NAMCS Workgroup

January 14, 2021

Meeting summary

Workgroup members

- John Lumpkin, Chair BSC member, Blue Cross Blue Shield of North Carolina
- Ken Copeland, BSC member, NORC
- Caleb Alexander, Johns Hopkins Bloomberg School of Public Health
- Bob Phillips, American Board of Family Medicine
- Rajender Aparasu, University of Houston, College of Pharmacy

Questions from NAMCS team

Given ambulatory care increasingly being given by advanced practice providers, we look to ultimately expand NAMCS to include not only physicians but these providers as well; specifically, nurse practitioners (NPs) and physician assistants (PAs). A few questions for the group:

- **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?**

Questions from NAMCS team

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?**

Process

- Questions sent to participants of workgroup meeting in November
- Responses received by:
  - Joel Cohen, Agency for Healthcare Research and Quality
  - Ellen Kurtzman, George Washington University School of Nursing
  - Ann O'Malley/Eugene Rich, Mathematica
  - Lynn Olson, American Academy of Pediatrics
  - Bob Phillips, American Board of Family Medicine
  - Christine Pintz, George Washington University School of Nursing
  - Ryan White, Rutgers University of School of Health Professions
- Responses discussed, consensus reached to develop opinions

Workgroup findings from May 20, 2020 meeting

- How sampling occurs
  - Transition from physician encounters to provider groups, sites or individual patients
    - To better capture role of non-physician providers
    - To better gather data covering full care experience
  - Re-examine eligibility for provider selection
    - Hospital owned outpatient settings
    - Hybrid collection approach leveraging speed of EHR data and depth of manual extraction

Opinions

Are there other types of advanced practice providers who should be included?

- **Include physician assistants, nurse practitioners, certified nurse-midwives, and all types of advanced practice nurses in the NAMCS sampling framework and perform a scoping assessment to identify other providers not captured in this list.**

How do we include these providers in a way that would lead to nationally representative estimates?

- **Evaluate the limitations of existing national and state databases, particularly state licensing databases within the NAMCS sampling framework in order to achieve a nationally representative sampling method.**

Opinions

What databases for advanced practice providers are available from which a sample frame could be drawn?

- **Leverage the following databases to enable sampling of non-physician providers: American Association of Nurse Practitioners, North American Registry of Midwives, American College of Nurse Midwives, Centers for Medicare & Medicaid Services, Health Resources & Services Administration, IQVIA, National Certification Commission for Physician's Assistants, American Academy of Physician Assistants, and State Boards of Nursing.**

Opinions

We know there are alternative databases for physician, other than the AMA or AOA masterfiles. Would there be any of these suggested as alternatives?

- **Continue using the American Medical Association (AMA) and American Osteopathic Association (AOA) masterfiles for the NAMCS sampling framework and incorporate additional information from individual certifying boards.**

If we need to use multiple databases to draw a sample, how do we combine them?

- **Engage with database superusers, such as Drs. Bob Berenson (Urban Institute), Stephen Petterson (Robert Graham Center), and Eugene Rich (Mathematica), in order to determine the best methods to combine multiple databases.**

Opinions

Are there any thoughts on a data collection that separates the physician interview from the visit data?

- **Implement the BSC recommendations adopted from the opinions from the past NAMCS Workgroup meeting (e.g., using electronic health record [EHR] data, longer measurement periods, and quarterly estimates), as well as more phone-based and remote (e.g., Zoom) interview methods.**