Attachment C1-2014 NAMCS Induction Interview

A. Telephone Screener Questions

SPECVER

(your/Physician name's) specialty is (Specialty)
Is that right?

1. Yes
2. No

PRV_SPEC

What is your (your/Physician name's) specialty (including general practice)?

- Enter "XXX" if specialty not found

PRV_SPEC_SP

- Enter verbatim response for specialty

PRVETHN

What is (your/Physician name's) ethnicity?

1. Hispanic or Latino
2. Not Hispanic or Latino

RACE

What is (your/Physician name's) race?

- Enter all that apply, separate with commas

1. White
2. Black/African-American
3. Asian
4. Native Hawaiian/Other Pacific Islander
5. American Indian/Alaska Native

PROFACT

Which of the following categories best describes (your/Physician name's) professional activity - patient care, research, teaching, administration, or something else?

1. Patient Care

2. Research

3. Teaching

4. Administration

5. Something else - Specify

PROFACT_SP

* Specify

AMBCARE

? [F1]

(Do/Does) (you/physician's name) directly care for any ambulatory patients in (Your/ his/her) work?

1. Yes

2. No - does not give direct care

3. No longer in practice

VERIF9A

? [F1]

We include as ambulatory patients individuals receiving health services without admission to a hospital or other facility. Does (your/Physician name's) work include any such individuals?

1. Yes, cares for ambulatory patients

2. No, does not give direct care

VERIF9a_SP

* Specify

FED

? [F1]

(Do/Does) (you/physician's name) 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?

1. Yes
2. No

PRIVPAT

? [F1]

In addition to working in a federally operated patient care setting, hospital emergency or outpatient
department, (do/does) (you/physician's name) also see any ambulatory patients in another
setting (e.g., office based practice or community health center)?

1. Yes
2. No

HOSPRIVPAT

(do/does) (you/physician's name) work in an office-based practice owned by a hospital?

1. Yes
2. No

REMINDER

- Although the provider works in a federal patient care setting, please make sure the respondent is aware that all of the following questions are concerned with their private patients.

1. Enter 1 to Continue

ADDCHECK

We have (your/Physician name's) address as
(Address)

Is that the correct address for your office?

1. Yes
2. No, update address

NEW_PINFO

What is the correct address and phone number?

* Enter 1 to update the address and phone

1. Enter 1 to update information
2. Continue

THANK_OOS

**Thank you, (Respondent's name/Physician's name), but I believe that since (you/physician's name) (do/does) not (practice any longer/see any ambulatory patients), our questions would not be appropriate for you.
I appreciate your time and interest.**

1. Enter 1 to Continue

WHYNO_PRACT

* Why isn't the doctor practicing?

1. Retired
2. Not licensed
3. Temporarily not practicing
4. Other

INDUCT_APPT

I would like to arrange an appointment with you within the next week or so to discuss the study. It will take about 30 minutes. What would be a good time for you, before Friday, (Friday before the reference week)?

(Enter 999 to start the induction now)

INDUCT_RESP

* Did the physician give you an alternate contact for the induction interview?

1. Yes
2. No

WHO_RESP

* Who?

1. Record new contact person
2. Continue interview

SCR_THANK

Thank you, (Respondent's name/Physician's name).

1. Enter 1 to Continue

PHYSCHEDULE

- Press ALT-F11 to enter/update physician's schedule

1. Enter 1 to Continue

PIISPEC

** NOT DISPLAYED **

PIISPECB

** NOT DISPLAYED **

INDUCT_INTRO

Before we begin, I'd like to give you some background about this study.

Medical researchers and educators are especially interested in topics like medical education, health workforce needs, and the changing nature of health care delivery. The National Ambulatory Medical Care Survey (or NAMCS) was developed to meet the need for such information.

The Centers for Disease Control and Prevention works closely with members of the medical profession to design the NAMCS each year. The NAMCS supplies essential information about how ambulatory medical care is provided in the United States, and how it is utilized by patients.

Your part in the study is very important and should not take much of your time. It consists of your participation during a specified 7-day period. During that time, you would supply a minimal amount of information about the patients you see.

First, I have some questions to ask about your practice. Your answers will only be used to provide data on the characteristics of office-based practices in the U.S. Any and all information you provide for this study will be kept confidential.

1. Enter 1 to Continue

NUMLOC

Overall, at how many office locations, (do/does) (you/physician's name) see ambulatory patients? Do not include settings such as EDs, outpatient departments, surgicenters, and Federal clinics.

NOPATSEN

In a typical year, about how many weeks (do/does) (you/physician's name) NOT see any ambulatory patients (e.g., conferences, vacations, etc.)?

LTHALF

(You/physician's name) typically (see/sees) patients fewer than half the weeks in each year. Is that correct?

1. Yes
2. No

LTHALF_SP

Please explain

ALLYEAR

(You/physician's name) typically (see/sees) patients all 52 weeks of the year.
Is that correct?

    1. Yes
    2. No

ALLYEAR_SP

- Please explain

SEEPAT

? [F1]

This study will be concerned with the AMBULATORY patients (you/physician's name) will see in (Your/ his/her) (office/offices) during the week of Monday, (Reporting period begin date) through Sunday, (Reporting period end date).

(Are/Is) (you/physician's name) likely to see any ambulatory patients in (Your/ his/her) (office/offices) during that week?

- For allergists, family practitioners, etc. - if routine care such as allergy shots, blood pressure checks, and
  so forth will be provided by staff in physician's absence, enter "Yes."

    1. Yes
    2. No

WHYNOPAT

? [F1]

Why is that?

- Enter verbatim response

CHECK_BACK

? [F1]

Since it's very important that we include any ambulatory patients that (you/physician's name) might see in (Your/ his/her) office during that week, I'll check back with your office just before (Reporting period begin date) to make sure (Your/ his/her) plans have not changed.

  ⬧ Even though the physician/provider is not available during the reporting week, continue with the induction

1. Enter 1 to Continue

FOLIO_NUM

  ⬧ Give the folio to the doctor and enter the folio number

OFFICE_NUM

  ** Show only **

DEL_OFFICE

  ⬧ Enter 97 to delete this office/Office entered by mistake

OFFSTRET

  (At what office location(s) will you see ambulatory patients during your practice's 7-day reporting period Monday, ^BEGIN_DATE through Sunday, ^END_DA

  ⬧ Enter 999 for no more

OFFICE_CITY

  In what city is this office located?

OFFICE_ST

  In what state is this office?

OFFICE_ZIP

  What is the zip code for this office?

LOCTYPE

  ⬧

Enter location/address type

1. Main Office address
2. Alternative/2nd office address
3. Home office
4. Home
5. Unknown

CUR_OFFICE

◆ Which office is the current office?

1. ^OFF1
2. ^OFF2
3. ^OFF3
4. ^OFF4
5. ^OFF5

OFFICE_NUM

** Show only **

OFFSTRET

** Show only **

OFFICETYP

📖 B

Looking at this list, choose ALL of the type(s) of settings that describe the office at (Office location).

◆ If in doubt about any clinic/facility/institution, PROBE -

Is this/that clinic/facility/institution part of a hospital emergency department or an outpatient department?   If yes, select 2 or 4

Is this/that clinic/facility/institution part operated by the Federal Government?   If yes, select 12

1. Private solo or group practice
2. Hospital emergency department
3. Freestanding clinic/urgicenter (not part of a hospital outpatient department)
4. Hospital outpatient department
5. Community Health Center (e.g. Federally Qualified Health Center (FQHC), federally funded clinics or 'look alike'
6. Ambulatory surgicenter
7. Mental health center
8. Institutional setting (school infirmary, nursing home, prison)
9. Non-federal Government clinic (e.g., state, county, city, maternal and child health, etc)
10. Industrial outpatient facility
11. Family planning clinic (including Planned Parenthood)
12. Federal Government operated clinic (e.g., VA, military, etc.)
13. Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)
14. Laser vision surgery
15. Faculty practice plan

FREESTAND_PROBE

Is this/that clinic in an institutional setting, in an industrial outpatient facility, or operated by the Federal Government?

1. Yes
2. No

FAMPLAN_PROBE

Is this/that clinic operated by the Federal Government?

1. Yes
2. No

SCOPE

** Not displayed **

NUMOFFIN

** Not displayed **

OTHLOC

Are there other office locations where (you/physician's name) NORMALLY would see patients, even though (you/physician's name) will not see any during (Your/ his/her) 7-day reporting period? Do not include settings such as EDs, outpatient departments, surgicenters, and Federal clinics.

    1. Yes

    2. No

OTHLOCVS

Of these locations where (you/physician's name) will not be seeing patients during (Your/ his/her) 7-day reporting period, how many total <u>office visits</u> did (you/physician's name) have during (Your/ his/her) last week of practice at these locations?

CKITEMB

** NOT DISPLAYED **

OOS_THANK2

Thank you, (Respondent name) your practice is not within the scope of this study.
We appreciate your time and interest.

    1. Enter 1 to Continue

ESTDAYS

ESTDAYS fill

> <u>In-scope locations</u>
>   (In-scope locations)

OFFICE_NUM

** Show only **

OFFSTRET

** Show only **

ESTVIS

During (Your/ his/her) last normal week of practice, approximately how many office visit encounters did (you/physician's name) have at each office location?

- If physician is in group practice, only include the visits to sampled physician.

SAME

During the week of Monday, (Reporting period begin date) through Sunday (Reporting period end date), (do/does) (you/physician's name) expect to have about the same number of visits as (you/physician's name) saw during (Your/ his/her) last normal week in each office taking into account time off, holidays, and conferences?

1. Yes
2. No

ESTVISP

Approximately how many ambulatory visits (do/does) (you/physician's name) expect to have at this office location?

ESTTOTVS

** NOT DISPLAYED **

ESTTOTVS_LW

** NOT DISPLAYED **

OFFICE_NUM

** Show only **

OFFSTRET

** Show only **

SOLO

Now, I'm going to ask about (your/Physician name's) practice at (Office location).

(Do/Does) (you/physician's name) have a solo practice, or (are/is) (you/physician's name) associated with other physicians in a partnership, in a group practice, or in some other way at this location?

1. Solo
2. Nonsolo

OTHPHY

How many physicians are associated with (you/physician's name) at (Office location)?

MULTI

Is this a single- or multi-specialty (group) practice at (Office location)?

1. Multi-specialty practice
2. Single-specialty practice

MIDLEV

How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with (you/physician's name) at (Office location)?

OWNERSH

(Are/Is) (you/physician's name) a full- or part-owner, employee, or an independent contractor at (Office location)?

1. Full-owner
2. Part-owner
3. Employee
4. Contractor

OWNS

A

Who owns the practice at (Office location)?

1. Physician or Physician group
2. Insurance company, health plan, or HMO
3. Community Health Center
4. Medical/Academic health center
5. Other hospital
6. Other health care corporation
7. Other

ONSITE_EKG

Does (your/Physician name's) practice have the ability to perform any of the following on site at (Office location)?

EKG/ECG

1. Yes
2. No
3. Don't know

ONSITE_PHLEB

Does (your/Physician name's) practice have the ability to perform any of the following on site at (Office location)?

Phlebotomy

1. Yes
2. No
3. Don't know

ONSITE_LAB

Does (your/Physician name's) practice have the ability to perform any of the following on site at (Office location)?

Lab testing (not including urine dipstick, urine pregnancy, fingerstick blood glucose, or rapid swab testing for infectious diseases)

1. Yes
2. No
3. Don't know

ONSITE_SPIRO

Does (your/Physician name's) practice have the ability to perform any of the following on site at (Office location)?

Spirometry

1. Yes
2. No
3. Don't know

ONSITE_ULTRA

Does (your/Physician name's) practice have the ability to perform any of the following on site at (Office location)?

Ultrasound

1. Yes
2. No
3. Don't know

ONSITE_XRAY

Does (your/Physician name's) practice have the ability to perform any of the following on site at (Office location)?

X-Ray

1. Yes
2. No
3. Don't know

PATEVEN

(Do/Does) (you/physician's name) see patients in the office during the evening or on weekends at (Office location)?

1. Yes
   2. No
   3. Don't know

NPI

? [F1]

What is (your/Physician name's) National Provider Identifier (NPI) at (Office location)?

FEDTXID

? [F1]

What is (your/Physician name's) Federal Tax ID Identifier at (Office location)?

WKHOURS

During (your/Physician name's) last normal week of practice, how many hours of direct patient care did (you/physician's name) provide?

Direct patient care includes: Seeing patients, reviewing tests, preparing for and performing surgery/procedures, providing other related patient care services.

NHVISWK

During (Your/ his/her) last normal week of practice, about how many encounters of the following type did (you/physician's name) make with patients:

Nursing home visits

HOMVISWK

During (Your/ his/her) last normal week of practice, about how many encounters of the following type did (you/physician's name) make with patients:

Other home visits

HOSVISWK

During (Your/ his/her) last normal week of practice, about how many encounters of the following type did (you/physician's name) make with patients:

Hospital visits

TELCONWK

During (Your/ his/her) last normal week of practice, about how many encounters of the following type did (you/physician's name) make with patients:

Telephone consults

ECONWK

During (Your/ his/her) last normal week of practice, about how many encounters of the following type did (you/physician's name) make with patients:

Internet/e-mail consults

PRIMARY_OFFICE

+ There is more than 1 office with the same number of "most" visits. Please ask which office the physician/provider routinely has the most visits.

1. ^BlkInduction.TblOFFICE1.BlkOffice1.OFFSTRET[1]
2. ^BlkInduction.TblOFFICE1.BlkOffice1.OFFSTRET[2]
3. ^BlkInduction.TblOFFICE1.BlkOffice1.OFFSTRET[3]
4. ^BlkInduction.TblOFFICE1.BlkOffice1.OFFSTRET[4]
5. ^BlkInduction.TblOFFICE1.BlkOffice1.OFFSTRET[5]

MOSTVIS_INTRO

The next set of questions pertain to characteristics of the sampled physician's healthcare workforce, including physicians and other allied health care providers.

1. Enter 1 to Continue

NUMPH

If one location listed, display the following:

[NUMPH_FILL] How many physicians, including you, are associated with this <u>practice</u>? Please include physicians at [OFFICE_MOST], and physicians at any other locations of this practice.

If two or more locations listed, display the following text and questions:

[NUMPH_FILL] The next questions are about the location where you have the most office visits. How many physicians, including you, are associated with that practice? Please include physicians at [OFFICE_MOST], and physicians at any other locations of that practice.]

1. 1 physician
2. 2-3 physicians
3. 4-10 physicians
4. 11-50 physicians
5. 51-100 physicians
6. More than 100 physicians

PCMH

Is your practice <u>certified</u> as a patient-centered medical home?

CERT_WHO

By whom is your practice certified as a patient-centered medical home?

- Enter all that apply, separate with commas

NCQALEVEL

What is the level of certification for the National Committee for Quality Assurance (NCQA)?

PCMH_OTH

Please specify the name of the other organization that certifies your practice as a patient-centered medical home.

MD_DO_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

-

Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
Please provide the total number of full-time and part-time providers.
Please include the sampled provider in the total count of staff below.

Full-time physicians (include MDs and DOs)?

MD_DO_PT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Part-time physicians (include MDs and DOs)?

PA_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Full-time Physician Assistants (PA)?

PA_PT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Part-time Physician Assistants (PA)?

NP_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.

Full-time Nurse Practitioners (NP)?

NP_PT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

-

Part-time Nurse Practitioners (NP)?

CNM_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

-

Full-time Nurse Practiticioners (NP)?

CNM_PT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

-

Part-time Certified Nurse Midwives (CNM)?

RN_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

-

Full-time Registered Nurses (RN) (not an NP or CNM)?

RN_PT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Part-time Registered Nurses (RN) (not an NP or CNM)?

LPN_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Full-time Licensed Practical Nurses (LPN)?

CNA_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Full-time Certified Nursing Assistants/Aides (CNA)?

MA_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Full-time Medical Assistants (MA)?

RT_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.
  Full-time Radiology Technicians (RT)?

LT_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

  Full-time Laboratory Technicians (LT)?

PT_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

  Full-time Physical Therapists (PT)?

PH_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

  Full-time Pharmacists (PH)?

DN_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location

where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Full-time Dieticians/Nutritionists (DN)?

MH_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Full-time Mental Health Providers (MH)?

HEC_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Full-time Health Educators/Counselors (HEC)?

CSW_FT

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

Full-time Case Managers (not RNs)/Certified Social Workers (CSW)?

CHW_FT

H

How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at the office location where you have the most office visits?

- Full-time is 30 or more hours per week. Part-time is less than 30 hours per week.
  Please provide the total number of full-time and part-time providers.
  Please include the sampled provider in the total count of staff below.

  Full-time Community Health Workers (CHW)?

TASK_BODY

At the office location where you see the most patients, which type of provider <u>most commonly</u> performs the following tasks?

- The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

  Enter all that apply, separate with commas

  Records Body Measurements (such as height and weight) and vital signs (such as blood pressure, temperature, and heart rate)

   1. Physicians (MD and DO)
   2. Physician Assistants (PA)
   3. Nurse Practiticioners (NP)
   4. Certified Nurse Midwives (CNM)
   5. Registered Nurses (RN)
   6. Licensed Practical Nurses (LPN)
   7. Certified Nursing Assistants/Aides (CNA)
   8. Medical Assistants (MA)
   9. Radiology Technicians (RT)
  10. Laboratory Technicians (LT)
  11. Physical Therapists (PT)
  12. Pharmacists (PH)
  13. Dieticians/Nutritionists (DN)
  14. Mental Health Providers (MH)
  15. Health Educators/Counselors (HEC)
  16. Case Managers (not RNs)/Certified Social Workers (CSW)
  17. Community Health Workers (CHW)
  18. Task is not performed in this office
  19. Reserved for future additions
  20. Unknown

TASK_TEST

At the office location where you see the most patients, which type of provider most commonly performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Office-based testing such as EKG and hearing/vision testing (do not include laboratory testing)

TASK_BLOOD

At the office location where you see the most patients, which type of provider most commonly performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Draws blood for lab testing

TASK_IMMUN

At the office location where you see the most patients, which type of provider most commonly performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Provides immunizations (includes both childhood and adult)

TASK_SCREEN

At the office location where you see the most patients, which type of provider most commonly performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Conducts cancer screenings (such as breast, cervical, and prostate screenings)

TASK_BEHAV

At the office location where you see the most patients, which type of provider <u>most commonly</u> performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Provides behavioral health screenings (such as depression, alcohol and substance abuse)

TASK_COUNSEL

At the office location where you see the most patients, which type of provider <u>most commonly</u> performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Provides counseling services (such as diet/nutrition, weight reduction, tobacco cessation, stress management

TASK_ROUT

At the office location where you see the most patients, which type of provider <u>most commonly</u> performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Manages the routine care of patients with chronic conditions (such as hypertension, asthma, diabetes)

TASK_REFILL

At the office location where you see the most patients, which type of provider <u>most commonly</u> performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Writes refill prescriptions for medications

TASK_ENTER

At the office location where you see the most patients, which type of provider <u>most commonly</u> performs the following tasks?

◆ The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Enters patient information into medical/billing records

TASK_IMAGE

At the office location where you see the most patients, which type of provider <u>most commonly</u> performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Performs imaging tests (such as X-rays and ultrasounds)

TASK_REF

At the office location where you see the most patients, which type of provider <u>most commonly</u> performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Enter all that apply, separate with commas

Makes referrals (for example, to specialty care, or to community-based services)

TASK_CONTACTS

At the office location where you see the most patients, which type of provider <u>most commonly</u> performs the following tasks?

The providers listed below are generated from the previous staffing question. If any providers in your office are missing, please go back to the staffing question and check the appropriate box(es).

Contacts patients, who are transitioning from the hospital or a nursing home back to the community

PA_SUP

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Physician Assistant

Are PA(s) supervised by someone on-site?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

PA_SIGN

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Physician Assistant

Do you sign-off on the medical records of the patients the PA(s) see(s)?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

PA_LOG

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Physician Assistant

Do the PA's patients have a separate log from your patients?

1. Yes, always
2. Yes, sometimes

3. No

4. Unknown/Not Applicable

PA_APPROVAL

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Physician Assistant

Is your approval required before the PA(s) prescribe(s) medication?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

NP_SUP

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Nurse Practicioner

Are NP(s) supervised by someone on-site?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

NP_SIGN

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Nurse Practicioner

Do you sign-off on the medical record of the patients the NP(s) see(s)?

1. Yes, always
2. Yes, sometimes
3. No

4. Unknown/Not Applicable

NP_LOG

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Nurse Practicioner

Do the NP's patients have a separate log from your patients?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

NP_APPROVAL

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Nurse Practicioner

Is your approval required before the NP(s) prescribe(s) medication?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

NP_BILL

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Nurse Practicioner

Do/does the NP(s) bill for services using their own NPI number?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

CNM_SUP

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Certified Nurse Midwife

Are CNM(s) supervised by someone on-site?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

CNM_SIGN

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Certified Nurse Midwife

Do you sign-off on the medical record of the patients the CNM(s) see(s)?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

CNM_LOG

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Certified Nurse Midwife

Do the CNM's patients have a separate log from your patients?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

CNM_APPROVAL

The following questions concern the mid-level providers practicing at the location where you have the

most office visits.

Certified Nurse Midwife

Is your approval required before the CNM(s) prescribe(s) medication?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

CNM_BILL

The following questions concern the mid-level providers practicing at the location where you have the most office visits.

Certified Nurse Midwife

Do/does the CNM(s) bill for services using their own NPI number?

1. Yes, always
2. Yes, sometimes
3. No
4. Unknown/Not Applicable

ACCESS

The remaining questions are to be answered for the practice that is associated with the location where the physician sees the most patients. When defining this location, include only in-scope locations previously listed.

Is it possible within your practice to access patient medical records using an electronic health record (EHR) system 24 hours a day?

1. Yes
2. No
3. Unknown

ACCESS_PH

Is this access available to physicians only, or is it also available to other non-physician clinicians?

•

1. Physicians (MD/DO) only
2. All Physicians and Non-physician Clinicians
3. Unknown

PMETHOD

What is the primary method by which your practice receives information about patients in your practice when they have been seen in the emergency department or hospitalized?

1. Electronic transmission (i.e., EHR or EMR)
2. Fax
3. Email
4. Telephone or in-person communication with provider
5. Paper copy
6. Other

PMETHOD_SP
- Specify other method to receive information

SECNET

Was this email sent over a secure network?

1. Yes
2. No
3. Unknown

TRANS

Is someone in your practice responsible for assisting patients to safely transition back to the community within 72 hours of being discharged from a hospital or nursing home?

1. Yes
2. No
3. Unknown

PROTO

Does your practice have written protocols for providing chronic care services that are used by all members of the care team?

1. Yes
2. No
3. Unknown

QUAL

Does your practice report any quality measures or quality indicators to either payers or to organizations that monitor health care quality?

1. Yes
2. No

DIFTIN

Do all other locations or offices associated with this practice use the same Federal Tax ID or do any locations or offices associated with this practice use a different Federal Tax ID?

1. All use the same Federal Tax ID
2. Some use a different Federal Tax ID
3. Unknown

EMR_INTRO

Office: (Office location with most visits)

Answer ALL remaining questions for the in-scope location with the most visits which is (Office location with most visits)

1. Enter 1 to Continue

EBILLREC

Office: (Office location with most visits)

Does the reporting location submit any <u>claims</u> electronically (electronic billing)?

1. Yes

2. No

3. Unknown

EMEDREC

Does the reporting location <u>use</u> an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.

1. Yes, all electronic

2. Yes, part paper and part electronic

3. No

4. Unknown

EHRINSYR

In which year did you install your EHR/EMR system?

HHSMU

Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

EHRNAM

What is the name of your current EHR/EMR system?

- CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.

1. Allscripts

2. Amazing Charts

3. athenahealth

4. Cerner

5. eClinicalWorks

6. e-MDs

7. Epic

8. GE/Centricity

9. Greenway Medical

10. McKesson/Practice Partner

11. NextGen

12. Practice Fusion

13. Sage/Vitera

14. Other-Specify

15. Unknown

EHRNAMOTH

    ✦ Specify the name of the EHR/EMR system.

SECURCHCK

Has your practice conducted or reviewed a security risk analysis of your EHR system? This would help identify privacy or security related issues that may need to be corrected.

1. Yes

2. No

3. Unknown

DIFFEHER

Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?

1. Yes

2. No

3. Unknown

EHRTOEHR

Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?

1. Yes, routinely

2. Yes, but not routinely

3. No

4. Unknown

EMRINS

At the reporting location, are there plans for installing a new EHR/EMR system within the next 18 months?

1. Yes
2. No
3. Maybe
4. Unknown

MUINC

Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT." At the reporting location, are there plans to apply for Stage 1 of these incentive payments?

1. Yes, we already applied
2. Yes, we intend to apply
3. Uncertain if we will apply
4. No, we will not apply

MUSTAGE2

Are there plans to apply for Stage 2 incentive payments?

1. Yes
2. No
3. Maybe
4. Unknown

EDEMOG

C-1

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Recording patient history and demographic information?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPROLST

C-1   Office: (Office location with most visits)

Recording patient problem list?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EVITAL

C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Recording and charting vital signs?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESMOKE

C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Recording patient smoking status?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPNOTES

C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Recording clinical notes?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDALG

C-1   Office: (Office location with most visits)

Recording patient's medications and allergies?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDID

C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Reconciling lists of patient medications to identify the most accurate list?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EREMIND

C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Providing reminders for guideline-based interventions or screening tests?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECPOE

C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Ordering prescriptions?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESCRIP

C-1   Office: (Office location with most visits)

Are prescriptions sent electronically to the pharmacy?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EWARN

📖 C-1   Office: (Office location with most visits)

Are warnings of drug interactions or contraindications provided?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EFORMULA

📖 C-1   Office: (Office location with most visits)

Are drug formulary checks performed?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECTOE

📖 C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Ordering lab tests?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used

4. No

5. Unknown

EORDER

📖 C-1   Office: (Office location with most visits)

Are orders sent electronically?

1. Yes, used routinely

2. Yes, but NOT used routinely

3. Yes, but turned off or not used

4. No

5. Unknown

ERESULT

📖 C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Viewing lab results?

1. Yes, used routinely

2. Yes, but NOT used routinely

3. Yes, but turned off or not used

4. No

5. Unknown

EGRAPH

📖 C-1   Office: (Office location with most visits)

Can the EHR/EMR automatically graph a specific patient's lab results over time?

1. Yes, used routinely

2. Yes, but NOT used routinely

3. Yes, but turned off or not used

4. No

5. Unknown

ERADI

C-1   Office: (Office location with most visits)

Ordering radiology tests?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIMGRES

C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Viewing imaging results?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPTEDU

C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Identifying educational resources for patients' specific conditions?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECQM

Please indicate whether the ambulatory reporting location <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIDPT

Please indicate whether the ambulatory reporting location <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Identifying patients due for preventive or follow-up care in order to send patients reminders?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGENLIST

Please indicate whether the ambulatory reporting location <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Generating lists of patients with particular health conditions?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No

5. Unknown

EIMMREG

Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Electronic reporting to immunization registries?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESUM

Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Providing patients with clinical summaries for each visit?

1. Yes, used routinely
2. Yes, but NOT used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMSG

Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.

Exchanging secure messages with patients?

1. Yes, used routinely
2. Yes, but NOT used routinely

3. Yes, but turned off or not used

4. No

5. Unknown

EPTREC

📖 C-1   Office: (Office location with most visits)

Please indicate whether the ambulatory reporting location <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Providing patients the ability to view online, download or transmit information from their medical record?

1. Yes, used routinely

2. Yes, but NOT used routinely

3. Yes, but turned off or not used

4. No

5. Unknown

REFOUT

📖 C-2   Office: (Office location with most visits)

^DoDoes (you/physician's name) refer any of (Your/ his/her) patients to providers outside of (Your/ his/her) office or group?

1. Yes

2. No

REFOUTS

📖 C-2   Office: (Office location with most visits)

^DoDoes (you/physician's name) send the patient's clinical information to the other providers?

1. Yes, routinely

2. Yes, but not routinely

3. No

REFOUTSE

📖

^DoDoes (you/physician's name) send it <u>electronically</u> (not fax)?

    1. Yes, routinely
    2. Yes, but not routinely
    3. No

REFIN

C-2   Office: (Office location with most visits)

^DoDoes (you/physician's name) see any patients referred to (you/physician's name) by providers outside of (you/physician's name) office or group?

    1. Yes
    2. No

REFINS

C-2   Office: (Office location with most visits)

^DoDoes (you/physician's name) send a consultation report with clinical information to the other providers?

    1. Yes, routinely
    2. Yes, but not routinely
    3. No

REFINSE

C-2   Office: (Office location with most visits)

^DoDoes (you/physician's name) send it <u>electronically</u> (not fax)?

    1. Yes, routinely
    2. Yes, but not routinely
    3. No

INPTCARE

C-2   Office: (Office location with most visits)

^DoDoes (you/physician's name) take care of patients after they are discharged from an inpatient setting?

1. Yes
2. No

DISSUM

📖 C-2   Office: (Office location with most visits)

^DoDoes (you/physician's name) <u>receive</u> a discharge summary with clinical information from the hospital?

1. Yes, routinely
2. Yes, but not routinely
3. No

DISSUME

📖 C-2   Office: (Office location with most visits)

Do you receive it <u>electronically</u> (not fax)?

1. Yes, routinely
2. Yes, but not routinely
3. No

INCORINFO

📖 C-2   Office: (Office location with most visits)

Can you automatically incorporate the received information into your EHR system without manually entering the data?

1. Yes
2. No
3. Not applicable, I do not have an EHR system

ESHARE

The next questions are about sharing (either sending or receiving) patient health information.

Do you share any patient health information <u>electronically</u> (not fax) with other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No

ESHAREHOW

How do you electronically share patient health information?

- Enter all that apply, separate with commas

1. EHR/EMR
2. Web portal (separate from EHR/EMR)
3. Other electronic method (not fax)

ESHAREHOWOTH

- Specify other electronic method

ESHAREPROV

With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)?

- Enter all that apply

1. Ambulatory providers inside your office/group
2. Ambulatory providers outside your office/group
3. Hospitals with which you are affiliated
4. Hospitals with which you are not affiliated
5. Behavioral health providers
6. Long-term care providers
7. Home health providers

MOFFICE_NUM

** NOT DISPLAYED **

PRMCARE

D

I would like to ask a few questions about (your/Physician name's) practice revenue and contracts with managed care plans.

Roughly, what percent of (your/Physician name's) patient care revenue comes from -

Medicare?

PRMAID

D

Roughly, what percent of (your/Physician name's) patient care revenue comes from -

Medicaid?

PRPRVT

D

Roughly, what percent of (your/Physician name's) patient care revenue comes from -

Private insurance?

PRPATPAY

D

Roughly, what percent of (your/Physician name's) patient care revenue comes from -

Patient payments?

PROTH

D

Roughly, what percent of (your/Physician name's) patient care revenue comes from -

Other (including charity, research, Tricare, VA, etc.)?

PCTRVMAN

Roughly, what percentage of the patient care revenue received by this practice comes from managed care contracts?

REVFFS

E

Roughly, what percent of (your/Physician name's) patient care revenue comes from each of the following methods of payment?

Fee-for-service?

REVCAP

E

Roughly, what percent of (your/Physician name's) patient care revenue comes from each of the following methods of payment?

Capitation?

REVCASE

E

Roughly, what percent of (your/Physician name's) patient care revenue comes from each of the following methods of payment?

Case rates (e.g., package pricing/episode of care)?

REVOTHER

E

Roughly, what percent of (your/Physician name's) patient care revenue comes from each of the following methods of payment?

Other?

ACEPTNEW

(Are/Is) (you/physician's name) currently accepting "new" patients into (Your/ his/her) practice(s) at read locations listed below**?**

1. Yes
2. No
3. Don't know

CAPITATE

? [F1]

From those "new" patients, which of the following types of payment (do/does) (you/physician's name) accept at read locations listed below**?**

Capitated private insurance?

 Locations
(In-scope locations)

1. Yes
2. No
3. Don't know

NOCAP

? [F1]

From those "new" patients, which of the following types of payment (do/does) (you/physician's name) accept at read locations listed below?

Non-capitated private insurance?

 Locations
(In-scope locations)

1. Yes
2. No
3. Don't know

NMEDICARE

? [F1]

From those "new" patients, which of the following types of payment (do/does) (you/physician's name) accept at read locations listed below?

Medicare?

<u>Locations</u>
(In-scope locations)

1. Yes
2. No
3. Don't know

NMEDICAID

? [F1]

From those "new" patients, which of the following types of payment (do/does) (you/physician's name) accept at read locations listed below?

Medicaid?

<u>Locations</u>
(In-scope locations)

1. Yes
2. No
3. Don't know

NWORKCMP

? [F1]

From those "new" patients, which of the following types of payment (do/does) (you/physician's name) accept at read locations listed below?

Workers compensation?

<u>Locations</u>
(In-scope locations)

1. Yes
2. No
3. Don't know

NSELFPAY

? [F1]

From those "new" patients, which of the following types of payment (do/does) (you/physician's name) accept at read locations listed below?

Self-pay?

Locations
(In-scope locations)

1. Yes
2. No
3. Don't know

NNOCHARGE

? [F1]

From those "new" patients, which of the following types of payment (do/does) (you/physician's name) accept at read locations listed below?

No charge?

Locations
(In-scope locations)

1. Yes
2. No
3. Don't know

PHYSCOMP

Which of the following methods best describes your basic compensation?

1. Fixed salary
2. Share of practice billings or workload
3. Mix of salary and share of billings or other measures of performance (e.g., your own billings, practice's financial
4. Shift, hourly or other time-based payment
5. Other

COMP

Clinical practices may take various factors into account in determining the compensation (salary,

bonus, pay rate, etc.) paid to the physicians in the practice. Please indicate whether the practice explicitly considers each of the following factors in determining your compensation.

- Enter all that apply, separate with commas

  Read answer categories

    1. Factors that reflect your own productivity
    2. Results of satisfaction surveys from your own patients
    3. Specific measures of quality, such as rates of preventive services for your patients
    4. Results of practice profiling, that is, comparing your pattern of using medical resources with that of other physicia
    5. The overall financial performance of the practice

SDAPPT

Roughly, what percent of (your/Physician name's) daily visits are same day appointments?

SASDAPPT

Does (your/Physician name's) practice set time aside for same day appointments?

    1. Yes
    2. No
    3. Don't know

APPTTIME

On average, about how long does it take to get an appointment for a routine medical exam?

    1. Within 1 week
    2. 1 - 2 weeks
    3. 3 - 4 weeks
    4. 1 - 2 months
    5. 3 or more months
    6. Do not provide routine medical exams
    7. Don't know

PRVBYEAR

What is (your/Physician name's) year of birth?

PRVSEX

What is (your/Physician name's) sex?

1. Female
2. Male

PRVDEGR

G

What is (your/Physician name's) highest medical degree?

1. MD
2. DO
3. Nurse practitioner
4. Physician assistant
5. Nurse midwife
6. Other

PRVPSPEC

What is (your/Physician name's) primary specialty?

- Enter 'XXX' if the specialty is not listed

PRVPSPEC_SP

- Enter verbatim response for specialty

PRVPSCOD

** Not displayed **

PRVSSPEC

What is (your/Physician name's) secondary specialty?

- Enter 'XXX' if specialty is not listed
  Enter 999 if no secondary specialty

PRVSSPEC_SP

-

Enter verbatim response for specialty

PRVSSCOD

** Not displayed **

PRVPBC

What is (your/Physician name's) primary board certification?

PRVSBC

What is (your/Physician name's) secondary board certification?

◆ Enter 0 if no secondary board certification

PRVYRGRD

What year did (you/physician's name) graduate from medical school?

PRVFMS

Did (you/physician's name) graduate from a foreign medical school?

1. Yes
2. No

PHY_UNAVAIL

Thank you for your time and cooperation ^RESPNAME_FILL. The information you provided will improve the accuracy of the NAMCS in describing office-based patient care in the United States.

**I will call you on Monday, (Reporting period begin date) to see if your plans have changed.
If you have any questions** (Hand respondent your business card) **please feel free to call me.**

1. Enter 1 to Continue

PRFHELP

◆ Who will be doing the abstractions?

◆ If needed, back up and make any corrections on these sampling screens for each location, before

hitting enter: ESTDAYS, ESTVIS, SAME, ESTVISP.

<u>Locations</u>
(In-scope locations)

1. FR
2. Office Staff
3. Physician/Provider

OFFCONTACT

Who will be helping (you/physician's name)?

♦ Enter 1 to enter office contact information

1. Enter office contact information
2. Continue interview

HOW_STAFFPRF

♦ How will the physician/staff do the abstractions?

1. Census Laptop
2. Web via office computer

KEYED_TE

** Not displayed **

SW

** Not displayed **

LEAVE_LAPTOP

♦ Will you be leaving a laptop at this office?

1. Yes
2. No

SETUP_INFO

♦

Enter the following information into the Web system.

Case ID: (Case ID)

Control Number: (Control Number)

Reporting Period: (Reporting Period)

Click "Check" to verify case eligibility in the web system

Doctor/Provider's Name: (Physician's name)

Degree Code: (Degree Code)   ((Degree Code)2)

Specialty Code: (Specialty code)

Expected Number of PRFs: (Expected number of PRFs)

Start With: (start with number)

Take Every: (take every number)

1. Setup Complete
2. Problem, setup later

PATIENT_LOG

   ◆ **Explain how to complete the Patient Log. Cover the following points:**

   - List every ambulatory patient visit to all in-scope locations during the reporting period.

   - INCLUDE patients the sampled physician doesn't see but who receive care from an assistant,
   nurse, nurse practitioner, physician assistant, etc. In these cases, the assistant must be either
   associated with or supervised by the sampled physician.

   - EXCLUDE patients who do not seek care or services (e.g., they come to pay a bill or leave a
   specimen).

   - EXCLUDE telephone contacts with patients.

   1. Enter 1 to Continue

REQUEST_LAPTOP

* Will you need to request more laptops for the other office(s)?

1. Yes
2. No

OFFNUM

** Show only **

OFFSTRET

** Show only **

OFF_LAPTOP

* Will you be leaving a laptop for this office?

1. Yes
2. No

NUM_LAPTOPS

* You have indicated that you will need to request (Number of laptops) additional laptops.

If this is not correct, back up and adjust your responses to OFF_LAPTOP

1. Enter 1 to Continue

DK_CHECK

* Are there any Don't Know items that you need to callback for?

Press Shift-F7 to view DK follow-up remarks.

1. Yes
2. No

DK_CHECK_FLAG

** NOT-DIsplayed **

IND_THANK

Thank you for your time and cooperation (Respondent name).
If you have any questions (Hand doctor your business card) **please feel free to call me.**

1. Enter 1 to Continue

SET_APPT

- Enter a callback appointment ^SET_APPT_FILL.
  (Press ALT-F11 to view the office schedule.)

  ^START_PRF

  Reporting Period: (Reporting period begin date) - (Reporting period end date)

NUMLOCR

> I appreciate that you choose not to participate in the study, but I would like to ask a few short questions about your practice so we can make sure responding physicians do not differ from nonresponding physicians.
>
> At how many different office locations, do you see ambulatory patients?
> Do not include settings such as EDs, outpatient departments, surgicenters, and Federal clinics.

NOPATSENR

> In a typical year, about how many weeks do you NOT see any ambulatory patients (e.g., conferences, vacations, etc.)?

LTHALFR

> You typically see patients fewer than half the weeks in each year.
> Is that correct?
>
>   1. Yes
>   2. No

LTHALFR_SP

> * Please explain

ALLYEARR

> You typically see patients all 52 weeks of the year.
> Is that correct?
>
>   1. Yes
>   2. No

ALLYEARR_SP

> * Please explain

NUMVISR

> During your last normal week of practice, how many patient visits did you have at all office locations?

WKHOURSR

During your last normal week of practice, how many hours of direct patient care did you provide?

Direct patient care includes: Seeing patients, reviewing tests, preparing for and performing surgery/procedures, providing other related patient care services. Do not include hours from EDs, outpatient departments, surgicenters, or Federal clinics.

NUMBPAR

At the office location where you see the most ambulatory patients:

How many physicians are associated with you?

SINGSPCR

At the office location where you see the most ambulatory patients:

Is this a single- or multi-specialty group practice?

1. Multi-specialty practice
2. Single-specialty practice

OWNERSHR

At the office location where you see the most ambulatory patients:

Are you a full- or part-owner, employee, or an independent contractor?

1. Full-owner
2. Part-owner
3. Employee
4. Contractor

OWNSR

A

Who owns the practice?

1. Physician or Physician group
2. Insurance company, health plan, or HMO

3. Community Health Center

4. Medical/Academic health center

5. Other hospital

6. Other health care corporation

7. Other - Specify

OWNSR_SP

- Specify

REFPOINT

- At what point in the interview did the refusal/break-off occur?

1. During the telephone screening

2. During induction interview

3. After induction but prior to assigned reporting days

4. At reminder call

5. During assigned reporting days or mid-week calls

6. At follow-up contact

WHOREFUS

- By whom?

1. Sampled provider

2. Sampled provider through nurse

3. Nurse/Secretary

4. Receptionist

5. Office manager/Administrator

6. Other office staff - Specify

WHOREFUS_SP

- Specify

WHY_REF

- Specify reason given

DATE_REF

-

CONVERS

- Conversion attempt result

1. No conversion attempt
2. Sampled provider refused
3. Sample provider agreed to see Field Representative