

Request for Approval of a Non-Substantive Change to the
National Ambulatory Medical Care Survey

OMB No. 0920-0234
(Expires 03/31/2019)

Contact Information:

Carol DeFrances, Ph.D.
Chief, Ambulatory and Hospital Care Statistics Branch
Division of Health Care Statistics
National Center for Health Statistics/CDC
3311 Toledo Road
Hyattsville, MD 20782
301-458-4440
301-458-4032 (fax)
csd0@cdc.gov

February 7, 2017

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A. Justification

1. Circumstances Making the Collection of Information Necessary

This request is for a non-substantive change to an approved data collection - the National Ambulatory Medical Care Survey (NAMCS) (OMB No. 0920-0234, Exp. date 03/31/2019). On March 14, 2016, OMB approved the NAMCS for three years. NAMCS is a national survey of both provider characteristics and patient visits to office-based physicians conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). The approved supporting statement included permission to modify selected sections of the 2016-2018 surveys through a non-substantive change clearance request.

There are two main components of NAMCS: (1) non-federal office-based physicians; and (2) providers in community health centers (CHCs). This change request primarily relates to (1) non-federal office-based physicians; however, one change highlights when a CHC provider abstracts the data themselves, and will be mentioned.

A major issue related to NAMCS is the declining participation rate over a number of years. A new method for drawing physicians into the survey was described and approved for the current NAMCS. We seek to expand this method in 2017 and 2018 and evaluate the success of obtaining additional physician participation. Starting in 2016, some physicians could electronically submit patient data to NCHS. This new data submission method is referred to as "Onboarding." To encourage the use of Electronic Health Records (EHRs), the government provides financial incentives to physicians and hospitals (providers) who adopt certified EHRs and meet specific reporting objectives (termed Meaningful Use (MU)) through the Medicare and Medicaid Incentive Program. Providers may submit electronic health data to the National Health Care Surveys, including NAMCS, and receive MU credit. The ability to receive MU credit is a major incentive and recruitment tool for NAMCS. Any physician may register with NCHS to receive MU credit and must demonstrate the ability to electronically submit EHR data. Many physicians have approached NCHS with an interest in participating in NAMCS using this method.

The proposed changes for 2017 and 2018 are

- A redistribution of the burden between traditional and MU physicians. MU physicians will have less overall burden as they will submit data electronically. Given available funding, NAMCS proposes adding approximately 1,000 MU physicians in 2017, and up to 2,000 in 2018.
- Concurrently, a smaller sample than usual of traditional physicians will be inducted due to the subsequent increase in MU physicians. This will result in a substantial decrease in burden decline as fewer traditional physicians will be completing NAMCS forms. Specifically, NAMCS proposes sampling approximately 3,000 traditional physicians in 2017, and 2,000 in 2018.
- For 2017 and 2018, it is planned that the NAMCS data collection agent will abstract all patient forms at traditional physician offices and community health centers to keep burden to a minimum.

12. Estimates of Annualized Burden Hours and Costs

A. Burden Hours

The burden for one complete survey cycle is summarized in the tables below. The estimated annualized burden hours are based on the number of respondents projected for an annualized average during 2017-2018 multiplied by the average time to complete each record (number of respondents * number of responses per respondent * hours per response).

The estimated new reduced annual burden is 2,669 hours. A detailed description of the individual table row changes is located below. Several assumptions were made for the calculations.

Office-based physicians

- Two-year sample averages: 2,500 for traditional physicians (after an estimate of eligible physicians are applied to average; $62\% * 2,500 = 1,550$), 1,500 for MU physicians.
- Assume 59% of eligible traditional physicians (based on 2013 NAMCS response rate) will complete NAMCS-1 induction interviews: $59\% * 1,550$ total office-based physicians = 915.
- Assume 50% of MU physicians work in small medical practices and will submit EHR visit data themselves: $50\% * 1,500 = 750$. It is further assumed that the remaining 50% will work in large medical conglomerates and will not be personally involved in submitting NAMCS-1 induction or EHR visit data.
- Assume 48% (based on 2013 NAMCS response rate) of eligible traditional physicians will participate and provide at least one PRF: $48\% * 1,550 = 744$.
- Assume data collection agent abstracts 100% of PRFs for traditional physicians and CHC providers.
- Assume 100% of MU physicians will prepare and transmit EHRs.

Below is a description of each of the rows in the newly-proposed burden table (Attachment 1 illustrates the changes from the previously approved submission):

Row 1. 915 traditional physicians and 750 MU physicians (total=1,665) will complete the NAMCS-1 induction questions (1,249 hours).

Row 2. Staff working with 744 traditional physicians will pull and refile records that the data collection agent will abstract (372 hours).

Row 3. 750 MU physicians will prepare and transmit electronic data themselves (750 hours).

Row 4. 104 CHC providers will complete the NAMCS-201 induction questions (52hours) No change.

Row 5. 234 CHC providers will complete the NAMCS-1 induction questions (117 hours)

Row 6. Staff working with 234 CHC providers will pull and refile records that the data collection agent will abstract (117 hours).

Row 7. Staff working with 72 providers will pull and refile records that the data collection agent will reabstract for the Reabstraction Study (12 hours).

Table of Estimated Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
Office-based physicians	Physician Induction Interview (NAMCS-1)	1,665	1	45/60	1,249
	Pulling, re-filing medical record forms (FR abstracts)	744	30	1/60	372
	Prepare and transmit EHR (MU On-Boarding)	750	1	60/60	750
Community Health Centers	Induction Interview – service delivery site (NAMCS-201)	104	1	30/60	52
	Induction Interview – Providers (NAMCS-1)	234	1	30/60	117
	Pulling, re-filing medical record forms (FR abstracts)	234	30	1/60	117
Reabstraction study	Pulling, re-filing medical record forms (FR abstracts)	72	10	1/60	12
Total					2,669

B. Burden Cost

The updated cost to providers for each data collection cycle is estimated to be \$225,120 for the 2017 and 2018 data collection years. This is a decrease of \$204,094 from the current estimate of \$429,214. The hourly wage estimates are based on information obtained from the Bureau of Labor Statistics web site (<http://www.bls.gov>). Specifically, we used the "May 2015 National Occupational Employment and Wage Estimates" for the original estimate and have retained that source for this nonsubstantive change.

The decrease in annualized cost is due to the decrease in burden hours as described in the updated table above.

Table of Annualized Respondent Cost

Type of Respondents	Form Name	Total Burden Hours	Average Hourly Wage Rate	Total Respondent Costs
Office-based physicians	Physician Induction Interview (NAMCS-1)	1,249	\$98.43	\$122,939
	Pulling, re-filing medical record forms (FR abstracts)	372	\$26.70	\$9,932
	Prepare and transmit EHR (MU On-Boarding)	750	\$98.43	\$73,823
Community Health Centers	Induction Interview – service delivery site (NAMCS-201)	52	\$86.56	\$4,501
	Induction Interview – Providers (NAMCS-1)	117	\$92.09	\$10,775
	Pulling, re-filing medical record forms (FR abstracts)	117	\$26.70	\$3,124
Reabstraction study	Pulling, re-filing medical record forms (FR abstracts)	12	\$26.70	320
Total				\$225,414

15. Explanation for Program Changes or Adjustments

NAMCS proposes to increase the sample size of physicians who have registered to participate in the Meaningful Use program in hopes of improving the response rate. These physicians will have a lower burden than those participating traditional physicians. The current 2016-2018 OMB package is approved for 5,435 hours; this package proposes a decrease in burden of 2,766 hours for a new total of 2,669 hours. Specifically, decreased burden is associated with the reduction/elimination in the use of the following instruments (rows reference the originally approved OMB table, see Attachment 1): (1) the electronic NAMCS-1 induction interview (Row 1: -694 hours), (2) the electronic PRF instrument used when physicians/CHC providers abstracted their own data (Row 2 & 7: -1,974 hours{totally eliminating the use of these forms}), and (3) although not an instrument per se, the reduced number of physician staff having to pull and refile medical record forms (Row 3: -729 hours). There was an increase in burden for MU on-boarding (Row 4: +620 hours) and for CHC’s pulling, re-filing medical records and forms (Row 8: +11 hours).