

Request for Approval of a Non-Substantive Change:

National Hospital Ambulatory Medical Care Survey

OMB No. 0920-0278
(Expires 12/31/2014)

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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 12/31/2014), the National Hospital Ambulatory Medical Care Survey (NHAMCS). On December 2, 2011, NHAMCS was approved to collect data for the three years – 2012, 2013, and 2014 – from emergency departments (EDs), outpatient departments (OPDs), and ambulatory surgery locations (ASLs). The current request seeks to modify the project to:

- discontinue a supplemental sample of hospital that obtained selected state-based Emergency Department (ED) estimates in 2012;
- temporarily discontinue the collection of data from freestanding ambulatory surgery centers (FSASCs); and
- make minor changes in survey content.

Due to the discontinuations mentioned above, the burden will decrease from 10,017 hours to 8,392 average hours per year.

A2. Purpose and use of information collection

Extra Sample for ED state-based estimates

On December 2, 2011, OMB approved a full revision with the following: “In 2012, NHAMCS will include an additional 167 hospitals in order to obtain state-based estimates of the care provided in emergency departments in the five most populous states (California, Texas, New York, Florida, and Illinois). This additional sample is part of an effort sponsored by the Department of Health and Human Services (DHHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) to better monitor the role of EDs and the care that they provide as health care reform in the United States proceeds. State-based estimates will provide both baseline and ongoing information about the status of EDs and ED care as policy changes are implemented.”

We were able to collect the 2012 data. The supplement, funded by ASPR, was slated to collect one year of estimates, but, we had thought that it might continue. However, no further funding was designated by ASPR to continue the supplement in 2013.

Freestanding Ambulatory Surgery Centers (FSASCs)

NHAMCS has been collecting data from hospital-based and freestanding ambulatory surgery centers (FSASCs) for several years, after taking it over from the National Hospital Discharge Survey. The current sampling frame for FSASCs dates back to 2006. These facilities are in a great state of flux and many of them have since changed or closed. A new sampling frame will allow for better response rates and a more accurate account of FSASCs. We are proposing to have a hiatus on FSASCs starting in 2013; the sampling frame for FSASCs will then be integrated into the new National Hospital Care Survey (0920-0212) as soon as practically possible.

Minor Survey Content Changes

The request also seeks to make small changes to the NHAMCS survey content. The largest number of changes is to questions on electronic health record (EHR) use in the hospital (Hospital Induction Instrument, Attachment A). For example, there is a long list asking about the availability of computerized capabilities. A few potential capabilities have been cycled out and some new potential capabilities were added in. The addition of questions or items is indicated by shading and questions that are deleted are indicated by striking through the text. These questions are sponsored by the Office of the National Coordinator for Health Information Technology (ONC), DHHS. OMB will be asked to approve identical EHR questions of physicians in the National Ambulatory Medical Care Survey (NAMCS, OMB No. 0920-0234). EHR data from NHAMCS and NAMCS will help ONC monitor the adoption of EHR in ambulatory care settings. Additional changes to induction questions were made in order to clarify the wording of questions or modify answer choices to improve data quality.

Minor changes were also made to the Patient Record forms (PRFs) for the ED, OPD and ASL. On the Emergency Department form, under Patient Information, the variable field “ED Discharge” was relabeled as “ED Departure.” This change was made in order to include visits where the patient was released or transferred from the ED without being admitted as an inpatient. For the Ambulatory Surgery form, dates of surgery were added next to surgery times. For the Outpatient Department form, a checkbox for “STD Prevention” was added to the Services list under Health Education. Serum Creatinine was added under Tests in the OPD form and Test Results in the OPD Lookback module to collect data on the patient’s prior creatinine lab results. Lastly, the cancer stages checkboxes were deleted from the list of the patient’s current conditions in the OPD form. The reasons for the OPD Patient Record form changes are described below.

STD Prevention

The checkbox for “STD prevention” will be added under Health Education as these diseases still remain a major public health challenge in the United States. Because one of CDC’s missions is to conduct research on STD prevention, including this checkbox will assist NCHS and researchers monitoring patient education on STDs that is provided in Outpatient Departments and inform strategies to support STD prevention programs.

Serum Creatinine

At the request of the American Society of Nephrology (ASN), NHAMCS will add the collection of serum creatinine to the Tests section on the OPD Patient Record form and to the Test Results on the Lookback Module. This addition will allow researchers to better understand and effectively treat kidney disease, which is the 8th leading cause of death in the United States. Collecting data on creatinine measurement in NHAMCS will generate a critical resource for investigators studying prevalence, management, and treatment of kidney disease patients in community settings. This information can be used to better understand practice patterns in order to enhance understanding of kidney disease in a number of ways. For instance, researchers could better understand how certain types of physician practices are able to slow progression of chronic kidney disease and prevent the development of End Stage Renal Disease (ESRD).

Cancer Stages

The cancer stages (e.g., in situ, stage 1, stage 2, etc.) on the Patient Record form will be removed. These variables were added with funding from CDC’s National Center for Chronic Disease Prevention Health Promotion (NCCDPHP) for a predetermined period of time in an effort to obtain more complete data on visits made to oncologists. NCCDPHP did not fund collection after 2012.

A12. Estimates of Annualized Burden Hours and Cost

a. Burden Hours

The burden table has been updated to reflect the removal of two lines; one for the FSASCs and the second for the additional supplement of hospitals for ED estimates. Thus, Lines 2 and 3 from the previous burden statement were removed. In the current table, the burden in line 2 was reduced because we will be interviewing fewer ED ambulatory units as a result of discontinuing the ED-only hospital sample. The burden in lines 3, 5, and 6 was reduced because we will be collecting fewer ED and AS PRFs. No additional burden was added for the minor content changes to the survey forms.”

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	482	1	1.5	723
Ancillary Service Executive	Ambulatory Unit Induction	1,779	1	15/60	445
Physician/ Registered Nurse/ Medical Record Clerk	ED Patient Record form	113	100	7/60	1,318
Physician/ Registered Nurse/ Medical Record Clerk	OPD Patient Record form	78	200	14/60	3,640
Physician/ Registered Nurse/ Medical Record Clerk	AS Patient Record Form	54	100	7/60	630
Medical Record Clerk	Pulling and re-filing Patient Records (ED, OPD, and AS)	730	133	1/60	1,618
Ancillary Service Executive - Reabstraction	Reabstraction Telephone Call	72	1	5/60	6

Medical Record Clerk - Reabstraction	Pulling and re- filing Patient Records (ED, OPD, and AS)	72	10	1/60	12
				Total	8,392

13. Estimates of Other Total Annual Cost Burden to Respondents and Record keepers

There are no annual capital or maintenance costs to the respondent resulting from the collection of information for this project.

15. Explanation for Program Changes or Adjustments

The current approved burden is 10,017 hours. The proposed changes to the 2013 survey will reduce the burden to the respondent by 1,625 hours, resulting in a final burden of 8,392 hours.

Attachment

Attachment A. 2013 NHAMCS Hospital Induction Questionnaire