

Attachment F1: 2020 NAMCS-201 CHC Service Delivery Site Induction Interview

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| Variable Name | Question Text and Answer Categories |
|--------------------|--|
| START | <ol style="list-style-type: none"> 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 | <p>◆ Dial number (Last respondent: (director's name/respondent's name))</p> <p>Director's Phone 1: Director's Phone 2:</p> <p>CHC Phone 1: CHC Phone 2:</p> <p>Other Contact Phone 1: Other Contact Phone 2:</p> <ol style="list-style-type: none"> 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 | <p>◆ Enter type of noninterview</p> <ol style="list-style-type: none"> 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] |

| Variable Name | Question Text and Answer Categories |
|---|---|
| OOS_SPECIFY | <ul style="list-style-type: none"> ◆ Specify Out of Scope [goto NONINT_NAME to NONINT_PTYPE--EXIT_THANK] |
| CALL_RO | <ul style="list-style-type: none"> ◆ 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. 1. Enter 1 to Exit [goto DONE] |
| NONINT_NAME NONINT_TITLE NONINT_PHONE NONINT_PTYPE | <p>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?”</p> <ul style="list-style-type: none"> ◆ Enter phone number of the person who provided the information. If necessary, ask “What is your phone number?” Enter “0” if none <p>Enter the phone number type. If necessary, ask “What type of phone is this?”</p> <ol style="list-style-type: none"> 0. Main 1. Home 2. Work 3. Mobile 4. Pager, Beeper, Answering Service 5. Toll Free 6. Other 7. Fax 8. Unknown <p>[goto EXIT_THANK]</p> |
| EXIT_THANK | <p>Thank you for your time. ◆ HANG UP.</p> |
| NOGOOD_PHN | <ul style="list-style-type: none"> ◆ 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] <p>[OR]</p> <ul style="list-style-type: none"> ◆ All numbers have been tried. [if DIAL=3] Try this case another time. 1. Enter 1 to Exit [goto DONE] [exit instrument] |
| HELLO | <p>Hello. This is (FR’s name) from the U.S. Census Bureau. May I speak to (director’s name/respondent’s name)?</p> <ul style="list-style-type: none"> ◆ If call is transferred, repeat this screen when phone is answered <p>Case Status: New Case</p> <p>If respondent indicates non-interview status or there is an issue preventing the interview, go back to START screen and report the case accordingly.</p> <ol style="list-style-type: none"> 1. Correct person, correct person called to the phone, or call is transferred to correct person [goto INTRO_APPT] 2. Unknown/no longer there [toto CORRECT_CHC] 3. Respondent can best be reached on a different number [goto REACHED_ON] 4. Not available 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 | <p>Is this (fill CHC name)?</p> <ol style="list-style-type: none"> 1. Yes [goto NEW_DIRECTOR] 2. No [goto EXIT_THANK] |

| Variable Name | Question Text and Answer Categories |
|---------------|---|
| NEW_DIRECTOR | <p>What is director's name? Enter 1 to record a new director</p> <ol style="list-style-type: none"> 1. Enter 1 to update information [update director's info-continue-goto HELLO] 2. Continue [goto HELLO] |
| REACHED_ON | <p>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]</p> |
| TRANSFER | <p>Can you transfer me?</p> <ol style="list-style-type: none"> 1. Yes [goto HELLO] 2. No [goto EXIT_THANK] |
| BACK_LATER | <p>◆ 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)</p> <ol style="list-style-type: none"> 1. Yes, callback later [togo DONE] 2. Continue with new/different respondent [goto KNOWL_RESP] |
| KNOWL_RESP | <p>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)</p> <ol style="list-style-type: none"> 1. Person you are speaking with can help [goto OTH_NAME] 2. Someone else can help [goto OTH_NAME] |
| OTH_NAME | <p>What is your/their name and title? ◆ Enter 1 to update contact information</p> <ol style="list-style-type: none"> 1. Enter 1 to update information [update-goto HELLO] 2. Continue [goto DONE] |
| INTRO_APPT | <p>Hello (director's name/respondent's name).</p> <p>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.</p> <p>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.</p> <p>What would be a good time for you before (reporting period begin date)? [wording before sample week] What would be a good time for you? [wording after sample week]</p> <p>◆ Enter 999 to start induction now</p> <p>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]</p> |
| CHCTYPE | <p>◆ 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.</p> <p>How would you classify this center? Would you say that it is a...</p> |

| Variable Name | Question Text and Answer Categories |
|-------------------|---|
| | <p>◆ 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 screen and report the case accordingly.</p> <ol style="list-style-type: none"> 1. Federally-funded Community Health Center (330) <ul style="list-style-type: none"> ● 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] <p>[1-3 goto ADDHCECK] [4-verify-gotto DONE]</p> |
| ADDCHECK | <p>◆ Verify the following information is correct. [fill sampled CHC address] [fill sampled CHC phone number] [fill CHC director's name]</p> <p>If information is available, update the Director's name.</p> <p>◆ 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.</p> <ol style="list-style-type: none"> 1. Yes, information is correct [got AVG_WEEKS] 2. No, updates needed [goto CHC_NAME] |
| CHC_NAME | <p>◆ Enter 1 to update the CHC name, address, and phone Update Director information, if available.</p> |
| AVG_WEEKS | <p>On average, in a normal year, how many weeks does the CHC at this location see patients? [if 0 goto WK_FOLLUP]</p> |
| WK_FOLLUP | <p>You indicated that this CHC LOCATION does not usually see patients in a typical year, is this correct?</p> <ol style="list-style-type: none"> 1. Yes [goto INTRO_SAMP] 2. No [goto AVG_WEEKS] |
| INTRO_SAMP | <p>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).</p> <p>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></p> <p>◆ 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.</p> <p>Please include all providers even if they do not see expect to see patients during the sample week. [wording before sample week]</p> <p>Please include all providers even if they did not see patients during the sample week.</p> |

| Variable Name | Question Text and Answer Categories |
|---|--|
| | <p>[wording after sample week]</p> <p>In-scope locations include all fixed locations that provide health care, including module clinics, and specialty clinics. Please do not include providers that work solely at school-based clinics.</p> <p>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).</p> <p>◆ List all providers from the currently sampled in-scope location, even if they did not expect see patients during the sampled week. [wording before sample week]</p> <p>◆ List all providers from the currently sampled in-scope location, even if did not see patients during the sampled week. [wording after sample week]</p> <p>Enter a zero for the actual visit volume for those providers with no actual visits.</p> <p>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.</p> |
| Enter all applicable providers working at sampled CHC during sample week | |
| PROV_FNAME | <p>Let's start with the first provider. What is the provider's first name?</p> <p>◆ Interns, residents, and fellows are not included. Enter 999 for no more providers.</p> |
| PROV_MNAME | What is the provider's middle name? |
| PROV_LNAME | What is the provider's last name? |
| PROV_TYPE | <p>Is (provider's name) a Medical Doctor (MD) or Doctor of Osteopathy (DO), Nurse Practitioner (NP), Physician Assistant (PA), or Certified Nurse Midwife (CNM)?</p> <ol style="list-style-type: none"> 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 | <p>What is (provider's name)'s specialty?</p> <p>◆ 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]</p> |
| PROV_SPEC2 | <p>◆ Is the provider an anesthesiologist, dentist, hygienist, optometrist, pathologist, psychologist, podiatrist, or radiologist?</p> <ol style="list-style-type: none"> 1. Yes [goto PROV_SPEC_SP] 2. No [goto PROV_SPEC_SP] |
| PROV_SPEC_SP | ◆ Enter verbatim response for specialty |
| PROVIDED | <p>What was the visit volume during the sample week for (provider's name)?</p> <p>◆ Enter 0 if providers did not see patients during the reference period.</p> <p>[if >1 provider at CHC, goto PROV_FNAME and enter provider information] [if entered all providers in table, enter '999' and goto DoneTblProv1]</p> |
| DoneTblProv1 (asked after all information for all CHC providers has been entered) | <p>◆ Have you entered in all providers for this location?</p> <p>If yes, you will not be able to go back and enter any additional provider for this location.</p> <ol style="list-style-type: none"> 1. Yes [goto PROV_STRT] 2. No [goto provider table] |

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|--|---|
| Enter address information for practicing providers listed in earlier table | |
| PROV_STRT (check/edit address info for each provider working at CHC (listed in table)) | What is (provider's name) address? <ul style="list-style-type: none"> ◆ Enter number and street. ◆ 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 should NOT be following CHC providers to non-sampled CHC settings. |
| PROV_STRT2 | What is (provider's name) address? <ul style="list-style-type: none"> ◆ 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 immediately and explain the circumstances. You should NOT be following CHC providers to non-sampled CHC settings. |
| PROV_CITY | What is (provider's name) address? <ul style="list-style-type: none"> ◆ 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 immediately and explain the circumstances. You should NOT be following CHC providers to non-sampled CHC settings. |
| PROV_STATE | What is (provider's name) address? <ul style="list-style-type: none"> ◆ 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 immediately and explain the circumstances. You should NOT be following CHC providers to non-sampled CHC settings. |
| PROV_ZIPCODE | What is (provider's name) address? <ul style="list-style-type: none"> ◆ 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 immediately and explain the circumstances. You should NOT be following CHC providers to non-sampled CHC settings. |
| PROV_LOCTYPE | <ul style="list-style-type: none"> ◆ 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 immediately and explain the circumstances. You should NOT be following CHC providers to non-sampled CHC settings. <ol style="list-style-type: none"> 1. Main Office address 2. Alternative/2nd office address 3. Home office 4. Home 5. Unknown |
| PROV_PHONE | What is (provider's name) telephone number? |
| PROV_PHTYP | What type of telephone number is this? <ol style="list-style-type: none"> 0. Main 1. Home 2. Work 3. Mobile 4. Pager, Beeper, Answering Service 6. Toll Free |

| Variable Name | Question Text and Answer Categories |
|-------------------------------|---|
| COVID_PROV6 COVID_PROV_OTH | 4. Don't know Other clinical care providers 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? |
| TELEMED_INC | 1. Yes [goto TELEMED_INC] After February 2020, did your center's use of telemedicine or telehealth technologies to conduct patient visits increase? |
| TELEMED_INC_PER | 1. Yes [goto 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 |
| TELEMED_START | 2. No [goto TELEMED_START] After February 2020, has your center started using telemedicine or telehealth technologies? |
| TELEMED_START_PER | 1. Yes [goto 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 | <p>◆ The next questions are about the CHC that is associated with (fill CHC location).</p> <p>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.</p> <p>◆ 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.</p> <ol style="list-style-type: none"> 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 | <p>Is the CHC at this location <u>certified</u> as a patient-centered medical home?</p> <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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 | <p>Does the CHC at this location report any quality measures or quality indicators to either payers or to organizations that monitor health care quality?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know <p>[all goto MD_DO_FT]</p> |
| Type of Staff (38 different staff variables) | <p>The next set of questions refers to the types of providers who work at (fill CHC location).</p> <p>How many of the following <u>full-time</u> and <u>part-time</u> providers are on staff at (fill CHC location)?</p> <p>◆ 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.</p> |

| Variable Name | Question Text and Answer Categories | | |
|---------------|---|--|--|
| | Type of Provider | Number Full-time (≥30 hours) | Number Part-time (<30 hours) |
| | <u>Physicians</u> | | |
| | 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. |
| | <u>Non-Physician Clinicians</u> | | |
| | 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 |
| | <u>Other Nursing Care</u> | | |
| | 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 |
| | <u>Allied Health</u> | | |
| | 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 |
| | Dietitians/Nutritionists (DN) | DN_FT | DN_PT |
| | <u>Other</u> | | |
| | 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). | | | | |
| | <u>Physician Assistant</u> | 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? | | | | | |
| <u>Nurse Practitioner</u> | | 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? | | | | | |
| <u>Certified Nurse Midwife</u> | | 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? | | | | | |
| <u>Clinical Nurse Specialist</u> | | 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? | | | | | |
| <u>Certified Registered Nurse Anesthetist</u> | | 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 |
|--|--|
| | <ol style="list-style-type: none"> 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 | <p>Does your EHR system meet meaningful use criteria, also called promoting interoperability (certified EHR), as defined by the Department of Health and Human Services?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown |
| EHRNAM | <p>What is the name of the CHC's current EHR system?</p> <p>◆ Check only one box. If 13. Other is checked, please specify the name.</p> <ol style="list-style-type: none"> 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 | <p>At the CHC reporting location, are there plans for installing a new EHR system within the next 18 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Maybe 4. Don't know <p>[all goto PR330]</p> |
| Revenue & Contracts, Compensation, New Patients | |
| PR330 PRTITLEV PROTHFED PRSTLOC PRPRIVAT PRCARE PRCAID PRFEES PROTHER | <p>◆ Please remind administrator that the remaining questions refer to the current CHC location, which is (fill CHC location).</p> <p>What percent of your CHC's revenue comes from the following sources?</p> <p>330 Grant?</p> <p>Title 5 Grant or contract?</p> <p>Other federal grant?</p> <p>State/local grant?</p> <p>Individual, corporation or foundation grants or donations?</p> <p>Medicare?</p> <p>Medicaid/CHIP?</p> <p>Patient payments?</p> <p>Other (including private insurance, Tricare, VA, etc.)?</p> |
| 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 |
|--|---|
| REVFES REVCAP REVCASE REVOTHER | <p>Roughly, what percent of this CHCs patient care revenue comes from each of the following methods of payment?</p> <p>Fee-for-service? Capitation? Case rates (for example, package pricing/episode of care)? Other?</p> |
| ACCEPTNEW | <p>Are you currently accepting new patients into the CHC at (fill CHC address)?</p> <ol style="list-style-type: none"> 1. Yes [goto CAPITATE] 2. No [goto PHYSCOMP] 3. Don't know [goto PHYSCOMP] |
| CAPITATE NOCAP NMEDICARE NMEDICAID NWORKCMP NSELFPAY NNOCHARGE | <p>From those new patients, which of the following types of payment do you accept at (fill CHC address)?</p> <p>Capitated private insurance? Non-capitated private insurance? Medicare? Medicaid/CHIP? Workers' compensation? Self-pay? No charge?</p> <p>The following answer choices are used for each of the above seven payment types:</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know |
| PHYSCOMP | <p>Which of the following methods best describes the basic compensation for providers at this CHC?</p> <p>◆ Read answer categories</p> <p>Fixed salary</p> <ol style="list-style-type: none"> 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 | <p>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.</p> <p>◆ Enter all that apply, separate with commas Read answer categories.</p> <ol style="list-style-type: none"> 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 | <p>Does the CHC set time aside for same day appointments?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know |

| Variable Name | Question Text and Answer Categories |
|---|--|
| APPTTIME | <p>On average, about how long does it take to get an appointment for a routine medical exam?</p> <ol style="list-style-type: none"> 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 |
| <p>DONE (also reach this screen if refusing respondent in middle of interview-F10 entry)</p> | <p>◆ Press 1 to Exit. [goto CALLBACKNOTES]</p> |
| NewRinfo | <p>Can you confirm that (director's name/respondent's name) is the correct individual to contact for re-interview?</p> <p>◆ Enter 1 to update the contact and phone</p> <ol style="list-style-type: none"> 1. Enter 1 to update information [update info-goto THANKYOU] 2. Continue |
| THANKYOU | <p>This concludes the interview. Thank you for your patience, and for taking the time to answer our questions.</p> |
| <p>Early Exit from Instrument (Instrument entry-F10)</p> | |
| <p>CALLBACKNOTES (reached after DONE)</p> | <p>I'd like to schedule a DATE to (conduct/complete) the interview. What DATE AND TIME would be best to visit again?</p> <p>◆ Today is: (fill current date)</p> |
| THANKCB | <p>Thank you. I will call/come back at the time suggested.</p> <p>◆ Revisit (fill appointment information)</p> |