the physicians/CHC providers and select the ambulatory care practice(s) to be included in the data collection

- Show office staff how to select a sample of patient visits and record the data

- Monitor the data collection procedures during the reporting period.

We are asking the office staff to do the following two activities:

- Select a sample of patient visits during a specific 1-week reporting period following the specific sampling guidelines provided

- Complete a one-page form for each selected visit

A Census Bureau field representative will visit the office to resolve any problems with sampling patient visits or completing Patient Record forms, and to collect any forms already completed. If any problems arise, or assistance is otherwise needed, contact the field representative or other contact (as listed in items D and E on page 1) immediately.

Data Uses

The list of data users is quite extensive and includes medical associations, universities and medical schools, and government agencies. Please see the one-page brochure titled "Illustrative Uses of Survey Data" in the public relations package for a detailed list of data use examples.

Authorization and Assurance of Confidentiality

The National Center for Health Statistics has authority to collect data concerning the public's use of physicians' services under Section 306 (b) (1) (F) of the Public Health Service Act (42 USC 242k). Any identifiable information will be held confidential and will only be used by NCHS staff, contractors, or agents, only when necessary and with strict controls, and will not be disclosed to anyone else without the consent of you. By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine up to $250,000, or both if he or she willfully discloses ANY identifiable information about your patients. Furthermore, the names or any other identifying information for individual patients are never collected. Assurance of confidentiality is provided to all respondents according to Section 308 (d) of the Public Health Service Act (Title 42 U.S. Code, 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347).

HIPAA

The requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule on health information permits you to make disclosures of protected health information without patient authorization for (1) public health purposes, or (2) research

that has been approved by an Institutional Review Board, or (3) under a data use agreement with NCHS. There are several things that you must do to assure compliance with the Privacy Rule including providing a privacy notice to your patients that indicates that patient information may be disclosed for either research or public health purposes, and a record that a disclosure of information to CDC for the NAMCS was made. More specific information can be obtained about Privacy Rule disclosure requirements on our web site mentioned below.

NAMCS Participant Web Page

The National Center for Health Statistics has a web page devoted to the common questions and concerns of physicians/CHC providers participating in the National Ambulatory Medical Care Survey. The participant Web site can be accessed at www.cdc.gov/namcs. Refer to EXHIBIT B on page E-4 for the table of contents.

SECTION III SAMPLING

Overview

The physicians, CHC providers, and visits chosen for the study are selected by well-established statistical methods. The sample design is comprised of multiple stages to ensure that the sample of physicians, CHC providers, and visits selected are representative of those throughout the United States. The participation of each physician and CHC provider is crucial, since each physician and CHC provider in the sample represents many others in the country. In each selected office a sample of patient visits is chosen.

Keeping respondent burden and survey costs as low as possible are always important considerations when designing a study. Sampling allows us to make national estimates of the volume and characteristics of patient visits from a small sample of visits, physicians, and CHCs, while reducing both the cost of the study and the work asked of the physician/CHC staff. However, sampling procedures must be implemented accurately or large errors will result, adversely affecting the data. The National Center for Health Statistics selects the physicians and CHCs to be used for the study. However, the responsibility for sampling patient visits lies with the office staff. Procedures for selecting patient visits have been designed to be simple and easy to implement. Census Bureau field representatives will instruct the office staff on these procedures.

Patient visits are systematically selected over the 1-week reporting period. The sampling procedures are designed so that on average, approximately 30 visits are selected from the physician's practice. The same procedure applies to the CHC in that approximately 30 visits will be selected from the workload of the sampled physicians or mid-level providers.

Listing Patient Visits

A daily listing of all patient visits must be kept or constructed by each participating office so that a sample of visits can be selected using the prescribed methods. The list of patient visits may be taken from an arrival log or other source of recording patient visits like the "Patient Visit Worksheet" found in the back of this booklet on page E-7. The order in which the patients are listed is not important. However, it is crucial to have a **complete**

listing of all patients receiving treatment during all hours of operation. The list should include those patients who came without previously being scheduled and those with appointments, but it should exclude persons who canceled appointments or were "no shows."

Once visit sampling begins, the order of the names must not change. Sampling procedures require that each visit be selected at a predetermined interval (for example, every 2nd patient, every 10th patient, every 15th patient, etc.). This is the "Take Every" pattern. If a patient is inserted into the list after sampling has already been done, the pattern will be off and the visits must be resampled. Please refer to the example in Exhibit C, page E-5.

Eligible Visits

A "visit" is defined as a direct, personal exchange between an ambulatory patient and a physician, CHC provider, or a staff member acting under the direct supervision of a physician, for the purpose of seeking care and rendering health services. Visits solely for administrative purposes and visits in which no medical care is provided are not eligible. The following are types of visits/contacts which should be **excluded:**

- Persons who visit only to leave a specimen, pick up a prescription or medication, or other visit where medical care is not provided
- Persons who visit to pay a bill, complete insurance forms, or for some other administrative reason
- Telephone calls or e-mail messages from patients

It may be helpful to provide a brief reason for the patient's visit on the patient visit list/log to indicate if the visit should be excluded from the sample. If a sample list is made before the sample day begins, and it is determined that a patient will miss an appointment, remove them from the list of potential sample patients, and continue to sample with the next applicable patient. However, if you discover after the fact that a patient didn't show up, was sampled, and minimal information has been completed on a Patient Record form, write "VOID" in the white space of the top margin of the Patient Record form to the right of the "Incorrect" box. Do NOT writ "VOID" ACROSS the Patient Record form for any reason.

Similarly, if a patient leaves before seeing the physician/provider and the sample list was created beforehand, simply delete them and sample the next appropriate patient. More likely, these patients will have been sampled and determined later to have left before being seen. For these visits, also mark "VOID" in the white space of the top margin of the Patient Record form to the right of the "Incorrect" box.

If you discover that another type of ineligible visit was accidentally included in the sample list (e.g., a patient in a group practice obtaining care from someone other than the sampled physician) once again mark "VOID" in the white space of the top margin of the Patient Record form to the right of the "Incorrect" box.

Sampling Procedures-Selecting Patients for Sample

The 1-week reporting period for this office is recorded on the cover of this booklet. It includes the date for beginning data collection, as well as the date for completing data collection. To determine which patient visit to sample first, refer to the instructions at the bottom of this booklet's cover. The first part of the instruction directs staff to begin with the patient listed on a specific line number of the log **on the first day of data collection**. Locate this patient visit on the list and mark the name to indicate that it is the first patient visit sampled.

To continue sampling, refer once again to the instructions on the cover. Select every n^{th} patient. Continue counting down the patient list until you arrive at the n^{th} patient name listed. This is the second patient selected for the sample. This process is repeated to select subsequent patient visits for the sample.

For example, if the sampling instructions indicate that you begin with the 3^{rd} patient listed, and select every 15^{th} patient, you would select the 3^{rd}, 18^{th}, 33^{rd} and so forth. See EXHIBIT C on page E-5 for an optional worksheet marked with an example of a sampling pattern. **Be sure to follow the sampling pattern given on the cover of this booklet.**

After each selection, mark or circle the patient name to indicate its inclusion in the sample, and to indicate where to begin for sampling the next patient visit. This pattern of selecting every n^{th} patient is called the Take Every pattern. The pattern remains consistent throughout the remainder of the reporting period and should be followed continuously (from shift to shift, and day to day). Do not start fresh with a new "Start With" after the end of a shift or day.

Group Practice and CHC Sampling

A situation requiring special attention is the group practice or CHC where the patients for ALL the physicians and mid-level health care providers enter their names on the same sign-in sheet. The only patients eligible for sampling are those visiting the physician or CHC provider selected for the NAMCS. There are two options for handling this situation. One, make a special effort to ignore and skip over the lines on the sign-in sheet occupied by patients visiting other physicians or CHC providers. Two, use the worksheet found in EXHIBIT D, page E-7 to maintain a separate list of patients visiting the NAMCS physician or CHC provider. For example, transcribe the patient's name from the practice's general sign-in sheet to the special NAMCS worksheet. Select the sample from the worksheet. Whatever approach you apply, make sure that only patients visiting the sampled physician/CHC provider are included in the sample selection.

SECTION IV COMPLETING PATIENT RECORD FORMS

Organizing Visit Sampling and Data Collection

A Patient Record form is completed for every patient visit selected in the sample during the 1-week reporting period. There are two types of Patient Record forms: (1) form A is one-sided and consists of 13 items, and (2) form B is identical to A, but is two-sided and has 14 items with one additional question about cholesterol lab values on the back. Which form you were given instructed to complete was based on your primary specialty. In either

case, both require only short answers and take approximately 6 minutes to complete the A folio, and about 9 minutes to complete the B folio. These forms will require even less time to complete as staff become more familiar with the items.

The Patient Record forms may be completed either during the patient's visit, immediately after the patient's visit, at the end of the shift, day, etc., or in some combination of these, whichever is most convenient for the staff. In some cases, a nurse or clerk may furnish the information for certain items prior to the patient's visit, leaving the remainder of the items to be completed by the attending health care provider during or immediately after the visit. In other situations, it may be more convenient to complete all records at the end of the shift or day by one designated person. Whatever method you choose, it is strongly suggested that the forms be completed at least on a daily basis. Retrieving the records at a later date may prove to be difficult and time-consuming. Also, patient information will be fresher in the minds of the staff in case clarification is needed.

Staff members completing Patient Record forms must be familiar with medical terms and procedures since most items on the form are clinical in nature. They must also know where to locate the information necessary for completing the forms. To ensure that complete coverage is provided for all shifts and days, the responsibility for data collection may require the participation of several staff. We ask that each participating office/CHC appoint a Data Coordinator to coordinate the personnel involved in the study and their activities. The Data Coordinator's responsibilities will include supervising and/or conducting the selection of the sample visits and the completion of the Patient Record forms.

Prior to the office's/CHC's assigned reporting period, the Census Bureau field representative will meet with the physician/CHC provider and discuss the organization of sampling and the process of completing the Patient Record forms. The physician/CHC provider then determines which staff will be needed in the data collection activities. The Census Bureau field representative will train the staff on sampling and data collection.

Completing the Patient Record Form

The Patient Record form consists of two sections separated by a perforated line (See EXHIBIT A on page E-1 for an example of both the A and B Patient Record forms). The top section of the form contains two items of identifying information about the patient - the patient's name and the patient's medical record number. It is helpful to enter the information for these items immediately following the selection of the patient visit into the sample. The top section of the form remains attached to the bottom until the entire form is completed. To ensure patient confidentiality, staff should detach and keep the top section before the Patient Record forms are collected by the Census Bureau field representative. The Data Coordinator should keep this portion of the form for a period of four weeks following the reporting period. Should the Census Bureau field representative discover missing or unclear information while editing the forms, he or she may recontact the Data Coordinator to retrieve this information. The top section can be matched to the bottom by the seven digit identification number printed on both sections of the form. The field representative will provide this identification number when requesting information.

As mentioned earlier, the he bottom section of the form consists of 13 or 14 brief items designed to collect data on the patient's demographic characteristics, reason for visit, diagnosis, etc. Item-by-item instructions begin on page 10 of this booklet. To ensure patient confidentiality, please do not record any patient identifying information on the bottom portion of the form.

Each office/CHC provider receives a folio containing a pad of Patient Record forms specifically assigned to that office/CHC provider. The type of folio you receive, A or B, depends on your primary specialty. **You should NOT receive both types of forms**. **If you receive both types of forms, please contact the field representative or other contact (as listed in items D and E on page 1) immediately.** An ample supply of forms is included in the event that some are damaged or destroyed, or the physician/CHC provider sees a much higher volume of patient visits than initially expected. Should the supply of forms for this office run low, please contact the Census Bureau field representative or other contact provided in items D and E on page 1 of this booklet. **If possible, try not to interchange assigned office folios (i.e., folio for office #1 should only contain visits from office #1). Check the Patient Record forms to make sure that they are either light blue (A forms) or red (B forms) and have "National Ambulatory Medical Care Survey 2010 Patient Record Folio" printed at the top.**

Item-by-Item Instructions and Definitions for Completing the NAMCS-30 Patient Record Form

1. PATIENT INFORMATION

ITEM 1a. DATE OF VISIT

Record the month, day, and 2-digit year of arrival in figures, for example, 05/17/10 for May 17, 2010.

ITEM 1b. ZIP CODE

Enter 5-digit ZIP Code from patient's mailing address.

ITEM 1c. DATE OF BIRTH

Record the month, day, and 4-digit year of the patient's birth in figures, for example, 06/26/2007 for June 26, 2007. In the rare event the date of birth is unknown, the year of birth should be estimated as closely as possible.

ITEM 1d. SEX

Check the appropriate category based on observation or your knowledge of the patient or from information on the medical record.

ITEM 1e. ETHNICITY

Ethnicity refers to a person's national or cultural group. The NAMCS Patient Record form has two categories for ethnicity, Hispanic or Latino and Not Hispanic or Latino.

Mark the appropriate category according to your usual practice, based on your knowledge of the patient or from information in the medical record. You are not expected to ask the patient for this information. If the patient's ethnicity is not known and is not obvious, mark the box which in your judgment is most appropriate. The definitions of the categories are listed below. Do not determine the patient's ethnicity from their last name.

	Ethnicity	Definition
1	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
2	Not Hispanic or Latino	All other persons.

ITEM 1f. RACE

Mark *all* appropriate categories based on observation or your knowledge of the patient or from information in the medical record. You are not expected to ask the patient for this information. If the patient's race is not known or not obvious, mark the box(es) which in your judgment is (are) most appropriate. Do not determine the patient's race from their last name.

	Race	Definition
1	White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
2	Black or African American	A person having origins in any of the black racial groups of Africa.
3	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
4	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5	American Indian or Alaska Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

ITEM 1g. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT

Mark (X) ALL appropriate expected source(s) of payment.

	Expected Source(s) of Payment	Definition
1	Private insurance	Charges paid in-part or in-full by a private insurer (e.g., Blue Cross/Blue Shield) either directly to the physician/CHC provider or reimbursed to the patient. Include charges covered under a private insurance sponsored prepaid plan.

2	Medicare	Charges paid in-part or in-full by a Medicare plan. Includes payments directly to the physician/CHC provider as well as payments reimbursed to the patient. Include charges covered under a Medicare sponsored prepaid plan.
3	Medicaid or CHIP/SCHIP	Charges paid in-part or in-full by a Medicaid plan. Includes payments made directly to the physician/CHC provider as well as payments reimbursed to the patient. Include charges covered under a Medicaid sponsored prepaid plan or the Children's Health Insurance Program (CHIP), formerly known as the State Children's Health Insurance Program (SCHIP).
4	Worker's compensation	Includes programs designed to enable employees injured on the job to receive financial compensation regardless of fault.
5	Self-pay	Charges, to be paid by the patient or patient's family, which will not be reimbursed by a third party. "Self-pay" includes visit for which the patient is expected to be ultimately responsible for most of the bill, even though the patient never actually pays it. DO NOT check this box for a copayment or deductible.
6	No charge/Charity	Visits for which no fee is charged (e.g., charity, special research or teaching). Do not include visits paid for as part of a total package (e.g., prepaid plan visits, post-operative visits included in a surgical fee, and pregnancy visits included in a flat fee charged for the entire pregnancy). Mark the box or boxes that indicate how the services were originally paid.
7	Other	Any other sources of payment not covered by the above categories, such as CHAMPUS, state and local governments, private charitable organizations, and other liability insurance (e.g., automobile collision policy coverage).
8	Unknown	The primary source of payment is not known.

ITEM 1h. TOBACCO USE

Tobacco use is defined as smoking cigarettes/cigars, using snuff, or chewing tobacco. Mark "Not current" if the patient does not currently use tobacco. Mark "Current" if the patient uses tobacco. Mark "Unknown" if it cannot be determined whether the patient currently uses or does not use tobacco.

2. INJURY/POISONING/ADVERSE EFFECT

ITEM 2. IS THIS VISIT RELATED TO ANY OF THE FOLLOWING?

If ANY PART of this visit was related to an injury or poisoning or adverse effect of medical or surgical care (e.g., unintentional cut during a surgical procedure, foreign object left in body during procedure) or an adverse effect of a medicinal drug, then mark the appropriate box. The injury/poisoning/adverse effect does not need to be recent. It can include those visits for follow-up of previously treated injuries and visits for flare-ups of problems due to old injuries. This item not only includes injuries or poisonings, but also adverse effects of medical treatment or surgical procedures. Include any prescription or over-the-counter medication involved in an adverse drug event (e.g., allergies, overdose, medication error, drug interactions).

	Injury/Poisoning/ Adverse effect	Definition
1	Unintentional injury/poisoning	Visit related to an injury or poisoning that was unintentional, such as an insect bite.
2	Intentional injury/poisoning	Visit was related to an injury or poisoning that was intentional, such as a suicide attempt or assault.
3	Injury/poisoning – unknown intent	Visit related to an injury or poisoning, but the intent is unknown.
4	Adverse effect of medical/surgical care or adverse effect of medicinal drug	Visit due to adverse reactions to drugs, adverse effects of medical treatment or surgical procedures.
5	None of the above	Visit not related to an injury, poisoning, or adverse effect of medical or surgical care or an adverse effect of a medicinal drug.

3. REASON FOR VISIT

ITEM 3. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT (use patient's own words)

Enter the patient's complaint(s), symptom(s), or other reason(s) for this visit ***in the patient's own words***. Space has been allotted for the "most important" and two "other" complaints, symptoms, and reasons as indicated below.

(1) Most important
(2) Other
(3) Other

The ***Most Important*** reason should be entered in (1). Space is available for two other reasons in (2) and (3). By "most important" we mean the problem or symptom which, in the physician's/CHC provider's judgment, was most responsible for the patient making this visit. Since we are interested only in the patient's ***most important complaints/ symptoms/reasons,*** it is not necessary to record more than three.

This is one of the most important items on the Patient Record form. No similar data on office-based visits are available in any other survey and there is tremendous interest in the findings. Please take the time to be sure you understand what is wanted--especially the following three points:

- We want the patient's principal complaint(s), symptom(s) or other reason(s) in the patient's own words. The physician/CHC provider may recognize right away, or may find out after the examination, that the real problem is something entirely different. In item 3 we are interested in how the patient defines the reason for the visit (e.g.,"cramps after eating," or "fell and twisted my ankle").

- The item refers to the patient's complaint, symptom, or other reason for ***this visit.*** Conceivably, the patient may be undergoing a course of treatment for a serious illness, but if his/her principal reason for this visit is a cut finger or a twisted ankle, then that is the information we want.

- There will be visits by patients for reasons other than some complaint or symptom. Examples might be well baby check-up or routine prenatal care. In such cases, simply record the **reason for the visit**.

Reminder: If the reason for a patient's visit is to pay a bill, ask the physician to complete an insurance form, or drop off a specimen, then the patient is not eligible for the sample. A Patient Record form should not be completed for this patient.

4. CONTINUITY OF CARE

ITEM 4a. ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN/ PROVIDER?

The primary care physician/provider plans and provides the comprehensive primary health care of the patient. Mark "Yes" if the health care provided to the patient during this visit was from his/her primary care physician/provider and skip to item 4b. If the provider seen at this visit was substituting for the primary care physician/provider, also check "Yes." Mark "No" if care was not from the primary care physician/provider or "Unknown" if it is not known.

If "No" or "Unknown" is checked, also indicate whether the **patient was referred for this visit by another health care provider**. This item provides an idea of the "flow" of ambulatory patients from one provider to another. Mark the "Yes," "No," or "Unknown" category, as appropriate.

Notice that this item concerns referrals to the sample physician/CHC provider by a *different* physician, provider, or office. The interest is in referrals for ***this*** visit and not in referrals for any prior visit.

Referrals are any visits that are made because of the advice or direction of a physician/provider other than the physician/provider being visited.

ITEM 4b. HAS THE PATIENT BEEN SEEN IN YOUR PRACTICE BEFORE?

"Seen" means "provided care for" at any time in the past. Mark "Yes, established patient" if the patient was seen before by any provider or staff member in the office/CHC. Exclude this visit.

Mark "No, new patient" if the patient has not been seen in the office/CHC before.

If "Yes" is checked, also indicate approximately **how many past visits the patient has made to this office/CHC within the last 12 months** using the write-in box provided. **Do not include the current visit in your total.** If you cannot determine how many past visits were made, then mark "Unknown." Include all visits to other physicians/CHC providers or health care providers in this office/CHC.

ITEM 4c. MAJOR REASON FOR THIS VISIT

Mark the major reason for the patient's current visit. Be sure to ***check only one*** of the following "Major Reasons:"

	Problem	Definition
1	New problem (<3 mos. onset)	A visit for a condition, illness, or injury having a relatively sudden or recent onset (within three months of this visit).
2	Chronic problem, routine	A visit primarily to receive care or examination for a pre-existing chronic condition, illness, or injury (onset of condition was three months or more before this visit).
3	Chronic problem, flare-up	A visit primarily due to sudden exacerbation of a pre-existing chronic condition.
4	Pre-/Post-surgery	A visit scheduled primarily for care required prior to or following surgery (e.g., pre-surgery tests, removing sutures).
5	Preventive care	General medical examinations and routine periodic examinations. Includes prenatal and postnatal care, annual physicals, well-child exams, screening, and insurance examinations.

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5. PROVIDER'S DIAGNOSIS FOR THIS VISIT

ITEM 5a. AS SPECIFICALLY AS POSSIBLE, LIST DIAGNOSES RELATED TO THIS VISIT INCLUDING CHRONIC CONDITIONS.

(1) Primary diagnosis
(2) Other
(3) Other

This is one of the most important items on the Patient Record form. Item 5a(1) refers to the provider's primary diagnosis for this visit. While the diagnosis may be tentative, provisional, or definitive it should represent the provider's best judgment at this time, expressed in acceptable medical terminology including "problem" terms. If the patient was not seen by a physician, then the diagnosis by the main health care provider should be recorded (this includes diagnoses made by mid-level providers at CHCs).

If a patient appears for ***postoperative*** care (follow-up visit after surgery), record the postoperative diagnosis as well as any other. The postoperative diagnosis should be indicated with the letters "P.O."

Space has been allotted for two "other" diagnoses. In Items 5a(2) and 5a(3) list the diagnosis of **other conditions related to this visit**. Include chronic conditions (e.g., hypertension, depression, etc.), if related to this visit.

ITEM 5b. REGARDLESS OF THE DIAGNOSES WRITTEN IN 5a, DOES PATIENT NOW HAVE:

The intent of this item is to supplement the diagnosis reported in item 5a(1), 5a(2), and 5a(3). Mark all of the selected condition(s) regardless of whether it is already reported in item 5a. Even if the condition is judged to be not clinically significant for this visit, it should still be checked. General descriptions for each condition are listed below.

	Condition		Description
1	Arthritis		Includes those types of rheumatic diseases in which there is an inflammation involving joints, (e.g., osteoarthritis, rheumatoid arthritis, acute arthritis, juvenile chronic arthritis, hypertrophic arthritis, Lyme arthritis, and psoriatic arthritis).
2	Asthma		Includes extrinsic, intrinsic, and chronic obstructive asthma.
3	Cancer		Includes any type of cancer (ca), such as carcinoma, sarcoma, leukemia, and lymphoma.
	0 In situ	In situ	} Select the appropriate cancer stage based on information from the medical record by the treating physician seeing the cancer patient. Definitions of cancer stages can vary by type of cancer. See below for examples of cancer stages.
	1 Stage I	Stage I	
	2 Stage II	Stage II	
	3 Stage III	Stage III	
	4 Stage IV	Stage IV	
	5 Unknown stage	Unknown stage	
4	Cerebrovascular disease		Includes stroke and transient ischemic attacks (TIAs).
5	Chronic renal failure		Includes end-stage renal disease (ESRD) and chronic kidney failure due to diabetes or hypertension.
6	Congestive heart failure		Congestive heart failure (CHF).
7	COPD		Chronic obstructive pulmonary disease. Includes chronic bronchitis and emphysema. Excludes asthma.

8	Depression	Includes affective disorders and major depressive disorders, such as episodes of depressive reaction, psychogenic depression, and reactive depression.
9	Diabetes	Includes both diabetes mellitus and diabetes insipidus.
10	Hyperlipidemia	Includes hyperlipidemia and hypercholesterolemia.
11	Hypertension	Includes essential (primary or idiopathic) and secondary hypertension.
12	Ischemic heart disease	Includes angina pectoris, coronary atherosclerosis, acute myocardial infarction, and other forms of ischemic heart disease.
13	Obesity	Includes body weight 20% over the standard optimum weight.
14	Osteoporosis	Reduction in the amount of bone mass, leading to fractures after minimal trauma.
15	None of the above	Mark (X) if none of the conditions above exist.

Several cancer staging systems exist. A cancer patient's prognosis and treatment is determined using the American Joint Committee on Cancer (AJCC) *Cancer Staging Handbook*. For comparability of stage and treatment results over time, the Surveillance, Epidemiology and End Results (SEER) Summary Stage is still collected and used. Below is a scheme of how the staging systems compare. The stage should be derived from the medical record using information from the treating physician (medical oncologist or surgeon) seeing the cancer patient. This information can usually be found in the last section of the written or dictated notes from the patient's visit (usually in the section labeled Impression and Plan).

Comparability between AJCC staging system and SEER Summary Stage with the exception of prostate cancer

AJCC Stage	**SEER Summary Stage**	**In item 5b(3), mark box**
0 (In situ)	In situ	0 – In situ
I	Localized	1 – Stage I
II	Regional (by direct extension or positive lymph nodes)	2 – Stage II

III	Regional (by direct extension or positive lymph nodes)	3 – Stage III
IV	Distant (cancer found in other organs)	4 – Stage IV
Unknown	Unknown	5 – Unknown stage

NOTE: Whether a cancer is designated as Stage II or Stage III can depend on the specific type of cancer.

Prostate cancer represents a special situation as most patients do not undergo surgery. The table below provides a summary of the equivalent correlations between the staging systems.

Comparability between AJCC staging system and SEER Summary Stage for prostate cancer

Prostate (AJCC)	**Prostate Cancer (SEER)**	**In item 5b(3), mark box**
0 (In situ)	In situ	0 – In situ
I (T1a) no extension (Stage A)	Localized (confined to prostate gland)	1 – Stage I
II (T2b, T1c, T2) no extension, negative lymph nodes (Stage B)	Localized (confined to prostate gland)	2 – Stage II
III (T3) negative lymph nodes (Stage C)	Regional (extends to other organs, no lymph nodes involved)	3 – Stage III
IV (T4) positive lymph nodes (Stage D) Distant metastases	Regional (extends to other organs; lymph nodes involved) Distant metastases	4 – Stage IV
Unknown	Unknown	5 – Unknown stage

6. VITAL SIGNS

(1) Height — Record the patient's height if measured at this visit and enter the value in the box indicating the type of measurement (ft/in or cm). If it was not measured at this visit and the patient is 21 years of age or over, then review the chart (up to 1 year) for the last time that height was recorded and enter that value.

(2) Weight — Record the patient's weight if measured at this visit and enter the value in the box indicating the type of measurement (lb or kg). If it was not measured at this visit and the patient is 21 years of age

	or over, then review the chart (up to 1 year) for the last time that weight was recorded and enter that value.
(3) Temperature	Record the patient's initial temperature if measured at this visit. Mark the appropriate box, indicating the type of measurement (degrees C or F).
(4) Blood pressure	Record the patient's initial blood pressure if measured at this visit. Enter the systolic and diastolic values in the appropriate box.

7. DIAGNOSTIC/SCREENING SERVICES

Mark all services that were **ordered** or **provided** during ***this visit*** for the purpose of screening (i.e., early detection of health problems in asymptomatic individuals) or diagnosis (i.e., identification of health problems causing individuals to be symptomatic). EACH SERVICE ORDERED OR PROVIDED SHOULD BE MARKED. At visits for a complete physical exam, several tests may be ordered prior to the visit, so that the results can be reviewed during the visit. Since these services are related to the visit, the appropriate box(es) should be marked.

Mark the "NONE" box, if no examinations, imaging, blood tests, scope procedures, or other tests were ordered or provided.

Services meriting special attention are as follows:

Answer Box	Service	Special Instruction
3	Foot exam	Includes visual inspection, sensory exam, and pulse exam.
6	Retinal exam	Includes ophthalmoscopy, funduscopic exam, and dilated retinal exam (DRE).
20	Lipids/ Cholesterol	Include any of the following tests - cholesterol, LDL, HDL, cholesterol/HDL ratio, triglycerides, coronary risk profile, lipid profile.
23	Scope Procedure – *Specify*	Mark (X) for scope procedures ordered or provided. Write in the type of procedure in the space provided.
24	Biopsy-*Specify*	Include any form of open or closed biopsy of lesions or tissues. Specify the site of the biopsy.

Answer Box	Service	Special Instruction
25	Chlamydia test	Only include the following tests if chlamydia is specifically mentioned: enzyme-linked immunosorbent assay (ELISA, EIA), direct fluorescent antibody test (DFA), nucleic acid amplification test (NAAT), nucleic acid hybridization test (DNA probe testing), or chlamydia culture.
28	HPV/DNA test	Detects the presence in women of human papillomavirus and is performed by collecting cells from the cervix.
29	Pap Test - conventional	Refers to a smear spread on a glass slide and fixed.
30	Pap Test – liquid-based	Refers to a specimen suspended in liquid solution.
34	Other exam/test/service – *Specify*	Mark (X) for services ordered and provided that are not listed. Write in the service(s) in the space provided.

8. HEALTH EDUCATION

Mark all appropriate boxes for any of the following types of health education **ordered or provided** to the patient during the visit. Exclude medications.

	Health Education	Definition
1	NONE	No health education was provided.
2	Asthma education	Information regarding the elimination of allergens that may exacerbate asthma, or other activities that could lead to an asthma attack or instruction on the use of medication, such as an inhaler.
3	Diet/Nutrition	Any topic related to the foods and/or beverages consumed by the patient. Examples include general dietary guidelines for health promotion and disease prevention, dietary restrictions to treat or control a specific medical problem or condition, and dietary instructions related to medications. Includes referrals to other health professionals, for example, dietitians and nutritionists.

4	Exercise	Any topics related to the patient's physical conditioning or fitness. Examples include information aimed at general health promotion and disease prevention and information given to treat or control a specific medical condition. Includes referrals to other health and fitness professionals. Does not include referrals for physical therapy. Physical therapy ordered or provided at the visit is listed as a separate check box in item 9.
5	Family planning/Contraception	Information given to the patient to assist in conception or intended to help the patient understand how to prevent conception.
6	Growth/Development	Any topics related to human growth and development.
7	Injury prevention	Any topic aimed at minimizing the chances of injury in one's daily life. May include issues as diverse as drinking and driving, seat belt use, child safety, avoidance of injury during various physical activities, and use of smoke detectors.
8	Stress management	Information intended to help patients reduce stress through exercise, biofeedback, yoga, etc. Includes referrals to other health professionals for the purpose of coping with stress.
9	Tobacco use/exposure	Information given to the patient on issues related to tobacco use in any form, including cigarettes, cigars, snuff, and chewing tobacco, and on the exposure to tobacco in the form of "secondhand smoke." Includes information on smoking cessation as well as prevention of tobacco use. Includes referrals to other health professionals for smoking cessation programs.
10	Weight reduction	Information given to the patient to assist in the goal of weight reduction. Includes referrals to other health professionals for the purpose of weight reduction.
11	Other	Check if there were other types of health education ordered or provided that were not listed above.

9. NON-MEDICATION TREATMENT

Mark (X) all non-medication treatments **ordered or provided** at this visit.

	Non-Medication Treatment	Definition
1	NONE	No non-medication treatments were ordered, scheduled, or performed at this visit.
2	Complementary alternative medicine (CAM)	Includes medical interventions neither widely taught in medical schools nor generally available in physician offices or hospitals (e.g., acupuncture, chiropractic, homeopathy, massage, or herbal therapies).
3	Durable medical equipment	Equipment which can withstand repeated use (i.e., could normally be rented and used by successive patients); is primarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home (e.g., cane, crutch, walker, wheelchair).
4	Home health care	Includes services provided to individuals and families in their places of residence for the purpose of promoting, maintaining, or restoring health or for maximizing the level of independence while minimizing the effects of disability and illness (including terminal illness). Services may include skilled nursing care; help with bathing, using the toilet, or dressing provided by home health aides; and physical therapy, speech language pathology services, and occupational therapy.
5	Physical therapy	Physical therapy includes treatments using heat, light, sound, or physical pressure or movement (e.g., ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold, or manipulative therapy).
6	Speech/Occupational therapy	Speech therapy includes the treatment of defects and disorders of the voice and of spoken and written communication. Occupational therapy includes the therapeutic use of work, self-care, and play activities to increase independent function, enhance development, and prevent disability.
7	Psychotherapy	All treatments involving the intentional use of verbal techniques to explore or alter the patient's emotional life in order to effect symptom reduction or behavior change.

8	Other mental health counseling	General advice and counseling about mental health issues and education about mental disorders. Includes referrals to other mental health professionals for mental health counseling.
9	Excision of tissue	Includes any excision of tissue. Excludes wound care and biopsy.
10	Wound care	Includes cleaning, debridement, and dressing of burns; repair of lacerations with skin tape or sutures. Include removal of foreign bodies only if a wound exists. If an object is removed from an orifice, mark (X) the "Other non-surgical procedures" box and specify the procedure.
11	Cast	Application of a rigid dressing made of plaster or fiberglass molded to the body while pliable and hardening as it dries, to give firm support.
12	Splint or wrap	Application of a rigid or flexible appliance used to maintain in position a displaced or moveable part, or to keep in place and protect an injured part. May also be made of plaster, but is not circumferential.
13	Other non-surgical procedures-*Specify*	Write-in any non-surgical procedure ordered or performed at this visit that was not previously recorded.
14	Other surgical procedures-*Specify*	Write-in any surgical procedure ordered or performed at this visit that was not previously recorded. Surgical procedures may be simple (e.g., insertion of intrauterine contraceptive device) or complex (e.g., cataract extraction, hernia repair, hip replacement, etc.).

10. MEDICATIONS & IMMUNIZATIONS

If medications or immunizations were ordered, supplied, administered, or continued at this visit, list up to 8 in the space provided using either the brand or generic names. Record the exact drug name (brand or generic) written on any prescription or on the medical record. Do not enter broad drug classes, such as "laxative," "cough preparation," "analgesic," "antacid," "birth control pill," or "antibiotic." The one exception is "allergy shot." If no medication was prescribed, provided, or continued, then mark the "NONE" box and continue.

Medication, broadly defined, includes the specific name of any:

- Prescription ***and*** over-the-counter medications, anesthetics, hormones, vitamins, immunizations, allergy shots, and dietary supplements

- Medications and immunizations which the physician/CHC provider ordered or provided ***prior to this visit*** and ***instructs or expects*** the patient to continue taking regardless of whether a "refill" is provided at the time of visit

For each medication, record if it was new or continued.

If more than eight drugs are listed, then record according to the following level of priority:

1. All medications (including OTC drugs)/immunizations associated with the listed diagnoses
2. All **new** medications (including OTC drugs)/immunizations, excluding vitamins and dietary supplements
3. All **continued** medications (including OTC drugs)/immunizations, excluding vitamins and dietary supplements
4. Vitamins and dietary supplements

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11. PROVIDERS

Mark all providers seen during this visit. If care was provided, at least in part, by a person not represented in the five categories, mark the "Other" box.

For mental health provider, include psychologists, counselors, social workers, and therapists who provide mental health counseling. Exclude psychiatrists.

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12. VISIT DISPOSITION

Mark all that apply.

	Visit Disposition	Definition
1	Refer to other physician	The patient was instructed to consult or seek care from another physician/provider. The patient may or may not return to this office/CHC at a later date.
2	Return at specified time	The patient was told to schedule an appointment or was given an appointment to return to the office/CHC at a particular time.

	Visit Disposition	Definition
3	Refer to ER/Admit to hospital	The patient was instructed to go to the emergency room/department for further evaluation and care immediately or the patient was admitted as an inpatient in the hospital.
4	Other	Any other disposition not included in the above list.

13. TIME SPENT WITH PROVIDER

Include here the length of time the physician/CHC provider spent with the patient. DO NOT include the time the patient spent waiting to see the physician/CHC provider or receiving care from someone other than the physician/CHC provider. For example, DO NOT include the time someone other than the sampled provider spent giving the patient an inoculation or the time a technician spent administering an electrocardiogram. It is entirely possible that for visits such as these, the patient would not see the physician/CHC provider at all. In that case, "0" minutes should be recorded. DO NOT include physician's/CHC provider's time spent preparing for a patient such as reviewing the patient's medical records or test results before seeing the patient.

If more than one patient is seen by the physician/CHC provider at the same time, apply the following rule:

If the physician/CHC provider can easily separate the time spent with each (e.g., 3 minutes with one and 27 minutes with the other), he/she should record that on the Patient Record forms. If the physician/CHC provider cannot easily estimate how much time was spent with each, he/she should divide the total time equally among the patients seen together.

14. LABORATORY TEST RESULTS

If you received a NAMCS-30A, please disregard this section; however, if you were given a NAMCS-30B, this item instruction applies to you. Please pay particular attention to these instructions.

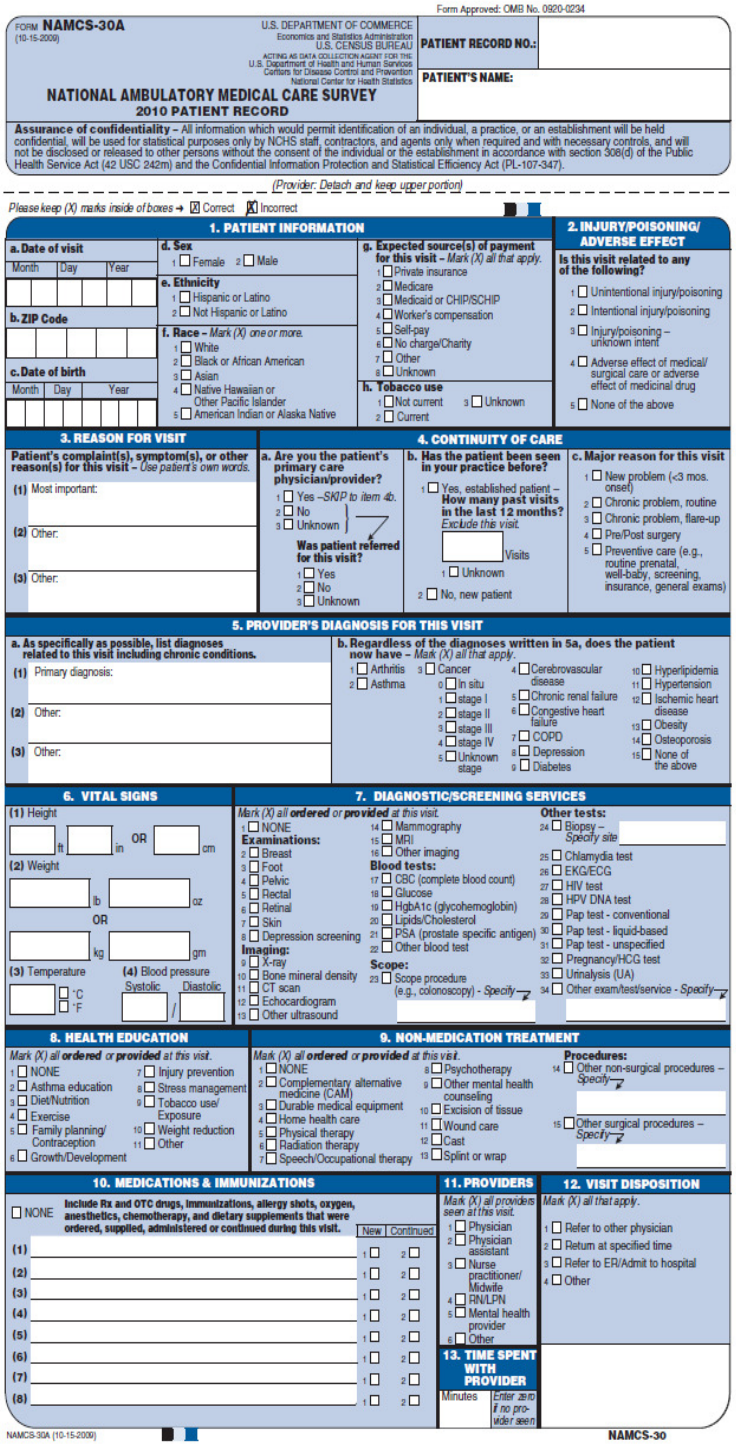
The biggest NAMCS change for 2010 is the addition of an A & B PRF folio. The A folio contains the same questions as 2009; however, the B folio, the one which you received, has additional items that capture laboratory values associated with cardiovascular risk factors. The American Heart Association recently released a scientific statement that recommended collecting lipoproteins, blood glucose, and glycohemoglobin to track the progress in meeting national goals for heart disease and stroke prevention and management. The American Heart Association specified in its guidelines that adding

these data elements to the NAMCS would represent a low-cost approach to enhance national surveillance for cardiovascular disease.

Because your primary specialty indicated that you are likely to perform certain cardiovascular tests, you were been selected to receive the NAMCS 30B. The new lab questions (item 14) appear on the back of the PRF and include space to enter if six laboratory tests were drawn, the most recent result, and the date the lab was drawn. Please remember that the values should be from the **current** visit or values obtained **within the past 12 months** from the sampled visit. If any of these tests were ordered at the current or recent visit, but are not included in the medical record, do not follow-up and obtain the information at a later date.

EXHIBIT A

NAMCS-30A PATIENT RECORD FORM



Form Approved: OMB No. 0920-0234

FORM **NAMCS-30A** (10-15-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

NATIONAL AMBULATORY MEDICAL CARE SURVEY
2010 PATIENT RECORD

PATIENT RECORD NO.:

PATIENT'S NAME:

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 306(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

(Provider: Detach and keep upper portion)

Please keep (X) marks inside of boxes → ☒ Correct ☒ Incorrect

1. PATIENT INFORMATION

a. Date of visit — Month | Day | Year

b. ZIP Code

c. Date of birth — Month | Day | Year

d. Sex — 1 ☐ Female 2 ☐ Male

e. Ethnicity — 1 ☐ Hispanic or Latino 2 ☐ Not Hispanic or Latino

f. Race – *Mark (X) one or more.* — 1 ☐ White 2 ☐ Black or African American 3 ☐ Asian 4 ☐ Native Hawaiian or Other Pacific Islander 5 ☐ American Indian or Alaska Native

g. Expected source(s) of payment for this visit – *Mark (X) all that apply.* — 1 ☐ Private insurance 2 ☐ Medicare 3 ☐ Medicaid or CHIP/SCHIP 4 ☐ Worker's compensation 5 ☐ Self-pay 6 ☐ No charge/Charity 7 ☐ Other 8 ☐ Unknown

h. Tobacco use — 1 ☐ Not current 2 ☐ Current 3 ☐ Unknown

2. INJURY/POISONING/ ADVERSE EFFECT

Is this visit related to any of the following?

1 ☐ Unintentional injury/poisoning
2 ☐ Intentional injury/poisoning
3 ☐ Injury/poisoning – unknown intent
4 ☐ Adverse effect of medical/ surgical care or adverse effect of medicinal drug
5 ☐ None of the above

3. REASON FOR VISIT

Patient's complaint(s), symptom(s), or other reason(s) for this visit – *Use patient's own words.*

(1) Most important:
(2) Other:
(3) Other:

4. CONTINUITY OF CARE

a. Are you the patient's primary care physician/provider? — 1 ☐ Yes –*SKIP to item 4b.* 2 ☐ No 3 ☐ Unknown

Was patient referred for this visit? — 1 ☐ Yes 2 ☐ No 3 ☐ Unknown

b. Has the patient been seen in your practice before? — 1 ☐ Yes, established patient – **How many past visits in the last 12 months?** *Exclude this visit.* ____ Visits 1 ☐ Unknown 2 ☐ No, new patient

c. Major reason for this visit — 1 ☐ New problem (<3 mos. onset) 2 ☐ Chronic problem, routine 3 ☐ Chronic problem, flare-up 4 ☐ Pre/Post surgery 5 ☐ Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

5. PROVIDER'S DIAGNOSIS FOR THIS VISIT

a. As specifically as possible, list diagnoses related to this visit including chronic conditions.

(1) Primary diagnosis:
(2) Other:
(3) Other:

b. Regardless of the diagnoses written in 5a, does the patient now have – *Mark (X) all that apply.*

1 ☐ Arthritis
2 ☐ Asthma
3 ☐ Cancer — 0 ☐ In situ 1 ☐ stage I 2 ☐ stage II 3 ☐ stage III 4 ☐ stage IV 5 ☐ Unknown stage
4 ☐ Cerebrovascular disease
5 ☐ Chronic renal failure
6 ☐ Congestive heart failure
7 ☐ COPD
8 ☐ Depression
9 ☐ Diabetes
10 ☐ Hyperlipidemia
11 ☐ Hypertension
12 ☐ Ischemic heart disease
13 ☐ Obesity
14 ☐ Osteoporosis
15 ☐ None of the above

6. VITAL SIGNS

(1) Height — ____ ft ____ in OR ____ cm

(2) Weight — ____ lb ____ oz OR ____ kg ____ gm

(3) Temperature — ____ ☐ °C ☐ °F

(4) Blood pressure — Systolic ____ / Diastolic ____

7. DIAGNOSTIC/SCREENING SERVICES

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*

1 ☐ NONE

Examinations:
2 ☐ Breast
3 ☐ Foot
4 ☐ Pelvic
5 ☐ Rectal
6 ☐ Retinal
7 ☐ Skin
8 ☐ Depression screening

Imaging:
9 ☐ X-ray
10 ☐ Bone mineral density
11 ☐ CT scan
12 ☐ Echocardiogram
13 ☐ Other ultrasound
14 ☐ Mammography
15 ☐ MRI
16 ☐ Other imaging

Blood tests:
17 ☐ CBC (complete blood count)
18 ☐ Glucose
19 ☐ HgbA1c (glycohemoglobin)
20 ☐ Lipids/Cholesterol
21 ☐ PSA (prostate specific antigen)
22 ☐ Other blood test

Scope:
23 ☐ Scope procedure (e.g., colonoscopy) - *Specify*

Other tests:
24 ☐ Biopsy – *Specify site*
25 ☐ Chlamydia test
26 ☐ EKG/ECG
27 ☐ HIV test
28 ☐ HPV DNA test
29 ☐ Pap test - conventional
30 ☐ Pap test - liquid-based
31 ☐ Pap test - unspecified
32 ☐ Pregnancy/HCG test
33 ☐ Urinalysis (UA)
34 ☐ Other exam/test/service - *Specify*

8. HEALTH EDUCATION

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*

1 ☐ NONE
2 ☐ Asthma education
3 ☐ Diet/Nutrition
4 ☐ Exercise
5 ☐ Family planning/ Contraception
6 ☐ Growth/Development
7 ☐ Injury prevention
8 ☐ Stress management
9 ☐ Tobacco use/ Exposure
10 ☐ Weight reduction
11 ☐ Other

9. NON-MEDICATION TREATMENT

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*

1 ☐ NONE
2 ☐ Complementary alternative medicine (CAM)
3 ☐ Durable medical equipment
4 ☐ Home health care
5 ☐ Physical therapy
6 ☐ Radiation therapy
7 ☐ Speech/Occupational therapy
8 ☐ Psychotherapy
9 ☐ Other mental health counseling
10 ☐ Excision of tissue
11 ☐ Wound care
12 ☐ Cast
13 ☐ Splint or wrap

Procedures:
14 ☐ Other non-surgical procedures – *Specify*
15 ☐ Other surgical procedures – *Specify*

10. MEDICATIONS & IMMUNIZATIONS

☐ NONE **Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered or continued during this visit.**

	New	Continued
(1)	1 ☐	2 ☐
(2)	1 ☐	2 ☐
(3)	1 ☐	2 ☐
(4)	1 ☐	2 ☐
(5)	1 ☐	2 ☐
(6)	1 ☐	2 ☐
(7)	1 ☐	2 ☐
(8)	1 ☐	2 ☐

11. PROVIDERS

Mark (X) all providers seen at this visit.

1 ☐ Physician
2 ☐ Physician assistant
3 ☐ Nurse practitioner/ Midwife
4 ☐ RN/LPN
5 ☐ Mental health provider
6 ☐ Other

13. TIME SPENT WITH PROVIDER

Minutes — *Enter zero if no provider seen*

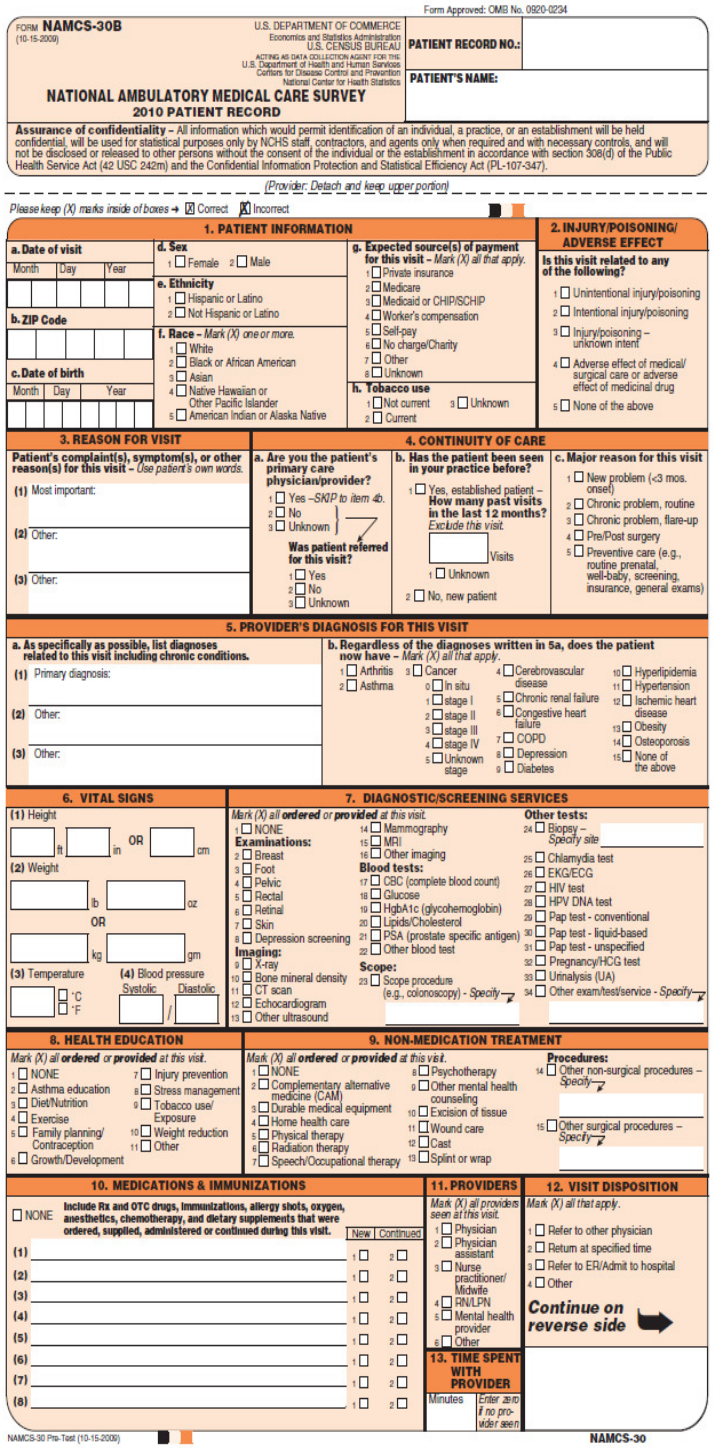
12. VISIT DISPOSITION

Mark (X) all that apply.

1 ☐ Refer to other physician
2 ☐ Return at specified time
3 ☐ Refer to ER/Admit to hospital
4 ☐ Other

NAMCS-30A (10-15-2009) NAMCS-30

NAMCS-30B PATIENT RECORD FORM



Form Approved: OMB No. 0920-0234

FORM **NAMCS-30B** (10-15-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

NATIONAL AMBULATORY MEDICAL CARE SURVEY
2010 PATIENT RECORD

PATIENT RECORD NO.:

PATIENT'S NAME:

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

(Provider: Detach and keep upper portion)

Please keep (X) marks inside of boxes → ☒ Correct ☒ Incorrect

1. PATIENT INFORMATION

a. Date of visit — Month | Day | Year

b. ZIP Code

c. Date of birth — Month | Day | Year

d. Sex
1 ☐ Female 2 ☐ Male

e. Ethnicity
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

f. Race – *Mark (X) one or more.*
1 ☐ White
2 ☐ Black or African American
3 ☐ Asian
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ American Indian or Alaska Native

g. Expected source(s) of payment for this visit – *Mark (X) all that apply.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid or CHIP/SCHIP
4 ☐ Worker's compensation
5 ☐ Self-pay
6 ☐ No charge/Charity
7 ☐ Other
8 ☐ Unknown

h. Tobacco use
1 ☐ Not current 3 ☐ Unknown
2 ☐ Current

2. INJURY/POISONING/ ADVERSE EFFECT

Is this visit related to any of the following?
1 ☐ Unintentional injury/poisoning
2 ☐ Intentional injury/poisoning
3 ☐ Injury/poisoning – unknown intent
4 ☐ Adverse effect of medical/ surgical care or adverse effect of medicinal drug
5 ☐ None of the above

3. REASON FOR VISIT

Patient's complaint(s), symptom(s), or other reason(s) for this visit – *Use patient's own words.*

(1) Most important:

(2) Other:

(3) Other:

4. CONTINUITY OF CARE

a. Are you the patient's primary care physician/provider?
1 ☐ Yes – *SKIP to item 4b.*
2 ☐ No
3 ☐ Unknown

Was patient referred for this visit?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

b. Has the patient been seen in your practice before?
1 ☐ Yes, established patient – **How many past visits in the last 12 months?** *Exclude this visit.*
☐☐ Visits
1 ☐ Unknown
2 ☐ No, new patient

c. Major reason for this visit
1 ☐ New problem (<3 mos. onset)
2 ☐ Chronic problem, routine
3 ☐ Chronic problem, flare-up
4 ☐ Pre/Post surgery
5 ☐ Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

5. PROVIDER'S DIAGNOSIS FOR THIS VISIT

a. As specifically as possible, list diagnoses related to this visit including chronic conditions.

(1) Primary diagnosis:

(2) Other:

(3) Other:

b. Regardless of the diagnoses written in 5a, does the patient now have – *Mark (X) all that apply.*
1 ☐ Arthritis
2 ☐ Asthma
3 ☐ Cancer
0 ☐ In situ
1 ☐ stage I
2 ☐ stage II
3 ☐ stage III
4 ☐ stage IV
5 ☐ Unknown stage
4 ☐ Cerebrovascular disease
5 ☐ Chronic renal failure
6 ☐ Congestive heart failure
7 ☐ COPD
8 ☐ Depression
9 ☐ Diabetes
10 ☐ Hyperlipidemia
11 ☐ Hypertension
12 ☐ Ischemic heart disease
13 ☐ Obesity
14 ☐ Osteoporosis
15 ☐ None of the above

6. VITAL SIGNS

(1) Height
☐☐ ft ☐☐ in OR ☐☐☐ cm

(2) Weight
☐☐☐ lb ☐☐ oz
OR
☐☐☐ kg ☐☐☐ gm

(3) Temperature
☐☐.☐ ☐ °C ☐ °F

(4) Blood pressure
Systolic ☐☐☐ / Diastolic ☐☐☐

7. DIAGNOSTIC/SCREENING SERVICES

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*
1 ☐ NONE

Examinations:
2 ☐ Breast
3 ☐ Foot
4 ☐ Pelvic
5 ☐ Rectal
6 ☐ Retinal
7 ☐ Skin
8 ☐ Depression screening

Imaging:
9 ☐ X-ray
10 ☐ Bone mineral density
11 ☐ CT scan
12 ☐ Echocardiogram
13 ☐ Other ultrasound
14 ☐ Mammography
15 ☐ MRI
16 ☐ Other imaging

Blood tests:
17 ☐ CBC (complete blood count)
18 ☐ Glucose
19 ☐ HgbA1c (glycohemoglobin)
20 ☐ Lipids/Cholesterol
21 ☐ PSA (prostate specific antigen)
22 ☐ Other blood test

Scope:
23 ☐ Scope procedure (e.g., colonoscopy) - *Specify*

Other tests:
24 ☐ Biopsy – *Specify site*
25 ☐ Chlamydia test
26 ☐ EKG/ECG
27 ☐ HIV test
28 ☐ HPV DNA test
29 ☐ Pap test - conventional
30 ☐ Pap test - liquid-based
31 ☐ Pap test - unspecified
32 ☐ Pregnancy/HCG test
33 ☐ Urinalysis (UA)
34 ☐ Other exam/test/service - *Specify*

8. HEALTH EDUCATION

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*
1 ☐ NONE
2 ☐ Asthma education
3 ☐ Diet/Nutrition
4 ☐ Exercise
5 ☐ Family planning/ Contraception
6 ☐ Growth/Development
7 ☐ Injury prevention
8 ☐ Stress management
9 ☐ Tobacco use/ Exposure
10 ☐ Weight reduction
11 ☐ Other

9. NON-MEDICATION TREATMENT

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*
1 ☐ NONE
2 ☐ Complementary alternative medicine (CAM)
3 ☐ Durable medical equipment
4 ☐ Home health care
5 ☐ Physical therapy
6 ☐ Radiation therapy
7 ☐ Speech/Occupational therapy
8 ☐ Psychotherapy
9 ☐ Other mental health counseling
10 ☐ Excision of tissue
11 ☐ Wound care
12 ☐ Cast
13 ☐ Splint or wrap

Procedures:
14 ☐ Other non-surgical procedures – *Specify*
15 ☐ Other surgical procedures – *Specify*

10. MEDICATIONS & IMMUNIZATIONS

☐ NONE **Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered or continued during this visit.**

	New	Continued
(1)	1 ☐	2 ☐
(2)	1 ☐	2 ☐
(3)	1 ☐	2 ☐
(4)	1 ☐	2 ☐
(5)	1 ☐	2 ☐
(6)	1 ☐	2 ☐
(7)	1 ☐	2 ☐
(8)	1 ☐	2 ☐

11. PROVIDERS

Mark (X) all providers seen at this visit.
1 ☐ Physician
2 ☐ Physician assistant
3 ☐ Nurse practitioner/ Midwife
4 ☐ RN/LPN
5 ☐ Mental health provider
6 ☐ Other

13. TIME SPENT WITH PROVIDER

Minutes | *Enter zero if no provider seen*

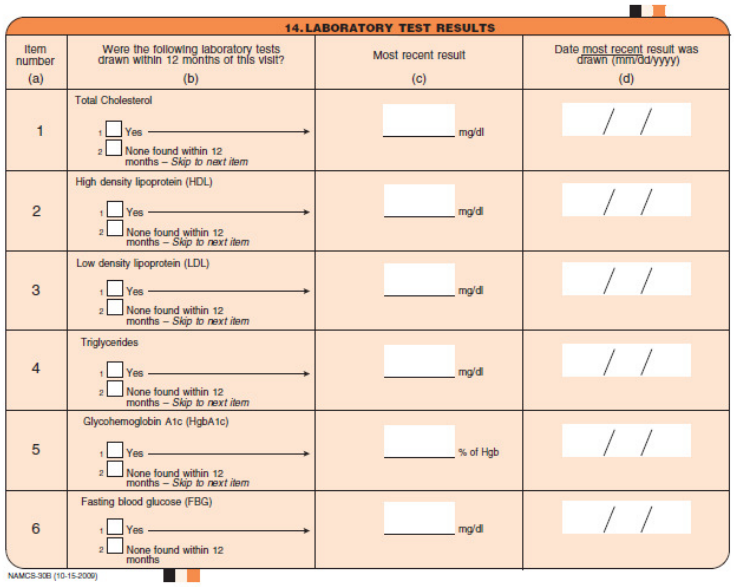
12. VISIT DISPOSITION

Mark (X) all that apply.
1 ☐ Refer to other physician
2 ☐ Return at specified time
3 ☐ Refer to ER/Admit to hospital
4 ☐ Other

Continue on reverse side

NAMCS-30 Pre-Test (10-15-2009)

NAMCS-30



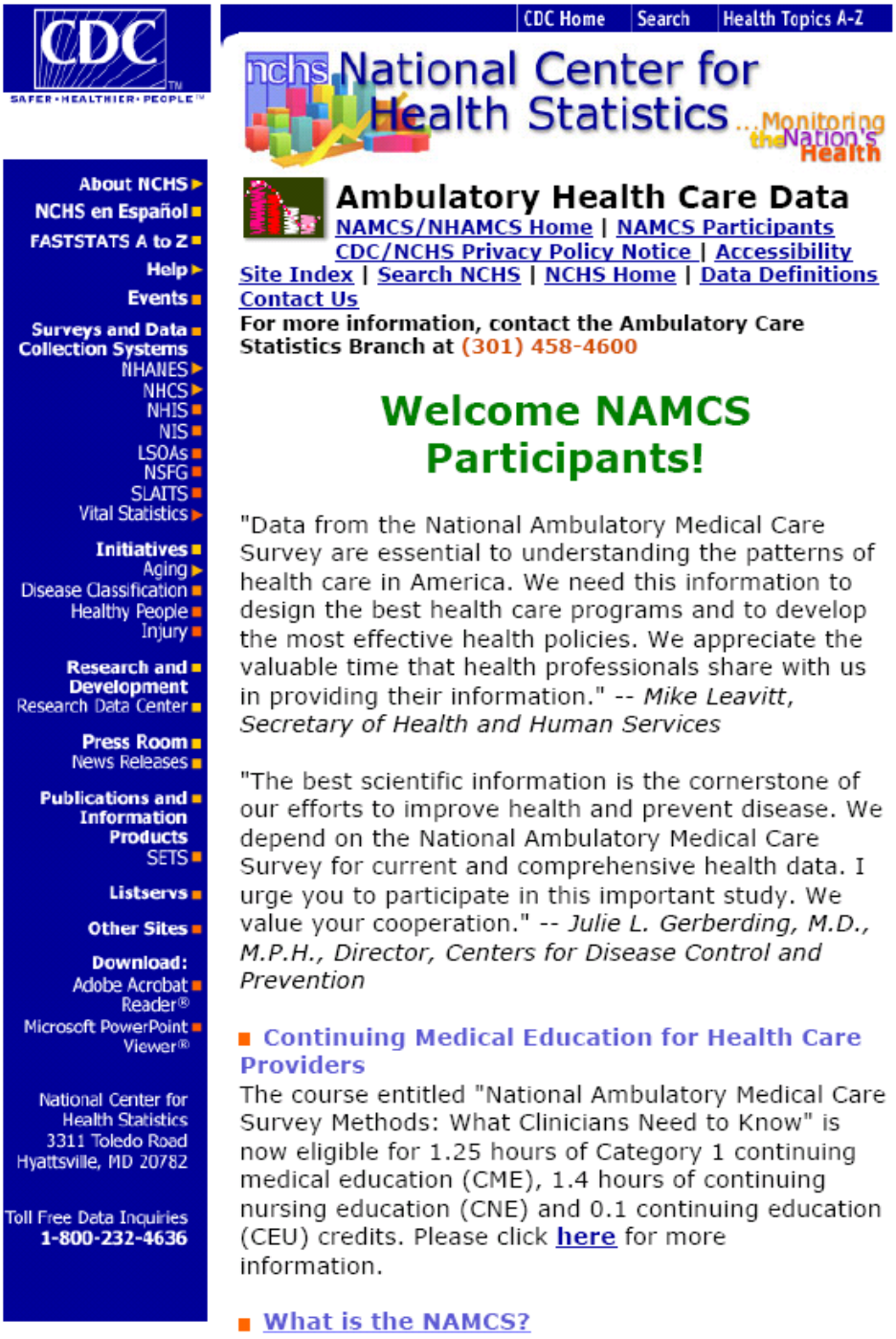
14. LABORATORY TEST RESULTS

Item number (a)	Were the following laboratory tests drawn within 12 months of this visit? (b)	Most recent result (c)	Date most recent result was drawn (mm/dd/yyyy) (d)
1	Total Cholesterol 1 ☐ Yes → 2 ☐ None found within 12 months – *Skip to next item*	_____ mg/dl	/ /
2	High density lipoprotein (HDL) 1 ☐ Yes → 2 ☐ None found within 12 months – *Skip to next item*	_____ mg/dl	/ /
3	Low density lipoprotein (LDL) 1 ☐ Yes → 2 ☐ None found within 12 months – *Skip to next item*	_____ mg/dl	/ /
4	Triglycerides 1 ☐ Yes → 2 ☐ None found within 12 months – *Skip to next item*	_____ mg/dl	/ /
5	Glycohemoglobin A1c (HgbA1c) 1 ☐ Yes → 2 ☐ None found within 12 months – *Skip to next item*	_____ % of Hgb	/ /
6	Fasting blood glucose (FBG) 1 ☐ Yes → 2 ☐ None found within 12 months	_____ mg/dl	/ /

NAMCS-30B (10-15-2009)

EXHIBIT B

NAMCS PARTICIPANT WEB PAGE



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Hyattsville, MD 20782

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Ambulatory Health Care Data

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For more information, contact the Ambulatory Care Statistics Branch at (301) 458-4600

Welcome NAMCS Participants!

"Data from the National Ambulatory Medical Care Survey are essential to understanding the patterns of health care in America. We need this information to design the best health care programs and to develop the most effective health policies. We appreciate the valuable time that health professionals share with us in providing their information." -- *Mike Leavitt, Secretary of Health and Human Services*

"The best scientific information is the cornerstone of our efforts to improve health and prevent disease. We depend on the National Ambulatory Medical Care Survey for current and comprehensive health data. I urge you to participate in this important study. We value your cooperation." -- *Julie L. Gerberding, M.D., M.P.H., Director, Centers for Disease Control and Prevention*

Continuing Medical Education for Health Care Providers

The course entitled "National Ambulatory Medical Care Survey Methods: What Clinicians Need to Know" is now eligible for 1.25 hours of Category 1 continuing medical education (CME), 1.4 hours of continuing nursing education (CNE) and 0.1 continuing education (CEU) credits. Please click **here** for more information.

What is the NAMCS?

EXHIBIT C

PATIENT VISIT WORKSHEET - EXAMPLE WITH SAMPLING PATTERN *

Start With (SW) with the 2nd patient. **Take Every (TE)** 5th patient listed on the log during the rest of the reporting period.

Patient Visit Worksheet	
Physician's/Provider's Name: Marcus Welby, M.D.	
Place An "X" For The Selected Patient Visits	**Patient's Name**
	Mario McCool
X	Suzi Rudai
	Maria Wuming Shi
	Juan Conte
	Margarita Naamalum
	Ivan Poe
X	Jean Alguien
	Alicia De Tal
	Isabel Suieto
	Ana Voe
	Laura Bleau
X	Tito Hablador
	Pepe Citizen
	Pierre Naturaleza
	Carlos Del Pueblo
	Pedro Habitante
X	Wakenya Zoe
	Rafael Individuo
	Carmen Nom

	Jan Koe
	Ram Roe
X	Roberto Nombre

* All Names and examples referenced in this instruction booklet are fictional and in no way represent actual situations or individuals

EXHIBIT D

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**

Patient Visit Worksheet	
Physician's/Provider's Name:	
Place An "X" For The Selected Patient Visits	**Patient's Name**