

NAMCS Workgroup

May 14, 2021

Call 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

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?*

Process

- Questions sent to participants of previous workgroup meeting on November 2020
- Responses received by:
 - Joel Cohen, Agency for Healthcare Research and Quality
 - Ellen Kurtzman, George Washington University School of Nursing
 - Ryan White, Rutgers University of School of Health Professions
 - Katherine Hempstead, Robert Wood Johnson Foundation
 - Grace Chai, Food and Drug Administration, HHS
 - Christine Everett, Duke University
- Responses discussed, consensus reached to develop opinions

Opinions

- **Sample by practice group but include both group and individual provider information in the visit-level data.**
- **Consider the evolution of NAMCS in the direction of the diversity of ambulatory care providers to provide the breadth of information about ambulatory care.**
- **Encourage NAMCS to explore alternative approaches (such as longitudinal sampling) while maintaining its ability to capture clinical depth.**