

Section VI - MISSING INFORMATION CHART - Continued

Part 2 — Missing Days or Blocks of Time <i>List day(s) and blocks of time not reported, and check with the physician's office for the reason. (If patients were seen during day(s)/hours not reported, arrange to obtain missing data. If not possible to obtain missing data, ask for the number of patients seen during day(s)/hours not reported.)</i>	Not reported		Reason (c)	Will physician's office provide missing data? (Mark X) (d)		Number of patients seen (e)
	Day(s) (a)	Blocks of time (b)		Yes	No	
Part 3 — Missing Patient Record Form Items (1-13) <i>List missing items, and refer to the FR manual for guidelines on retrieving missing information.</i>	Patient Record number (a)	Item number(s) (b)	Comments (c)			

41. Was physician/office staff contacted for any reason during the editing process?
 Yes No

NOTICE - Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the 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 Reports Clearance Officer, 1600 Clifton Road, MS D-24, 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 only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

<p>1. Physician's address:</p>	<p>FORM NAMCS-1 (11-17-2004)</p> <p>U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS DATA COLLECTION AGENT FOR THE NATIONAL CENTER FOR HEALTH STATISTICS CENTERS FOR DISEASE CONTROL AND PREVENTION</p> <p>NATIONAL AMBULATORY MEDICAL CARE SURVEY 2005 PANEL</p>
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<p>2. Physician's telephone and FAX numbers (<i>Area code and number</i>)</p> <table border="1" style="width: 100%;"> <tr> <td rowspan="2" style="text-align: center;">Office 1</td> <td>Telephone</td> <td> </td> </tr> <tr> <td>FAX</td> <td> </td> </tr> <tr> <td rowspan="2" style="text-align: center;">Office 2</td> <td>Telephone</td> <td> </td> </tr> <tr> <td>FAX</td> <td> </td> </tr> </table>	Office 1	Telephone		FAX		Office 2	Telephone		FAX		<p>3. Field Representative information</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Telephone screener</td> <td>Code</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Induction interview</td> <td>Code</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Telephone screener	Code			Induction interview	Code		
Office 1		Telephone																	
	FAX																		
Office 2	Telephone																		
	FAX																		
Telephone screener	Code																		
Induction interview	Code																		

Section I - TELEPHONE SCREENER

4. Record of telephone calls

Call	Date	Time	Results
1			
2			
3			
4			
5			
6			
7			

5a. Has the physician moved out of the United States?
1 Yes - SKIP to CHECK ITEM A on page 6
2 No

b. Is the physician retired or deceased?
1 Yes - SKIP to CHECK ITEM A on page 6
2 No

6. Introduction

Hello, Dr. _____, 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. (Pause) You've probably also received a letter from the Census Bureau. We are acting as data collection agents for the study.

IF DOCTOR DOES NOT REMEMBER NCHS LETTER:

The CDC's National Center for Health Statistics, as part of its continuing program to provide information on the health status of the U.S. population, is conducting the National Ambulatory Medical Care Survey (NAMCS). The purpose of this study is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published statistics will help your profession plan for more effective health services, improve medical education, and assist the public health community in understanding the epidemiology of diseases and health conditions.

As one of the physicians selected in our national sample, your participation is essential to the success of the study. You will be asked to complete a 1-page questionnaire on a sample of patient encounters during a randomly assigned 1-week reporting period. Additionally, there is a short interview with you about the nature of your practice and about physician preparedness in the event of a bioterror attack on our Nation.

Data collection for the NAMCS is authorized by the Public Health Service Act (Title 42, United States Code, Section 242k). Participation is voluntary. Although there are no penalties for not participating, each nonresponse makes the national statistics less accurate. All information collected is held in the strictest confidence and will be used only to prepare statistical summaries. Please be assured that there are several ways that the Privacy Rule (as mandated by the Health Insurance Portability and Accountability Act [HIPAA]) allows you to participate. Disclosures of patient data are permitted for public health purposes and for research that has been approved by an Institutional Review Board – both of which apply to this survey.

NOTES

Section VI - MISSING INFORMATION CHART

Part 1 — Missing Patient Record Forms

40a. Enter 6-digit Patient Record number(s) for missing forms.

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b. Contact physician regarding missing forms. Enter results of missing forms follow-up below:

- Forms/information obtained
- Forms/information not obtained – *Explain why* ↗

NOTES

Section V – PATIENT RECORD FORM CHECK

CHECK ITEM C

1. Who answered the questions in the **Physician Induction Interview**?
Mark (X) all that apply.
 - 1 Physician
 - 2 Office staff
 - 3 Other – Specify

2. Who completed the **Patient Record forms**?
Mark (X) all that apply.
 - 1 Physician
 - 2 Office staff
 - 3 FR – abstraction
 - 4 Other – Specify

3. Did the physician accept the Data Use Agreement?
 - 1 Yes
 - 2 No

4. If the FR abstracted the PRFs, were the Accounting Documents placed in each of the medical records used for abstraction?
 - 1 Yes
 - 2 No – Explain

5. Did physician (or staff) request to see the IRB approval?
 - 1 Yes
 - 2 No

39. Verify that all items on the Patient Record form check have been answered. DO NOT call the physician regarding missing information on Patient Record form unless instructed by your supervisor or the FR Manual.	Mark (X) when completed	
	Field Representative check list (a)	Office check list (b)
a. Check for missing Patient Record forms (e.g., if the last completed Patient Record is number 000051, do you have 000001 through 000050). List missing Patient Record forms in Section VI, Part I of chart.		
b. Item 1a – Date of visit recorded on each Patient Record form – If missing, complete 1 and 2 below.		
(1) Determine date of visit by referring to Patient Record forms immediately before and after. For example, if 550087 through 550092 are dated "1/12/2005" and the date on 550088 is missing, enter "1/12/2005" in item 1a.		
(2) If the exact date of the patient visit cannot be determined, estimate the date and enter "EST" next to the entry.		
c. Items 1–13 –Verify that each of these items has been answered on the Patient Record form. List missing information in Section VI, Part 3 of chart on page 24.		
d. Check the physician's office schedule against the dates on the Patient Record forms for survey week days with no completed Patient Record forms . Do the dates on the Patient Record forms include every day during the survey week that the physician's office scheduled appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No –List missing days in Section VI, Part 2 of chart on page 24.		

Section I – TELEPHONE SCREENER – Continued

7. **Specialty**
 - a. Your specialty is ,
is that right?
 - 1 Yes – SKIP to item 8
 - 2 No
 - b. What is your specialty (including general practice)?

(Name of specialty)
 Code
Refer to the NAMCS-21, pages 3 and 4 for codes.

FR INSTRUCTION

Do not classify cases solely on the basis of specialty. Complete all items on the NAMCS-1 and have the physician fill out PRFs if appropriate.

8. Which of the following categories best describes your professional activity – patient care, research, teaching, administration, or something else?
 - 1 Patient care
 - 2 Research
 - 3 Teaching
 - 4 Administration
 - 5 Something else – Specify

- 9a. Do you directly care for any ambulatory patients in your work?
 - 1 Yes – SKIP to item 9c
 - 2 No – does not give direct care [9b PROBE]
 - 3 No, no longer in practice –SKIP to item 11 on page 4

- b. **PROBE: We include as ambulatory patients, any patients coming to see you for personal health services who are not currently on the premises. Does your work include any such individuals?**
 - 1 Yes, cares for ambulatory patients
 - 2 No, does not give direct care –Determine reason, then read item 11 on page 4

- c. Are you employed by the Federal Government or do you work in a hospital emergency or outpatient department?
 - 1 Yes
 - 2 No – SKIP to item 10a on page 4

- d. In addition to working in any of these settings, do you also see any private patients?
 - 1 Yes
 - 2 No – SKIP to item 11 on page 4

If "Yes" to item 9d, all of the following questions are concerned with the private patients.

NOTES

Section I – TELEPHONE SCREENER – Continued

10a. We have your address as *(Read address shown in item 1).* **Is that the correct address for your office?**

1 Yes – SKIP to item 12
 2 No, incorrect address – Ask item 10b

b. What is the (correct) address and telephone number of your office?

Number and street		} SKIP to item 12
City		
State	ZIP Code	
Telephone <i>(Area code and number)</i>		

11. Thank you, Dr. **, but I believe that since you do not (see any ambulatory patients/practice any longer), our questions would not be appropriate for you. I appreciate your time and interest.** *(Go to Check Item A on page 6.)*

12. I would like to arrange an appointment with you within the next week or so to discuss the study. It will take about 15 minutes. What would be a good time for you, before Friday, *(last Friday before the assigned reporting week)?*

Weekday	Month	Day	Year	Time
				a.m.
				p.m.

Verify office location, if appropriate:

Physician refused to participate –Go to the top of page 6.

Thank you, Dr. **. I'll see you then.** *(Go to Check Item A on the bottom of page 6.)*

NOTES

Section IV – DISPOSITION AND SUMMARY

37. FINAL DISPOSITION

1 **Completed Patient Record forms** →

2 **Out-of-scope** (Item 32, codes 2, 3, 4, 5, 6, 8, 9, or 10)

3 **Refused-Breakoff** (Item 32, code 1)

4 **Unavailable during reporting period** (Item 32, code 11)

5 **Moved out of PSU** (Item 32, code 12–final)

6 **Can't locate** (Item 32, code 7)

FOR TRANSFER CASES MARK –

Moved out of PSU (Item 32, code 12 –pending)

End of Interview –Make certain all items are accurately completed before returning materials to the office.

38. CASE SUMMARY

1. Number of patient visits during reporting week

2. Number of days during reporting week on which patients were seen

3. Number of patient record forms completed

NOTE – For items 38(1) and 38(3), see FR instruction below. ✓

Edit Edit

FR, PLEASE READ BEFORE CONTINUING

Item 38(1) – Accurate determination of "Number of patient visits during reporting week" is **EXTREMELY IMPORTANT!** This count is to include any days the physician may have skipped or not participated. This information may be obtained from either the office staff or from the PRF Folio cover.

Item 38(3) – If the number of Patient Record forms completed is less than 20 or greater than 40, then explain why in the NOTES section below.

Items 18b and 38(1) – If applicable, record explanation of why items 18 and 38(1) differ significantly and any other information regarding this case which may help to understand it at a later date.

Section III - NONINTERVIEW - Continued

35. Why is physician unavailable or not in practice?				} SKIP to item 37 on page 21
36a. What is the physician's new address?	Number and street			
	City, State, ZIP Code			
	Telephone			
b. Name of Field Representative	RO	PSU	Date transferred	Continue with item 37 on page 21

NOTES

Section I - TELEPHONE SCREENER - Continued

FR, PLEASE READ BEFORE CONTINUING

FR Instruction – If you have made it to this point, it appears the physician will be cooperative. Please remember to show the physician the Data Use Agreement and remind them they need to keep this document for six years. If the physician or their staff are unwilling to complete the Patient Record forms themselves and request you to abstract the information; please remember that an Accounting Document must be placed in each of the medical records from which information has been abstracted. This document must also be kept for six years. If necessary, please show the physician the IRB approval.

SAMPLE PHYSICIAN'S OFFICE SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							
Office No.							

NOTES

Section I – TELEPHONE SCREENER – Continued

FR,
PLEASE
READ
BEFORE
CONTINUING

FR Instruction – COMPLETE QUESTIONS BELOW FOR ALL IN-SCOPE PHYSICIANS WHO HAVE REFUSED TO PARTICIPATE.

13. I appreciate that you choose not to participate in the study, but I would like to ask a few short questions about your practice so we can make sure responding physicians do not differ from nonresponding physicians.

a. At how many different office locations do you see ambulatory patients?

Number of office locations ↘

b. During an average week, how many patient visits would you expect to have at all office locations?

Number of patient visits ↘

c. At the office location where you see the most ambulatory patients:

(1) How many other physicians are associated with you?

Number of other physicians ↘

If number of other physicians is 0, SKIP to item 13c(3).

(2) Is this a single- or multi-specialty group practice?

- 1 Multi-specialty practice
2 Single-specialty practice

(3) Are you a full- or part-owner, employee, or an independent contractor?

- 1 Owner – Automatically mark "Physician or physician group" in item 13c(4)
2 Employee
3 Contractor

(4) Who owns the practice?

- 1 Physician or physician group
2 HMO
3 Medical academic/Health center
4 Other hospital
5 Other health care corporation
6 Other – Specify ↘

CHECK ITEM A Final outcome of screening

- 1 Appointment MADE or Physician unavailable during reporting period –Go to Section II, page 7
2 Inscope, but REFUSED –Go to Section III, page 19
3 Out-of-Scope/Other –Go to Section III, page 19

➤ CHECK ITEM A MUST BE COMPLETED BEFORE CONTINUING ◀

Edit

Section III – NONINTERVIEW

32. What is the reason the physician did not participate in this study?

Explanations for noninterview codes 6 and 11 –

- Temporarily not practicing –Refers to duration of 3 months or more
- Unavailable during reporting period –Absence must be for duration of LESS than 3 months

Edit

- 1 Refused/Breakoff –SKIP to item 34a
2 Non-office based
3 Sees no ambulatory patients } SKIP to item 33
4 Retired } SKIP to item 37 on page 21
5 Deceased }
6 Temporarily not practicing –SKIP to item 35 on page 20
7 Can't locate } SKIP to item 37 on page 21
8 Not licensed }
9 Moved out of U.S.A. }
10 Other out-of-scope –SKIP to item 33
11 Unavailable during reporting period –SKIP to item 35 on page 20
12 Moved out of PSU –SKIP to item 36a on page 20

33. Check all that apply to describe physician's practice or medical activities which define him/her as ineligible or out-of-scope.

- 1 Federally employed
2 Radiology, anesthesiology or pathology specialist
3 Administrator
4 Work in institutional setting
5 Work in hospital emergency department or outpatient department
6 Work in industrial setting
7 Other – Specify ↘
- } SKIP to item 37 page 21

34a. At what point in the interview did the refusal/break-off occur?

(Mark (X) one.)

- 1 During telephone screening } Make sure item 13 has been completed
2 During induction interview }
3 After induction but prior to assigned reporting days
4 At reminder call
5 During assigned reporting days or mid-week calls
6 At follow-up contact

b. By whom?

(Mark (X) one.)

- 1 Physician
2 Physician through nurse
3 Nurse/Secretary
4 Receptionist
5 Office manager/Administrator
6 Other office staff – Specify ↘

c. What reason was given? (Verbatim)

d. Date refusal/breakoff was reported to supervisor

Month Day Year

e. Conversion attempt result

- 1 No conversion attempt } SKIP to item 37 on page 21
2 Physician refused }
3 Physician agreed to see Field Representative – Complete Section II

31a. CLOSING STATEMENT

Thank you for your time and cooperation Dr. [redacted]. I will call you on Monday, [redacted] to see if (everything is all right/your plans have changed). If you have any questions (Hand doctor your business card) please feel free to call me. My telephone number is also written in the folio.

FR INSTRUCTION

If applicable, complete Sections III through V before returning completed materials to office.

31b. CLOSING STATEMENT

Thank you for your time and cooperation Dr. [redacted]. The information you provided will improve the accuracy of the NAMCS in describing office-based patient care in the United States.

FR INSTRUCTION

Complete Sections III through IV before returning completed materials to office.

NOTES

Doctor, before we begin, I would like to give you a little background about this study.

Systematic information about the characteristics and problems of the people who consult physicians in their offices is essential for medical researchers, educators, and others who are concerned with medical education, manpower needs, and the changing nature of health care delivery.

In response to the demand for this information, the Centers for Disease Control and Prevention, in close consultation with representatives of the medical profession, developed the National Ambulatory Medical Care Survey.

Your part in the study is very simple, carefully designed, and should not take much of your time. It consists of your participation during a specified 7-day period. During that time, you would supply a minimal amount of information about patients you see.

Now, before we get to the actual procedures, I have some questions to ask you about your practice. The answers you give will be used only for classification and analysis. Of course ALL information you provide for this study will be held in strict confidence.

14a. Overall, at how many office locations do you see ambulatory patients?

Number of locations ↗

b. In a typical year, about how many weeks do you NOT see any ambulatory patients (e.g., conferences, vacations, etc.)?

Number of weeks ↗

15a. This study will be concerned with the AMBULATORY patients you will see in your office(s) during the week of Monday,

[redacted] through Sunday, [redacted].

Are you likely to see any ambulatory patients in your office(s) during that week?

(For allergists, family practitioners, etc. - if routine care such as allergy shots, blood pressure checks, and so forth will be provided by staff in physician's absence, mark "Yes.")

- 1 Yes -SKIP to item 16a on page 8
2 No

b. Why is that? Record verbatim.

(If appropriate, read item 15c below and leave forms with physician. Otherwise, SKIP to item 16a on page 8.)

c. Since it's very important that we include any ambulatory patients that you might see in your office during that week, I'll leave forms with you - just in case your plans change. I'll check back with your office just before (Starting date) to make sure, and if necessary I can explain them in detail then.

Give the doctor the folio and enter the folio number on page 16. Then continue with item 16a on page 8.

FR, PLEASE READ BEFORE CONTINUING

FR Instruction -Even if the physician is not available during the reporting week, continue with item 16a on page 8.

Section II – INDUCTION INTERVIEW – Continued

16a. At what office locations will you be seeing ambulatory patients during this 7-day period?

PROBE: Are there any other office locations at which you will be seeing ambulatory patients during that 7-day period?

NOTE: If physician is unavailable or refuses to participate, record locations where ambulatory patients are normally seen.

16b. Give FLASH CARD A (p. 14 Flashcard Booklet) and ask Looking at this list, choose ALL of the type(s) of settings that describe each location where you work. For each location mark all setting types that apply. For each location also mark the appropriate "scope" status. If any even numbered settings are marked, then mark location as out-of-scope.

If #3 or #11 are marked then probe as needed –

If FLASH CARD number 3 (free-standing clinic/urgicenter) is marked, ask –

Is this/that clinic in an institutional setting (#8), in an industrial outpatient facility (#10) or operated by the Federal Government (#12)? (If yes – Mark out-of-scope.)

If FLASH CARD number 11 (family planning clinic) is marked, ask –

Is this/that clinic operated by the Federal Government (#12)? (If yes – Mark out-of-scope.)

If in doubt about any (clinic/facility/institution), PROBE –

(1) Is this/that (clinic/facility/institution) part of a hospital emergency department or an outpatient department (#2, #4)? (If yes – Mark out-of-scope.)

(2) Is this/that (clinic/facility/institution) operated by the Federal Government (#12)? (If yes – Mark out-of-scope.)

Edit

Office No.	Office locations (Enter street address)	Circle FLASH CARD number	Mark (X)	
			In-scope	Out-of-scope
1		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 <input type="checkbox"/>	2 <input type="checkbox"/>

FLASH CARD A

- | | |
|--|---|
| (1) Private solo or group practice | (2) Hospital emergency department |
| (3) Freestanding clinic/urgicenter (not part of a hospital outpatient department) | (4) Hospital outpatient department |
| (5) Federally funded public health clinic (e.g., federally qualified health center (FQHC) and community health centers) | (6) Ambulatory surgicenter |
| (7) Mental health center | (8) Institutional setting (school infirmary, nursing home, prison) |
| (9) Non-federal Government clinic (e.g., state, county, city, maternal and child health, etc.) | (10) Industrial outpatient facility |
| (11) Family planning clinic (including Planned Parenthood) | (12) Federal Government operated clinic (e.g., VA, military, etc.) |
| (13) Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente) | (14) Laser vision surgery |
| (15) Faculty Practice Plan | |

CHECK ITEM B 1 All locations out-of-scope – Read CLOSING STATEMENT below
2 All/Some locations in-scope – Go to item 17a

CLOSING STATEMENT

Thank you, Dr. _____, your practice is not within the scope of this study. We appreciate your time and interest. (Terminate interview and complete Sections III and IV on pages 19–21.)

Section II – INDUCTION INTERVIEW – Continued

INSTRUCTIONS

GIVE THE PHYSICIAN A FOLIO AND A COPY OF THE SAMPLE PATIENT RECORD FORM (NAMCS-73), AND EXPLAIN HOW TO COMPLETE THE FORMS.

Cover following points –

- (1) Who to list/Who not to list on the Patient Visit Worksheet found in the back of the NAMCS-26**
 - List every ambulatory patient visit to all in-scope locations during the reporting period.
 - INCLUDE patients the physician doesn't see but who receive care from an assistant, nurse, nurse practitioner, physician assistant, etc.
 - EXCLUDE patients who do not seek care or services (e.g., they come to pay a bill or leave a specimen).
 - EXCLUDE telephone contacts with patients.

- (2) Show doctor instruction card in folio pocket and go over Patient Record item by item, paying particular attention to –**

Item 1d, Sex – If the patient is female, we are interested in knowing if she is pregnant and, if so, the gestation week of the fetus. If gestation week is unknown then record LMP date in same fashion as Date of Visit.

Item 2, Injury/Poisoning/Adverse Effect – If any part of this visit was related to an injury or poisoning or adverse effect of medical or surgical care or an adverse effect of medicinal drug, then mark the appropriate box.

Item 3, Reason for Visit – To be recorded in patient's own words. We want the patient's own complaint here, not the physician's diagnosis. If the patient has no complaint, the physician should enter the reason for the visit.

Items 5a(1), Physician's Primary Diagnosis for this Visit – Can be tentative or provisional or expressed as a problem. Physician should not record "Rule Out" diagnosis (R.O.). Enter any other diagnosis related to the visit (e.g., depression, obesity, asthma, etc.) in items 5a(2) and 5a(3).

Items 5b, Chronic Disease Checklist – Mark all chronic diseases that the patient has, regardless of entry in item 5a. This item supplements the diagnoses reported in item 5a. If none of the conditions listed apply, then mark "None of the above."

Items 5c, Enrollment in Disease Management Program – Indicate the status of enrollment in a disease management program for any of the conditions listed in 5b that the patient has. A disease management program is designed to improve a patient's health by working more directly with them and their physicians on their treatment plans regarding diet, adherence to medicine schedules and other self-management techniques.

Item 6, Vital Signs – When possible, record specific values for the 4 vital signs. If height was not measured at this visit and patient is 21 years of age and over, enter the most recent height recorded.

Item 8, Health Education – Mark all services ordered or provided at this visit.

Item 9, Non-Medication Treatment – Mark and/or list all non-medical treatment including surgical or non-surgical procedures ordered or provided at this visit.

Item 10, List medication/immunization names – Record up to 8 medications provided or prescribed at the visit. Include Rx and OTC Medications, immunizations, allergy shots, anesthetics and dietary supplements. Use SPECIFIC BRAND OR GENERIC DRUG NAMES as entered on prescription or medical records. Do NOT enter broad drug classes such as "pain medication." Record if the medication/immunization was new or continued.

Item 13, Time Spent with Physician – Best estimate of time spent in face-to-face contact with the patient. The answer may be zero (0), if the patient was attended entirely by a nurse or technician and did not see the physician.

- (3) Explain to the physician, where appropriate, that the receptionist, nurse, or assistant can list patients on the Patient Visit Worksheet as they enter the office. They may also complete items 1–4 on the Patient Record form.**

- (4) Instruct physician to enter number of patients seen and number of PRF's completed on front of folio – at the end of each day.**

Section II - INDUCTION INTERVIEW - Continued

START WITH NUMBER

To determine the Start With (SW) number read down the "If Take Every Number is" column and find the Take Every Number. The number to the right is the Start With Number. Transcribe this number onto line at the right, and to the front of the folio, and to the Patient Visit Worksheet if it is used.

If the Take Every Number is:	Then the Start With Number is:
1	
2	
3	
4	
5	
10	
15	
20	
25	
30	

Start With Number

Office number	Edit	Folio Number	OFFICE USE ONLY Number of PRFs completed
1			
2			
3			
4			
Additional folio for Office #			

GO TO INSTRUCTIONS ON PAGE 17.

NOTES

Section II - INDUCTION INTERVIEW - Continued

Ask item 17a ONCE to obtain total for ALL in-scope locations.

17a. During the week of Monday, through Sunday, How many days do you expect to see any ambulatory patients? (Only include days at in-scope locations.)

Note: If physician is unavailable or refuses to participate, enter number of days in a normal week.

Edit

Estimated Number of Days

Enter street name or town of in-scope location(s).

NOTE: Keep the location numbers the same as the office numbers in item 16a.

Office location No.

#1	#2	#3	#4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b. During your last normal week of practice, approximately how many office visit encounters did you have at each office location?

Note: If physician is in group practice, only include the visits to sampled physician.

Edit

Number of visits

#1	#2	#3	#4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

c. During the week of Monday, through Sunday , do you expect to see about the same number of visits as you saw during your last normal week in each office taking into account time off, holidays, and conferences?

Note: Mark (X) response. If answer is "Yes", SKIP item 17d for that particular office location. If answer is "No", then ASK item 17d for that office location.

Yes ...
No ...

#1	#2	#3	#4
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

d. Approximately how many ambulatory visits do you expect to have at this office location?

Number of visits

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

e. Tally of estimated number of visits

NOTE: To obtain the total number of estimated visits use estimate from item 17b if "Yes" was marked in item 17c. If "No" was marked in item 17c use the estimate from item 17d.

Number of visits

If physician is unavailable or refuses to participate, enter number of visits in normal week.

NOTES

Section II - INDUCTION INTERVIEW - Continued

<p>Now, I'm going to ask about your practice at (in-scope location).</p> <p>18a. Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way (at this/that in-scope location)?</p>	Office Location	#1	#2	#3	#4
	Solo	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
If Solo, SKIP to item 18d.					
	Nonsolo	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<p>b. How many other physicians are associated with you (at this/that in-scope location)?</p>	How many →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>c. Is this a single- or multi-specialty group practice (at this/that in-scope location)?</p>	Multi	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	Single	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<p>d. Are you a full- or part-owner, employee, or an independent contractor (at this/that in-scope location)?</p> <p><i>If "Owner" is marked then automatically mark "Physician or physician group" in item 18e.</i></p>	Owner	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	Employee	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	Contractor	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
<p>e. Who owns the practice (at this/that in-scope location)?</p>	Physician or physician group	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	HMO	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	Medical/ Academic health center	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
	Other hospital	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
	Other health care corp	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
	Other – Specify for ↘	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
	Location #1 →	<input type="text"/>			
	Location #2 →	<input type="text"/>			
	Location #3 →	<input type="text"/>			
	Location #4 →	<input type="text"/>			
<p>19. Is any laboratory testing performed in the office (at this/that in-scope location)?</p>	Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

RETURN TO ITEM 18a FOR NEXT IN-SCOPE LOCATION

<p>20a. During your last normal week of practice, about how many encounters of the following type did you make with patients:</p> <p>(1) Home visits (including nursing homes)</p> <p>(2) Hospital visits</p> <p>(3) Telephone consults</p> <p>(4) Internet/e-mail consults</p>	Number of encounters per week ↘	<input type="text"/>
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
<p><i>The following question is concerned with the Emergency Medical Treatment and Labor Act of 1986 (EMTALA).</i></p> <p>b. In a typical week, how many hours do you spend providing EMTALA mandated care?</p> <p>PROBE - We are interested in all hours spent screening and stabilizing patients, regardless of whether you were compensated for them.</p>		Number of hours ↘
		<input type="text"/>

Section II - INDUCTION INTERVIEW - Continued

Visit Sampling

To select a sample of patient visits, the physician's office will need to know where to start sampling (**Start With**) and how to select subsequent patient visits (**Take Every**).

To determine Take Every (**TE**) and Start With (**SW**) numbers follow these instructions. Read down the "Estimated visits for week" column to the line that corresponds to the total entry in **ITEM 17e**. Then, read across the "Days physician will see patients that week" line to the column that corresponds to the entry in **ITEM 17a**. Circle the appropriate number. This number is the physician's Take Every number for all office locations. Then transcribe this number below, and onto the front of the folio, and to the Patient Visit Worksheet if it is used.

Estimated Visits for Week	TAKE EVERY NUMBER						
	Days physician will see patients that week						
	1	2	3	4	5	6	7
0-12	1	1	1	1	1	1	1
13-24	2	1	1	1	1	1	1
25-39	3	2	1	1	1	1	1
40-44	4	2	2	1	1	1	1
45-49	4	2	2	2	2	2	2
50-64	5	3	2	2	2	2	2
65-74	10	3	2	2	2	2	2
75-89	10	4	3	2	2	2	2
90-104	10	4	3	3	3	3	3
105-114	10	5	3	3	3	3	3
115-129	10	5	4	3	3	3	3
130-134	15	10	4	3	3	3	3
135-154	15	10	4	4	4	4	4
155-174	15	10	5	4	4	4	4
175-194	15	10	5	5	5	5	5
195-209	20	10	10	5	5	5	5
210-219	20	10	10	10	5	5	5
220-254	20	10	10	10	10	10	10
255-319	25	15	10	10	10	10	10
320-364	30	15	10	10	10	10	10
365+	30	30	30	30	30	30	30

Take Every Number

NOTES

Section II - INDUCTION INTERVIEW - Continued

The next questions are about any clinical or behavioral research projects you have conducted or with which you were directly associated.

29a. In the past 12 months, have you conducted or been directly associated with any research project involving your patients or their personally identifiable medical information? Do not include recruiting your patients for studies conducted by other people.

- 1 Yes
- 2 No – SKIP to FR INSTRUCTION.

FR NOTE – Such research might include comparing different treatments or different treatment periods for the same disease or disorder, pharmaceutical clinical trials, or other drug studies.

b. In the past 12 months, about how many of these research projects did you conduct or directly participate in?

Research projects
 If "0", SKIP to FR INSTRUCTION.

c. Of those projects, how many were reviewed by an Institutional Review Board, or IRB?

Reviewed by IRB

If no answer to item 29c, PROBE

d. Would you say that all, most, some, or none of these research projects were reviewed by an IRB?

- 1 All
- 2 Most
- 3 Some
- 4 None

FR INSTRUCTION

If physician unavailable during reporting period, SKIP to item 31b on page 18.

30a. During the period Monday, through

- 1 Yes
- 2 No – Go to page 15

Sunday, will ANYONE be available to help you fill out the patient record forms for this study (at in-scope locations)?

FR NOTE – Explain to the physician that you would like to review some of the questions found on the patient record form.

b. Who will be helping you at each location? (Below enter the location and person's name and position.)

NOTE: Keep the location numbers the same as the office numbers in item 16a.

Office No.	Location (Enter street name)	Name	Position
1			
2			
3			
4			

FR NOTE – Explain to the physician and to anyone helping the physician that you would like to review some of the questions found on the Patient Record form. Go to page 17.

Section II - INDUCTION INTERVIEW - Continued

21. Are you a member of a practice-based research network (PBRN)?

- 1 Yes
- 2 No
- 3 Don't know

22. Does your practice submit claims electronically? (Electronic billing)

- 1 Yes
- 2 No
- 3 Don't know

23a. Does your practice use electronic MEDICAL RECORDS (not including billing records)?

- 1 Yes, all electronic
 - 2 Yes, part paper and part electronic
 - 3 No
 - 4 Don't know
- } SKIP to item 24a

b. Does your practice's electronic medical record system include -

(1) Patient demographic information?

Yes No Unknown

1 2 3

(2) Computerized orders for prescriptions?

1 2 3

(3) Computerized orders for tests?

1 2 3

(4) Test results?

1 2 3

(5) Nurses' notes?

1 2 3

(6) Physicians' notes?

1 2 3

(7) Reminders for guideline-based interventions and/or screening tests?

1 2 3

(8) Public health reporting?

1 2 3

Ask items 24 and 25 ONCE for ALL in-scope locations.

I would like to ask a few questions about your practice revenue and contracts with managed care plans.

24a. Roughly, what percent of your practice revenue from patient care comes from -

Percent of practice revenue %

(1) Medicare?

%

(2) Medicaid?

%

(3) Private insurance?

%

(4) Other? -(including charity, research, CHAMPUS, VA, etc.)

%

FR NOTE – Categories should sum close to 100%.

NOTES

Section II - INDUCTION INTERVIEW - Continued

24b. Roughly, how many managed care contracts does this practice have such as HMOs, PPOs, IPAs, and point-of-service plans?

If necessary read: **Managed care includes any type of group health plan using financial incentives or specific controls to encourage utilization of specific providers associated with the plan.**

FR NOTE - Include Medicare managed care and Medicaid managed care, but not traditional Medicare and Medicaid. Include any private insurance managed care plans. Be sure the response is about contracts and not patients.

Include all the different plans an insurance provider may have and for which the physician has a contract. For example, the physician may have a contract for each of the plans Aetna may offer: a PPO, IPA, and point-of-service plan. This would equal 3 contracts, not 1 contract. It may be necessary to obtain information from the billing office of the practice.

- 1 None - SKIP to item 25a.
- 2 Less than 3
- 3 3 to 10
- 4 More than 10

C. Roughly, what percentage of the patient care revenue received by this practice comes from (these) managed care contracts?

Percent of revenue from managed care %

Edit

25a. Are you currently accepting "new" patients into your practice(s) (at in-scope locations)?

- 1 Yes
- 2 No - SKIP to item 26
- 3 Don't know - SKIP to item 26

b. From those "new" patients, which of the following types of payment do you accept (at in-scope locations)?

(1) Private insurance -

(a) Capitated? 1 Yes 2 No 3 Don't know

(b) Non-capitated? 1 Yes 2 No 3 Don't know

(2) Medicare? 1 Yes 2 No 3 Don't know

(3) Medicaid? 1 Yes 2 No 3 Don't know

(4) Workers compensation? 1 Yes 2 No 3 Don't know

(5) Self-pay? 1 Yes 2 No 3 Don't know

(6) No charge? 1 Yes 2 No 3 Don't know

26. On a 4-point scale from a lot of difficulty, some, little, or no difficulty, in the last 12 months, has your practice experienced any difficulty in referring patients with the following types of health insurance for specialty consultations?

	A lot of difficulty	Some difficulty	Little difficulty	No difficulty	Don't know	Not Applicable
(a) Medicaid	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(b) Medicare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(c) Private insurance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(d) Uninsured	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Section II - INDUCTION INTERVIEW - Continued

The next set of questions deal with preparedness for terrorism incidents.

27. Have you or your staff received special training (e.g., in-service or other courses, CME, Grand Rounds, or self-guided study) since September 2001 in the identification and diagnosis of the following terrorism related diseases/conditions?

NONE - SKIP to item 28a.

Type of personnel who received training. Mark (X) appropriate columns **OR** mark (X) N/A box, if the physician's practice does not have this type of personnel.

	MD/DO (a)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
		PA (b)	NP (c)	RN/LPN (d)
(1) Smallpox?	(a)	(b)	(c)	(d)
(2) Anthrax?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Plague?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Botulism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Tularemia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Viral hemorrhagic fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Viral encephalitis (WNV, SLE, EEE, VEE, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Chemical exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Radiological exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28a. Where would you turn for assistance in diagnosing patients presenting with unusual patterns of symptoms possibly related to terrorism?

- 1 CDC/Other Federal agency
- 2 State or local public health department
- 3 Other - Please specify

(Mark (X) all that apply.)

b. If you believe that a patient under your care has acquired one of the diseases/conditions listed above, to whom would you report that information?

- 1 CDC
- 2 State or local public health department
- 3 Other - Please specify

(Mark (X) all that apply.)

c. Is contact information for your local health department readily available in your office or primary practice site (e.g., posted, speed dial, or rolodex)?

- 1 Yes
- 2 No

d. When did your office last review the list of diseases defined as reportable in your state or local jurisdiction?

- 1 Before September 2001
- 2 Since September 2001
- 3 Not reviewed list

NOTES