

National Ambulatory Medical Care Survey
Change to

OMB No. 0920-0234
(Expires 02/28/2013)

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National Ambulatory Medical Care Survey (NAMCS)

A1. Circumstances making the collection of information necessary

This request is for a nonsubstantive change to an approved data collection (OMB No. 0920-0234) (expires 02/28/2013), the National Ambulatory Medical Care Survey (NAMCS). On February 26, 2010, OMB approved the NAMCS through the 2012 data collection. The approved supporting statement included permission to modify selected sections of the 2009-2012 surveys through a nonsubstantive change clearance request. Some questions change on a periodic basis to collect new and/or updated information as needed.

Changes

This change request seeks the following approvals:

- Modify items on the Electronic Medical Record (EMR)/Electronic Health Record (EHR) mail survey
- Change components of the current Physician Induction Interview (NAMCS-1) by (a) modifying EMR/EHR questions to mimic changes to the above mail survey, and (b) add items that tap the physician offices' ability to perform certain diagnostic tests
- Remove the six cancer stage checkboxes from section 5b on the 2010 Patient Record form (PRF), and replace them with a checkbox measuring cerebrovascular disease/history of stroke or transient ischemic attack

The new questions for the 2011 NAMCS are highlighted in Attachment 1.

A2. Purpose and use of information collection

Electronic Medical Record (EMR)/Electronic Health Record (EHR) Mail Survey Items

To assist in measuring the progress of meeting the President's goal for most Americans to have access to an interoperable EHR by 2014, NCHS will continue to field the EMR/EHR mail survey first conducted in 2008. The EMR/EHR mail survey is sponsored by the Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services (DHHS). With the implementation of the Health Information Technology for Economic and Clinical Health (HITECH) Act, ONC wished to have estimates of EMR/EHR adoption rates faster than the earlier model, which combined the responses to the mail survey with those of the core NAMCS, a process that could take up to 14 months from the end of the core data collection. Additionally, it is important for ONC to measure adoption rates by state in order to better evaluate and understand the impact of key HITECH programs and to obtain state baseline estimates that can be used to develop programs and approaches to support providers becoming meaningful users of EMR/EHRs in 2011 and beyond. Earlier this year, OMB approved a sample increase to 10,302 mail surveys.

All of the new questions on the 2011 EMR/EHR mail survey will help guide the policymaking process surrounding Stage II meaningful use. The meaningful use rule is part of a coordinated set of regulations to help create a private and secure 21st century electronic health information

system. ONCs criteria for meaningful use will be implemented in three stages. Specifically, Stage 1 will begin in 2011; Stage 2 will begin in 2013, and will add more requirements and new reports; and Stage 3 will begin in 2015 and is expected to add more requirements. The information obtained from the new EMR/EHR questions (checking insurance eligibility electronically, questions related to information exchange, and the new EHR functionality questions) will provide great value to ONC and NCHS. The proposed questions will not increase the survey burden for physicians; that is, for each question that will be added, we will remove or alter an existing question in order to keep the survey length constant.

Revisions to the NAMCS Physician Induction Interview form (NAMCS-1)

NCHS also proposes to modify current EMR/EHR questions on the NAMCS-1 induction interview for 2011 so they are the same as the proposed changes to 2011 mail survey, as described above. Having EMR/EHR items the same as those collected on the NAMCS-1 and the mail survey will allow more reliable estimates to be created.

Five diagnostic tests will be added to the NAMCS-1 induction interview for 2011. The ability of each physician's office to perform a specific test will be determined during the induction interview portion of NAMCS. Each sampled physician will be asked if a particular office location has the ability to perform a particular test on-site, or if the patient has to go to another location to have the test performed.

Patient Record form Revisions

Finally, NCHS proposes to remove the six cancer stage checkboxes from section 5b on the 2010 Patient Record form (PRF), and replace them with a single checkbox measuring cerebrovascular disease/history of stroke or transient ischemic attack.

A8. Consultation Outside the Agency

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Attachments

Attachment 1. 2011 NAMCS Changes