NATIONAL AMBULATORY MEDICAL CARE SURVEY (NAMCS) 2024

1. **We have your primary specialty as:**

   Is this correct?

   ☐ Yes → **Skip to question 2**

   ☐ No

   → **1a. What is your specialty?** Please specify:

   [_____]

2. **This survey asks about outpatient care, that is, care for patients receiving health services without admission to a hospital or other facility. Do you directly provide any outpatient care?**

   Outpatient care is typically provided to individuals we consider ambulatory patients. Ambulatory patients are patients who are not being seen as inpatients in a hospital, nursing home or other institution. Patients who leave the institution and go to a doctor's office for care are considered to be ambulatory patients.

   ☐ Yes → **Skip to question 4**

   ☐ No

3. **Why are you not currently providing any direct outpatient care?**

   ☐ Engaged in research, teaching, and/or administration

   ☐ Once provided direct outpatient care but now retired

   ☐ Once provided direct outpatient care but temporarily not practicing (duration 3+ months)

   ☐ Now not licensed/Never licensed

   ☐ Something else (please specify):

   [_____]

   → ***Skip to question 44 on page 4***

4. **Do you see ambulatory patients in any of the following settings? SELECT ALL THAT APPLY.**

   Setting Name

   ☐ A) Private solo or group practice

   ☐ B) Freestanding clinic or Urgent Care Center (e.g., Concentra Urgent Care, Patient First, NextCare Urgent Care, FastMed Urgent Care)

   ☐ C) Health Center (e.g., Federally Qualified Health Center [FQHC], federally funded clinics or "look-alike" clinics)

   ☐ D) Mental health center

   ☐ E) Government clinic that is not federally funded (e.g., state, county, city, maternal and child health, etc.)

   ☐ F) Family planning clinic (including Planned Parenthood)

   ☐ G) Integrated Delivery System, Health maintenance organization, health system or other prepaid practice (e.g., Kaiser Permanente)

   ☐ H) Faculty practice plan (i.e., an organized group of physicians and other health care professionals that treats patients referred to an academic medical center)

   ☐ I) Retail health clinic (e.g., CVS MinuteClinic, Walgreen's Healthcare Clinics, Kroger's Little Clinic)

   ☐ J) Hospital outpatient department

   *If you see patients in **any** of these settings (A-J), **Continue to question 5***

   ☐ K) Hospital emergency department

   ☐ L) Ambulatory surgery center/surgicenter

   ☐ M) Industrial outpatient facility

   ☐ N) Federal government clinics (e.g., Veterans Affairs, military only clinics)

   ☐ O) Institutional facility

   ☐ P) None of the above

   *If you select **only** K, L, M, N, O or P, **Skip to question 44 on page 4***

5. **At which outpatient setting (A-J) in the previous question do you see the most patients in a typical week?**

   WRITE THE LETTER LOCATED NEXT TO THE SELECTION MADE: [___]

   FOR THE REST OF THE SURVEY, WE WILL REFER TO THIS AS "YOUR REPORTING LOCATION."

6. **What is the street address, city, state, and ZIP Code of your reporting location? What is the e-mail address of the provider to whom this survey was mailed?**

   Street: [_____]

   City: [_____]   State: [__]   ZIP Code: [_____]

   E-mail Address: [_____]

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7. **During a typical week, approximately how many patient visits do you personally receive at your reporting location?** Your best single-number estimate is fine. By patient visit, we mean a billable encounter. Include only your visits; unless visits are to another provider supervised by you.

   A typical or normal week is defined by a week that does not include a holiday, vacation, conference, time off, or any other type of non-normal absence.

   Number of visits: ☐☐☐

8. **In this survey, "other providers" mean any individuals administering any type of direct medical, mental, or behavioral health care. At your reporting location, do you work in a solo medical facility, or do you work with other providers in a partnership, group practice, or in some other way (nonsolo)?**

   ☐ Solo → **Skip to question 10**   ☐ Nonsolo

9. **At your reporting location, how many other providers are employed? Do not include interns, residents, fellows, or yourself in the count**.

   Other providers mean any individuals administering any type of direct medical, mental, or behavioral health care.

   Number of other providers: ☐☐

10. **Is your reporting location a multi- or single-specialty practice?**

    ☐ Multi   ☐ Single

11. **At your reporting location, are you a full- or part-owner, employee, independent contractor, or a volunteer?**

    ☐ Full-owner → **Skip to question 13**

    ☐ Part-owner ☐ Employee ☐ Contractor ☐ Volunteer

12. **At your reporting location, who owns the practice?**

    ☐ Physician/Physician group

    ☐ Advanced practice provider/Advanced practice provider group (i.e., advanced practice provider refers to nurse practitioners, PAs (physician assistants/physician associates), or certified nurse midwives)

    ☐ Combination of physicians and advanced practice providers

    ☐ Insurance company, health plan, or HMO

    ☐ Health center

    ☐ Academic medical center or teaching hospital

    ☐ Other hospital

    ☐ Other health care corporation

    ☐ Other (please specify): _____

WORKFORCE, REVENUE, & COMPENSATION

The following questions pertain to your reporting location.

13. **Which of the following types of payment does your reporting location accept? SELECT ALL THAT APPLY**

    ☐ Private insurance ☐ Medicare ☐ Medicaid ☐ CHIP

    ☐ Workers' compensation ☐ Self-pay ☐ No charge

    ☐ Other (e.g., car insurance, someone other than patient pays)

14. **At your reporting location, are you, personally, currently accepting new patients?**

    ☐ Yes   ☐ No   ☐ Don't Know

ELECTRONIC HEALTH RECORDS AND TELEMEDICINE

The following questions pertain to your reporting location.

15. **Does your reporting location use an EHR system? Do not include billing record systems.**

    ☐ Yes

    ☐ No   } **Skip to**

    ☐ Don't know   } **question 17**

16. **Does your reporting location use an EHR to…?**

    A) **Record social determinants of health (e.g., employment, education, race/ethnicity, language and literacy skills)?**

    ☐ Yes   ☐ No   ☐ Don't Know

    B) **Record behavioral determinants of health (e.g., tobacco use, physical activity, alcohol use, drug use, diet)?**

    ☐ Yes   ☐ No   ☐ Don't Know

    C) **Order prescriptions?**

    ☐ Yes   ☐ No   ☐ Don't Know

    D) **Send prescriptions electronically to the pharmacy?**

    ☐ Yes   ☐ No   ☐ Don't Know

17. **At your reporting location, what type(s) of telemedicine do you personally use for patient visits? SELECT ALL THAT APPLY.**

    ☐ Videoconference software with audio (e.g., Zoom, Webex, FaceTime)

    ☐ Audio without video conference software

    ☐ Telemedicine platform NOT integrated with EHR (e.g., Doxy.me)

    ☐ Telemedicine platform integrated with EHR (e.g., update clinical documentation during telemedicine visit)

    ☐ Other tool(s) (please specify): _____

    ☐ I don't use telemedicine for patient visits → **Skip to question 20**

18. **At your reporting location in a typical week, how many of your own visits use telemedicine?**

    ☐ None   ☐ Some   ☐ Most   ☐ All

19. **Compared to in-person patient visits, please rate your personal overall satisfaction with using telemedicine for patient visits at your reporting location.**

    ☐ Very satisfied   ☐ Somewhat satisfied

    ☐ Neither satisfied nor dissatisfied

    ☐ Somewhat dissatisfied   ☐ Very dissatisfied

20. **At your reporting location, what, if any, issues affect your own use of telemedicine? SELECT ALL THAT APPLY.**

    ☐ Limited Internet access and/or speed issues

    ☐ Telemedicine platform not easy to use

    ☐ Telemedicine isn't appropriate for my specialty/type of patients

    ☐ Limitations in patients' access to technology (e.g., smartphone, computer, tablet, Internet)

    ☐ Patients' difficulty using technology/telemedicine platform

    ☐ Improved reimbursement and relaxation of rules related to use of telemedicine visits

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HEALTH EQUITY AND LANGUAGE BARRIERS

The following questions pertain to your reporting location.

21. At your reporting location, do you personally see patients during the evening or on weekends?
☐ Yes   ☐ No   ☐ Don't Know

22. Does your reporting location set time aside for same day appointments?
☐ Yes   ☐ No   ☐ Don't Know

23. On average, about how long does it take to get an appointment with you for a routine medical exam at your reporting location? By "routine medical exam," we mean any medical care considered "routine" for your specialty.
☐ Within 1 week   ☐ 1-2 weeks   ☐ 3-4 weeks
☐ 1-2 months   ☐ 3 or more months
☐ Do not provide routine medical exams   ☐ Don't know

24. Are you comfortable providing care to a patient in another language? Please include American Sign Language (ASL).
☐ Yes   ☐ No

25. At your reporting location, how many of your own patients have limited English proficiency?
☐ None → **Skip to question 28**   ☐ Some
☐ Most   ☐ All   ☐ Don't Know

26. When you use interpreters at your reporting location, how often do you personally use each type?
A) Staff/contractor trained as a medical interpreter
☐ Often   ☐ Sometimes   ☐ Rarely
☐ Never   ☐ Don't know
B) Bilingual Staff (not formally trained as an interpreter)
☐ Often   ☐ Sometimes   ☐ Rarely
☐ Never   ☐ Don't know
C) Patient's relative or friend
☐ Often   ☐ Sometimes   ☐ Rarely
☐ Never   ☐ Don't know
D) Language translation service (iPad/phone-based)
☐ Often   ☐ Sometimes   ☐ Rarely
☐ Never   ☐ Don't know

27. What types of materials at your reporting location, in at least one other language other than English, are available to your own patients? SELECT ALL THAT APPLY.
☐ Wellness/Illness related education
☐ Patient rights/Informed consent documents
☐ Advanced directives   ☐ Payment   ☐ Care plan
☐ Other (please specify): _____
☐ No translated materials are available to my patients
☐ Don't Know

28. What information does your reporting location record on patients' culture and language characteristics? SELECT ALL THAT APPLY.
☐ Nationality/Nativity   ☐ Primary language
☐ Sexual orientation   ☐ Gender identity   ☐ Race/Ethnicity
☐ Religion   ☐ Income   ☐ Education
☐ Other (please specify): _____
    We do not collect information related to patient characteristics

If physician → Continue to question 29
If PA → Skip to question 37 on page 4

PHYSICIAN ONLY: PAIN TREATMENT AND TREATMENT WITH OPIOIDS

The following questions pertain to the reporting location.

29. At your reporting location, do you personally currently treat any patients for pain?
☐ Yes, I currently treat patients for chronic pain only
☐ Yes, I currently treat patients for both chronic and acute pain
☐ Yes, I currently treat patients for acute pain only
☐ No   Skip to question 35
☐ Don't know   on page 4

30. When managing your own patients at your reporting location, how often do you…
A) Establish treatment goals with your recently diagnosed pain patients (e.g., less pain, improved function, increased social activities, better sleep quality, etc.)?
☐ Never   ☐ Rarely   ☐ Sometimes   ☐ Often
☐ Always   ☐ Don't know   ☐ Not applicable
B) Recommend non-pharmacological approaches to your recently diagnosed pain patients before or instead of opioid therapy?
☐ Never   ☐ Rarely   ☐ Sometimes   ☐ Often
☐ Always   ☐ Don't know   ☐ Not applicable

31. What types of non-opioid medications do you currently recommend to pain patients at your reporting location? SELECT ALL THAT APPLY.
☐ Acetaminophen   ☐ Anticonvulsants   ☐ Antidepressants
☐ Benzodiazepines   ☐ Non-steroidal anti-inflammatory (NSAIDS)
☐ Other non-opioid drugs   ☐ None of the above
☐ Don't Know

32. How many of your own pain patients at your reporting location are currently being treated with opioids prescribed by you?
☐ None → **Skip to question 35 on page 4**
☐ A few   ☐ Some   ☐ Almost all   ☐ All   ☐ Don't know

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33. <u>Prior to starting</u> opioids for pain management at your reporting location, how often do you personally do the following?

    A) **Screen patients for depression and other mental health disorders.**

      ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always
      ☐ Don't know

    B) **Discuss risks and benefits of using opioids for pain treatment.**

      ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always
      ☐ Don't know

34. **After you start opioid therapy on a pain patient at your reporting location, when do you personally re-evaluate him/her?**

  ☐ Within 1 week   ☐ Within 4 weeks
  ☐ Within 3 months   ☐ Within 1 year
  ☐ I don't re-evaluate patients after starting opioid therapy
  ☐ Don't know

35. **At your reporting location, how many of your own patients are you currently treating for opioid use disorder?**

  ☐ None   ☐ A few   ☐ Some   ☐ Almost all
  ☐ All   ☐ Don't know

36. **Does your reporting location have an opioid treatment program where patients could be referred for opioid use disorder?**

  ☐ Yes   ☐ No   ☐ Don't Know

If physician → Skip to question 44
If PA → Continue to question 37

PA ONLY: AUTONOMY

The following questions pertain to your reporting location.

37. **How long have you practiced in your current specialty?**

  ☐ 0-1 years   ☐ 2-4 years   ☐ 5-9 years
  ☐ 10-20 years   ☐ 21 and more years

38. **How many years have you worked clinically as a PA?**

  ☐ 0-1 years   ☐ 2-4 years   ☐ 5-9 years
  ☐ 10-20 years   ☐ 21 and more years

39. **At your reporting location, are there supervision/ collaboration guidelines describing the types of decisions you can make or activities you can perform without direct physician involvement in your own patients' care?**

  ☐ Yes   ☐ No   ☐ Don't Know

40. **At your reporting location, do you have your own panel of patients?**

  ☐ Yes, entirely ☐ Yes, but I also see patients from the practice
  ☐ No   ☐ Don't know

41. **At your reporting location, how are claims submitted most of the time?**

  ☐ My NPI   ☐ A physician's NPI
  ☐ Sometimes my own NPI and sometimes a physician's NPI
  ☐ I don't bill for my medical services ☐ Don't know

42. **At your reporting location, which of the following tasks do you personally perform on a regular and ongoing basis? SELECT ALL THAT APPLY.**

  ☐ Admissions (i.e., conduct admission history and physical, write admission orders)
  ☐ Develop treatment plans
  ☐ Perform minor surgical procedures
  ☐ Perform non-surgical procedures
  ☐ Order referrals and consults
  ☐ Order and interpret diagnostic testing and therapeutic modalities
  ☐ Perform new patient encounters
  ☐ Perform post-op patient encounters
  ☐ Perform post-op global visits
  ☐ Perform pre-op history and physicals (H&Ps)
  ☐ See consults
  ☐ Prescribe non-schedule medications
  ☐ Prescribe schedule (II-V) medications
  ☐ Order durable medical equipment (DME)
  ☐ See urgent visits
  ☐ Other (please specify): _____

43. **At your reporting location, are there any major activities that you are personally qualified to perform but must refer out to another provider to perform?**

  Please specify _____

PROVIDER DEMOGRAPHICS

44. **Are you of Hispanic, Latino/a, or Spanish origin? SELECT ALL THAT APPLY.**

  ☐ No, not of Hispanic, Latino/a, or Spanish origin
  ☐ Yes, Mexican, Mexican American, Chicano/a
  ☐ Yes, Puerto Rican
  ☐ Yes, Cuban
  ☐ Yes, Another Hispanic, Latino/a, or Spanish origin

45. **What is your race? SELECT ALL THAT APPLY.**

  ☐ White   ☐ Black or African American
  ☐ American Indian or Alaska Native ☐ Asian Indian
  ☐ Chinese   ☐ Filipino   ☐ Japanese
  ☐ Korean   ☐ Vietnamese   ☐ Other Asian
  ☐ Native Hawaiian   ☐ Guamanian or Chamorro
  ☐ Samoan   ☐ Other Pacific Islander

46. **Are you... SELECT ALL THAT APPLY.**

  ☐ Male   ☐ Female   ☐ Another sex or gender

47. **Who completed this survey? SELECT ALL THAT APPLY.**

  ☐ The provider to whom the survey was addressed
  ☐ Office staff
  ☐ Other

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