

Attachment C2: 2016 NAMCS-1 List of all proposed questions for Traditional Office-based Physicians

This table lists all proposed 2016 survey questions in the order that they would appear in the survey. Additions and modifications for 2016 are indicated in **red font**.

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Variable Name	Traditional Office-based Physicians
Section 1: Telephone Screener	
SPECVER	Your specialty is [Pre-filled Specialty], Is that right? 1. Yes 2. No
PRV_SPEC	What is your (your/Physician name's) specialty (including general practice)?
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 or African-American 3. Asian 4. Native Hawaiian or Other Pacific Islander 5. American Indian or 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

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AMBCARE	<p>(Do/Does) (you/physician's name) directly care for any ambulatory patients in (Your/ his/her) work?</p> <ol style="list-style-type: none"> 1. Yes 2. No - does not give direct care 3. No longer in practice (i.e., retired, not licensed) 4. Temporarily not practicing (refers to duration of 3 months or more)
Skip Instructions:	<ol style="list-style-type: none"> 1: Goto FED 2: Goto VERIF9A 3: Goto THANK_OOS 4: Goto THANK_OOS
VERIF9A	<p>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?</p> <ol style="list-style-type: none"> 1. Yes, cares for ambulatory patients 2. No, does not give direct care <p>Specify reason VERIF9a_SP</p>
Skip Instructions:	<ol style="list-style-type: none"> 1: Goto FED 2: Goto VERIF9A_SP
FED	<p>(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), hospital emergency department, hospital outpatient department, or community health center?</p> <ol style="list-style-type: none"> 1. Yes 2. No
Skip Instructions:	<ol style="list-style-type: none"> 1: Goto PRIVPAT 2: Goto HOSPRIVPAT
PRIVPAT	<p>In addition to working in a federally operated patient care setting, hospital emergency department, hospital outpatient department, or community health center, (do/does) (you/physician's name) also see any ambulatory patients in another setting (e.g., office based practice or community health center)?</p> <ol style="list-style-type: none"> 1. Yes 2. No
Skip Instructions:	<ol style="list-style-type: none"> 1: Goto HOSPRIVPAT 2: Goto THANK_OOS
HOSPRIVPAT	<p>(do/does) (you/physician's name) work in an office-based practice owned by a hospital?</p> <ol style="list-style-type: none"> 1. Yes 2. No
Skip Instructions:	<p>(1 or 2) AND FED = 1: Goto REMINDER (1 or 2) AND FED = 2: Goto ADDCHECK</p>

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REMINDER	<p>◆ Although the physician works in a federal patient care setting, hospital emergency department, hospital outpatient department, or community health center please make sure the respondent is aware that all of the following questions are NOT concerned with these settings/patients/visits. The survey is ONLY concerned with their private patients.</p>
ADDCHECK	<p>We have (your/Physician name's) address as (Address)</p> <p>Is that the correct address for your office?</p> <ol style="list-style-type: none"> 1. Yes 2. No, update address
NEW_PINFO	<p>What is the correct address and phone number?</p>
THANK_OOS	<p>Thank you, (Respondent's name/Physician's name), but since you are not currently practicing, our questions would not be appropriate for you. I appreciate your time and interest.</p>
Skip Instructions:	<p>IF AMBCARE = 3 goto WHYNO_PRACT IF AMBCARE = 4 goto WHY_UNAVAIL</p>
WHYNO_PRACT	<p>◆ Why isn't the doctor practicing?</p> <ol style="list-style-type: none"> 1. Retired 2. Not licensed 3. Other
WHY_OOS	<p>Describe the provider's practice or medical activities which define him/her as ineligible or out-of-scope. Enter all that apply, separate with commas</p> <ol style="list-style-type: none"> 1. Federally employed 2. Radiology, anesthesiology or pathology specialist 3. Administrator 4. Work in institutional setting 5. Work in hospital emergency department, hospital outpatient department, or community health center 6. Work in industrial setting 7. Ambulatory surgicenter 8. Laser vision surgery 9. Other – Specify WHY_OO_SP
WHY_UNAVAIL	<p>Why is provider temporarily not practicing? Verbatim response</p>
INDUCT_APPT	<p>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, (last Friday before the assigned reference week)?</p>
Questions for Non-responding physicians (10a-10g)	
	<p>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.</p> <p>“Physicians” filled for Traditional physicians</p>

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NUMLOCR	Overall, at how many different office locations do you see ambulatory patients? Do not include settings such as EDs, outpatient departments, surgicenters, Federal Clinics, and community health centers.
NOPATSENR	In a typical year, about how many weeks do you NOT see ambulatory patients (e.g., conferences, vacations, etc.)?
LTHALFR LTHALFR_SP	<p>You typically see patients fewer than half the weeks in each year. Is that correct?</p> <ol style="list-style-type: none"> 1. Yes 2. No – <i>Please explain <u>LTHALFR_SP</u></i>
ALLYEARR ALLYEARR_SP	<p>You typically see patients all 52 weeks of each year. Is that correct?</p> <ol style="list-style-type: none"> 1. Yes 2. No – <i>Please explain <u>ALLYEARR_SP</u></i>
NUMVISR	During your last normal week of practice, how many patient visits did you have at all office locations?
WKHOUSR	<p>During your last normal week of practice, how many hours of direct patient care did you provide?</p> <p>NOTE – 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.</p>
NUMPAR	<p>At the office location where you see the most ambulatory patients:</p> <p>How many physicians are associated with you?</p>
SINGSPCR	<p>At the office location where you see the most ambulatory patients:</p> <p>Is this a single- or multi-specialty group practice?</p>
OWNERSHR	<p>At the office location where you see the most ambulatory patients:</p> <p>Are you a full- or part-owner, employee, or an independent contractor?</p>
OWNSR	<p>At the office location where you see the most ambulatory patients:</p> <p>Who owns the practice?</p>
Section 2: Induction Interview	
INDUCT_INTRO	<p>Before we begin, I'd like to give you some background about this study.</p> <p>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.</p> <p>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.</p> <p>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.</p>

Variable Name	Traditional Office-based Physicians
	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.
NUMLOC	Overall, at how many different office locations, (do/does) (you/physician's name) see ambulatory patients? Do not include settings such as EDs, outpatient departments, surgicenters, Federal clinics, and community health centers.
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 LTHALF_SP	(You/physician's name) typically (see/sees) patients fewer than half the weeks in each year. Is that correct? <ol style="list-style-type: none"> 1. Yes 2. No Please explain LTHALF_SP
ALLYEAR ALLYEAR_SP	(You/physician's name) typically (see/sees) patients all 52 weeks of the year. Is that correct? <ol style="list-style-type: none"> 1. Yes 2. No Please explain ALLYEAR_SP
SEEPAT WHYNOPAT	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? <ul style="list-style-type: none"> ◆ 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 Why is that? <ul style="list-style-type: none"> ◆ Enter verbatim response (12b) WHYNOPAT
CHECK_BACK	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. <ul style="list-style-type: none"> ◆ Even though the physician/provider is not available during the reporting week, continue with the induction
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 <ul style="list-style-type: none"> ◆ If this is a CHC sampled provider, DO NOT enter any other locations in the table below. Since we sample CHC service delivery sites, we are only interested in visits to the sampled CHC site. You SHOULD NOT follow CHC providers to other locations during the sample week. Only include visits from the currently sampled CHC location.
OFFICE_CITY	In what city is this office located?
OFFICE_ST	In what state is this office?

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OFFICE_ZIP	What is the zip code for this office?
LOCTYPE	<ul style="list-style-type: none"> ◆ Enter location/address type <ol style="list-style-type: none"> 1. Main Office address 2. Alternative/2nd office address 3. Home office 4. Home 5. Unknown
CUR_OFFICE	<ul style="list-style-type: none"> ◆ Which office is the current office? <p>^OFF1 ^OFF2 ^OFF3 ^OFF4 ^OFF5</p>
OFFICETYP	<p>Looking at this list, choose ALL of the type(s) of settings that describe the office at (Office location).</p> <ul style="list-style-type: none"> ◆ If in doubt about any clinic/facility/institution, PROBE - <p>Is this/that clinic/facility/institution part of a hospital emergency department or an outpatient department? If yes, select 2 or 4</p> <p>Is this/that clinic/facility/institution part operated by the Federal Government? If yes, select 12</p> <p>Enter up to 3, separate with commas</p> <ol style="list-style-type: none"> 1. Private solo or group practice 2. Hospital emergency department 3. Freestanding clinic/surgicenter (not part of a hospital outpatient department) 4. Hospital outpatient department 5. Intentionally left blank 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 16. Community Health Center (e.g. Federally Qualified Health Center (FQHC), federally funded clinics or 'look alike' clinics)
FREESTAND_PROBE	<p>Is this/that clinic in an institutional setting, in an industrial outpatient facility, or operated by the Federal Government?</p> <ol style="list-style-type: none"> 1. Yes 2. No
FAMPLAN_PROBE	<p>Is this/that clinic operated by the Federal Government?</p> <ol style="list-style-type: none"> 1. Yes 2. No

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OTHLOC	<p>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, Federal clinics, and community health centers.</p> <ol style="list-style-type: none"> 1. Yes Go to OTHLOCVS 2. No Skip to ESTDAYS
OTHLOC_NUM	N/A
OTHLOCVS	<p>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?</p>
ESTDAYS	<p>During the week of Monday, [Fill Date] through Sunday, [Fill Date] how many days do you expect to see any ambulatory patients at the following locations?</p>
ESTVIS	<p>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?</p> <p>◆ If physician is in group practice, only include the visits to sampled physician.</p>
SAME	<p>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?</p> <ol style="list-style-type: none"> 1. Yes 2. No
ESTVISP	<p>Approximately how many ambulatory visits (do/does) (you/physician's name) expect to have at this office location?</p>
ESTTOTVS	Tally of estimated number of visits
SOLO	<p>Now, I'm going to ask about (your/Physician name's) practice at (Office location).</p> <p>(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?</p> <ol style="list-style-type: none"> 1. Solo 2. Nonsolo
OTHPHY	<p>How many physicians are associated with (you/physician's name) at (Office location)?</p>
MULTI	<p>Is this a single- or multi-specialty (group) practice at (Office location)?</p> <ol style="list-style-type: none"> 1. Multi 2. Single
MIDLEV	<p>How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with (you/physician's name) at (Office location)?</p>
OWNERSH	<p>(Are/Is) (you/physician's name) a full- or part-owner, employee, or an independent contractor at (Office location)?</p> <ol style="list-style-type: none"> 1. Full-owner 2. Part-owner 3. Employee 4. Contractor
OWNS	<p>Who owns the practice at (Office location)?</p> <ol style="list-style-type: none"> 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

Variable Name	Traditional Office-based Physicians
	<p>infections or treat patients with sexually transmitted infections in your/his office at (fill in address of sampled location/office location with most visits)?</p> <ol style="list-style-type: none"> 1. Yes-SKIP to STINJABX 2. No-SKIP to STIRSKEVAL
STINJABX	<p>Which of the following injectable antibiotics are provided onsite at (fill in address of sampled location/office location with most visits) for same-day treatment for patients diagnosed with gonorrhea or syphilis? (Mark all that apply)</p> <ol style="list-style-type: none"> 1. Benzathine penicillin G (bicillin) 2.4 million units IM 2. Ceftriaxone 250 mg IM 3. Other injectable cephalosporin 4. None of the above
STIPOSTST	<p>For patients with vaginal discharge or urethritis, which of the following point-of-service tests does your/Dr. X's (fill last name or greet name) office at (fill in address of sampled location/office location with most visits) provide point-of-service tests onsite? (check all that apply)</p> <ol style="list-style-type: none"> 1. Dipstick urinalysis 2. KOH (whiff) test 3. pH test 4. Rapid Bacterial vaginosis test 5. Rapid Trichomonas test 6. Stained microscopy using either gram stain, methylene blue stain, or gentian violet stain 7. Standard (unstained) microscopy of urine sediment 8. Wet mount microscopy (wet prep) 9. None of the above
STIRSKEVAL	<p>◇The next question asks about STI and HIV-related risk assessment and services that you/Dr. X (fill last name or greet name) provide(s).</p> <p>Do you/Does Dr. X (fill last name or greet name) document any of the following about your/their patients on at least an annual basis? [Mark all that apply]</p> <ol style="list-style-type: none"> 1. Any substance abuse or injection drug use 2. Condom use 3. HIV status of their sex partners 4. Number of sex partners they have 5. Patients' sexual orientation or the sex of their sex partners 6. Types of sex that they have (vaginal, anal, oral)
PRP_INTRO	<p>The next questions must be answered by Dr. X (fill last name or greet name). They ask specifically about Dr. X's (fill last name or greet name) experience with HIV-prevention using PrEP (pre-exposure prophylaxis).</p> <p>1. Enter 1 to Continue-SKIP to PRPHRD</p>
PRPHRD	<p>◇ (The following question must be answered by the sampled physician.)</p> <p>Have you heard of PrEP (pre-exposure prophylaxis) to prevent HIV infection?</p> <ol style="list-style-type: none"> 1. Yes-SKIP to PRPEFF 2. No-SKIP to CLASTRAIN [end section]
<p>◇ (The following question must be answered by the sampled physician.)</p> <p>Please indicate whether you agree or disagree with the following statements about PrEP. They include various attitudes and beliefs that some providers might have about PrEP.</p>	

Variable Name	Traditional Office-based Physicians		
	1. Disagree	2. Agree	3. Don't know
PrEP is effective for HIV prevention. [PRPEFF]			
PrEP use will result in an increase in risky sexual behavior and sexually transmitted infections. [PRPRSB]			
PrEP will lead to drug resistance if a patient gets infected while taking PrEP. [PRPDR]			
Most patients will have difficulty affording PrEP regardless of their insurance status. [PRPAFF]			
Most patients will have difficulty adhering to daily dosing of PrEP. [PRPADH]			
		1. Yes	2. No
One or more of my patients have asked for PrEP. [PRPASK]			
One or more of my patients have declined PrEP [PRPDEC]			
PRPRX	<p>◇ (The following question must be answered by the sampled physician.)</p> <p>Have you prescribed PrEP?</p> <p>1. Yes-CLASTRAIN [end section]</p> <p>2. No-Go to PRPWHY</p>		
PRPWHY	<p>◇ (The following question must be answered by the sampled physician.)</p> <p>Why have you not prescribed PrEP? (Mark all that apply):</p> <p>1. I do not have any patients at high risk of acquiring HIV infection.</p> <p>2. Prescribing PrEP is outside my scope of practice.</p> <p>3. I do not have enough information about PrEP to prescribe it.</p> <p>4. I am uncomfortable prescribing antiretroviral medications.</p> <p>5. I refer my patients to another provider or clinic for PrEP.</p> <p>6. My patients have not asked for PrEP.</p> <p>7. I have offered PrEP to one or more of my patients but they have declined.</p> <p>8. PrEP is not effective for HIV prevention.</p> <p>9. PrEP use will cause an increase in risky sexual behavior and sexually-transmitted infections in my patients.</p> <p>10. PrEP will lead to drug resistance if my patients get infected while taking PrEP.</p> <p>11. My patients will have difficulty affording PrEP, regardless of their insurance status.</p> <p>12. My patients will have difficulty adhering to daily dosing of PrEP.</p> <p>13. Other (Prompt text field for response)</p>		
New National CLAS Standards Questions			
CLASTRAIN	<p>(The following two questions must be answered by the sampled provider.) Within the past 12 months, have you participated in any cultural competence training?</p> <p>1. Yes</p> <p>2. No</p>		

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CLASKNOW	<p>(The following question must be answered by the sampled provider.) How familiar are you with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards)?</p> <ol style="list-style-type: none"> 1. Never heard of it 2. Heard of it but do not know much about it 3. Know something about it 4. Very familiar with it
New Alcohol Screening and Brief Intervention (SBI) Questions (17-22)	
ALCOHOL_INTRO	<p>The next set of questions are only administered to primary care providers and seeks to determine the extent to which alcohol screening and brief intervention (SBI) is being conducted within their practices.</p>
ALCSCREEN	<p>Screening for alcohol misuse (excessive consumption and alcohol-related problems) is often conducted in clinical settings. How do you screen for alcohol misuse?</p> <ol style="list-style-type: none"> 1. I don't screen 2. T-ACE 3. TWEAK 4. CAGE 5. CRAFFT 6. AUDIT 7. Ask number of drinks per occasion 8. Ask frequency of drinking 9. Ask binge question 10. I don't use a formal screening instrument 11. Other (specify) <u>ALCSCREENOTH</u>
ASCREENOFT	<p>How often do you screen for alcohol misuse?</p> <ol style="list-style-type: none"> 1. At every health maintenance visit (annually) 2. At every health care visit 3. When I suspect a patient has a substance/alcohol-related problem 4. Almost never or never
ASCREENADM	<p>How are screening question(s) administered?</p> <ol style="list-style-type: none"> 1. Interview 2. Patient completes a form 3. Electronic 4. Other (specify) <u>ASCREENADMOTH</u>
ASCREENWHO	<p>If patient is interviewed, who administers the screening?</p> <ol style="list-style-type: none"> 1. Physician, nurse practitioner, physician assistant 2. Nurse, excluding nurse practitioner 3. Medical assistant 4. Administrative staff 5. Other (specify) <u>ASCREENWHOTH</u>

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ABRFINTERV	<p>Brief interventions for risky alcohol use are short discussions with patients who drink too much or in ways that are harmful. These interventions typically include some of the following elements:</p> <ul style="list-style-type: none"> • Feedback on screening results • Gathering further information on drinking patterns, alcohol-related harm, or symptoms of alcohol dependence • Discussing the risks and consequences of drinking too much • Providing advice about cutting back or stopping <p>Among patients who screen positive for risky alcohol use, how often are brief interventions conducted?</p> <ol style="list-style-type: none"> 1. Never 2. Sometimes 3. Often 4. Always
ARESOURCE	<p>What resources would be helpful in implementing alcohol/substance screening and intervention in primary care settings? (Select all that apply)</p> <ol style="list-style-type: none"> 1. Implementation guide for alcohol screening and intervention 2. Training on how to conduct alcohol screening 3. Training on how to conduct intervention 4. Office-based mentoring 5. Access to patient education materials 6. Scripts on what to say to patients 7. Information about reimbursement for services 8. Information about where or how to refer for additional services 9. Other (specify) <u>ARESOURCEOTH</u>
Workforce Questions (23-34)	
MOSTVIS_INTRO	The next section refers to characteristics of the sampled physician's practice.
NUMPH (one location listed)	<p>The next questions are about the <u>practice</u> that is associated with [Pre-fill location].</p> <p>How many physicians, including you are associated with this practice? Please include physicians at [Pre-fill location], and physicians at any other locations of this practice.</p> <ol style="list-style-type: none"> 1. 1 Physician 2. 2-3 physicians 3. 4-10 physicians 4. 11-50 physicians 5. 51-100 physicians 6. More than 100 physicians
NUMPH (two or more locations listed)	<p>The next questions are about the <u>practice</u> that is associated with [Pre-fill location], which is the location where the physician has the most office visits.</p> <p>How many physicians, including you are associated with that practice? Please include physicians at [Pre-fill location], and physicians at any other locations of that practice.</p> <ol style="list-style-type: none"> 1. 1 Physician 2. 2-3 physicians 3. 4-10 physicians 4. 11-50 physicians 5. 51-100 physicians 6. More than 100 physicians

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PCMH	<p>Is your practice <u>certified</u> as a patient-centered medical home?</p> <p>1) Yes</p> <p>a) If yes, by whom CERT_WHO</p> <p>i) The Accreditation Association for Ambulatory Health (AAAH)</p> <p>ii) The Joint Commission</p> <p>iii) The National Committee for Quality Assurance (NCQA)</p> <p>(1) [If yes:] What level of certification? NCQAlevel</p> <p>(a) Level 1</p> <p>(b) Level 2</p> <p>(c) Level 3</p> <p>iv) Utilization Review Accreditation Commission (URAC)</p> <p>v) Other – Specify PCMH_OTH_____</p> <p>vi) Unknown</p> <p>2) No</p> <p>3) Unknown</p>
ACCESS	<p>Is it possible within your practice to access patient medical records using an electronic health record (EHR) system 24 hours a day?</p> <p>1) Yes ACCESS_PH</p> <p>a) [If yes:] Is this access available to physicians only, or is it also available to other non-physician clinicians?</p> <p>i) Physicians (MD/DO) only.</p> <p>ii) All Physicians and non-physician Clinicians.</p> <p>iii) Unknown</p> <p>2) No</p> <p>3) Unknown</p>
PMETHOD	<p>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? (Mark only one box)</p> <p>1) Electronic transmission (i.e., EHR or EMR)</p> <p>2) Fax</p> <p>3) Email</p> <p>i) [If yes:] Was this email sent over a secure network? SECNET</p> <p>(a) Yes</p> <p>(b) No</p> <p>(c) Unknown</p> <p>4) Telephone or in-person communication with provider</p> <p>5) Paper copy</p> <p>6) Other PMETHOD_SP</p>
TRANS	<p>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?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Unknown</p>

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PROTO	<p>Does your practice have written protocols for providing chronic care services that are used by all members of the care team?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown 		
QUAL	<p>Does your practice report any quality measures or quality indicators to either payers or to organizations that monitor health care quality?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown 		
DIFTIN	<p>Do all other locations or offices associated with this practice use the same Federal Tax ID, also known as an Employer Identification Number (EIN), or do any locations or offices associated with this practice use a different Federal Tax ID or EIN?</p> <ol style="list-style-type: none"> 1. All use the same Federal Tax ID or EIN 2. Some use a different Federal Tax ID or EIN 3. Unknown 		
Staffing Types (34 variables)	<p>The next set of questions refer to the types of providers who work at [Pre-fill location].</p> <p>How many of the following full-time and part-time providers are on staff at [Pre-fill location]? 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.</p>		
	Type of Provider	Number Full-time (≥30 hours)	Number Part-time (<30 hours)
	Physicians (MD and DO)	MD_DO_FT	MD_DO_PT
	Non-Physician Clinicians		
	Physician Assistants (PA)	PA_FT	PA_PT
	Nurse Practitioners (NP)	NP_FT	NP_PT
	Certified Nurse Midwives (CNM)	CNM_FT	CNM_PT
	Other Nursing Care		
	Registered nurses (RN) (not an NP or CNM)	RN_FT	RN_PT
	Licensed Practical Nurses (LPN)	LPN_FT	LPN_PT
	Certified Nursing Assistants/Aides (CNA)	CNA_FT	CNA_PT
	Clinical Nurse Specialist	CNS_FT	CNS_PT
	Nurse Anesthetists	NA_FT	NA_PT
	Allied Health		
	Medical Assistants (MA)	MA_FT	MA_PT

Variable Name	Traditional Office-based Physicians		
	Radiology Technicians (RT)	RT_FT	RT_PT
	Laboratory Technicians (LT)	LT_FT	LT_PT
	Physical Therapists (PT)	PT_FT	PT_PT
	Pharmacists (Ph)	PH_LT	PH_PT
	Dieticians/Nutritionists (DN)	DN_FT	DN_PT
	Other		
	Mental Health Providers (MH)	MH_FT	MH_PT
	Health Educators/Counselors (HEC)	HEC_FT	HEC_PT
	Case Managers (not an RN)/Certified Social Workers (CSW)	CSW_FT	CSW_PT
	Community Health Workers (CHW)	CHW_FT	CHW_PT
Tasks performed (13-variables)	At [Pre-fill location], which type of provider most commonly performs the following tasks? Enter all that apply. The providers listed 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).		
	Based on the staff selected in Question 32, a checkbox answer list of staffing types will be made available for each of the following questions A-M, but will only contain those selected providers as well as "Task is not performed in this office" and "Unknown".	-	
	A. Records body measurements (such as height and weight) and vital signs (such as BP, temperature, heart rate)	Task_Body	
	B. Performs office-based testing such as EKG and hearing/vision testing (do not include laboratory testing)	Task_Test	
	C. Draws blood for lab testing	Task_Blood	
	D. Provides immunizations (includes both childhood and adult)	Task_Immun	
	E. Conducts cancer screenings (such as breast, cervical, and prostate screenings)	Task_Screen	
	F. Provides behavioral health screenings (such as depression, alcohol and substance abuse)	Task_Behav	
	G. Provides counseling services (such as diet/nutrition, weight reduction, tobacco cessation, stress management)	Task_Counsel	
	H. Manages the routine care of patients with	Task_Rout	

Variable Name	Traditional Office-based Physicians				
	chronic conditions (such as hypertension, asthma, diabetes)				
	I. Writes refill prescriptions for medications	Task_Refill			
	J. Enters patient information into medical/billing records	Task_Enter			
	K. Performs imaging tests (such as X-rays and ultrasounds)	Task_Image			
	L. Make referrals (for example, to specialty care, or to community-based services)	Task_Ref			
	M. Contacts patients, who are transitioning from hospital or nursing home back to the community	Task_Contacts			
Autonomy of PAs, NPs, and CNMs (15 variables)	The following questions concern the PAs, NPs, and CNMs practicing at [Pre-fill location].				
	A. Physician Assistant	Yes, always	Yes, sometimes	No	Unknown/ Not Applicable
	1) Are PA(s) supervised by someone on-site? PA_SUP	-	-	-	-
	2) Do you sign-off on the medical records of the patients the PA(s) see(s)? PA_SIGN	-	-	-	-
	3) Do the PA's patients have a separate log from your patients? PA_LOG				
	4) Is your approval required before the PA(s) prescribe(s) medication? PA_APPROVAL	-	-	-	-
	5) Do/does the PA(s) bill for services using their own NPI number? PA_BILL				
	B. Nurse Practitioner	Yes, always	Yes, sometimes	No	Unknown/ Not Applicable
	1) Are NP(s) supervised by someone on-site? NP_SUP	-	-	-	-
	2) Do you sign-off on the medical record of the patients the NP(s) see(s)? NP_SIGN	-	-	-	-
	3) Do the NP's patients have a separate log from your patients? NP_LOG				
	4) Is your approval required before the NP(s) prescribe(s) medication? NP_APPROVAL	-	-	-	-
	5) Do/does the NP(s) bill for services using their own NPI number? NP_BILL				
	C. Certified Nurse Midwife	Yes, always	Yes, sometimes	No	Unknown/ Not Applicable
	1) Are CNM(s) supervised by someone on-site? CNM_SUP				
	2) Do you sign-off on the medical record of the patients the CNM(s) see(s)? CNM_SIGN				
	3) Do the CNM's patients have a separate log from your patients? CNM_LOG				
	4) Is your approval required before the CNM(s) prescribe(s) medication? CNM_APPROVAL				
	5) Do/does the CNM(s) bill for services using				

Variable Name	Traditional Office-based Physicians				
	their own NPI number? CNM_BILL				
	D. Clinical Nurse Specialist	Yes, always	Yes, sometimes	No	Unknown/ Not Applicable
	Do the CNS's patients have a separate log from your patients? CNS_LOG				
	Do/Does the CNS(s) bill for services using their own NPI number? CNS_BILL				
	E. Nurse Anesthetists	Yes, always	Yes, sometimes	No	Unknown/ Not Applicable
	Do the NA's patients have a separate log from your patients? NA_LOG				
	Do/Does the NA(s) bill for services using their own NPI number? NA_BILL				
Electronic Health Record (EHR) Questions					
EMR_INTRO	Answer ALL remaining questions for the in-scope location with the most visits which is (Office location with most visits)				
EBILLREC	Does the reporting location submit any <u>claims</u> electronically (electronic billing)? 1) Yes 2) No 3) Unknown				
EMEDREC	Does the reporting location use 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 current EHR/EMR system?				
HHSMU	Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services? 1) Yes 2) No 3) Unknown				

Variable Name	Traditional Office-based Physicians
EHRNAM	<p>What is the name of your current EHR/EMR system?</p> <ol style="list-style-type: none"> 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 <u>EHRNAMOTH</u> 15) Unknown
SECURCHK	<p>Has your practice made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This would help identify privacy or security-related issues that may need to be corrected.</p> <ol style="list-style-type: none"> 1) Yes 2) No 3) Unknown
DIFFEHR	<p>Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?</p> <ol style="list-style-type: none"> 1) Yes 2) No 3) Unknown
EMRINS	<p>At the reporting location, are there plans for installing a new EHR/EMR system within the next 18 months?</p> <ol style="list-style-type: none"> 1) Yes 2) No 3) Maybe 4) Unknown
MUINC	<p>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?</p> <ol style="list-style-type: none"> 1) Yes, we already applied 2) Yes, we intend to apply 3) Uncertain if we will apply 4) No, we will not apply
MUSTAGE2	<p>Are there plans to apply for Stage 2 incentive payments?</p> <ol style="list-style-type: none"> 1) Yes 2) No 3) Maybe 4) Unknown
EDEMOG EPROLST EVITAL ESMOKE EPNOTES	<p>Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.</p> <p>These 5 answer choices are for each of the following items a-q.</p> <ol style="list-style-type: none"> 1. Yes, used routinely

Variable Name	Traditional Office-based Physicians
EMEDALG EMEDID EREMIND ECPOE ESCRIP EWARN ECONTRSUB EFORMULA ECONTRSUBS ECTOE EORDER ERESULT EGRAPH ERADI EIMGRES EPTEDU ECQM EIDPT EGENLIST EIMMREG EDATAREP ESUM EMSG EPTREC	2. Yes, but NOT used routinely 3. Yes, but turned off or not used 4. No 5. Unknown a) Recording patient history and demographic information? b) Recording patient problem list? c) Recording and charting vital signs? d) Recording patient smoking status e) Recording clinical notes? f) Recording patient's medications and allergies? g) Reconciling lists of patient medications to identify the most accurate list? h) Providing reminders for guideline-based interventions or screening tests? i) Ordering prescriptions? 1. If Yes, ask – Are prescriptions sent electronically to the pharmacy? 2. If Yes, ask – Are warnings of drug interactions or contraindications provided? 3. If Yes, ask – Are drug formulary checks performed? j) Do you prescribe controlled substances? 1. If Yes, ask – Are prescriptions for controlled substances sent electronically to the pharmacy? k) Ordering lab tests? 1. If Yes, ask – Are orders sent electronically? l) Viewing lab results? 1. If yes, ask – Can the EHR/EMR automatically graph a specific patient's lab results over time? m) Ordering radiology tests? n) Viewing imaging results? o) Identifying educational resources for patients' specific conditions? p) Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)? q) Identifying patients due for preventive or follow-up care in order to send patients reminders? r) Providing data to generate lists of patients with particular health conditions? s) Electronic reporting to immunization registries? Providing data to create reports on clinical care measures for patients with specific chronic conditions (e.g. HbA1c for diabetics)? t) Providing patients with clinical summaries for each visit? u) Exchanging secure messages with patients? v) Providing patients the ability to view online, download, or transmit information from their medical record?
REFOUT	n [^] Do Does (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
REFOUTHOW	How do you send patient health information to them? 1. Electronically (EHR, webportal, or online registries) 2. Via paper-based methods (Fax, eFax, or mail) 3. We do not send patient health information to the provider
REFOUTS	[^] Do Does (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	[^] Do Does (you/physician's name) send it <u>electronically</u> (not fax)? 1. Yes, routinely 2. Yes, but not routinely 3. No
REFIN	[^] Do Does (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

Variable Name	Traditional Office-based Physicians
REFINHOW	<p>How do you receive patient health information from them? Check all that apply.</p> <ol style="list-style-type: none"> 1. Electronically (EHR, webportal, or online registries) 2. Via paper-based methods (Fax, eFax, or mail) 3. We do not receive patient health information from the provider
REFINS	<p>Do Does (you/physician's name) send a consultation report with clinical information to the other providers?</p> <ol style="list-style-type: none"> 1. Yes, routinely 2. Yes, but not routinely 3. No
REFINSE	<p>Do Does (you/physician's name) send it <u>electronically</u> (not fax)?</p> <ol style="list-style-type: none"> 1. Yes, routinely 2. Yes, but not routinely 3. No
INPTCARE	<p>Do Does (you/physician's name) take care of patients after they are discharged from an inpatient setting?</p> <ol style="list-style-type: none"> 1. Yes 2. No
DISSUM	<p>Do Does (you/physician's name) <u>receive</u> a discharge summary with clinical information from the hospital?</p> <ol style="list-style-type: none"> 1. Yes, routinely 2. Yes, but not routinely 3. No
DISSUME	<p>Do you <u>receive it electronically</u> (not fax)?</p> <ol style="list-style-type: none"> 1. Yes, routinely 2. Yes, but not routinely 3. No
INCORINFO	<p>Can you <u>automatically incorporate</u> the received information into your EHR system without manually entering the data?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Not applicable, I do not have an EHR system
ESHARE	<p>The next questions are about sharing (either sending or receiving) patient health information.</p> <p>Do you send or receive patient health information electronically? Electronically does not include scanned or pdf documents from fax, eFax, or mail.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
ESHARES	<p>Do you electronically send patient health information to another provider whose EHR system is different from your own?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
ESHARER	<p>Do you electronically receive patient health information to another provider whose EHR system is different from your own?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
ESHAREHOW	<p>How do you electronically share patient health information?</p> <p>— ◆ Enter all that apply, separate with commas</p> <ol style="list-style-type: none"> 1. EHR/EMR 2. Web portal (separate from EHR/EMR) 3. Other electronic method (not fax) ESHAREHOWOTH

Variable Name	Traditional Office-based Physicians
EHRTOEHR	<p>Is the patient health information that you share electronically sent directly from your EHR system to another EHR system? [Pre-filled location is displayed.]</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes, routinely 2. <input type="checkbox"/> Yes, but not routinely 3. <input type="checkbox"/> No 4. <input type="checkbox"/> Unknown
ESHAREPROV	<p>With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)?</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Ambulatory providers inside your office/group 2. <input type="checkbox"/> Ambulatory providers outside your office/group 3. <input type="checkbox"/> Hospitals with which you are affiliated 4. <input type="checkbox"/> Hospitals with which you are not affiliated 5. <input type="checkbox"/> Behavioral health providers 6. <input type="checkbox"/> Long-term care providers 7. <input type="checkbox"/> Home health providers
EOUTINFO	<p>Are you/your staff able to electronically find health information (e.g. medications, outside encounters) from sources outside of the office for your patients? Please reference (fill location), which is the in-scope office with the most visits.</p> <p>Enter all that apply:</p> <ol style="list-style-type: none"> 1) <input type="checkbox"/> Yes routinely 2) <input type="checkbox"/> Yes, but not routinely 3) <input type="checkbox"/> No 4) <input type="checkbox"/> Unknown
EOUTHOW EOUTOSP	<p>If Yes to EOUTINFO, How do you look up patient health information from sources outside of the office? Please reference (fill location), which is the in-scope office with the most visits.</p> <p>Enter all that apply:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Through your EHR/EMR 2. <input type="checkbox"/> Web portal (separate from EHR/EMR) 3. <input type="checkbox"/> View only or restricted access to other providers' EHR system 4. <input type="checkbox"/> Other electronic method (not fax) EOUTOSP
EOUTYP EOUTYPSP	<p>What types of information do you routinely look up?</p> <p>Enter all that apply:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Lab results 2. <input type="checkbox"/> Imaging reports 3. <input type="checkbox"/> patient problem lists 4. <input type="checkbox"/> Medication lists 5. <input type="checkbox"/> Other EOUTYPSP
EOUTINCORP	<p>Do you or your staff routinely incorporate the information you look up into your EHR?</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes, via manual entry or scanned copy 2. <input type="checkbox"/> Yes, automatically able to incorporate without manual entry or scanning 3. <input type="checkbox"/> No, we do not routinely incorporate into our EHR

Variable Name	Traditional Office-based Physicians
EDISCHSR	<p>Do you electronically send or receive hospital discharge summaries to or from providers outside of your medical organization? Check all that apply.</p> <ol style="list-style-type: none"> 1. Send electronically 2. Receive electronically 3. Do not send or receive
EEDSR	<p>Do you electronically send or receive Emergency Department notifications to or from providers outside of your medical organization? Check all that apply.</p> <ol style="list-style-type: none"> 1. Send electronically 2. Receive electronically 3. Do not send or receive
ESUMCSR	<p>Do you electronically send or receive summary of care records for transitions of care or referrals to or from providers outside of your medical organization? Check all that apply.</p> <ol style="list-style-type: none"> 1. Send electronically 2. Receive electronically 3. Do not send or receive
PTONLINE	<p>Can patients seen at the reporting location do the following online activities? Check all that apply.</p> <ol style="list-style-type: none"> 1. View their medical record online 2. Download and transmit health information in the electronic medical record to their personal files 3. Request corrections to their electronic medical record 4. Enter their health information online (e.g. weight, symptoms)? 5. Upload their data from self-monitoring devices (e.g. blood glucose readings)?
Revenue & Contracts, Compensation, New Patients	
PRMCARE PRMAID PRPRVT PRPATPAY PROTH	<p>Please remind physician/provider that the remaining questions refer to all offices that were determined to be in-scope.</p> <p>I would like to ask a few questions about (your/Physician name's) practice revenue and contracts with managed care plans.</p> <p>Roughly, what percent of (your/Physician name's) patient care revenue comes from –</p> <ol style="list-style-type: none"> 1. Medicare? 2. Medicaid? 3. Private insurance? 4. Patient payments 5. Other (including charity, research, Tricare, VA, etc.)?
PCTRVMAN	<p>Roughly, what percent of the patient care revenue received by this practice comes from managed care contracts?</p>
REVFES REVCAP REVCASE REVOTHER	<p>Roughly, what percent of (your/Physician name's) patient care revenue comes from each of the following methods of payment?</p> <ol style="list-style-type: none"> 1. Fee-for-service? 2. Capitation? 3. Case rates (e.g., package pricing/episode of care)? 4. Other?
ACEPTNEW	<p>(Are/Is) (you/physician's name) currently accepting "new" patients into (Your/ his/her) practice(s) at [Fill-in location]?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know

Variable Name	Traditional Office-based Physicians
CAPITATE NOCAP NMEDICARE NMEDICAID NWORKCMP NSELPAY NNOCHARGE	<p>From those "new" patients, which of the following types of payment (do/does) (you/physician's name) accept at [Fill-in location]?</p> <ol style="list-style-type: none"> 1. Capitated private insurance? 2. Non-capitated private insurance? 3. Medicare? 4. Medicaid? 5. Workers' compensation? 6. Self-pay? 7. No charge? <p>The following answer choices are used for each of the above seven payment types:</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
PHYSCOMP	<p>Which of the following methods best describes your basic compensation? Bold answer choices & add FR instruction to prompt them to read answers aloud.</p> <ol style="list-style-type: none"> 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 performance, quality measures, practice profiling) 4. Shift, hourly or other time-based payment 5. Other
COMP	<p>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.</p> <p>◆ Enter all that apply, separate with commas</p> <ol style="list-style-type: none"> 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 physicians 5. The overall financial performance of the practice
SASDAPPT	<p>Does (your/Physician name's) practice set time aside for same day appointments?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
	<p>Skip Instructions:</p> <ol style="list-style-type: none"> 1. Goto SDAPPT 2. SKIP to APPTIME
SDAPPT	<p>Roughly, what percent of (your/Physician name's) daily visits are same day appointments?</p>
APPTIME	<p>On average, about how long does it take to get an appointment for a routine medical exam?</p> <ol style="list-style-type: none"> 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
PRVYEAR	N/A
PRVSEX	N/A
PRVDEGR	N/A

Variable Name	Traditional Office-based Physicians
PRVPSPEC PRVPSPEC_SP	N/A
PRVSSPEC PRVSSPEC_SP	N/A
PRVPBC	N/A
PRVSBC	N/A
PRVYRGRD	N/A
PRVFMS	N/A
PHY_UNAVAIL	<p>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.</p> <p>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.</p>