

Request for Approval of A Non-Substantive Change to the  
National Ambulatory Medical Care Survey:  
National Electronic Health Records Survey

OMB No. 0920-1015  
(Expiration: 04/30/2017)

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## **A1. Circumstances making the collection of information necessary**

This request is for a nonsubstantive change to an approved data collection - the National Ambulatory Medical Care Survey: National Electronic Health Records Survey (NEHRS) (NAMCS NEHRS) (OMB No. 0920-1015) (expires 4/30/2017). On April 18, 2014, OMB approved the NAMCS NEHRS annual data collection. The approved supporting statement included permission to submit non-substantive change packages, as needed, for form modifications occurring throughout the 2014-2016 study period. Some questions change on a periodic basis to collect new and/or updated information as needed. NCHS was able to secure additional funding in 2015, allowing for the collection of additional information about the health information exchange that the Office of the National Coordinator for Health Information Technology (ONC) valued as necessary. Additionally, as described in the earlier approved supporting statement, we plan on electronically collecting data by web in 2015 and 2016 to maximize response rates (refer to section A3).

We are expanding the content for the 2015 NEHRS for the following reasons:

1. For 2015, ONC has proposed expanding the currently approved content to obtain data about the constantly evolving health information exchanges (HIE), particularly with respect to sending, receiving, and integrating patient health information(see Attachment A).
2. In 2014 NEHRS data collection, half of the sample received the 4-page survey and the other half received an 8 page questionnaire with 4 additional pages of content. Content on the 8-page survey contained items that collect necessary trend and practice data in order to evaluate the HIE expanded content and meaningful use incentive program goals. Preliminary response rates show an increase of 11% for the 4-page questionnaire compared to the 8-page questionnaire (50.8% vs. 45.6% respectively).
3. We secured additional funding to cover the additional survey cost of the expanded content.

This document proposes new, modified, and deleted questions to the currently approved data collection content for the Regular NAMCS National Electronic Health Records Survey form. Changes to the content for 2015 are presented in the included attachments, highlighted below, and described in more detail in section A2.

## **2. Purpose and Use of Information Collected**

Several modifications in the questions are proposed for the 2015 NAMCS NEHRS; they are summarized in **Attachment B**.

The new questions on the 2015 NAMCS NEHRS are designed to be responsive to the currently approved Regular NAMCS NEHRS, including expanding content to measure health information exchange, but also provide information in the context of the meaningful use rule promulgated in Medicare and Medicaid Programs; Electronic Health Record Incentive Program — Stage 2, 42 CFR §§ 412-413-495 (2012). The suite of meaningful use rules are designed to guide the creation of a private and secure 21<sup>st</sup> century electronic health information system. Meaningful use is being implemented in three stages. Stage 1 established a baseline in 2011, while Stage 2 and

Stage 3 (slated for 2014 and 2016, respectively) add additional requirements and new reports. The NEHRS survey instrument will continue to evolve as the requirements for functionality evolve.

We propose to modify the currently approved Regular NAMCS NEHRS by deleting several questions relating to consults and computerized capabilities, as these topics were no longer a priority for ONC. Meanwhile other items were modified in order to capture data on the sending, receiving, and integrating of patient health information within health information exchanges. While the newly proposed 2015 questions will increase the average physician burden time of the Regular NAMCS NEHRS from 20 minutes to 30 minutes, it represents no more burden than the 2014 Expanded NAMCS NEHRS.

In 2015, the NAMCS NEHRS sample will receive the updated Regular NAMCS NEHRS questionnaire (**Attachment A**). In turn, the NAMCS NEHRS letters (**Attachment C**) will be updated to reflect the increased estimated completion/burden time.

The data collection instruments are not being altered for 2015 and 2016 follow-up survey of the 2014 NEHRS, and the respective burden times will remain the same.

### 3. Use of Improved Information Technology and Burden Reduction

Initially, the NAMCS NEHRS used mail and phone follow-up as the only modes of data collection. In 2015, NCHS plans on using a web modality to determine the impact of electronic data collection via the web on physicians responding to the NEHRS. NCHS will evaluate recruitment methods by comparing recruitment by email only, by US mail only, and by both email and US mail to inform the 2016 NEHRS data collection procedures.

## 12. Estimates of Annualized Burden Hours and Costs

### A. Burden Hours

The average burden per response for the Regular NAMCS NEHRS has increased from 20 minutes to 30 minutes; thereby increasing the annualized burden for this data collection instrument from 2,862 hours to 4,293 hours. The total estimated annualized burden for the entire data collection effort is now 8,586 hours, an increase of 1,431 hours.

Table of Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (Hours)	Total Burden (Hours)
Office-based physicians	Regular NAMCS NEHRS	8,585	1	30/60	4,293
Office-based physicians	Expanded NAMCS NEHRS	1,717		30/60	859
Office-based physicians	NAMCS NEHRS expansion (Follow-up)	6,868	1	30/60	3,434
<b>Total</b>		17,170			8,586

**B. Burden Cost**

The average cost to providers for each of the five data collection cycles is estimated to be \$154,548. The hourly wage estimates for completing the forms mentioned above in the burden hours table are based on information from the Bureau of Labor Statistics web site (<http://www.bls.gov>). Specifically, we used the "May 2013 National Occupational Employment and Wage Estimates" for (1) health care practitioners and technical occupations, and (2) office administrative and support administrative support occupations. Data were gathered on mean hourly wage in 2013 for physicians and other professionals involved in managing a private office-based practice (e.g., nurses, receptionists, etc.). The total cost estimate for office-based physicians includes estimates for completing the NAMCS NEHRS. The average hourly wage for these respondents is weighted based on who typically completes the form. For example, to better approximate costs, the estimate of \$90.00 (office-based physicians) was an average based on the hourly salary of family and general practitioners, general internists, obstetricians and gynecologists, general pediatricians, psychiatrists, surgeons, and a catch-all category "Physicians and Surgeons, All Other." The following table shows the total annual respondent cost.

Table of Annualized Respondent Cost

Type of Respondent	Response Burden (in hours)	Average Hourly Wage	Total Cost
Office-based physicians, mail survey	8,586	\$90.00	\$772,740
<b>Total</b>			\$772,740

**15. Explanation for Program Changes or Adjustments**

The current approved burden is 7,155 hours. The proposed changes to the Regular NAMCS NEHRS will increase the burden to the respondents by 1,431 hours, resulting in a final burden of 8,586 hours.

**Attachments**

- A. 2015 National Electronic Health Records Survey
- B. Changes to 2015 NEHRS
- C. 2014 NAMCS NEHRS Letters