

Attachment K1: 2018 NAMCS Advance Letters



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

National Center for Health Statistics
3311 Toledo Road, Room 3409
Hyattsville, Maryland 20782

Month, Day, Year

Name
Additional Info
Street Address
City, State, Zip

NAMCS Endorsing Organizations

American Academy of Ambulatory
Care Nursing

American Academy of Dermatology

American Academy of Family
Physicians

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Otolaryngology-
Head and Neck Surgery

American Academy of Pediatrics

American Academy of Physical
Medicine and Rehabilitation

American College of Cardiology

American College of Obstetricians and
Gynecologists

American College of Physicians

American College of Preventive
Medicine

American College of Surgeons

American Osteopathic Association

American Psychiatric Association

American Society of Clinical Oncology

American Society of Plastic Surgeons

American Urological Association

National Association of Community
Health Centers

Dear Dr. (last name),

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) is conducting the National Ambulatory Medical Care Survey (NAMCS). This annual study, which has been in the field since 1973, collects information about the large portion of ambulatory care provided by physicians and midlevel providers throughout the United States. Research using NAMCS helps to inform physicians, health care researchers, and policy makers about the changing characteristics of ambulatory health care in this country. The information that we will request includes data about patient visits (e.g., demographics, diagnoses, services, and treatments); physician practice characteristics (e.g., practice type); and use of electronic medical records.

Many organizations and leaders in the health care community, including those providing the enclosed letter of endorsement, have expressed their support and join me in urging your participation in this meaningful study. You will be asked to allow the abstraction of a sample of about 30 patient encounters during a randomly assigned, 1-week reporting period. Additionally, there is a short interview (approximately 30 minutes) with you about the nature of your practice. We intend to conduct additional health care research by linking National Provider Identifiers (NPI) and Federal Tax Identification Numbers collected in this study to health care-related data such as Medicare records. Participation is voluntary, and you or your staff may refuse to answer any question or stop participating at any time without penalty or loss of benefits.

The following are some key points about the survey:

- Data collection for NAMCS is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k).
- All information collected will be held in confidence according to Section 308(d) of the Public Health Service Act (Title 42, U.S. Code, 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act

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(Title 5 of PL 107–347). This information will be used for statistical purposes only. No patient names, social security numbers, or addresses are collected.

- NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note). The Act permits monitoring of information systems for the purpose of protecting a network from hacking, denial of service attacks and other security vulnerabilities. The software used for monitoring may scan information that is transiting, stored on, or processed by the system. If the information triggers a cyber-threat indicator, the information may be intercepted and reviewed for cyber threats. The Cybersecurity Act specifies if any information that is scanned by the cybersecurity software programs is found to be suspicious, it may be reviewed for specific threats by computer network experts working for the government (or contractors or agents who have governmental authority to do so). The Act further specifies that such information may only be used for the purpose of protecting information and information systems from cybersecurity risks.
- In addition, NAMCS conforms to the Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164) as mandated by HIPAA (Public Law 104-191) because disclosure of patient data is permitted for public health purposes, and the NCHS Research Ethics Review Board has approved NAMCS.
- U.S. Census Bureau employees, who administer the study, are required by law to keep all information about your practice and patients confidential.
- Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice 09-20-0167 Health Resources Utilization Statistics.

A Census Bureau employee, acting as our agent, will call you to schedule an appointment regarding the details of your participation. If you have any questions, please call a NAMCS representative at 1–800–392–2862. You can also find additional information on the survey by visiting the NAMCS participant website at: https://www.cdc.gov/nchs/ahcd/namcs_participant.htm.

You may have questions about your rights as a participant in this research study. If so, please call the Research Ethics Review Board at 1–800–223–8118. Please leave a brief message with your name and phone number and say that you are calling about Protocol 2016–03. Your call will be returned as soon as possible.

We greatly appreciate your cooperation.

Sincerely,



Charles J. Rothwell
Director



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Your CHC location has been selected and we are requesting a short interview (approximately 30 minutes) with you to obtain information that would allow us to sample up to three physicians or midlevel providers in your health center. From these providers we will collect information from a sample of patient visits (e.g., demographics, diagnoses, services, and treatments); and provider demographic and practice characteristics. We intend to conduct additional health care research by linking National Provider Identifiers (NPI) and Federal Tax Identification Numbers collected in this study to health care-related data such as Medicare records.

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