National Ambulatory Medical Care Survey Update

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THANK YOU!

- Our sincerest thanks to the BSC National Ambulatory Medica Care Survey (NAMCS) Workgroup:

  - **John Lumpkin**, Workgroup Chair, BSC Member, *Blue Cross Blue Shield of NC*
  - **Ken Copeland**, BSC Member, *NORC*
  - **Caleb Alexander**, *JHU Bloomberg School of Public Health*
  - **Rajender Aparasu**, *University of Houston College of Pharmacy*
  - **Bob Philips**, *American Academy of Family Medicine*

NAMCS BSC Workgroup Report

- Provided Division Health Care Statistics (DHCS) with an overarching framework for the redesign of NAMCS.

- Created DHCS NAMCS Redesign Workgroup for input on the redesign.
  - Discussion of major questions stated in the report:
    - What is ambulatory care?
    - Who are ambulatory care providers to be included in NAMCS?
    - Which settings should be included in NAMCS?

- Continued to seek input from BSC Workgroup.

2020 NAMCS and COVID-19

2020 NAMCS—Physician Component

- COVID-19 had an impact on the 2020 NAMCS Physician component and resulted in changes in data collection procedures:
  - Fielding delayed by 6 weeks; 4 ½ weeks longer for 'hotspots'
  - Due to low response, abstraction of visits only in Q1
  - Physician Induction Interview being collected for the entire year
  - Reliance on phone calls; fewer in-person interviews
  - Small incentives for field representatives for completing interview

2020 NAMCS—Community Health Center (CHC) Component

- COVID-19 had a smaller impact on the 2020 NAMCS CHC component:
  - No delay in fielding
  - CHC Facility and Provider Interviews being collected for the entire year
  - Abstraction of visits was not stopped

COVID-19 Questions Added to Physician and CHC Components

- COVID-19 questions were added in the 2020 NAMCS Q3-Q4 data collection periods for the Physician Component and both periods of the CHC Component.
  - Five questions (with sub-questions) on:
    1. Shortages of PPE
    2. Ability to test patients or refer to a testing site
    3. Need to turn away patients with COVID-19
    4. Providers in office/practice who tested positive for COVID-19
    5. Use of telemedicine/telehealth

- Preparing for release of preliminary quarterly estimates for Physician Component.

2021 NAMCS

2021 NAMCS—Physician Component

- No visit data will be collected for 2021.

- Collaboration with U.S. Census Bureau on who will report on:
  - Using business/group level databases for sampling
  - Additional/supplemental sources for obtaining visit level data

2021 NAMCS—Physician Component (cont.)

- The Physician Induction Interview will be split into 2 components.

  – Physician Induction Interview ***Q1-Q2 (~1,500 physicians):***
    - Universe/sample procedures identical to previous years
    - COVID-19 questions remain on survey
    - Preliminary quarterly estimates for COVID-19 questions will continue

  – Physician Induction Interview ***Q3-Q4 (~1,500 physicians):***
    - Universe/sample procedures will be expanded to capture physicians previously ineligible
    - COVID-19 questions to remain (if applicable)

2021 NAMCS—CHC Component

- Move to electronic health record (EHR) data collection.
- Collaboration with HRSA on recruitment of nationally representative sample of 50 ***FQHCs or FQHC-LALs.***
  - Transmission all encounters for Jan-December 2021
  - Set-up fee of $10,000 offered to defray cost of IG Release 1.2 implementation
  - Collection of facility information using a web-based portal
- Awarded FY21 Patient Centered Outcomes Research Trust Fund (PCORTF) monies to evaluate the linkage of CY2021 FQHC maternal health EHR data with the National Death Index (NDI) and Housing and Urban Development (HUD) administrative data through the NCHS Data Linkage Program.

2022 NAMCS

2022 NAMCS – Physician Component

- Revision of the Physician Interview:
  - Update content to capture relevant/timely ambulatory care health topics.
  - Concise length to help increase response rate.
  - Explore separation from the visit component.
  - Field a test of the Revised Physician Interview at the end of CY 2022.

- Explore obtaining ambulatory visits from the group level:
  - Contact a small number of large health care groups to establish mechanisms for obtaining EHR visit data from ***providers.***
  - Use data available at CDC's Data Hub or other potential external sources to supplement any primary data collection.

2022 NAMCS –CHC Component

- Continue to collect EHR data in format of the IG Release 1.2.
- Work with HRSA to expand the sample to 110 FQHCs or FQHQ-LALs.
- Continue to collect the needed facility information.
- If FY21 PCORTF project schedule allows -- evaluate the linkage of CY2022 FQHC maternal health EHR data with NDI and HUD administrative data through the NCHS Data Linkage Program.

Discussion Questions Sent to the Workgroup

- We look to ultimately expand NAMCS to include not only physicians but other providers as well; specifically, nurse practitioners (NPs) and physician assistants (PAs).
  - Are there other types of advanced practice providers who should be included?
  - How do we include these providers in a way that would lead to nationally representative estimates?
  - What databases for advanced practice providers are available from which a sample frame could be drawn?
  - We know there are alternative databases for physician, other than the AMA or AOA masterfiles. Would there be any of these suggested as alternatives?
  - If we need to use multiple databases to draw a sample, how do we combine them?

- We believe there could both pros and cons to conducting a NAMCS physician interview separate from the collection of visit data.
  - Are there any thoughts on a data collection that separates the physician interview from the visit data?

Additional Questions for the Workgroup

- Managing visit level data at both the group and individual physician/provider level.
  - Do we focus only on the group level, individual provider level, or both?
  - If we collected data at both the group and individual level, what are considerations to create national estimates when combining and weighting these data?

- Although more common for hospitals, we have been exploring opportunities to obtain supplemental clinical patient visit data.
  - Are there any thoughts on the use of supplemental data in order to enhance NAMCS visit data?
  - Any known sources of supplemental data that should be explored?
  - A trade-off from using supplemental data will be that most likely personal identifiers used in linkage will not be included – would this negate the use of these sources?

Thank you!