

Request for Approval of a Non-Substantive Change:

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

OMB No. 0920-0278

Contact Information:

David A. Woodwell
Lead Statistician, Ambulatory and Hospital Care Statistics Branch
Division of Health Care Statistics
National Center for Health Statistics/CDC
3311 Toledo Road, Room 3329
Hyattsville, MD 20782
301-458-4592
301-458-4693 (fax)
daw0@cdc.gov

July 6, 2010

SUPPORTING STATEMENT
NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

This request is for the approval of a non-substantive change to an approved data collection, the ongoing National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB No. 0920-0278, expires August 31, 2012). On August 7, 2009, NHAMCS was approved to collect data for the three years 2010, 2011, and 2012. The NHAMCS is a national survey of hospital ambulatory medical care conducted by the Centers for Disease Control and Prevention (CDC)'s National Center for Health Statistics (NCHS).

NCHS received approval to “make relatively small modifications to the forms for 2011 and 2012” through the submission of OMB change requests. To that end, NHAMCS seeks to:

- Add questions that collect laboratory values for tests commonly ordered or drawn to monitor cardiovascular fitness, diabetes management, and diabetes detection to the NHAMCS Outpatient Department (OPD) Patient Record form (PRF) (see Attachment A, question 14).

The new questions proposed for the National Hospital Ambulatory Medical Care Survey NHAMCS OPD Patient Record form are identical to those approved for collection in the National Ambulatory Medical Care Survey (NAMCS) (OMB 0920-0234), beginning with 2010 data.

A. Justification

1. Circumstances Making the Collection of Information Necessary

In 2009, the National Ambulatory Medical Care Survey (NAMCS) (OMB 0920-0234) pre-tested the addition of laboratory values for tests commonly ordered to monitor cardiovascular fitness, diabetes management, and diabetes detection to the NAMCS Patient Record form (PRF), in response to a request by the American Heart Association (AHA). AHA recommended collecting lipoproteins, blood glucose, and glycohemoglobin to track progress in meeting national goals for heart disease and stroke prevention and management. Due to the success of the 2009 lab value pretest, lab values were permanently added to the 2010 NAMCS PRF to be filled out by certain physician specialties. Because outpatient departments (OPDs) provide similar medical care to physician offices, the addition of questions on laboratory values to the National Hospital Ambulatory Medical Care Survey (NHAMCS) OPD PRF (see Attachment A, question 14) will provide a more complete picture of medical care provided. The new lab value questions will be added to the back of the OPD PRF, and only clinics of certain specialty groups will answer the new questions. The OPD specialty groups that will complete the new lab value questions are general medicine, surgery, pediatrics, and obstetrics & gynecology.

2. Purpose and Use of Information Collection

The collection of laboratory values on the NHAMCS-OPD PRF will allow researchers to better understand the extent to which ambulatory health care providers identify and control abnormal values of lipoproteins, blood sugar, and glycohemoglobin before and after diagnosis of cardiovascular disease. There are no other surveys currently collecting these data from hospital outpatient departments.

12. Estimates of Annualized Burden Hours and Cost

a. Burden Hours

The burden for one complete survey cycle will be 12,112 hours and is summarized in Table 12-A2. The only change in burden is to line 5, completion of the OPD Patient Record form which will increase by 1,280 hours to 3,840 hours.

Table 12-A. Annualized Burden to Respondents

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Response Burden (in hours)
Hospital Chief Executive Officer	Hospital Induction (NHAMCS-101)	482	1	1	482
Ancillary Service Executive	Freestanding ASC Induction (NHAMCS-101FS)	200	1	1.5	300
Ancillary Service Executive	Ambulatory Unit Induction (NHAMCS-101U)	1,779	1	1	1,779
Physician/Registered Nurse/Medical Record Clerk	ED Patient Record form NHAMCS-100 (ED)	225	100	7/60	2,625
Physician/Registered Nurse/Medical Record Clerk	OPD Patient Record form NHAMCS-100 (OPD)	128	200	9/60	3,840
Physician/Registered Nurse/Medical Record Clerk	ASC Patient Record Form NHAMCS-100 (ASC)	208	100	6/60	2,080
Medical Record Clerk	Pulling and re-filing Patient Records (ED, OPD, and ASC)	425	133	1/60	942
Physician/Physician Assistant/Nurse Practitioner/Nurse Midwife	Cervical Cancer Screening Supplement (CCSS) (NHAMCS-906)	255	1	15/60	64
TOTAL					12,112

b. Burden Cost

The average annual response burden cost for the NHAMCS was estimated to be \$491,246 for each survey year, but with the addition of the laboratory values to the OPD PRF, the new average annual burden cost will be \$534,275 (an increase of \$43,029). The only change in the table is for line 5, completion of the OPD Patient Record form.

Table 12-B. Table of Annualized Cost to Respondents:

Type of Respondent	Form Name	Response burden hours	Hourly wage rate	Respondent cost
Hospital Chief Executive Officer	Induction, NHAMCS-101	482	\$148.82	\$71,732
Ancillary Service Executive	Freestanding ASC Induction, NHAMCS-101FS	300	\$72.63	\$21,788
Ancillary Service Executive	Ambulatory Unit Induction, NHAMCS-101U	1,779	\$72.63	\$129,200
Physician/ Registered Nurse/ Medical Record Clerk	ED Patient Record, NHAMCS-100 ED	2,625	\$33.62	\$88,257
Physician/ Registered Nurse/ Medical Record Clerk	OPD Patient Record, NHAMCS-100 OPD	3,840	\$33.62	\$129,101
Physician/ Registered Nurse/ Medical Record Clerk	ASC Patient Record, NHAMCS-100(ASC)	2,080	\$33.62	\$69,933
Medical Record Clerk	Pulling and refiling medical records	942	\$19.24	\$18,292
Physician/Physician Assistant/Nurse Practitioner/ Nurse Midwife	Cervical Cancer Screening Supplement (CCSS), NHAMCS-906	64	\$93.67	\$5,972
TOTAL				\$534,275

15. Explanation for Program Changes or Adjustments

The current approved burden is 10,832 hours. With the addition of laboratory values to the OPD PRF, the burden estimate will increase by 1,280 hours from 10,832 to 12,112 hours.

Attachments:

A. 2010 NHAMCS-100(OPD) with Proposed 2011-2012 Laboratory Values Questions Added