

Request for Approval of a Non-Substantive Change:

National Ambulatory Medical Care Survey

OMB No. 0920-0234
(Expires 5/31/2022)

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Table of Contents

1. Circumstances Making the Collection of Information Necessary.....3
2. Purpose and Use of Information Collection.....4
8. Consultation Outside the Agency.....4
12. Estimates of Annualized Burden Hours and Costs.....5
15. Explanation for Program Changes or Adjustments.....7

List of Attachments

- A. NAMCS 2020 Proposed COVID-19 Questions
- B. 2020 NAMCS Traditional Physician Induction Interview
- C. 2020 NAMCS CHC Induction Interview

National Center for Health Statistics
NATIONAL AMBULATORY MEDICAL CARE SURVEY

The National Center for Health Statistics (NCHS) requests a nonsubstantive change to the approved data collection - National Ambulatory Medical Care Survey (NAMCS) (OMB No. 0920-0234, Exp. Date: 05/31/2022). This change is to allow the addition of survey questions that will collect data which can be used to provide understanding and nationally representative estimates on experiences of the provision of health care by physician offices and community health centers (CHCs) during the current and ongoing novel coronavirus disease (COVID-19) pandemic in the United States. On May 23, 2019, NAMCS was approved to collect data for the three years – 2019, 2020, and 2021 – from non-federal, office-based physicians, CHCs, and CHC providers. The approved supporting statement included approval to modify selected sections of the 2019-2021 surveys when needed.

This submission proposes the addition of a short block of questions related to the coronavirus disease (COVID-19) to NAMCS in both (1) the traditional office-based Physician Induction Interview, and (2) the Community Health Center (CHC) Director Induction Interview. Changes to the content are presented in the included attachments and are described in more detail below. There are five new questions (with a few of these containing sub-questions) being added. No one respondent would answer all sub-questions. Due to the fact that the interviewer has gained efficiency in the response options for the other non-COVID-19 questions, the additional five questions will be absorbed by the current estimated burden calculations. Therefore, no change in burden is expected.

Justification

1. Circumstances Making the Collection of Information Necessary

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. On March 13, 2020, the U.S. President proclaimed the outbreak a national emergency. As rates of infection continue to rise across the United States, health care facilities and public health departments are facing significant strain on patient care and infection prevention efforts, as well as the need to modify how care is provided to patients. In order to collect data on these modifications, a short block of survey questions is being requested to be added to the National Ambulatory Medical Care Survey (NAMCS). These questions will begin with data collection during the 2020 NAMCS and continue into subsequent data collection years. The inclusion of these questions will continue as long as such data related to COVID-19 and health care provision are still deemed relevant. It is expected that changes in health care provision at physician offices and community health centers (CHC) brought on by the virus will be ongoing and cumulative. Therefore, it is imperative to start measuring these changes implemented at office-based physician practices and CHCs as quickly as possible.

The majority of data collection and surveillance systems related to COVID-19 have focused on hospitals, and there is a need for more data among office-based physicians and CHCs. There have been some limited, non-federal surveys of physicians and their experiences with COVID-19. However, these surveys were brief and contained less-detailed survey questions. In a number of instances, they are not

nationally representative. Furthermore, none of these surveys have given a specific focus to CHCs. Therefore, using its current survey format, NAMCS is in a unique position to collect more in-depth data on experiences with providing health care during the COVID-19 pandemic, and to do so such that the result will be more comprehensive, nationally representative estimates among both office-based physicians and CHCs. Furthermore, after being collected, these data related to COVID-19 will allow NAMCS to estimate differences in these experiences by physician, practice, and CHC characteristics that are already collected in the survey. Finally, the data captured by these COVID-19 questions could also be examined in conjunction with the patient visit-level data collected from physicians and CHCs to provide even further understanding.

The new questions are designed to provide insight into the impact of COVID-19 on the operations of non-federal, physician offices and community health centers in the United States. They consist of 5 questions (with a few of these containing sub-questions) that will be used to assess whether physician offices/CHCs: (1) encountered shortages in personal protective equipment (PPE); (2) encountered shortages in COVID-19 tests; (3) turned away or referred elsewhere presumptive positive COVID-19 patients; (4) had any health care providers at their practice or center who tested positive for COVID-19; and (5) used telemedicine or telehealth to facilitate patient care. The responses to these questions will be collected as part of the computerized induction interview using a secure computer laptop. The additional data collected from these questions will pose only a minimal burden on respondents; and as noted above, is absorbed in the OMB burden previously approved for the applicable NAMCS data collection instruments (OMB No. 0920-0234, Exp. Date: 05/31/2022).

The survey is conducted under authority of Section 306 of the Public Health Service Act (42 USC 242k). We are requesting this nonsubstantive change to include these questions in the remainder of the 2020 data collection, as well as subsequent data collection years provided collection of COVID-19 data is still considered relevant.

The new questions to be added are summarized by instrument type in **Attachment A**. The updated NAMCS Physician Induction Interview is shown in **Attachment B**, and the updated NAMCS CHC Induction Interview is shown in **Attachment C**.

2. Purpose and Use of Information Collection

The data collected under this information collection request (ICR) will be made available to data users as part of the NAMCS through the Research Data Center (RDC). As previously highlighted, these data will allow researchers to answer important questions pertaining to shortage in PPE and COVID-19 tests, need to turn away or refer patients elsewhere, infection of COVID-19 on the workforce at physician offices and CHCs, and telemedicine/telehealth utilization. We are requesting to include these questions in the 2020 data collection and for subsequent data years if such data are still deemed relevant to be collected.

8. Consultation Outside the Agency

Due to the urgency and time constraint in getting these questions included in the 2020 data collection, a formal cognitive testing approach was not able to be undertaken. Instead, expert review by physicians, advanced practice providers, and NCHS staff was being utilized. The feedback from this review has now been integrated into the questions, and they have been edited accordingly to ensure that they are performing optimally.

12. Estimates of Annualized Burden Hours and Costs

Burden Hours

The 2020 induction questionnaires for traditional office-based NAMCS physicians and CHC directors, where these additional questions will be added, will both continue to represent 30 minutes of burden per respondent. Due to the fact that no one respondent will answer all subquestions included, and the interviewer will have gained efficiency in the response options for the other non-COVID-19 questions, the additional questions will be absorbed by the current estimated burden calculations. Likewise, the burden table has remained unchanged from the last approved NAMCS package (OMB No. 0920-0234, Exp. Date: 05/31/2022) and is provided below. The estimated annualized burden for one complete survey cycle is summarized below in Table 1.

This submission requests OMB approval for the revision of the 2020 NAMCS Physician and CHC Induction Interview questionnaires include only five additional questions (with a few of these containing sub-questions) that assess the impact of the COVID-19 pandemic for the 2020 data collection, and subsequent data years if such data are still deemed relevant to be collected. As the current estimated burden allows for these few additional questions to be added, and it is estimated that these new data collection activities will not introduce any additional respondent burden. Therefore, the estimated annualized burden remains unchanged at 5,039 hours.

Table 1-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.)
Traditional Office-based Physicians or Staff	2018 Physician Induction Interview (NAMCS-1)	122	1	30/60	61
	2019+ Physician Induction Interview (NAMCS-1)	1,097	1	30/60	549
	2018 Pulling, re-filing medical record forms (FR abstracts)	99	30	1/60	50

	2019+ Pulling, re-filing medical record forms (FR abstracts)	893	30	1/60	447
MU Office-based Physician Staff	2019+ MU Physician Induction Interview (NAMCS-PFI)	2,000	1	45/60	1,500
	2019+ Pulling, re-filing medical record forms (MU Onboarding)	2,000	1	60/60	2,000
Community Health Center Executive/Medical Directors	2018 Induction Interview – service delivery site (NAMCS-201)	12	1	30/60	6
	2019+ Induction Interview – service delivery site (NAMCS-201)	104	1	30/60	52
Community Health Center Providers	2018 Induction Interview – Providers (NAMCS-1)	36	1	30/60	18
	2019+ Induction Interview – Providers (NAMCS-1)	312	1	30/60	156
Community Health Center Provider Staff	2018 Pulling, re-filing medical record forms (FR abstracts)	36	30	1/60	18
	2019+ Pulling, re-filing medical record forms (FR abstracts)	312	30	1/60	156
Traditional Physician Office-based and Community Health Center Staff	2018 Pulling, re-filing medical record forms (FR abstracts) for the Reabstraction Study	3	10	1/60	1
Traditional Physician Office-based and Community Health Center Staff	2019+ Reinterview Study	100	1	15/60	25
Total					5,039

Burden Cost

The reported average annual response burden cost for the data collection cycle also remains an estimated \$185,977 and is summarized in Table 2 below. This table remains unchanged from the last approved NAMCS package (OMB No. 0920-0234: Exp. Date 05/31/2022). Therefore, we do not expect any additional cost to the government with this proposed revision to the NAMCS induction questionnaires, and the cost remains unchanged.

Table 2-Annualized Respondent Cost

Type of Respondents	Form Name	Total Burden Hours	Average Hourly Wage Rate	Total Respondent Costs
Traditional Office-based Physicians	Physician Induction Interview (NAMCS-1)	152	\$103.65	\$15,755
Traditional Office-based Physician's Staff	Physician Induction Interview (NAMCS-1)	458	\$32.16	\$14,729
Traditional Office-based Physician's Staff	Pulling, re-filing medical record forms (FR abstracts)	497	\$32.16	\$15,984
MU Physician's Staff	Physician Induction Interview (NAMCS-PFI) & Prepare and transmit EHR visit data	3,500	\$32.16	\$112,560
Community Health Center Executive/Medical Directors	Induction Interview – service delivery site (NAMCS-201)	58	\$90.52	\$5,250
Community Health Center Providers	Induction Interview – Providers (NAMCS-1)	174	\$87.74	\$15,267
Community Health Centers Provider Staff	Pulling, re-filing medical record forms (FR abstracts)	174	\$32.16	\$5,596
Traditional Physician Office-based and Community Health Center Staff	Pulling, re-filing medical record forms (FR abstracts) for the Reabstraction Study	1	\$32.16	\$32
Traditional Physician Office-based and Community Health Center Staff	Reinterview Study	25	\$32.16	\$804
Total				\$ 185,977

15. Explanation for Program Changes or Adjustments

As stated earlier, the addition of the COVID-19 questions will not change the currently approved estimated annualized burden of 5,039 hours; therefore, there is no burden change.