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

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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	<ul> <li>Dial number (Last respondent: (director's name/respondent's name))</li> <li>Director's Phone 1:</li> <li>Director's Phone 2:</li> </ul>			
	CHC Phone 1: CHC Phone 2:			
	Other Contact Phone 1: Other Contact Phone 2: 1. Someone answers [goto <b>HELLO</b> ]			
	2. All phone numbers bad/Need new number[goto NOGOOD_PHN]3. No answer/problem[goto NOGOOD_PHN]			
NONINT_TYPE	<ul> <li>Enter type of noninterview</li> <li>Unable to locate-await guidance from RO [goto NONINT_NAME]</li> <li>Potential Refusal-follow-up required</li> </ul>			
	<ul> <li>[goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK]</li> <li>3. Refusal [goto NONINT_NAME to NONINT_PTYPE—EXIT_THANK]</li> <li>4. Out-of-Scope-Specify [goto OOS_SPECIFY]</li> <li>5. Moved-further work needed to obtain address</li> </ul>			
	[got NONINT_NAME to NONINT_PTYPE—EXIT_THANK]			

Variable Name	Question Text and Answer Categories				
OOS_SPECIFY	Specify Out of Scope [goto NONINT_NAME to NONINT_PTYPEEXIT_THANK]				
CALL_RO	Call your RO and inform them of the situation (if you have not all				
	Await resolution from the RO before continuing with this case.				
	1. Enter 1 to Exit [goto <b>DONE</b> ]				
NONINT_NAME	Enter the name of the person who provided the information. If necessary, ask "What is your name?"				
NONINT_TITLE	Enter title of the person who provided the information. If necessary, ask "What is your title?"				
NONINT_PHONE	Enter phone number of the person who provided the information. If necessary, ask "What is you have a set of the person who provided the information."				
NONINT_PTYPE	phone number?" Enter "0" if none				
NOMINI_PITPE	Enter the phone number time. If accessing cell "Mathematics of phone	:			
	Enter the phone number type. If necessary, ask "What type of phone 0. Main	IS UIIS?			
	1. Home				
	2. Work				
	3. Mobile				
	4. Pager, Beeper, Answering Service				
	5. Toll Free				
	6. Other				
	7. Fax				
	8. Unknown [goto <b>EXIT_THANK</b> ]				
EXIT_THANK	Thank you for your time.				
	◆ HANG UP.				
NOGOOD_PHN	<ul> <li>All phone numbers for this case are bad.</li> </ul>				
	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 <b>DIAL</b> =2]				
	1. Enter 1 to Exit [goto <b>DONE</b> ]				
	[OR]				
	All numbers have been tried. [if <b>DIAL</b> =3]				
	Try this case another time.				
	1. Enter 1 to Exit [goto <b>DONE</b> ]				
	[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, repreat this screen whan phone is answered				
	Case Status: New Case				
	If respondent indicates non-interview status or there is an issue preve	enting the interview, go back to			
	<b>START</b> screen and report the case accordingly.				
	1. Construction of a second seco	(			
	<ol> <li>Correct person, correct person called to the phone, or call is [goto INTRO_APPT]</li> </ol>	uansierreu to correct person			
	2. Uknown/no longer there	[toto CORRECT_CHC]			
	3. Respondent can best be reached on a different number	[goto <b>REACHED_ON</b> ]			
	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 <b>DONE</b> ]			
CODDECT CHO					
CORRECT_CHC	Is this (fill CHC name)? 1. Yes [goto NEW_DIRECTOR]				
	2. No [goto EXIT_THANK]				

Variable Name	Question Text and Answer Categories				
NEW_DIRECTOR	What is director's name?				
	Enter 1 to record a new director				
	1. Enter 1 to update information 2. Continue[update director's info-continue-goto HELLO][goto HELLO]				
REACHED_ON	What phone number should I use to reach (director's name)				
	<ul> <li>Press Alt-F9 To update Phone number(s)</li> </ul>				
	(When done updating phone(s), enter 1 to continue) [goto <b>TRANSFER</b> ]				
TRANSFER	Can you transfer me?				
	1. Yes [goto <b>HELLO</b> ]				
BACK_LATER	2. No       [goto EXIT_THANK]         • Do you want to call back later to try and speak to (director's greet name/respondent's name) or				
DITOR_LITTLE	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]				
KNOWI DESD	2. Continue with new/different respondent       [goto KNOWL_RESP]         Perhaps you can help me. I am calling on behalf of the National Center for Health Statistics.				
KNOWL_RESP	May I speak to someone who can answer questions about ambulatory care?				
	Previous Respondent(s)				
	(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)? [wording before sample week] What would be a good time for you? [wording after sample week] Charter System Syste				
	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]				
СНСТҮРЕ	• 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				
L					

Variable Name	Question Text and Answer Categories
	<ul> <li>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.     </li> </ul>
	<ol> <li>Federally-funded Community Health Center (330)         <ul> <li>Community Health Center (CHC)</li> <li>Migrant Health Center (MHC)</li> <li>Health Care for the Homeless (HCH)</li> <li>Public Housing Primary Care (PHPC) grant program</li> </ul> </li> <li>Federally Qualified Health Center, but not federally funded (330 look-alike)</li> <li>Urban Indian (437) Health Center</li> <li>None of the above [reminder then exit the case and call Census RO]</li> </ol>
	[1-3 goto ADDHCECK] [4-verify-gotto DONE]
ADDCHECK	<ul> <li>Verify the following information is correct.</li> <li>[fill sampled CHC address]</li> <li>[fill sampled CHC phone number]</li> <li>[fill CHC director's name]</li> </ul>
	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.
	<ol> <li>Yes, information is correct [got AVG_WEEKS]</li> <li>No, updates needed [goto CHC_NAME]</li> </ol>
CHC_NAME	<ul> <li>Enter 1 to update the CHC name, address, and phone</li> <li>Update Director information, if available.</li> </ul>
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.

Variable Name	Question Text and Answer Categories				
	[wording after sample week]				
	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-base 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).				
	<ul> <li>List all providers from the currently sampled in-scope location, even if they did not expect see patients during the sampled week.</li> <li>[wording before sample week]</li> <li>List all providers from the currently sampled in-scope location, even if did not see patients during the sampled week.</li> </ul>				
	[wording after sample week]				
	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				
Enter all applicable provid	please contact your supervisor for further instructions. ers working at sampled CHC during sample week				
PROV_FNAME	Let's start with the first provider. What is the provider's first name?				
	<ul> <li>Interns, residents, and fellows are not included. Enter 999 for no more providers.</li> </ul>				
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), NursePractitioner (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	<ul> <li>Is the provider an anesthesiologist, dentist, hygienist, optometrist, pathologist, psychologist, podiatrist, or radiologist?</li> <li>1. Yes [goto PROV_SPEC_SP]</li> <li>2. No [goto PROV_SPEC_SP]</li> </ul>				
PROV_SPEC_SP	<ul> <li>Enter verbatim response for specialty</li> </ul>				
PROVIDED	<ul> <li>What was the visit volume during the sample week for (provider's name)?</li> <li>Enter 0 if providers did not see patients during the reference period.</li> <li>[if &gt;1 provider at CHC, goto PROV_FNAME and enter provider information]</li> </ul>				
DeneThlDuer 1	[if entered all providers in table, enter '999' and goto <b>DoneTblProv1</b> ]				
<b>DoneTblProv1</b> (asked after all information for all CHC providers has	<ul> <li>Have you entered in all providers for this location?</li> <li>If yes, you will not be able to go back and enter any additional provider for this location.</li> <li>1. Yes [goto PROV_STRT]</li> </ul>				
been entered)	2. No [goto provider table]				

Variable Name Question Text and Answer Categories		
Enter address informaiton f	for practicing providers listed in earlier table	
PROV_STRT	What is (provider's name) address?	
(check/edit address info for	Enter number and street.	
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 immeadiately 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?	
_	<ul> <li>Enter state.</li> </ul>	
	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?	
	<ul> <li>Enter zipcode.</li> </ul>	
	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 immediately and explain the circumstances. You shuld NOT be following CHC providers to	
	non-smapled CHC settings.	
	1. Main Office adddress	
	2. Alternative/2 <sup>nd</sup> office address	
	3. Home office	
	4. Home	
DDOV DUONE	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	
	<ol> <li>Mobile</li> <li>Pager, Beeper, Answering Service</li> </ol>	
	6. Toll Free	
	0. IOIIIIC	

Variable Name	Question Text and Answer Categories				
	7. Other				
	8. Fax				
CDEET NAME	9. Unknown				
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 <b>COVID_INTRO</b> ]				
NOPATIENTS	You have told me that NONE of these providers expect to see patients during the sample				
(asked if 0 providers	that begins on Monday, (reporting period start date) and ends on Sunday, (reporting period				
saw/expect to see patients at	end date).				
CHC)	Is this correct?				
	1. Yes, there are no providers seeing patients during reference week				
	<ol> <li>[goto MOSTVIS_INTRO]</li> <li>No. incorrect - there are providers seeing patients</li> </ol>				
	<ol> <li>No, incorrect - there are providers seeing patients</li> <li>[goto provider table &amp; edit/add-PROV_FNAME]</li> </ol>				
COVID_INTRO	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.				
(section updated 6/5/20)	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	Eve protection isolation gaving or gloves				
	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	During the past THREE months, did your center have the ability to test patients for coronavirus disease (COVID-19) infection?				
	<ul> <li>Check only one box.</li> </ul>				
	1. Yes [goto COVID_SHORT]				
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] 2. Not applicable_did not need to do any COVID 10 testing [goto COVID_AWAY]				
	3. Not applicable – did not need to do any COVID-19 testing [goto COVID_AWAY]				
COVID_REFER					
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				

Variable Name	Question Text and Answer Categories
	patients could be referred to for coronavirus disease (COVID-19) testing?
	a. Never b. Some of the time
	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
	<ol> <li>Not applicable – the center did not have any COVID-19 patients</li> <li>Don't know</li> </ol>
	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.)
	<ul> <li>Check only one box per provider.</li> </ul>
COVID_PROV1	Physicians
	1. Yes
	2. No
	3. Not applicable-did not have such provider type onsite
COVID_PROV2	4. Don't know Physician assistants
	1. Yes
	2. No
	3. Not applicable-did not have such provider type onsite
COVID_PROV3	4. Don't know
	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
COVID_PROV5	4. Don't know Registered nurses/licensed practical nurses
COVID_PROV5	
COVID_PROVS	
COVID_PROV5	1. Yes 2. No,

Variable Name	Question Text and Answer Categories				
	4. Don't know				
COVID_PROV6 COVID_PROV_OTH	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	The next section refers to shows to visit a state second at CHC				
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 CHC.	locations of this			
	Do not include interns, residents, or fellows.				
	Do not include interns, residents, or renows.				
	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				
	<ol> <li>2. 2-3 physicians</li> <li>3. 4-10 physicians</li> </ol>				
	4. 11-50 physicians				
	5. 51-100 physicians				
	6. More than 100 physicians				
РСМН	Is the CHC at this location <u>certified</u> as a patient-centered medical home?				
	1. Yes [goto C	ERT_WHO]			
	By whom is the CHC at this location certified as a patients-centered r				
	(CERT_WHO)				
	Enter all that apply, separate with commas				
	1. Accreditation Association for Ambulatory Health Care (AAAHC)	[goto QUAL]			
	<ol> <li>Joint Commission</li> <li>National Committee for Quality Assurance (NCQA)</li> </ol>	[goto <b>QUAL</b> ] [goto <b>NCQAlevel</b> ]			
	What is the level of certification for the National Committee for Quality				
	Assurance (NCQA)? (NCQAlevel)				
	1. Level 1 [goto <b>QUAL</b> ]				
	2. Level 2 [goto <b>QUAL</b> ]				
	3. Level 3 [goto <b>QUAL</b> ]				
	<ul><li>4. Utilization Review Accreditation Commission (URAC)</li><li>5. Other</li></ul>	[goto QUAL]			
	PCMH_OTH]	[goto			
	Please specify the name of the other organization that certifies you	ır CHC as a			
	patient-centered medical home. (PCMH_OTH)				
	6. Unknown	[goto QUAL]			
	2. No	[goto QUAL]			
QUAL	3. Unknown Does the CHC at this location report any quality measures or quality indica	[goto QUAL]			
QUAL	payers or to organizations that monitor health care quality?				
	1. Yes				
	2. No				
	3. Don't know				
There are from the fit	[all goto <b>MD_DO_FT</b> ]				
<b>Type of Staff</b> (38 different staff variables)	The next set of questions refers to the types of providers who work at (fill C	HC 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 we	ek.			
	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		d Answer Categories	Number Part-time
	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 Page 11 of 15

Variable Name	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?				
<b>Electronic Health Record</b>	(EHR) Questions			<b>.</b>	
EMR_INTRO	Answer ALL remaining questions for the c				
EMEDREC	Does the CHC reporting location <u>use</u> an ele include billing systems.	ectronic h	ealth record (l	EHR) sys	stem? Do not
	<ul> <li>Read answer choices</li> </ul>				

i. Yes, all electronic     [goto EHRINSYR]       3. No     [goto EMRINS]       4. Unknown     [goto EMRINS]       [goto EMRINS]     [goto EMRINS]       EHRINSYR     In which year did the CHC install its current EHR system?       HISMU     Does your EHR system meet meaningful use criteria, also called promoting interoperability (critifice EHR), as defined by the Department of Health and Human Services?       1. Yes     2. No       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. athenabelath       4. Cerner       5. eChincalWorks       6. eMDs       7. Epic       8. GE/Centricity       9. Modernizing Medicine       10. NewtGen       11. Practice Fusion       12. Sage/Vitera/Greenway       13. Other-Specify [goto EHRNAMOTH]       4. Uaknown       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. Morba       4. Don't know       [all goto PR30]       Revenue & Contracts, Compensation, New Patients       9 Prose remind administrator that the remaining questions	Variable Name	Question Text and Answer Categories	
3. No       [goto EMRINS]         4. Unknown       [goto EMRINS]         EHRINSYR       In which year did the CHC install its current EHR system?         HHISMU       Does your EHR system meet meaningful use criteria, also called promoting interoperability (critified EHR), as defined by the Department of Health and Human Services?         1. Yes       2. No         3. Unknown       Beam 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. altenabealth       4. Cemer         4. Cemer       5. eChinicalWorks         6. e-MDS       7. Epic         8. GE/Centricity       9. Modernizing Medicine         10. NextGen       11. Practice Fusion         12. Sage/Vitera/Greenvay       13. Other-Specify lgoto EHRNAMOTHI.         • 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 enext 18 months?         1. Yes       2. No         3. Maybe       4. Don't know         [all goto PR330]       Flease remind administrator that the remaining questions refer to the current CHC location, which is (fill CHC location).         PR330       PRTHILEV         What percent of your CHC's reve		1. Yes, all electronic	[goto EHRINSYR]
3. No       [goto EMRINS]         4. Unknown       [goto EMRINS]         EHRINSYR       In which year did the CHC install its current EHR system?         HHISMU       Does your EHR system meet meaningful use criteria, also called promoting interoperability (critified EHR), as defined by the Department of Health and Human Services?         1. Yes       2. No         3. Unknown       Beam 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. altenabealth       4. Cemer         4. Cemer       5. eChinicalWorks         6. e-MDS       7. Epic         8. GE/Centricity       9. Modernizing Medicine         10. NextGen       11. Practice Fusion         12. Sage/Vitera/Greenvay       13. Other-Specify lgoto EHRNAMOTHI.         • 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 enext 18 months?         1. Yes       2. No         3. Maybe       4. Don't know         [all goto PR330]       Flease remind administrator that the remaining questions refer to the current CHC location, which is (fill CHC location).         PR330       PRTHILEV         What percent of your CHC's reve		2. Yes, part paper and part electronic	
4.     Unknown     [goto EMRINS]       EHRINSYR     In which year did the CHC install its current EHR system?       HIISMU     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 Charns       3.     athenabealth       4.     Cemer       5.     eClinicalWorks       6.     c-MDS       7.     Epict       8.     GE/Centricity       9.     Modernizing Medicine       10.     NextGen       11.     Practice Fusion       12.     SageVitera/Greenway       13.     Other-Specify [goto EHRNAMOTH]       • 4.     Unknown       EMRINS     At the CHC reporting location, are there plans for installing a new EHR system within the next 18 months?       14.     Unknown       EMRINS     At the CHC reporting location, are there plans for installing a new EHR system within the next 18 months?       12.     No       33.     Maybe       4.			
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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         • Please remind administrator that the remaining questions refer to the current CHC location, which is (fill CHC location).         PR330         PRTITLEV       What percent of your CHC's revenue comes from the following sources?         PROTHFED       330 Grant?         PRCARE       State/local grant?         PRCARE       State/local grant?         PRCARE       State/local grant?         PRCARE       State/local grant?         PRFEES       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		0	
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managed care contracts?			

Variable Name	Question Text and Answer Categories	
	Roughly, what percent of this CHCs patient care revenue comes from each of the following	
	methods of payment?	
REVFFS		
REVCAP	Fee-for-service?	
REVCASE	Capitation?	
REVOTHER	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]	
	3. Don't know     [goto PHYSCOMP]       From those new patients, which of the following types of payment do you accept at (fill CHC	
	address)?	
CAPITATE		
NOCAP	Capitated private insurance?	
NMEDICARE	Non-capitated private insurance?	
NMEDICAID	Medicare?	
NWORKCMP	Medicaid/CHIP?	
NSELFPAY	Workers' compensation?	
NNOCHARGE	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	
	Rived colory	
	<ul> <li>Fixed salary</li> <li>1. Share of practice billings or workload</li> <li>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)</li> <li>3. Shift, hourly or other time-based payment</li> </ul>	
	4. Other	
СОМР	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.	
	<ul> <li>Enter all that apply, separate with commas</li> </ul>	
	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	
	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?	
	<ol> <li>Within 1 week</li> <li>1 - 2 weeks</li> <li>3 - 4 weeks</li> <li>1 - 2 months</li> <li>3 or more months</li> <li>Do not provide routine medical exams</li> <li>Don't know</li> </ol>	
DONE	• Press 1 to Exit.	
(also reach this screen if refusing respondent in middle of interview-F10 entry)	[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 <b>THANKYOU</b> ]	
	2. Continue	
THANKYOU	This concludes the interview. Thank you for your patience, and for taking the time to answer	
	our questions.	
<b>Early Exit from Instrument</b> (Instrument entry-F10)		
CALLBACKNOTES	I'd like to schedule a DATE to (conduct/complete) the interview.	
(reached after <b>DONE</b> )	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)	