

FORM **NAMCS-201**
(10-28-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

**COMMUNITY HEALTH CENTER
INDUCTION INTERVIEW
2010**

1. LABEL

a. Regional Office

b. CHC ID No.

c. Reporting Period

d. Community health center name and address

e. Returning CHC

1 Yes

2 No - *SKIP to Item 3*

NOTICE - Public reporting burden of this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0234).

Assurance of confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

2. PROVIDER(S) SAMPLED IN LAST YEAR'S PANEL

Provider ID	Name	Address

3. CHC CONTACT INFORMATION

a. Name	c. Contact's telephone number	Area code + Number
b. Title	d. Fax number	Area code + Number

4. FIELD REPRESENTATIVE INFORMATION

a. Telephone screener name	FR code
b. CHC Induction	FR code

5. RECORD OF TELEPHONE CALLS

Call	Date	Time	Results
1.		a.m. p.m.	
2.		a.m. p.m.	
3.		a.m. p.m.	
4.		a.m. p.m.	
5.		a.m. p.m.	

6. FINAL OUTCOME OF CHC SCREENING

1 <input type="checkbox"/> Appointment made → 2 <input type="checkbox"/> Noninterview	Day of week	Time
	Place	Date

7. INTRODUCTION

Hello (*Name of respondent*), I am (*Your name*). I'm calling for the Centers for Disease Control and Prevention 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 have probably also received a letter from the U.S. Census Bureau. We are acting as the data collection agents for the study.

If CEO does not remember NCHS Letter –

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) is conducting the National Ambulatory Medical Care Survey (NAMCS). This annual study, which has been in the field since 1973, collects information about the large portion of ambulatory care provided by physicians and mid-level providers throughout the United States. Research utilizing the NAMCS helps to inform physicians, health care researchers, and policy makers about the changing characteristics of ambulatory health care in this country. In addition to the regular sample of physicians, the NAMCS is once again specifically sampling providers from a national sample of community health centers.

Your center has been selected, and we are requesting a short interview (approximately 20 minutes) with you to obtain information that would allow us to sample three physicians or mid-level providers in your health center. From these providers we will collect (1) information from a sample of patient visits (e.g., demographics, diagnoses, services, and treatments), (2) provider demographic and practice characteristics, and (3) information about cervical cancer screening practices from providers who offer such services.

Many organizations and leaders in the health care community, including the one providing the enclosed letter of endorsement, have expressed their support and join me in urging your participation in this meaningful study. Participation is voluntary. The following are some key points about the survey:

- Data collection for the NAMCS is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k).
- All information collected will be held in the strictest confidence according to Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). This information will be used for statistical purposes only. No patient names, social security numbers, or addresses are collected.
- This study conforms to the Privacy Rule as mandated by HIPAA, because disclosure of patient data is permitted for public health purposes, and the NCHS Research Ethics Review Board has approved NAMCS.
- U.S. Census Bureau employees, who administer the study, have taken an oath to abide by Title 13, U.S. Code, Section 9, which requires them to keep all information about your practice and patients confidential.

A representative of the Census Bureau, acting as our agent, will be calling you to schedule an appointment regarding the details of your participation. If you have any questions regarding your participation, please call a NAMCS representative at (800) 392-2862. Additional information on the survey may be obtained by visiting the NAMCS participant Web site at www.cdc.gov/namcs. We greatly appreciate your cooperation.

8. CENTER CLASSIFICATION

How would you classify this center? *Mark (X) ALL that apply.*

- 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 – *Read CLOSING STATEMENT below.*

} *SKIP to item 9a.*

CLOSING STATEMENT – Thank you, (Name of respondent), your center is not within the scope of this study. We appreciate your time and interest. (Terminate interview and SKIP to item 12 on page 7.)

9. ADDRESS CONFIRMATION

a. We have your address as (Read item 1d). Is this correct?

- 1 Yes – *SKIP to item 10*
- 2 No, incorrect address – *Ask item 9b*

b. What is the correct address and telephone number?

Number and Street:	
City:	
State:	Zip Code:
Telephone number (Area code/Number/Ext.):	

10. REVENUE SOURCES

Give FLASHCARD G (p.21 Flashcard Booklet) and ask:

What percent of your CHC's revenue comes from the following sources?

Sources	Percentage
330 Grant	%
Title V grant or contract	%
Other Federal Grant	%
State/Local Grant	%
Individual, corporation or foundation grants or donations	%
Medicare/Medicaid	%
Patient fees	%
Other	%

FR NOTE – Categories should sum close to 100%. Do not leave blank or use dash to indicate 0 percent, include value.

Continue with item 11 on page 4.

11. SAMPLING PLAN

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, and ends on Sunday, .

- 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 mid-level providers at **ALL IN-SCOPE LOCATIONS**. Please include all providers even if they do **NOT** plan on seeing patients during the sample week. In-scope locations include all fixed locations that provide health care, including mobile 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. Include physicians (both MDs and DOs), nurse practitioners (NPs), physician assistants (PAs), and nurse midwives (NMWs).
- FR NOTE** – If a particular provider does not expect to see patients during the sample week, include them in the table below and place a zero in the “Expected visit volume (d)” column. These providers should not be sampled. Item 11 table should include all in-scope locations. Providers, even if they do not expect to see patients during the sample week, should be included; however, they should NEVER be sampled.

1	Provider's name (a)	MD/DO, NP, PA, NMW (b)	Specialty (c)	Expected visit volume (d)	Cumulative visit volume (e)	Mark (X) if to be sampled (f)
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Total (Lines 1–15) – Continue on next page. →

Continue with item 11, List of Physicians/Providers, on page 5.

11. SAMPLING PLAN (Continued)

	Provider's name (a)	MD/DO, NP, PA, NMW (b)	Specialty (c)	Expected visit volume (d)	Cumulative visit volume (e)	Mark (X) if to be sampled (f)
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

Total (Lines 16–35) – Continue on next page. →

Continue with item 11, List of Physicians/Providers, on page 6.

11. SAMPLING PLAN (Continued)

	Provider's name (a)	MD/DO, NP, PA, NMW (b)	Specialty (c)	Expected visit volume (d)	Cumulative visit volume (e)	Mark (X) if to be sampled (f)
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
Total (Sum of lines 36–45) (From above) →						
Total (Sum of lines 16–35) (From page 5) →						
Total (Sum of lines 1–15) (From page 4) →						
46	(Sum of lines 1–45) →				= Total Expected Visit Volume	
47	<i>Total Number of Providers →</i>					
48	Divide the above Total Expected Visit Volume TOTAL by 3 →				= TE	
49	<i>START WITH number based on table on page 8 →</i>				= SW	

} Go to Instruction 7, page 7.

FR NOTE – If a particular provider does not expect to see patients during the sample week, include them in the table above and place a zero in the “Expected visit volume (d)” column. These providers should not be sampled.

Sampling Instructions –

1. Count the number of providers and enter in line 47.
2. Obtain an "Expected visit volume" for each provider (column d) for the sample week, keeping a cumulative visit total in column e. If there are more than 45 providers continue the list on a separate sheet and attach to this form.
3. The "Total expected visit volume" (line 46) should equal the last entry in "Cumulative visit volume", column e.
4. If the community health center has 3 or fewer providers **sample all providers**. Go to Instruction 12, page 7. If community health center has 4 or more providers then follow the rest of these instructions.
5. Divide the "Total expected visit volume" by 3 (to one decimal place) – this is the Take Every (TE) number. Place result into line 48.
6. To determine the "Start With" (SW) number: Refer to the table on page 8.

SAMPLING INSTRUCTIONS (Continued)

7. The first provider to be selected for sampling will be the one who has the **first** "Cumulative visit volume" greater than or equal to the SW number. Mark (X) in column f to indicate this selection.
8. The second sampled provider will have the **first** "Cumulative visit volume" that is greater than or equal to the TE + SW. Mark (X) in column f to indicate this selection.
9. The third provider will have the **first** "Cumulative visit volume" greater than or equal to (TE*2) + SW. Again, mark (X) in column f to indicate this selection.

Cumulative Visit Volume

Critical Item Complete!

Complete the following table based on instructions 7 – 9 above.

Provider to be Sampled	The first "Cumulative visit volume" equal to or greater than...	Cumulative visit number
1	SW	
2	SW + TE	
3	SW + (TE * 2)	

If this CHC was in last year's sample (Item 1e), and any of the providers selected this year were also selected last year (Item 2), choose the next provider on the list. If the provider is at the end of the list, start at the top.

Reminder: Skip to the next provider if a provider is sampled who is expecting zero visits.

12. COMPLETE THE FOLLOWING TABLE BELOW FOR THE 3 SAMPLED PROVIDERS SELECTED. COMPLETE A SEPARATE NAMCS-1 FOR ALL 3 ROWS BELOW.

Selected Sample Providers

Provider ID	Name	Address	Telephone No.	Expected Visit Volume	Final disposition from NAMCS-1
1					
2					
3					

FR Note- Keep in mind the following points:

- The first 3 digits of the Provider ID are the same as the first 3 digits of the CHC ID, the last digit is 1, 2, or 3 as listed above.
- Three NAMCS-1s are to be completed for each CHC regardless of CHC or provider disposition.

13. CHC FINAL DISPOSITION

- 1 Completed Induction
- 2 Out-of-Scope (*Rare, Please confirm disposition*)
- 3 Refused-Breakoff
- 4 CHC not seeing patients during reporting week
- 5 Moved out of PSU (*Rare, Please confirm disposition*)
- 6 Can't locate (*Rare, Please confirm disposition*)

}

Complete a NAMCS-1 for all 3 provider IDs regardless of provider or CHC disposition. If there are only 2 providers at a CHC, you still would complete a NAMCS-1 for the 3rd provider ID.

