

# Attachment D:

## NAMCS Ambulatory Care Provider Interview (ACPI)

### Providers and their Proxies

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**1. We have your primary specialty as: {FILL SAMPLED SPECIALTY}. Is this correct?**

- Yes
  - No **(Go to question 1a)**
- 1a.** What is your specialty?

PA Specialties	Provider Specialties
Addiction Medicine <b>(Skip to question 2)</b>	Adult Cardiothoracic Anesthesiology <b>(Skip to question 2)</b>
.	.
Other <b>(Go to question 1b)</b>	Other Specialty <b>(Go to question 1b)</b>
.	.
Vascular Surgery <b>(Skip to question 2)</b>	Vascular Surgery <b>(Skip to question 2)</b>

**1b.** Please specify Other Specialty \_\_\_\_\_

**2. This survey asks about outpatient care, that is, care for patients receiving health services without admission to a hospital or other facility. Do you directly provide any outpatient care?**

- Yes **(Skip to question 4)**
- No

Help text [paper & Web]

Outpatient care is typically provided to individuals we consider ambulatory patients. Ambulatory patients are patients who are not being seen as inpatients in a hospital, nursing home or other

institution. Patients who leave the institution and go to a doctor's office for care are considered to be ambulatory patients.

**3. Why are you not currently providing any direct outpatient care?**

- Engaged in research, teaching, and/or administration
- Once provided direct outpatient care but now retired
- Once provided direct outpatient care but temporarily not practicing (duration 3+ months)
- Now not licensed/Never licensed
- Something else (please specify): \_\_\_\_\_

**(Skip to question 39)**

**4. Do you see ambulatory patients in any of the following settings? SELECT ALL THAT APPLY.**

Setting Name	
A) Private solo or group practice	<p>If you see patients in <b>any</b> of these settings (A-J), <b>go to question 5</b></p>
B) Freestanding clinic or Urgent Care Center (e.g., Concentra Urgent Care, Patient First, NextCare Urgent Care, FastMed Urgent Care)	
C) Health Center (e.g., Federally Qualified Health Center [FQHC], federally funded clinics or "look-alike" clinics)	
D) Mental health center	
E) Government clinic that is not federally funded (e.g., state, county, city, maternal and child health, etc.)	
F) Family planning clinic (including Planned Parenthood)	
G) Integrated Delivery System, Health maintenance organization, health system or other prepaid practice (e.g., Kaiser Permanente)	
H) Faculty practice plan (i.e., an organized group of physicians and other health care professionals that treats patients referred to an academic medical center)	
I) Retail health clinic (e.g., CVS MinuteClinic, Walgreen's Healthcare Clinics, Kroger's Little Clinic)	
J) Hospital outpatient department	
K) Hospital emergency department	<p>If you select <b>only K, L, M, N, O or P</b> <b>Skip to question 39</b></p>
L) Ambulatory surgery center/surgicenter	
M) Industrial outpatient facility	
N) Federal government clinics (e.g., Veterans Affairs, military only clinics)	
O) Institutional facility	
P) None of the above	

**5. At which outpatient setting (A-J) in the previous question do you see the most patients in a typical week? WRITE THE LETTER LOCATED NEXT TO THE SELECTION MADE.**

\_\_\_\_\_

**For the rest of the survey, we will refer to this as "your reporting location."**

**6. What is the street address, city, state, and ZIP Code of your reporting location? What is the e-mail address of the provider to whom this survey was mailed?**

Street: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

7. During a typical week, approximately how many patient visits do you personally receive at **["your reporting location" OR fill with address from Q6]**? Your best single-number estimate is fine. By patient visit, we mean a billable encounter. Include only your visits; unless visits are to another provider supervised by you.
- 

Help text [paper & Web]

A typical or normal week is defined by a week that does not include a holiday, vacation, conference, time off, or any other type of non-normal absence.

8. In this survey, "other providers" mean any individuals administering any type of direct medical, mental, or behavioral health care. At **["your reporting location" OR fill with address from Q6]**, do you work in a solo medical facility, or do you work with other providers in a partnership, group practice, or in some other way (nonsolo)?

- Solo **(Skip to question 10)**
- Nonsolo

9. At **["your reporting location" OR fill with address from Q6]**, how many other providers are employed? Do not include interns, residents, fellows, or yourself in the count. Other providers mean any individuals administering any type of direct medical, mental, or behavioral health care.
- 

10. Is **["your reporting location" OR fill with address from Q6]** a multi- or single-specialty practice?

- Multi
- Single

11. At **["your reporting location" OR fill with address from Q6]**, are you a full- or part-owner, employee, independent contractor, or a volunteer?

- Full-owner **(Skip to question 13)**
- Part-owner
- Employee
- Contractor
- Volunteer

12. At **["your reporting location" OR fill with address from Q6]**, who owns the practice?

- Physician/Physician group
- Advanced practice provider/Advanced practice provider group (i.e., advanced practice provider refers to nurse practitioners, PAs (physician assistants/physician associates), or certified nurse midwives)
- Combination of physicians and advanced practice providers
- Insurance company, health plan, or HMO
- Health center
- Academic medical center or teaching hospital
- Other hospital
- Other health care corporation
- Other (please specify): \_\_\_\_\_

The following questions pertain to [**“your reporting location” OR fill with address from Q6**].

13. The following questions concern advanced practice providers practicing at [**“your reporting location” OR fill with address from Q6**]. If the specified type of provider is not practicing at the reporting location, please select “not applicable.”

	Always	Sometimes	Never	Don't know	Not applicable
Do PAs bill for services using their own NPI number?					
Do Nurse Practitioners bill for services using their own NPI number?					
Do Certified Nurse Midwives bill for services using their own NPI number?					
Do Clinical Nurse Specialists bill for services using their own NPI number?					
Do Certified Registered Nurse Anesthetists bill for services using their own NPI number?					

14. Which of the following types of payment does [**“your reporting location” OR fill with address from Q6**] accept? **SELECT ALL THAT APPLY.**

- Private insurance
- Medicare
- Medicaid
- CHIP
- Workers' compensation
- Self-pay
- No charge
- Other (e.g., car insurance, someone other than patient pays)
- Don't know

15. At [**“your reporting location” OR fill with address from Q6**], are you, personally, currently accepting new patients?

- Yes
- No
- Don't know

#### Electronic Health Records and Telemedicine

The following questions pertain to [**“your reporting location” OR fill with address from Q6**].

16. Does [**“your reporting location” OR fill with address from Q6**] use an EHR system? Do not include billing record systems.

- Yes
- No (**Skip to question 18**)
- Don't know (**Skip to question 18**)

17. Does [ <b>“your reporting location” OR fill with address from Q6</b> ] use an EHR to...?	Yes	No	Don't know
Record social determinants of health (e.g., employment, education, race/ethnicity, language and literacy skills)?			
Record behavioral determinants of health (e.g., tobacco use, physical activity, alcohol use, drug use, diet)?			

Order prescriptions?			
Send prescriptions electronically to the pharmacy?			

18. At [**“your reporting location” OR fill with address from Q6**], what type(s) of telemedicine do you personally use for patient visits? **SELECT ALL THAT APPLY.**

- Videoconference software with audio (e.g., Zoom, Webex, FaceTime)
- Audio without video conference software
- Telemedicine platform NOT integrated with EHR (e.g., Doxy.me)
- Telemedicine platform integrated with EHR (e.g., update clinical documentation during telemedicine visit)
- Other tool(s) (please specify): \_\_\_\_\_
- I don't use telemedicine for patient visits (**Skip to question 21**)

19. At [**“your reporting location” OR fill with address from Q6**] in a typical week, how many of your own visits use telemedicine?

- None
- Some
- Most
- All

20. Compared to in-person patient visits, please rate your personal overall satisfaction with using telemedicine for patient visits at [**“your reporting location” OR fill with address from Q6**].

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

21. At [**“your reporting location” OR fill with address from Q6**], what, if any, issues affect your own use of telemedicine? **SELECT ALL THAT APPLY.**

- Limited Internet access and/or speed issues
- Telemedicine platform not easy to use
- Telemedicine isn't appropriate for my specialty/type of patients
- Limitations in patients' access to technology (e.g., smartphone, computer, tablet, Internet)
- Patients' difficulty using technology/telemedicine platform
- Improved reimbursement and relaxation of rules related to use of telemedicine visits
- Other (please specify): \_\_\_\_\_
- None of the above

#### Health Equity and Language Barriers

The following questions pertain to [**“your reporting location” OR fill with address from Q6**].

22. At [**“your reporting location” OR fill with address from Q6**], do you personally see patients during the evening or on weekends?

- Yes
- No
- Don't know

23. Does [**“your reporting location” OR fill with address from Q6**] set time aside for same day appointments?
- Yes
  - No
  - Don’t know
24. On average, about how long does it take to get an appointment with you for a routine medical exam at [**“your reporting location” OR fill with address from Q6**]? By “routine medical exam,” we mean any medical care considered “routine” for your specialty.
- Within 1 week
  - 1-2 weeks
  - 3-4 weeks
  - 1-2 months
  - 3 or more months
  - Do not provide routine medical exams
  - Don't know
25. Are you comfortable providing care to a patient in another language? Please include American Sign Language (ASL).
- Yes
  - No
26. At [**“your reporting location” OR fill with address from Q6**], how many of your own patients have limited English proficiency?
- None (**Skip to question 29**)
  - Some
  - Most
  - All
  - Don’t know

27. When you use interpreters at [ <b>“your reporting location” OR fill with address from Q6</b> ], how often do you personally use each type?	Oft n	Sometimes	Rarely	Never	Don' t kno w
Staff/contractor trained as a medical interpreter					
Bilingual Staff (not formally trained as an interpreter)					
Patient's relative or friend					
Language translation service (iPad/phone-based)					

28. What types of materials at [**“your reporting location” OR fill with address from Q6**], in at least one other language other than English, are available to your own patients? **SELECT ALL THAT APPLY.**
- Wellness/Illness related education
  - Patient rights/Informed consent documents
  - Advanced directives
  - Payment
  - Care plan
  - Other (please specify): \_\_\_\_\_
  - No translated materials are available to my patients

- Don't know

29. What information does ["your reporting location" OR fill with address from Q6] record on patients' culture and language characteristics? SELECT ALL THAT APPLY.

- Nationality/Nativity
- Primary language
- Sexual orientation
- Gender identity
- Race/Ethnicity
- Religion
- Income
- Education
- Other (please specify): \_\_\_\_\_
- We do not collect information related to patient characteristics.

(Continue to question 30)

**Physician Only: Pain Treatment and Treatment with Opioids**

The following questions pertain to ["your reporting location" OR fill with address from Q6].

30. At ["your reporting location" OR fill with address from Q6], do you personally currently treat any patients for pain?

- Yes, I currently treat patients for chronic pain only.
- Yes, I currently treat patients for both chronic and acute pain.
- Yes, I currently treat patients for acute pain only.
- No (Skip to question 37)
- Don't know (Skip to question 37)

31. When managing your own pain patients at ["your reporting location" OR fill with address from Q6], how often do you...	Never	Rarely	Sometimes	Often	Always	Don't know	Not applicable
Establish treatment goals with your recently diagnosed pain patients (e.g., less pain, improved function, increased social activities, better sleep quality, etc.)?							
Recommend non-pharmacological approaches to your recently diagnosed pain patients before or instead of opioid therapy?							

32. What types of non-opioid medications do you currently recommend to pain patients at ["your reporting location" OR fill with address from Q6]? SELECT ALL THAT APPLY.

- Acetaminophen
- Anticonvulsants
- Antidepressants
- Benzodiazepines
- Non-steroidal anti-inflammatory (NSAIDs)
- Other non-opioid drugs
- None of the above
- Don't know

33. How many of your own pain patients at ["your reporting location" OR fill with address from Q6] are currently being treated with opioids prescribed by you?

- None (Skip to question 37)
- A few
- Some
- Almost all
- All
- Don't know

34. Prior to starting opioids for pain management at ["your reporting location" OR fill with address from Q6], how often do you personally do the following?	Never	Rarely	Sometimes	Often	Always	Don't know
Screen patients for depression and other mental health disorders.						
Discuss risks and benefits of using opioids for pain treatment.						

35. After you start opioid therapy on a pain patient at ["your reporting location" OR fill with address from Q6], when do you personally re-evaluate him/her?

- Within 1 week
- Within 4 weeks
- Within 3 months
- Within 1 year
- I don't re-evaluate patients after starting opioid therapy
- Don't know

36. When prescribing opioid therapy to your pain patients at ["your reporting location" OR fill with address from Q6], how often do you personally ...	Never	Rarely	Sometimes	Often	Always	Don't know	Not Applicable
Perform substance abuse risk assessment before prescribing opioids (e.g., CAGE, COWS, TAPS)?							
Establish an opioid treatment plan with your patients?							
Review the patient's history of abuse?							
Perform a urine toxicology screening <u>before</u> starting opioid therapy?							
Review your state's prescription drug monitoring program database (PDMP)?							
Prescribe naloxone to patients receiving opioids?							
Perform a random urine toxicology screening <u>quarterly</u> for long-term opioid therapy?							



37. At [**“your reporting location” OR fill with address from Q6**], how many of your own patients are you currently treating for opioid use disorder?

- None
- A few
- Some
- Almost all
- All
- Don't know

38. Does [**“your reporting location” OR fill with address from Q6**] have an opioid treatment program where patients could be referred for opioid use disorder?

- Yes
- No
- Don't know

#### Provider Demographics

39. Are you of Hispanic, Latino/a, or Spanish origin? **SELECT ALL THAT APPLY.**

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Another Hispanic, Latino/a, or Spanish origin

40. What is your race? **SELECT ALL THAT APPLY.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

41. Are you... **SELECT ALL THAT APPLY.**

- Male
- Female
- Transgender, non-binary, or another gender

42. Who completed this survey? **SELECT ALL THAT APPLY.**

- The provider to whom the survey was addressed
- Office staff
- Other