Attachment E2:

Draft NAMCS Provider Facility Interview (PFI)

Form Approved:

OMB No. 0920-0234

Exp. Date xx/xx/20XX

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| **Physician and Facility Data Elements** | | | |
| **In addition to visit data, we are requesting the following data for each sampled PI physician.** | | | |
| **Item #** | **REQUESTED DATA** | **INSTRUCTIONS/COMMENTS** | **EXAMPLES OF POSSIBLE ANSWER CHOICES** |
| 1 | NAMCS ID | Use ID provided in the FedEX for each individually sampled physician | 123456 |
| 2 | Is sampled physician MD or DO | Must be MD or DO | 1. MD 2. DO |
| 3 | We have your specialty as: [INSERT SPECIALTY HERE]  Is this correct? | Select only one | a. Yes (Skip to question 5) b. No |
| 4 | What is your specialty? | Specify verbatim at right |  |
| 5 | This survey asks about outpatient, office-based care, that is, care for patients receiving health services without admission to a hospital or other facility. Do you directly provide any outpatient, office-based care? | Select only one | a. Yes (Skip to next question 7) b. No |
| 6 | Why are you not currently providing any direct patient care? | Select only one then (Please exit the survey) | a. Engaged in research, teaching, and/or administration b. Once provided direct care but now retired c. Once provided direct patient care but temporarily not practicing (duration 3+ months) d. Now not licensed/Never licensed  e. Something else (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7 | Overall, at how many locations do you see outpatient, office-based patients in a typical week? A typical week is defined as a week with a typical caseload, with no holidays, vacations, or conferences. | Specify verbatim at right |  |
| 8 | Do you see outpatient, office-based patients in any of the following settings? SELECT ALL THAT APPLY. | SELECT ALL THAT APPLY.  If you see patients in any of the 1-10 settings, go to next question.  If you select  only 11, 12, 13, 14, 15 or 16 go to, please exit the survey | 1 Private solo or group practice 2 Freestanding clinic or Urgent Care Center 3 Community Health Center (e.g., Federally Qualified Health Center [FQHC], federally funded clinics or “look-alike” clinics) 4 Mental health center 5 Government clinic that is not federally funded (e.g., state, county, city, maternal and child health, etc.) 6 Family planning clinic (including Planned Parenthood) 7 Integrated Delivery System, Health maintenance organization, health system or other prepaid practice (e.g., Kaiser Permanente) 8 Faculty practice plan (an organized group of physicians that treats patients referred to an academic medical center) 9 Retail health clinic (e.g., CVS MinuteClinic) 10 Hospital outpatient department 11 Hospital emergency departments 12 Ambulatory surgery center/surgicenter 13 Industrial outpatient facility 14 Federal government clinics 15 Institutional facility 16 None of the above |
| 9 | At which of the outpatient, office-based setting (1-10) in Question 5 do you see the most patients in a typical week? WRITE THE NUMBER LOCATED NEXT TO THE SELECTION MADE. | Specify verbatim at right  **For the rest of the survey, we will refer to this as “your reporting location.”** |  |
| 10 | Physician's NPI number | Specify verbatim at right | 0123456789 |
| 11 | Reporting Location state | Enter State | CA |
| 12 | Reporting Location zip | Must be 5 digits. | 55555 |
| 13 | Reporting Location email | Specify verbatim at right |  |
| 14 | Reporting Location Country | Enter County |  |
| 15 | Reporting Location county | Enter name of county |  |
| 16 | Number of visits in a typical week of practice-reporting location? | Only include visits from reporting location for a typical week of practice. | 30 |
| 17 | Number of days worked at reporting location during a typical week? | Include number of days sampled physician worked only at reporting location during a typical week. | 3 |