## Request for Approval of a Non-Substantive Change:

# National Hospital Ambulatory Medical Care Survey

OMB No. 0920-0278 (Expires 08/31/2012)

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## National Hospital Ambulatory Medical Care Survey (NHAMCS)

## A1. Circumstances making the collection of information necessary

This request is for a nonsubstantive change to an approved data collection (OMB No. 0920-0278) (expires 08/31/2012), the National Hospital Ambulatory Medical Care Survey (NHAMCS). On August 7, 2009, NHAMCS was approved to collect data for the three years – 2010, 2011, and 2012. The approved supporting statement included permission to modify selected sections of the 2010-2012 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 for the 2011-2012 NHAMCS:

- Discontinue the Cervical Cancer Screening Supplement (NHAMCS-906) and remove questions related to the supplement from the Ambulatory Unit Record (NHAMCS-101U).
- Change components of the current Hospital Induction Interview (NHAMCS-101) and Freestanding Ambulatory Surgery Center Induction Interview (NHAMCS-101FS) by modifying electronic medical record/electronic health record (EMR/EHR) questions.
- Remove the six cancer stage checkboxes from section 5b on the 2010 Outpatient Department Patient Record form (PRF) (NHAMCS-100 (OPD)).
- Change the wording of the "cerebrovascular disease" checkbox on the OPD PRF as well as the ED PRF (NHAMCS-100 (ED) to "cerebrovascular disease/history of stroke or transient ischemic attack".

#### A2. Purpose and use of information collection

### **Cervical Cancer Screening Supplement**

The Cervical Cancer Screening Supplement (CCSS), fielded since 2006, was sponsored by CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to evaluate adherence to recent national guidelines from 2006 to 2010. Because the supplement will no longer be administered, we seek permission to discontinue the supplement and remove related questions from the Ambulatory Unit Induction form (see Attachment 1, Section A).

#### Electronic Medical Record (EMR)/Electronic Health Record (EHR) Questions

The hospital and freestanding ambulatory surgery center induction forms (NHAMCS-101 and NHAMCS-101FS) contain questions about the facility's electronic medical record capabilities. Some of the approved questions will be modified (see Attachment 1, Section B for questions to be added or deleted). The new questions on the 2011 forms will help guide the policymaking process surrounding Stage 2 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. The Office of the National Coordinator's (ONC) 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. These modifications will also be added to the National Ambulatory Medical Care Survey (NAMCS) Mail Survey. The proposed changes will not increase the survey burden for facilities; 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.

#### Patient Record form Revisions

To improve the utility of the data items, NCHS proposes to remove the six cancer stage checkboxes from section 5b on the 2010 OPD PRF. An existing OPD PRF checkbox "Cerebrovascular disease" will be expanded to include "/History of stroke or transient ischemic attack (TIA)." An existing ED PRF checkbox "Cerebrovascular disease/History of stroke" will be expanded to include "or transient ischemic attack (TIA)." (see Attachment 1, Section C)

## A8. Consultation Outside the Agency

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#### Attachments

Attachment 1. 2011 NHAMCS Changes