**Attachment A1**

**Changes to 2014 NAMCS Physician Induction Interview (NAMCS-1)**

Please note that the numbers used below are used to indicate skip patterns. The questions in the computerized instrument are not numbered. The eligibility questions have been modified based on the responding sampled provider: traditional, office-based physicians vs. community health center provider. Also, proposed changes are indicated in **RED**.

● Modified Survey Eligibility-Questions for Traditional Physician

**Old**

|  |  |
| --- | --- |
| 8a. Do you directly care for any ambulatory patients in your work? | * Yes – *SKIP to item 8c*
* No – does not give direct care *[8b PROBE]*
* No longer in practice – *SKIP to closing*
 |
| 8b. *PROBE*: We include as ambulatory patients, individuals receiving health services without admission to a hospital or other facility. Does your work include any such individuals? | * Yes, cares for ambulatory patients
* No – does not give direct care – *Determine reason, then read closing statement*
 |
| 8c. Do you work as an employee or a contractor in a federally operated patient care setting or in a hospital emergency or outpatient department? | * Yes
* No – *SKIP to next page*
 |
| 8d. In addition to working in a federally operated patient care setting, hospital emergency or outpatient department, do you also see any ambulatory patients in another setting? | * Yes
* No – *SKIP to closing statement*
 |

**New**

|  |  |
| --- | --- |
| 8a. Do you directly care for any ambulatory patients in your work? | * Yes – *SKIP to item 8c*
* No – does not give direct care *[8b PROBE]*
* No longer in practice – *SKIP to closing*
 |
| 8b. *PROBE*: We include as ambulatory patients, individuals receiving health services without admission to a hospital or other facility. Does your work include any such individuals? | * Yes, cares for ambulatory patients
* No – does not give direct care – *Determine reason, then read closing statement*
 |
| 8c. Do you work as an employee or a contractor in a federally operated patient care setting **(e.g., VA, Military, prison)** or in a hospital emergency or outpatient department? | * Yes
* No – *SKIP to* ***item 8e***
 |
| 8d. In addition to working in a federally operated patient care setting, hospital emergency or outpatient department, do you also see any ambulatory patients in another setting **(e.g., office based practice or community health center)?** | * Yes
* No – *SKIP to closing statement*
 |
| **8e. Do you work in an office-based practice owned by a hospital?** | * Yes
* No
 |

● Modified Survey Eligibility-Questions for Community Health Center Provider

**Old**

|  |  |
| --- | --- |
| 8a. Do you directly care for any ambulatory patients in your work? | * Yes – *SKIP to item 8c*
* No – does not give direct care *[8b PROBE]*
* No longer in practice – *SKIP to closing*
 |
| 8b. *PROBE*: We include as ambulatory patients, individuals receiving health services without admission to a hospital or other facility. Does your work include any such individuals? | * Yes, cares for ambulatory patients
* No – does not give direct care – *Determine reason, then read closing statement*
 |
| 8c. Do you work as an employee or a contractor in a federally operated patient care setting or in a hospital emergency or outpatient department? | * Yes
* No – *SKIP to next page*
 |
| 8d. In addition to working in a federally operated patient care setting, hospital emergency or outpatient department, do you also see any ambulatory patients in another setting? | * Yes
* No – *SKIP to closing statement*
 |

**New**

|  |  |
| --- | --- |
| 8a. Do you directly care for any ambulatory patients in your work? | * Yes – *SKIP to next page*
* No – does not give direct care *[8b PROBE]*
* No longer in practice – *SKIP to closing*
 |
| 8b. *PROBE*: We include as ambulatory patients, individuals receiving health services without admission to a hospital or other facility. Does your work include any such individuals? | * Yes, cares for ambulatory patients
* No – does not give direct care – *Determine reason, then read closing statement*
 |
| 8c. Do you work as an employee or a contractor in a federally operated patient care setting or in a hospital emergency or outpatient department? | * Yes
* No – *SKIP to item 9a on page 4*
 |
| 8d. In addition to working in a federally operated patient care setting, hospital emergency or outpatient department, do you also see any ambulatory patients in another setting? | * Yes
* No – *SKIP to item 12 on page 4*
 |

● Modified-Does your practice have the ability to perform any of the following on site (at this in-scope location)?

**Old** **New**

|  |  |
| --- | --- |
| **Answer list**1. EKG/ECG
2. Lab testing
3. Spirometry
4. Ultrasound
5. X-Ray
 | **Answer list**1. EKG/ECG
2. **Phlebotomy**
3. Lab testing **(not including urine dipstick, urine pregnancy, fingerstick blood glucose and rapid swab testing for infectious diseases)**
4. Spirometry
5. Ultrasound
6. X-Ray
 |