Attachment C: 2020 NAMCS-201 CHC Service Delivery Site

Note: Red indicates new COVID-19 questions.
(Prepared 6/26/2020; instrument: 2020_CHC_v20.01.07.)

Variable Name	Question Text and Answer Categories
START	1. Continue [goto **DIAL**] 2. Noninterview (Unable to locate, refusal, etc.) [goto **NONINT_TYPE**] 3. Issue Preventing CHC Facility Interview [goto **CALL_RO**] 4. Quit [goto **DONE**]
DIAL	◆ Dial number (Last respondent: (director's name/respondent's name)) Director's Phone 1: Director's Phone 2: CHC Phone 1: CHC Phone 2: Other Contact Phone 1: Other Contact Phone 2: 1. Someone answers [goto **HELLO**] 2. All phone numbers bad/Need new number [goto **NOGOOD_PHN**] 3. No answer/problem [goto **NOGOOD_PHN**]
NONINT_TYPE	◆ Enter type of noninterview 1. Unable to locate-await guidance from RO [goto **NONINT_NAME**] 2. Potential Refusal-follow-up required [goto **NONINT_NAME** to **NONINT_PTYPE—EXIT_THANK**] 3. Refusal [goto **NONINT_NAME** to **NONINT_PTYPE—EXIT_THANK**] 4. Out-of-Scope-Specify [goto **OOS_SPECIFY**] 5. Moved-further work needed to obtain address [got **NONINT_NAME to NONINT_PTYPE—EXIT_THANK**]
OOS_SPECIFY	◆ Specify Out of Scope [goto **NONINT_NAME to NONINT_PTYPE--EXIT_THANK**]
CALL_RO	◆ Call your RO and inform them of the situation (if you have not already done so). Await resolution from the RO before continuing with this case.

Variable Name	Question Text and Answer Categories
	1. Enter 1 to Exit [goto **DONE**]

NONINT_NAME **NONINT_TITLE** **NONINT_PHONE** **NONINT_PTYPE**	Enter the name of the person who provided the information. If necessary, ask "What is your name?" Enter title of the person who provided the information. If necessary, ask "What is your title?" ◆ Enter phone number of the person who provided the information. If necessary, ask "What is your phone number?" Enter "0" if none
	
	Enter the phone number type. If necessary, ask "What type of phone is this?"
	   0. Main
	   1. Home
	   2. Work
	   3. Mobile
	   4. Pager, Beeper, Answering Service
	   5. Toll Free
	   6. Other
	   7. Fax
	   8. Unknown
	[goto **EXIT_THANK**]

EXIT_THANK	**Thank you for your time.** ◆ HANG UP.
NOGOOD_PHN	◆ All phone numbers for this case are bad. Press Alt-F9 to remove delete/update phone numbers. After exiting the case, try to find a new number for this Community Health Center. [if **DIAL**=2] 1. Enter 1 to Exit [goto **DONE**] [OR] ◆ All numbers have been tried. [if **DIAL**=3] Try this case another time. 1. Enter 1 to Exit [goto **DONE**] [exit instrument]

HELLO	**Hello. This is (FR's name) from the U.S. Census Bureau.**
	May I speak to (director's name/respondent's name)?
	
	◆ If call is transferred, repeat this screen whan phone is answered
	
	Case Status: New Case
	
	If respondent indicates non-interview status or there is an issue preventing the interview, go back to **START** screen and report the case accordingly.
	
	  1. Correct person, correct person called to the phone, or call is transferred to correct person [goto **INTRO_APPT**]
	  2. Uknown/no longer there [toto **CORRECT_CHC**]
	  3. Respondent can best be reached on a different number [goto **REACHED_ON**]
	  4. Not abailable now, not at desk, etc. [goto **BACK_LATER**]
	  5. On vacation or otherwise temporarily away from work [goto **BACK_LATER**]
	  6. Other outcome or problem interviewing respondent [goto **DONE**]

CORRECT_CHC	**Is this (fill CHC name)?** 1. Yes [goto **NEW_DIRECTOR**] 2. No [goto **EXIT_THANK**]
NEW_DIRECTOR	**What is director's name?** Enter 1 to record a new director 1. Enter 1 to update information [update director's info-continue-goto **HELLO**]

Variable Name	Question Text and Answer Categories
	2. Continue [goto **HELLO**]
REAHED_ON	**What phone number should I use to reach (director's name)** ◆ Press Alt-F9 To update Phone number(s) (When done updating phone(s), enter 1 to continue) [goto **TRANSFER**]

TRANSFER	**Can you transfer me?**
	    1. Yes [goto **HELLO**]
	    2. No [goto EXIT_THANK]

BACK_LATER	◆ Do you want to call back later to try and speak to (director's greet name/respondent's name) or do you want to continue with a new/different respondent?
	REPORTING PERIOD: (reporting period start date)-(reporting period end date)
	    1. Yes, callback later [togo DONE]
	    2. Continue with new/different respondent [goto **KNOWL_RESP**]

KNOWL_RESP	**Perhaps you can help me. I am calling on behalf of the National Center for Health Statistics. May I speak to someone who can answer questions about ambulatory care?**
	<u>Previous Respondent(s)</u>
	(list names)
	    1. Person you are speaking with can help [goto **OTH_NAME**]
	    2. Someone else can help [goto **OTH_NAME**]

OTH_NAME	**What is your/their name and title?**
	◆ Enter 1 to update contact information
	
	    1. Enter 1 to update information [update-goto **HELLO**]
	    2. Continue [goto **DONE**]

INTRO_APPT	**Hello (director's name/respondent's name).** **I am (FR's name). I'm calling for the CDC's National Center for Health Statistics regarding their study of ambulatory care. You should have received a letter from the Director of the National Center for Health Statistics, explaining the study. You probably also received a letter from the U.S. Census Bureau. We are acting as the data collection agency for this study.** **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 (reporting period begin date)?** [<mark>wording before sample week</mark>] **What would be a good time for you?** [<mark>wording after sample week</mark>] ◆ Enter 999 to start induction now If respondent indicates non-interview status or there is an issue preventing the interview, go back to START screen and report the case accordingly. [goto **CHCTYPE**]
CHCTYPE	◆ You must make sure that every respondent answering the following induction interview questions has provided informed consent. To ensure informed consent, please ask each different respondent if they have seen the advance letter sent from NCHS. If they have not seen the letter, please provide a copy and offer to summarize the contents before continuing the induction interview. **How would you classify this center? Would you say that it is a…** ◆ Enter all that apply - separate with commas If you have called the RO and confirmed the location is 4. None of the above, go to START

Variable Name	Question Text and Answer Categories

	screen and report the case accordingly.
	
	   1. Federally-funded Community Health Center (330)
	     ● Community Health Center (CHC)
	     ● Migrant Health Center (MHC)
	     ● Health Care for the Homeless (HCH)
	     ● Public Housing Primary Care (PHPC) grant program
	   2. Federally Qualified Health Center, but not federally funded (330 look-alike)
	   3. Urban Indian (437) Health Center
	   4. None of the above [reminder then exit the case and call Census RO]
	
	[1-3 goto **ADDHCECK**]
	[4-verify-gotto **DONE]**

ADDCHECK	◆ Verify the following information is correct.
	[fill sampled CHC address]
	[fill sampled CHC phone number]
	[fill CHC director's name]
	
	If information is available, update the Director's name.
	
	◆ This pre-filled address represents the sampled CHC. In vary rare cases, this might need to be changed; if so, please contact your RO before updating and explain the circumstances. However, simple modification such as an updated suite number are acceptable.
	
	   1. Yes, information is correct [got **AVG_WEEKS**]
	   2. No, updates needed [goto **CHC_NAME**]

CHC_NAME	◆ Enter 1 to update the CHC name, address, and phone Update Director information, if available.
AVG_WEEKS	**On average, in a normal year, how many weeks does the CHC at this location see patients?** [if 0 goto **WK_FOLLUP**]

WK_FOLLUP	**You indicated that this CHC LOCATION does not usually see patients in a typical year, is this correct?**
	   1. Yes [goto **INTRO_SAMP**]
	   2. No [goto **AVG_WEEKS**]

INTRO_SAMP	**I would like to discuss a plan for conducting the National Ambulatory Medical Care Survey (NAMCS) to a sample of your providers. This center has been assigned to a 1-week reporting period that begins on Monday, (reporting period start date) and ends on Sunday, (reporting period end date).** **I will need to sample 3 providers from your center. In order to do this, I will need the name, specialty, and estimated visit volume corresponding to the sample week for all physicians and advanced practice providers <u>only at the currently sampled in-scope location.</u>** ◆ The term "advanced practice provider" is to be used by field representatives during the interview to refer to nurse practitioners, physician assistants, or certified nurse midwives. However, please note that some respondents may also use the terms "mid-level provider" or "non-physician clinician" to refer to this same group of providers. **Please include all providers even if they do not see expect to see patients during the sample week.** [wording before sample week] **Please include all providers even if they did not see patients during the sample week.** [wording after sample week] **In-scope locations include all fixed locations that provide health care, including module**

Variable Name	Question Text and Answer Categories
	clinics, and specialty clinics. Please do not include providers that work solely at school-based clinics.
	Please exclude anesthesiologists, dentists, hygienists, optometrists, pathologists, psychologists, podiatrists, and radiologists. Please also exclude any interns, residents, or fellows. Include physicians (both MDs and DOs), nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs).
	◆ List all providers from the currently sampled in-scope location, even if they did not expect see patients during the sampled week. [<mark>wording before sample week</mark>] ◆ List all providers from the currently sampled in-scope location, even if did not see patients during the sampled week. [<mark>wording after sample week</mark>] Enter a zero for the actual visit volume for those providers with no actual visits. If the CHC that has been sampled is a health department, please verify that they will not be distributing the 330 grant money to other administratively unconnected community health centers. If the health department does distribute the money to other CHCs, these need to be sampled, so please contact your supervisor for further instructions.
Enter all applicable providers working at sampled CHC during sample week	
PROV_FNAME	**Let's start with the first provider. What is the provider's first name?** ◆ Interns, residents, and fellows are not included. Enter 999 for no more providers.
PROV_MNAME	**What is the provider's middle name?**
PROV_LNAME	**What is the provider's last name?**
PROV_TYPE	**Is (provider's name) a Medical Doctor (MD) or Doctor of Osteopathy (DO), Nurse Practitioner (NP), Physician Assistant (PA), or Certified Nurse Midwife (CNM)?** 1. Medical Doctor (MD) [goto **PROV_SPEC**] 2. Doctor of Osteopathy (DO) [goto **PROV_SPEC**] 3. Nurse Practitioner (NP) [goto **PROVIDED**] 4. Physician Assistant (PA) [goto **PROVIDED**] 5. Certified Nurse Midwife (NMW) [goto **PROVIDED**]
PROV_SPEC	**What is (provider's name)'s specialty?** ◆ Enter 'XXX' if the specialty is not listed. Job A contains a list of physician specialties. Where applicable, please encourage respondent to use this list. [if 'XXX' goto **PROV_SPEC2**]
PROV_SPEC2	◆ Is the provider an anesthesiologist, dentist, hygienist, optometrist, pathologist, psychologist, podiatrist, or radiologist? 1. Yes [goto **PROV_SPEC_SP**] 2. No [goto **PROV_SPEC_SP**]
PROV_SPEC_SP	◆ Enter verbatim response for specialty
PROVIDED	**What was the visit volume during the sample week for (provider's name)?** ◆ Enter 0 if providers did not see patients during the reference period. [if >1 provider at CHC, goto **PROV_FNAME** and enter provider information] [if entered all providers in table, enter '999' and goto **DoneTblProv1**]
DoneTblProv1 (asked after all information for all CHC providers has been entered)	◆ Have you entered in all providers for this location? If yes, you will not be able to go back and enter any additional provider for this location. 1. Yes [goto **PROV_STRT**] 2. No [goto provider table]
Enter address informaiton for practicing providers listed in earlier table	
PROV_STRT (check/edit address info for	**What is (provider's name) address?** ◆ Enter number and street.

Variable Name	Question Text and Answer Categories
each provider working at CHC (listed in table))	◆ The address of each provider MUST match the sampled CHC address. If the address of any of the listed providers in this table is different compared to the sampled CHC address, please call your RO immediately and explain the circumstances. You shuld NOT be following CHC providers to non-smapled CHC settings.
PROV_STRT2	**What is (provider's name) address?** ◆ Enter line two of address. ◆ The address of each provider MUST match the sampled CHC address. If the address of any of the listed providers in this table is different compared to the sampled CHC address, please call your RO immeadiately and explain the circumstances. You shuld NOT be following CHC providers to non-smapled CHC settings.
PROV_CITY	**What is (provider's name) address?** ◆ Enter city. ◆ The address of each provider MUST match the sampled CHC address. If the address of any of the listed providers in this table is different compared to the sampled CHC address, please call your RO immeadiately and explain the circumstances. You shuld NOT be following CHC providers to non-smapled CHC settings.
PROV_STATE	**What is (provider's name) address?** ◆ Enter state. ◆ The address of each provider MUST match the sampled CHC address. If the address of any of the listed providers in this table is different compared to the sampled CHC address, please call your RO immeadiately and explain the circumstances. You shuld NOT be following CHC providers to non-smapled CHC settings.
PROV_ZIPCODE	**What is (provider's name) address?** ◆ Enter zipcode. ◆ The address of each provider MUST match the sampled CHC address. If the address of any of the listed providers in this table is different compared to the sampled CHC address, please call your RO immeadiately and explain the circumstances. You shuld NOT be following CHC providers to non-smapled CHC settings.
PROV_LOCTYPE	◆ Enter location/address type ◆ The address of each provider MUST match the sampled CHC address. If the address of any of the listed providers in this table is different compared to the sampled CHC address, please call your RO immeadiately and explain the circumstances. You shuld NOT be following CHC providers to non-smapled CHC settings. 1. Main Office adddress 2. Alternative/2nd office address 3. Home office 4. Home 5. Unknown
PROV_PHONE	**What is (provider's name) telehone number?**
PROV_PHTYP	**What type of telephone numberis this?** 0. Main 1. Home 2. Work 3. Mobile 4. Pager, Beeper, Answering Service 6. Toll Free 7. Other 8. Fax 9. Unknown

Variable Name	Question Text and Answer Categories
GREET_NAME	◆ Enter Greet Name (Greet name will be used on the letter that is sent to the provider.) Provider Name: (fill provider's name) [goto **COVID_INTRO**]
NOPATIENTS (asked if 0 providers saw/expect to see patients at CHC)	**You have told me that NONE of these providers expect to see patients during the sample week that begins on Monday, (reporting period start date) and ends on Sunday, (reporting period end date).** **Is this correct?** 1. Yes, there are no providers seeing patients during reference week 2. [goto **MOSTVIS_INTRO**] 3. No, incorrect - there are providers seeing patients [goto provider table & edit/add-**PROV_FNAME**]
COVID_INTRO (section updated 6/5/20)	**Now I would like to ask you a few questions about the coronavirus disease (COVID-19) and the impact it had on operations in your CHC and on your staff.** Enter 1 to Continue
	During the past THREE months, how often did your center experience shortages of any of the following personal protective equipment due to the onset of the coronavirus disease (COVID-19) pandemic? (Note: This heading should remain if different instrument panes are needed.) ◆ Check only one box per piece of equipment.
COVID_N95_RESP	**N95 respirators or other approved facemasks** 1. Never 2. Some of the time 3. Most of the time 4. All of the time 5. Don't know
COVID_EYE	**Eye protection, isolation gowns, or gloves** 1. Never 2. Some of the time 3. Most of the time 4. All of the time 1. Don't know

COVID_TEST
 	
COVID_SHORT
 	
COVID_REFER
	During the past THREE months, did your center have the ability to test patients for coronavirus disease (COVID-19) infection?
	
	◆ Check only one box.
	
	1. Yes [goto **COVID_SHORT**]
	     During the past THREE months, how often did your center experience shortages of coronavirus disease (COVID-19) tests for any patients who needed testing?
	        a. Never
	        b. Some of the time
	        c. Most of the time
	        d. All of the time
	        e. Don't know
	2. No [goto **COVID_REFER**]
	3. Not applicable – did not need to do any COVID-19 testing [goto **COVID_AWAY**]
	4. Don't know [goto **COVID_REFER**]
	     During the past THREE months, how often did your center have a location where patients could be referred to for coronavirus disease (COVID-19) testing?
	        a. Never
	        b. Some of the time

Variable Name	Question Text and Answer Categories

	c. Most of the time
	    d. All of the time
	    e. Don't know

COVID_AWAY	**During the past THREE months, how often did your center need to turn away or refer elsewhere any patients with confirmed or presumptive positive coronavirus disease (COVID-19) infection?**
	
	◆ Check only one box.
	
	  1. No COVID-19 patients were not turned away or referred elsewhere
	  2. Yes, some COVID-19 patients were turned away or referred elseward
	  3. Yes, most COVID-19 patients were turned away or referred elsewhere
	  4. Yes, all COVID-19 patients were turned away or referred elsewhere
	  5. Not applicable – the center did not have any COVID-19 patients
	  6. Don't know
	
	During the past THREE months, did any of the following clinical care providers in your center test positive for coronavirus disease (COVID-19) infection?
	(Note: This heading should remain if different instrument panes are needed.)
	
	◆ Check only one box per provider.

COVID_PROV1	**Physicians**
	  1. Yes
	  2. No
	  3. Not applicable-did not have such provider type onsite
	  4. Don't know

COVID_PROV2	**Physician assistants**
	  1. Yes
	  2. No
	  3. Not applicable-did not have such provider type onsite
	  4. Don't know

COVID_PROV3	**Nurse practitioners**
	  1. Yes
	  2. No
	  3. Not applicable-did not have such provider type onsite
	  4. Don't know

COVID_PROV4	**Certified nurse-midwives**
	  1. Yes
	  2. No
	  3. Not applicable-did not have such provider type onsite
	  4. Don't know

COVID_PROV5	**Registered nurses/licensed practical nurses**
	  1. Yes
	  2. No,
	  3. Not applicable-did not have such provider type onsite
	  4. Don't know

COVID_PROV6	**Other clinical care providers**

Variable Name	Question Text and Answer Categories
COVID_PROV_OTH	1. Yes (please specify:_____) 2. No 3. Not applicable – did not have such provider type onsite 4. Don't know
TELEMED	**During January and February 2020, was your center using telemedicine or telehealth technologies (for example, audio with video, web videoconference) to assess, diagnose, monitor, or treat patients?** 1. Yes [goto **TELEMED_INC**]
TELEMED_INC	**After February 2020, did your center's use of telemedicine or telehealth technologies to conduct patient visits increase?** 1. Yes [goto **TELEMED_INC_PER**]

TELEMED_INC_PER	**After February 2020, how much has your center's use of telemedicine or telehealth to conduct patient visits increased?**
	          1. Less than 25%
	          2. 25% to 49%
	          3. 50% to 74%
	          4. 75% or more
	          5. Don't know
	      2. No
	      3. Don't know
	
	   2. No [goto **TELEMED_START**]

TELEMED_START	**After February 2020, has your center started using telemedicine or telehealth technologies?** 1. Yes [goto **TELEMED_START_PER**]

TELEMED_START_PER	**Since your center started using these technologies, how many of your patient visits have been using telemedicine or telehealth?**
	          1. Less than 25%
	          2. 25% to 49%
	          3. 50% to 74%
	          4. 75% or more
	          5. Don't know
	      2. No
	      3. Don't know
	
	   3. Don't know
	
	[goto **MOSTVIS_INTRO**]

Workforce Questions	
MOSTVIS_INTRO	**The next section refers to characteristics of the sampled CHC.**

Variable Name	Question Text and Answer Categories
NUMPH	◆ The next questions are about the CHC that is associated with (fill CHC location). **How many physicians are associated with this CHC?** **Please include physicians at (fill CHC location), and physicians at any other locations of this CHC.** **Do not include interns, residents, or fellows.** ◆ Include all in-scope and out-of-scope physicians other than interns, residents, and fellows in the count. DO NOT include advance practice provider on this screen. 1. 1 Physician 2. 2-3 physicians 3. 4-10 physicians 4. 11-50 physicians 5. 51-100 physicians **6.** More than 100 physicians

PCMH	**Is the CHC at this location <u>certified</u> as a patient-centered medical home?**
	
	1. Yes [goto **CERT_WHO**]
	   By whom is the CHC at this location certified as a patients-centered medical home? (CERT_WHO)
	   ◆ Enter all that apply, separate with commas
	
	    1. Accreditation Association for Ambulatory Health Care (AAAHC) [goto **QUAL**]
	    2. Joint Commission [goto **QUAL**]
	    3. National Committee for Quality Assurance (NCQA) [goto **NCQAlevel**]
	      What is the level of certification for the National Committee for Quality Assurance (NCQA)? (**NCQAlevel**)
	      1. Level 1 [goto **QUAL**]
	      2. Level 2 [goto **QUAL**]
	      3. Level 3 [goto **QUAL**]
	    4. Utilization Review Accreditation Commission (URAC) [goto **QUAL**]
	    5. Other [goto **PCMH_OTH**]
	    Please specify the name of the other organization that certifies your CHC as a patient-centered medical home. (PCMH_OTH)
	    6. Unknown [goto **QUAL**]
	2. No [goto **QUAL**]
	3. Unknown [goto **QUAL**]

QUAL	**Does the CHC at this location report any quality measures or quality indicators to either payers or to organizations that monitor health care quality?** 1. Yes 2. No 3. Don't know [all goto **MD_DO_FT**]
Type of Staff (38 different staff variables)	**The next set of questions refers to the types of providers who work at (fill CHC location).** **How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at (fill CHC 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(s) in the total count of staff below.

Variable Name	Question Text and Answer Categories		
	Type of Provider	Number Full-time (≥30 hours)	Number Part-time (<30 hours)
	Physicians		
	Physicians (MD and DO)	**MD_DO_FT Full-time physicians (include MDs and DOs)? Do not include interns, residents, or fellows.**	**MD_DO_PT Part-time physicians (include MDs and DOs)? Do not include interns, residents, or fellows.**
	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**
	Clinical Nurse Specialists (CNS)	**CNS_FT**	**CNS_PT**
	Certified Registered Nurse Anesthetists (CRNA)	**NA_FT**	**NA_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**
	Allied Health		
	Medical Assistants (MA)	**MA_FT**	**MA_PT**
	Radiology Technicians (RT)	**RT_FT**	**RT_PT**
	Laboratory Technicians (LT)	**LT_FT**	**LT_PT**
	Physical Therapists (PT)	**PT_FT**	**PT_PT**
	Pharmacists (PH)	**PH_FT**	**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 RNs)/Certified Social	**CSW_FT**	**CSW_PT**

Variable Name	Question Text and Answer Categories				
Autonomy of PAs, NPs, CNMs, CNSs, CRNAs (10 variables)	**The following questions concern PAs, NPs, CNMs, CNSs and CRNAs practicing at (fill CHC location).**				
	Physician Assistant	1. Yes, always	2. Yes, sometimes	3. No	4. Unknown/Not Applicable
	[PA_LOG] **Are the PA's patients logged separately from that of other providers at this CHC?**				
	[PA_BILL] **Do/Does the PA(s) bill for services using their own NPI number?**				
	Nurse Practitioner	1. Yes, always	2. Yes, sometimes	3. No	4. Unknown/Not Applicable
	[NP_LOG] **Are the NP's patients logged separately from that of other providers at this CHC?**				
	[NP_BILL] **Do/Does the NP(s) bill for services using their own NPI number?**				
	Certified Nurse Midwife	1. Yes, always	2. Yes, sometimes	3. No	4. Unknown/Not Applicable
	[CNM_LOG] **Are the CNM's patients logged separately from that of other providers at this CHC? CNM_LOG**				
	[CNM_BILL] **Do/Does the CNM(s) bill for services using their own NPI number?**				
	Clinical Nurse Specialist	1. Yes, always	2. Yes, sometimes	3. No	4. Unknown/Not Applicable
	[CNS_LOG] **Are the CNS's patients logged separately from that of other providers at this CHC?**				
	[CNS_BILL] **Do/Does the CNS(s) bill for services using their own NPI number?**				
	Certified Registered Nurse Anesthetist	1. Yes, always	2. Yes, sometimes	3. No	4. Unknown/Not Applicable
	[NA_LOG] **Are the CRNA's patients logged separately from that of other providers at this CHC?**				
	[NA_BILL] **Do/Does the CRNA(s) bill for services using their own NPI number?**				
Electronic Health Record (EHR) Questions					
EMR_INTRO	**Answer ALL remaining questions for the current CHC location, which is (fill CHC location).**				
EMEDREC	**Does the CHC reporting location <u>use</u> an electronic health record (EHR) system? Do not include billing systems.** ◆ Read answer choices				

Variable Name	Question Text and Answer Categories
	1. **Yes, all electronic** [goto **EHRINSYR**] 2. **Yes, part paper and part electronic** [goto **EHRINSYR**] 3. **No** [goto **EMRINS**] 4. **Unknown** [goto **EMRINS**]
EHRINSYR	**In which year did the CHC install its current EHR system?**
HHSMU	**Does your EHR system meet meaningful use criteria, also called promoting interoperability (certified EHR), as defined by the Department of Health and Human Services?** 1. Yes 2. No 3. Unknown
EHRNAM	**What is the name of the CHC's current EHR system?** ◆ Check only one box. If 13. Other is checked, please specify the name. 1. Allscripts 2. Amazing Charts 3. athenahealth 4. Cerner 5. eClinicalWorks 6. e-MDs 7. Epic 8. GE/Centricity 9. Modernizing Medicine 10. NextGen 11. Practice Fusion 12. Sage/Vitera/Greenway 13. Other-Specify [goto **EHRNAMOTH**] ◆ Specify the name of the EHR system (**EHRNAMOTH**) 14. Unknown
EMRINS	**At the CHC reporting location, are there plans for installing a new EHR system within the next 18 months?** 1. Yes 2. No 3. Maybe 4. Don't know [all goto **PR330**]
Revenue & Contracts, Compensation, New Patients	
PR330 PRTITLEV PROTHFED PRSTLOC PRPRIVAT PRCARE PRCAID PRFEES PROTHER	◆ Please remind administrator that the remaining questions refer to the current CHC location, which is (fill CHC location). **What percent of your CHC's revenue comes from the following sources?** **330 Grant?** **Title 5 Grant or contract?** **Other federal grant?** **State/local grant?** **Individual, corporation or foundation grants or donations?** **Medicare?** **Medicaid/CHIP?** **Patient payments?** **Other (including private insurance, Tricare, VA, etc.)?**
PCTRVMAN	**Roughly, what percentage of the patient care revenue received by this CHC comes from managed care contracts?**

Variable Name	Question Text and Answer Categories
REVFFS REVCAP REVCASE REVOTHER	**Roughly, what percent of this CHCs patient care revenue comes from each of the following methods of payment?** **Fee-for-service?** **Capitation?** **Case rates (for example, package pricing/episode of care)?** **Other?**

ACEPTNEW	**Are you currently accepting new patients into the CHC at (fill CHC address)?**
	    1. Yes [goto **CAPITATE**]
	    2. No [goto **PHYSCOMP**]
	    3. Don't know [goto **PHYSCOMP**]

CAPITATE
NOCAP
NMEDICARE
NMEDICAID
NWORKCMP
NSELFPAY
NNOCHARGE
	From those new patients, which of the following types of payment do you accept at (fill CHC address)?
	
	Capitated private insurance?
	Non-capitated private insurance?
	Medicare?
	Medicaid/CHIP?
	Workers' compensation?
	Self-pay?
	No charge?
	
	The following answer choices are used for each of the above seven payment types:
	    1. Yes
	    2. No
	    3. Don't know

PHYSCOMP	**Which of the following methods best describes the basic compensation for providers at this CHC?**
	◆ Read answer categories
	
	Fixed salary
	    1. **Share of practice billings or workload**
	    2. **Mix of salary and share of billings or other measures of performance (for example: provider's own billings, practice's financial performance, quality measures, practice profiling)**
	    3. **Shift, hourly or other time-based payment**
	    4. **Other**

COMP	**CHCs may take various factors into account in determining the compensation (salary, bonus, pay rate, etc.) paid to the physicians/providers in the CHC. Please indicate whether the CHC explicitly considers each of the following factors in determining physician's/provider's compensation.**
	
	◆ Enter all that apply, separate with commas
	Read answer categories.
	
	    1. **Factors that reflect the providers own productivity**
	    2. **Results of satisfaction surveys from the provider's own patients**
	    3. **Specific measures of quality, such as rates of preventive services for the provider's patients**
	    4. **Results of practice profiling, that is, comparing the provider's pattern of using medical resources with that of other providers**
	    5. **The overall financial performance of the CHC**

SASDAPPT	**Does the CHC set time aside for same day appointments?**
	    1. Yes
	    2. No
	    3. Don't know

Variable Name	Question Text and Answer Categories

APPTTIME	**On average, about how long does it take to get an appointment for a routine medical exam?**
	
	    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

DONE (also reach this screen if refusing respondent in middle of interview-F10 entry)	◆ Press 1 to Exit. [goto **CALLBACKNOTES**]

NewRinfo	**Can you confirm that (director's name/respondent's name) is the correct individual to contact for re-interview?**
	◆ Enter 1 to update the conact and phone
	    1. Enter 1 to update information [update info-goto **THANKYOU**]
	    2. Continue

THANKYOU	**This concludes the interview. Thank you for your patience, and for taking the time to answer our questions.**
Early Exit from Instrument (Instrument entry-F10)	
CALLBACKNOTES (reached after **DONE**)	**I'd like to schedule a DATE to (conduct/complete) the interview.** **What DATE AND TIME would be best to visit again?** ◆ Today is: (fill current date)
THANKCB	**Thank you.** **I will call/come back at the time suggested.** ◆ Revisit (fill appointment information)