

National Ambulatory Medical Care Survey (NAMCS)

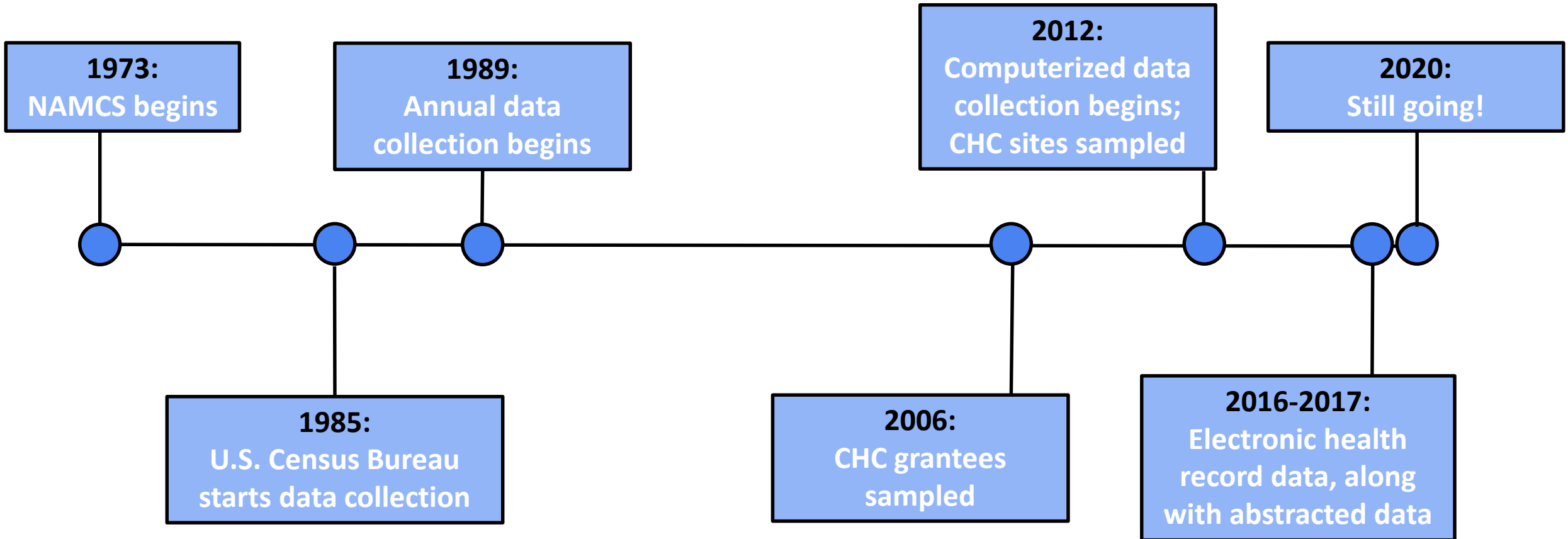
Workgroup Members

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

NAMCS: Purpose

- NAMCS is designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States.
- To meet this purpose, NAMCS uses national probability samples to survey and collect patient visit data from office-based physicians and CHCs.

NAMCS: Milestones



Current Sampling

- 3,000 physicians (MDs and DOs)
 - AMA and AOA Masterfile databases
 - ~30 visits abstracted per physician
- 104 CHCs
 - HRSA CHC database
 - 1-3 advance practice providers per CHC
 - ~30 visits abstracted per provider

NAMCS: Strengths

- Only nationally-representative survey of physicians and CHCs
 - Sampling procedures yield representative estimates of both office-based physicians and CHCs
- Visit-level data collected directly from the source
 - Trained field representatives abstract data directly from medical records
- Various clinical data elements
 - Patient demographics, reasons for visit, diagnoses, procedures, medications, immunizations, and laboratory/diagnostic tests

NAMCS: Strengths (cont.)

- Provider characteristics
 - Can be analyzed independently and with visit-level data
- Sponsored content with other federal agencies
 - EHR adoption and interoperability, alcohol screening and brief intervention, STI prevention/PrEP, complementary health approaches
- Some experience with EHR data collection
 - EHR data collected from some physicians in 2016 and 2017, along with abstracted data from others

Changing Systems...

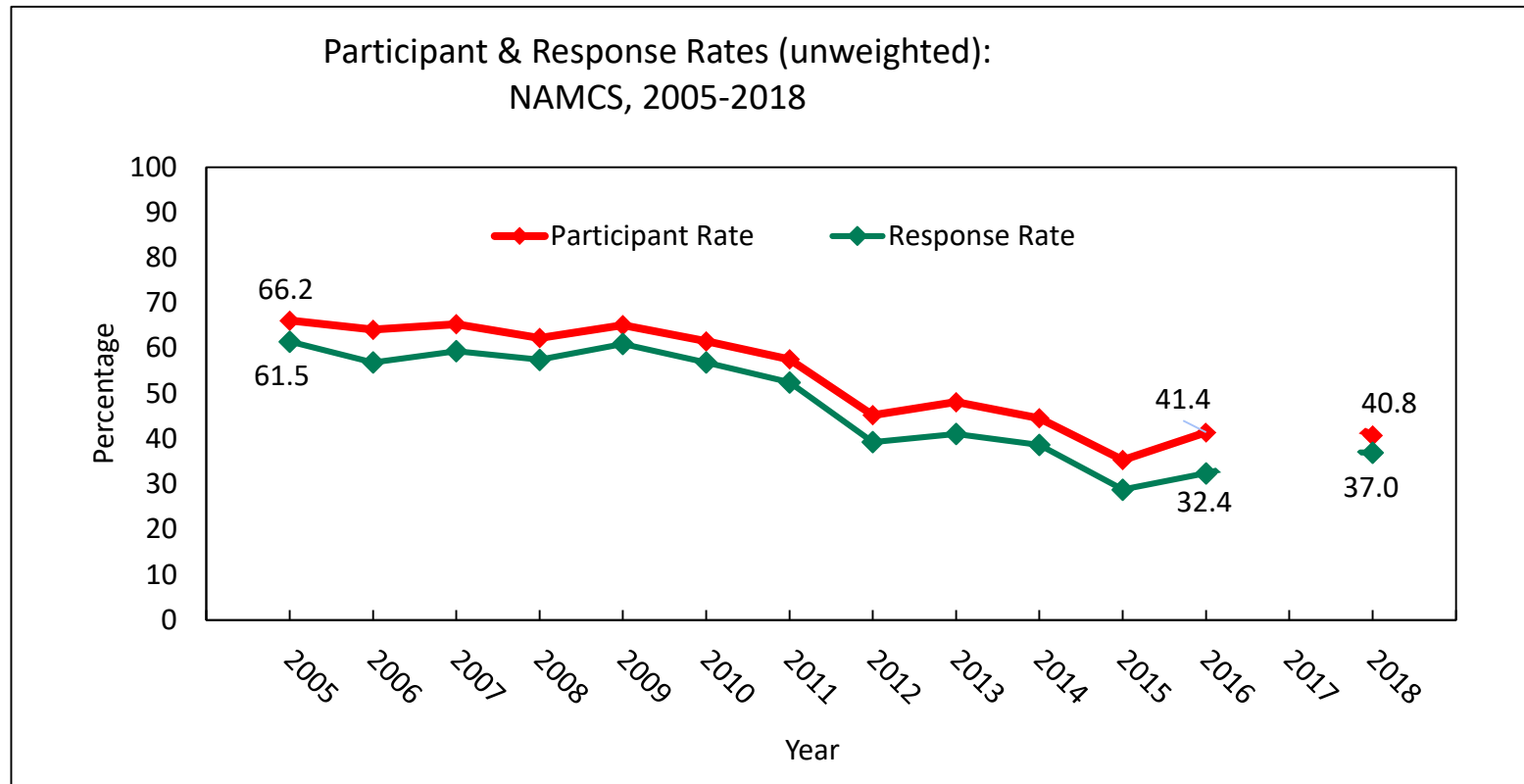
- Settings of care for ambulatory services have changed.
 - Urgent care centers and retail health clinics
- Ambulatory care providers have changed.
 - Advanced practice providers, such as nurse practitioners and physician assistants
- Physician offices are more complex.
 - Healthcare practices, conglomerates, hospital-owned groups
- Ambulatory care is no longer provided only in person.
 - Telemedicine, e-health, and other off-site care provided via other technological means

...Yield Changing Data

- Increased reporting requirements
 - Need to show value relative to other reporting systems
- EHR adoption by physicians and CHCs
 - Impacts how data are stored and collected for NAMCS
 - Additional stakeholders (EHR vendors, health information exchanges, health IT staff)
 - New ways to process, edit, store, code, and analyze data
- Data security and confidentiality
 - Increased concern by health care providers over security
 - Increased involvement of legal departments

NAMCS Physician Response Rates

- Response and participation rates are decreasing
 - Similar to other surveys, but with unique challenges and considerations



Participant rate = Physicians who completed the Induction Interview and (if seeing patients during the sampled week) gave at least one visit record / eligible physicians

Response rate = Physicians who completed the Induction Interview and (if seeing patients during the sampled week) gave at least half the expected visit records / eligible physicians

May 20, 2020 Meeting

- Non-Federal Panel
 - Sarah Baizer, NACHC
 - Kathy Hempstead, RWJF
 - Lynn Olson, AAP
 - Christine Pintz, GWU SON
 - Ryan White, Rutgers University
- Federal Panel
 - Sharon Arnold, ASPE
 - Joel Cohen, AHRQ
 - Alek Sripipatana, HRSA
 - Talisha Searcy, ONC

May 20, 2020 Meeting

- What is the scope of ambulatory care?
- What information is needed and what contribution can NAMCS make?
- Sources of data outside of NAMCS?
- Strengths of those sources compared to NAMCS?
- Gaps between information needed and what is available?
- What should be the purpose of NAMCS? (reference vs repository)
- What should goals and values of redesigned NAMCS?
- How can validity and reliability of redesigned NAMCS be assessed?
- What data collection methods (electronic vs manual abstraction)?

Workgroup Findings

- Redesign NAMCS
 - Optimize present day function
 - Serve as a “gold standard”
 - Serve as reference for validation of other ambulatory health data sets
- Revise who gets sampled
 - Reflect the different settings and modes
 - Diversity of care providers

Workgroup findings

- 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

Workgroup Findings

- Increase measurement period
 - Better view real-time changes
 - Current model collects one week of data
 - Consider one year or annual collection period
- Consider quarterly estimates
- Data collected should enable understanding of dynamic nature of ambulatory care delivery
 - Increased variation in payment models
 - Variations in care settings
 - Technology-based care delivery
 - Induction interview expanded to better describe system of care

Workgroup Findings

- Increase value of NAMCS
 - Maximize ability to link to external datasets
 - Professional society and other datasets
 - CMS claims data
 - Proprietary EHR datasets