

# Use of NAMCS data for measuring medical home factors among physician practices

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*NCVHS Subcommittee on Population*

*Quality Patient-Centered Medical Home Hearing*

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Centers for Disease Control and Prevention  
National Center for Health Statistics

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# Objectives

- To assess elements associated with the “medical home” among physicians in the National Ambulatory Medical Care Survey (NAMCS)
- Background of NAMCS
- Data elements

# NAMCS

Survey	Type of Data	Years fielded	Current sample size (approximate)
National Ambulatory Medical Care Survey (NAMCS)	Visits to office-based physicians	1973-1981, 1985, 1989-present	3,600 physicians 31,000 encounters

# NAMCS Methodology

- National probability sample survey of office-based physicians
- Complex sample design
  - 112 geographic PSUs
  - Physicians stratified by specialty
  - Sample of visits within physicians
- Sample frames:
  - 3,350 Physicians: AMA and AOA masterfiles
  - 104 CHCs: NACHC and HIS – 3 providers per CHC
- Data collected by Census Bureau

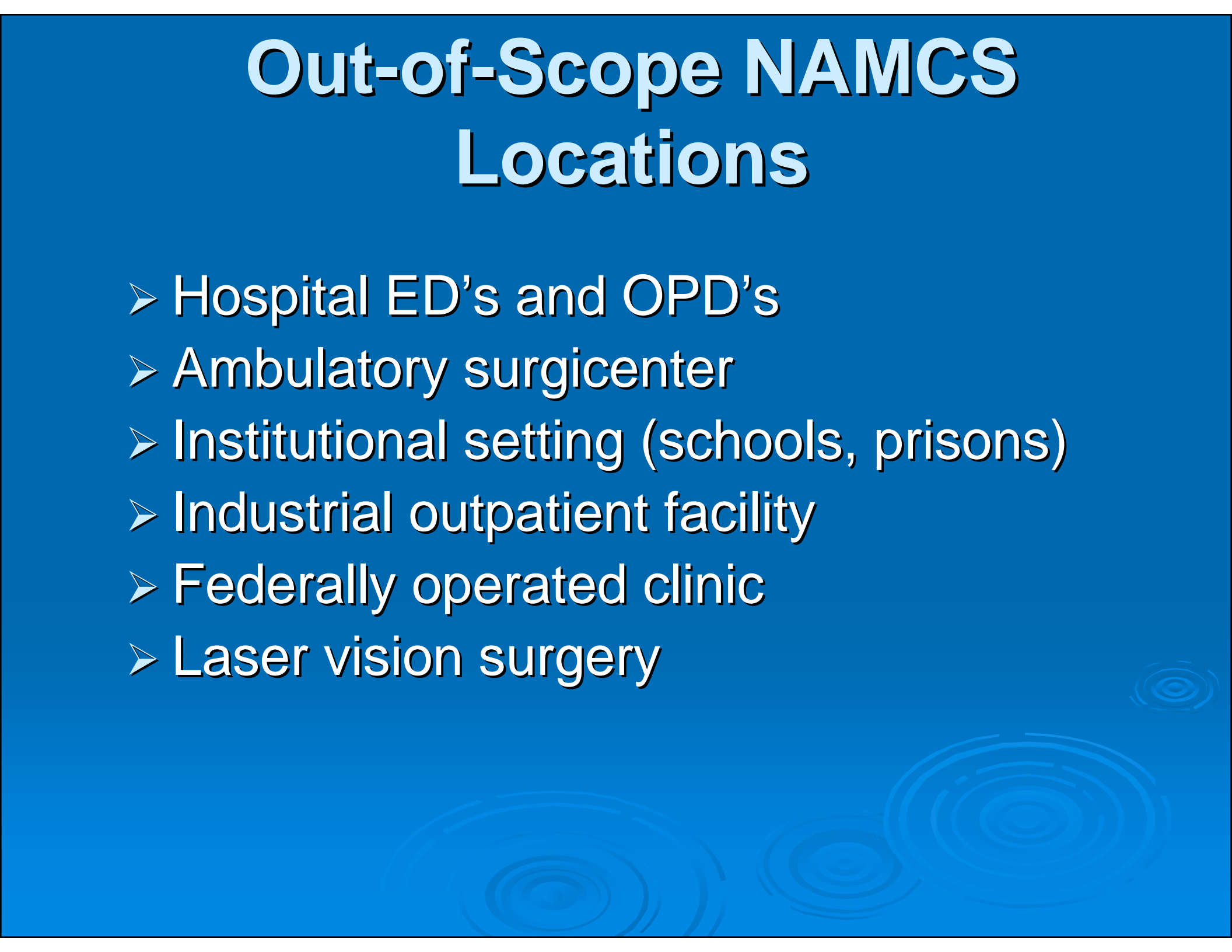
# Scope of the NAMCS

- Physicians must be:
  - Primarily engaged in office-based, patient care
  - Nonfederally employed
  - Not in anesthesiology, radiology, or pathology

# In-Scope NAMCS Locations

- Freestanding private solo or group practice
- Freestanding clinic/urgicenter
- Neighborhood medical and mental health centers
- Privately operated clinics
- Non-Federal government clinic
- Health maintenance organization
- Community health center
- Faculty practice plan

# Out-of-Scope NAMCS Locations

- Hospital ED's and OPD's
  - Ambulatory surgicenter
  - Institutional setting (schools, prisons)
  - Industrial outpatient facility
  - Federally operated clinic
  - Laser vision surgery
- 

# Survey Content

## ➤ Induction interview data

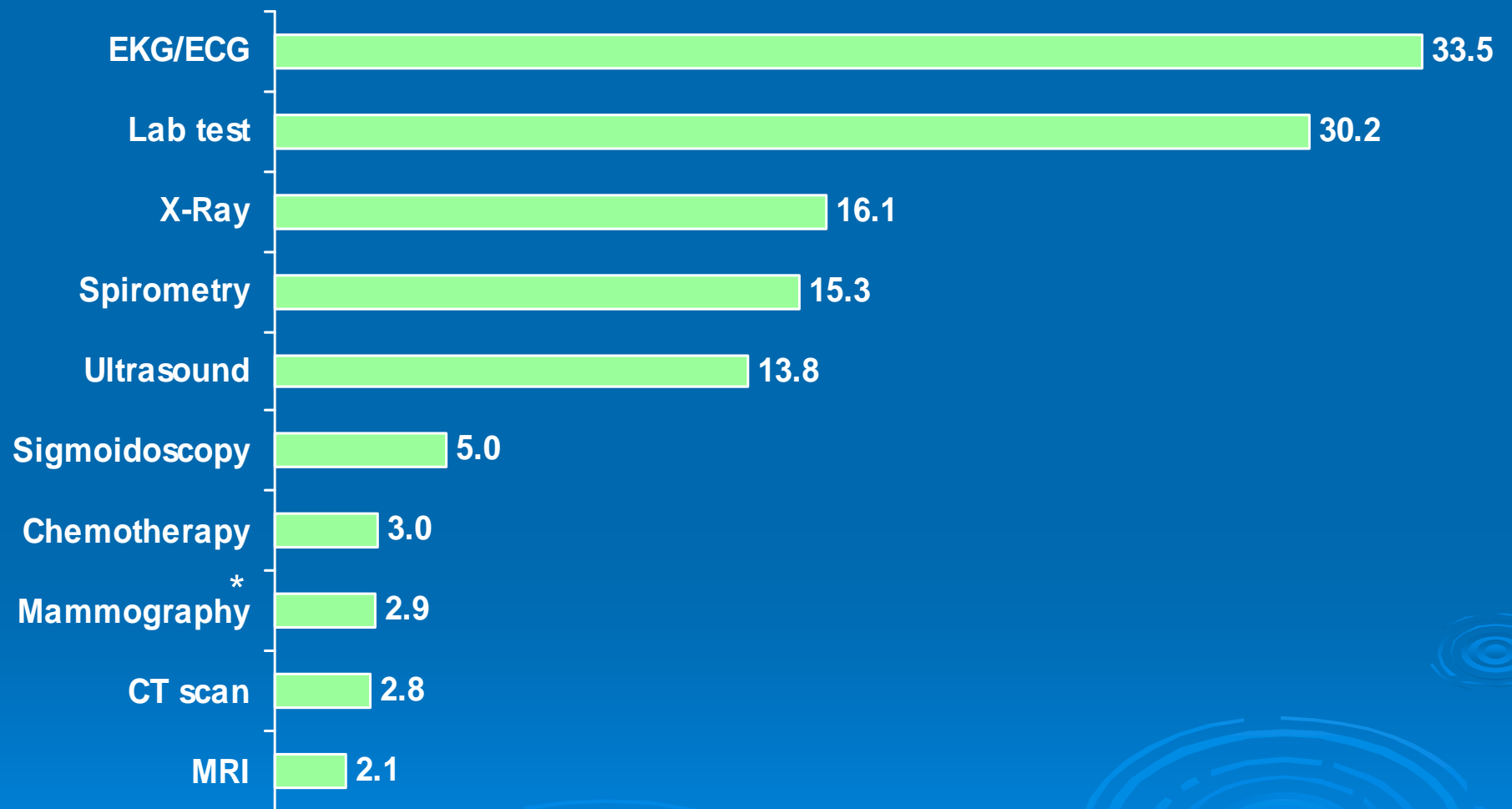
- Physician specialty, EMR use, practice parameters, sources of revenue, on-site diagnostic services, use of mid-level providers, willingness to accept new patients

## ➤ Encounter data

- Patient age, sex, race, ethnicity
- Source of payment, # of past visits,
- Patient's PCP
- Reasons for visit, diagnoses,
- Chronic disease checklist and disease management programs
- Screening and diagnostic services,
- Treatments, drugs prescribed,
- Providers seen and duration

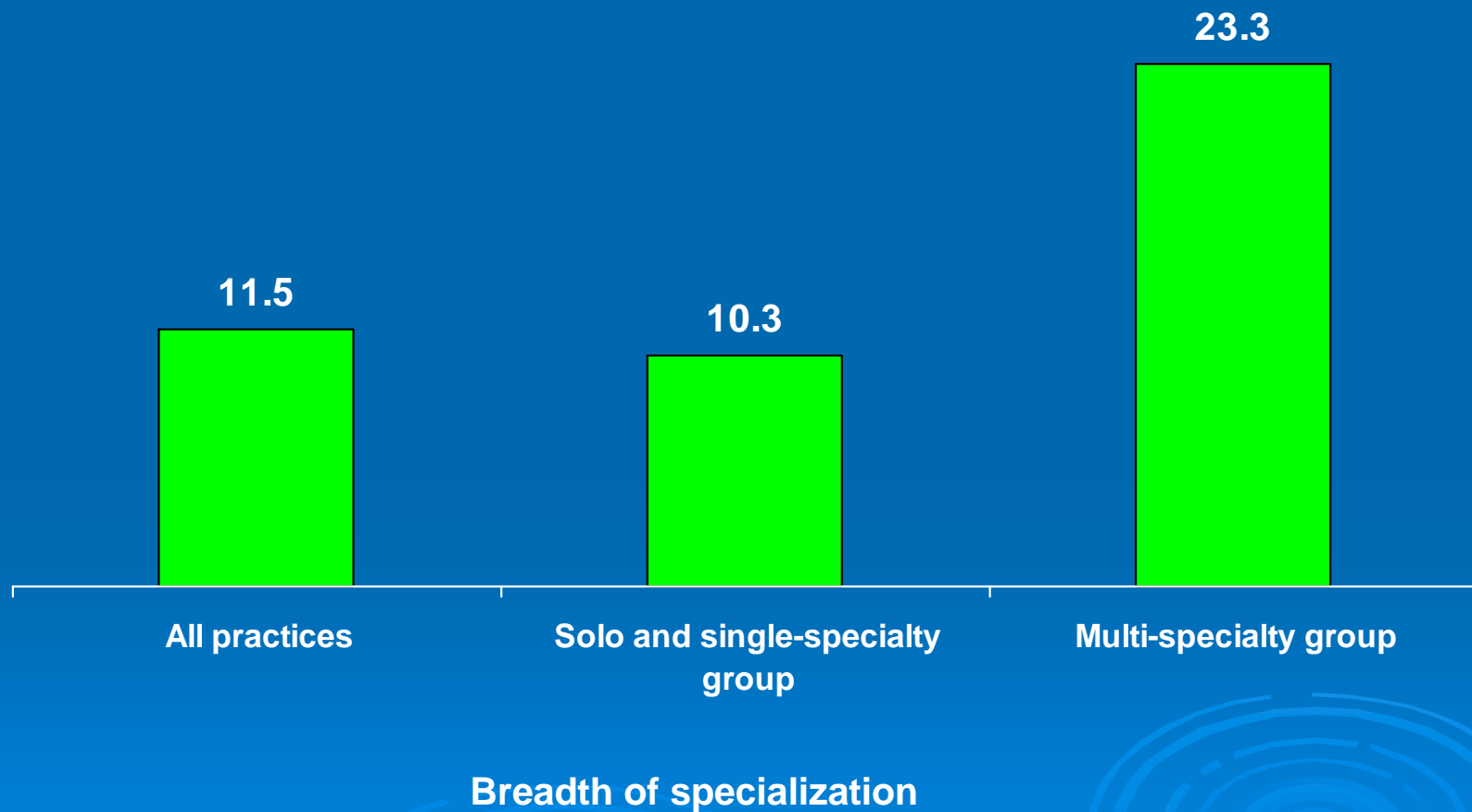


# Percentage of office-based medical practices by selected diagnostic and therapeutic services available on-site



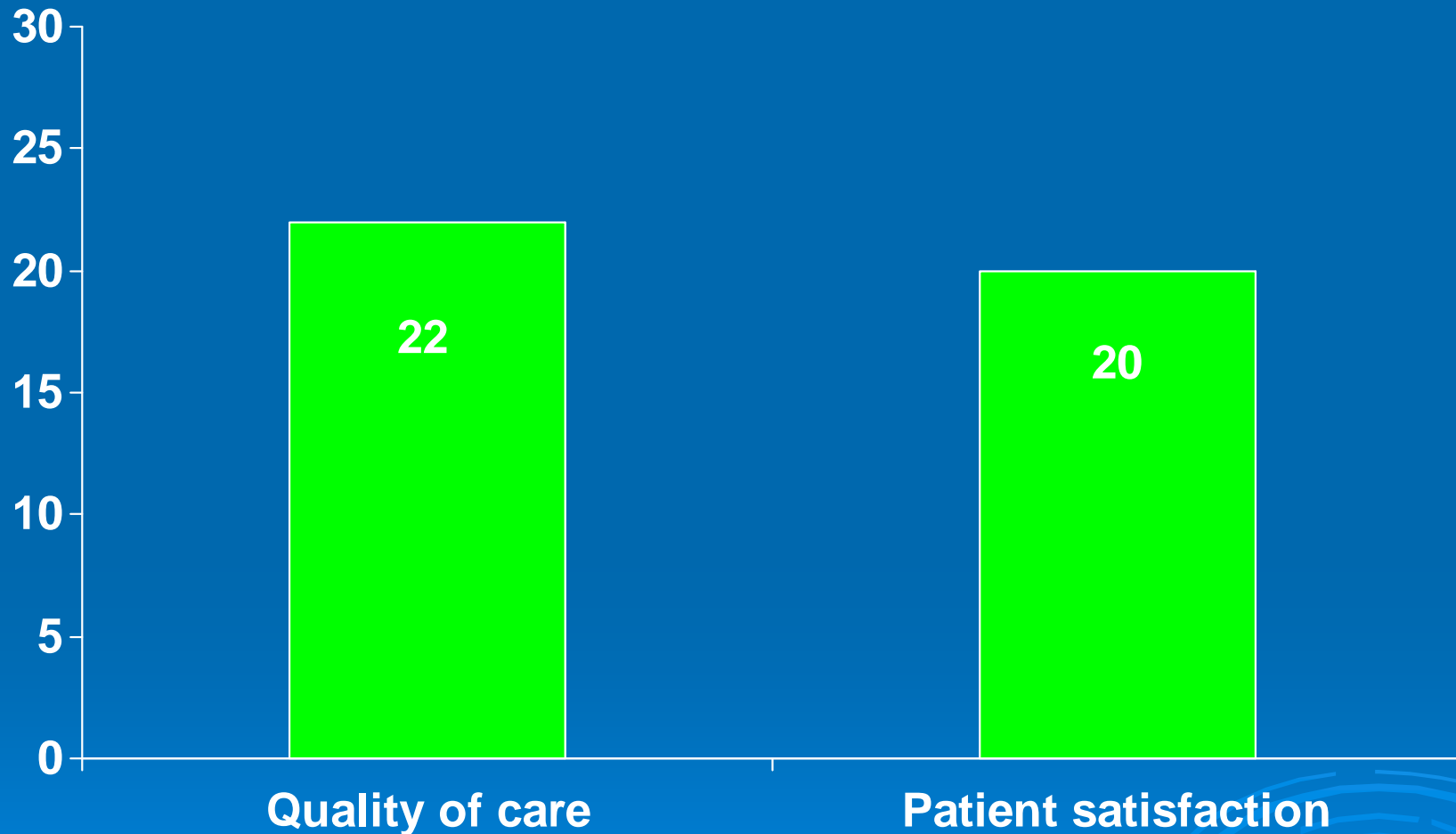
SOURCE: CDC\NCHS\NAMCS Hing and Burt Series 13 report No. 166

# Percentage of office-based medical practices with mid-level providers



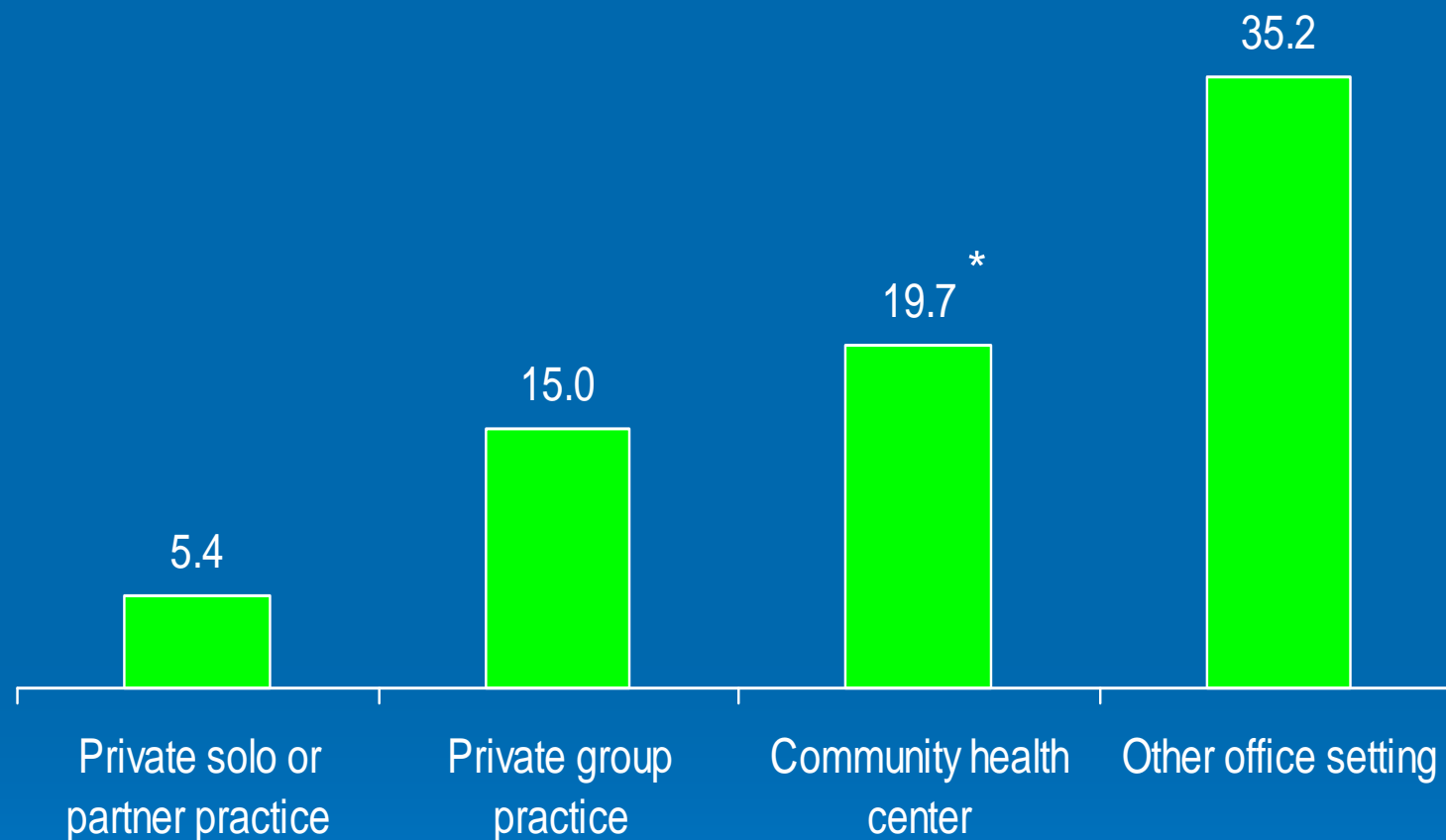
SOURCE: CDC\NCHS\NAMCS Hing and Burt Series 13 report No. 166

# Percent of physicians with P4P factors



SOURCE: CDC\NCHS\NAMCS

# Percent of primary care providers using EHRs by type of setting



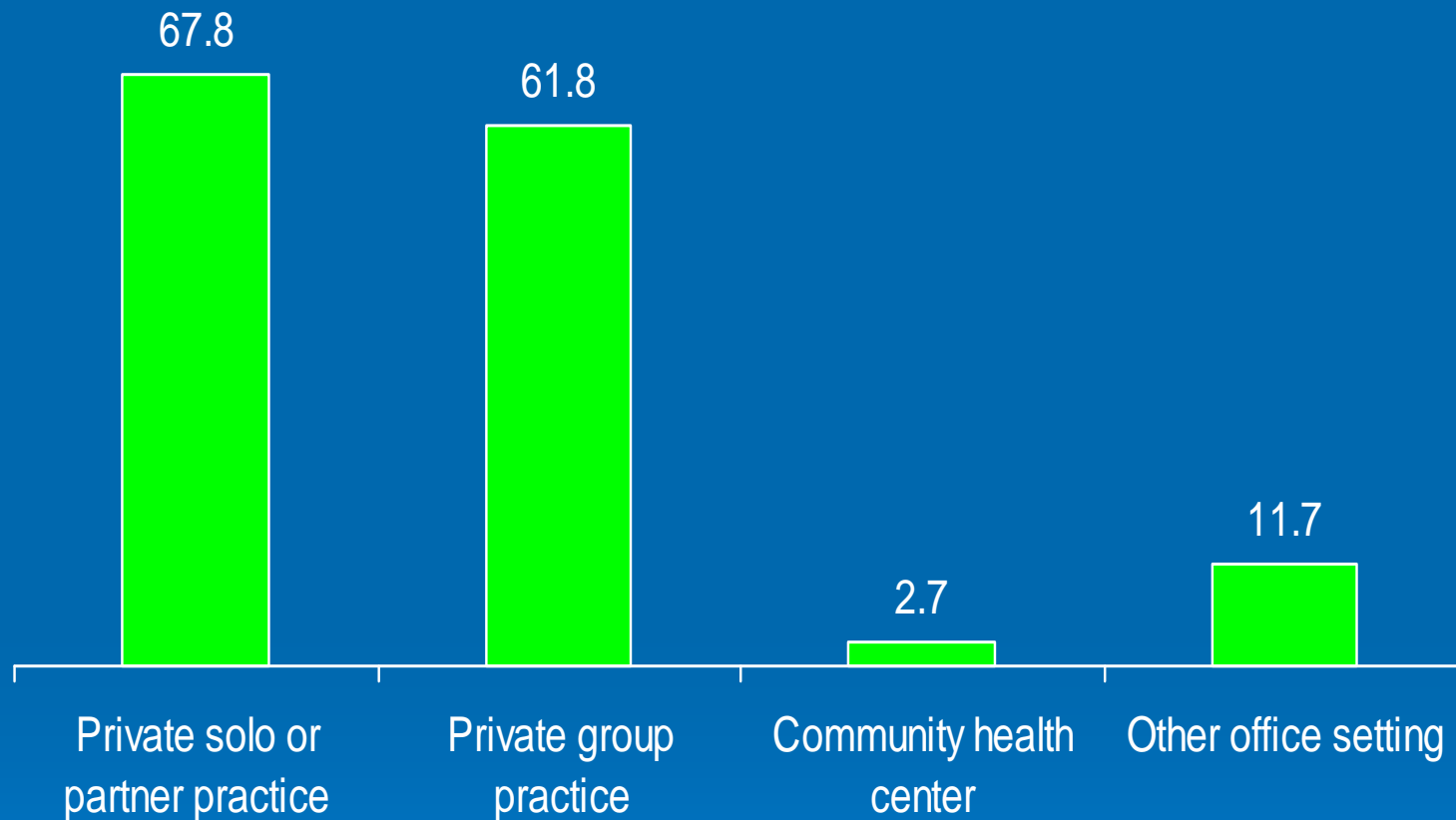
\*Figure does not meet standards of reliability or precision.

NOTE: Electronic medical record systems are those that, at a minimum, permit electronic ordering of tests and prescriptions; and electronic viewing of test results and clinical notes.

Other office setting includes HMOs, faculty practices, and urgent care centers.

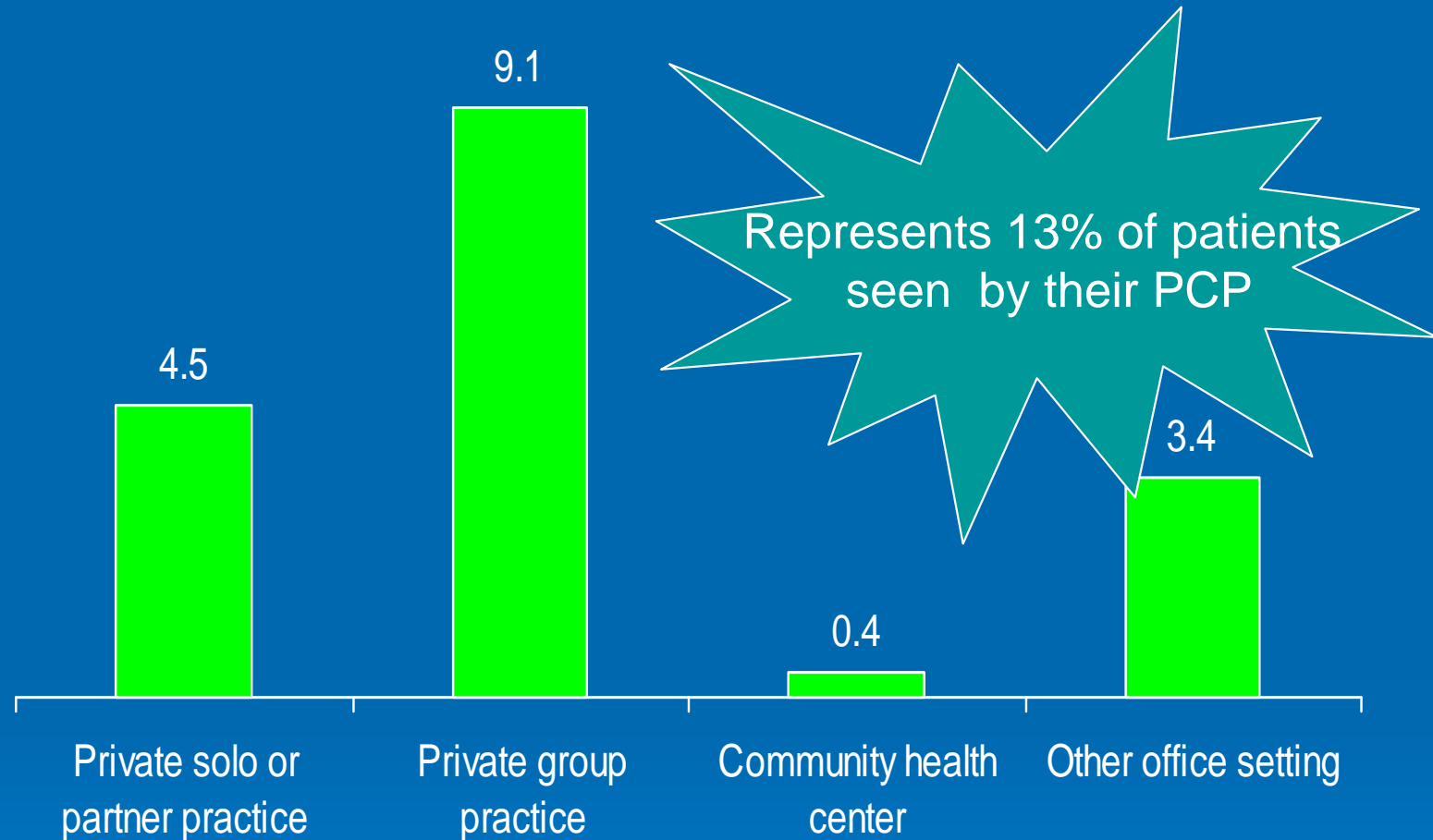
SOURCE: CDC\NCHS\NAMCS

# Numbers of patients (in millions) seen by primary care providers by type of setting



SOURCE: CDC\NCHS\NAMCS

# Numbers of patients (in millions) seen by primary care providers with EHRs by type of setting

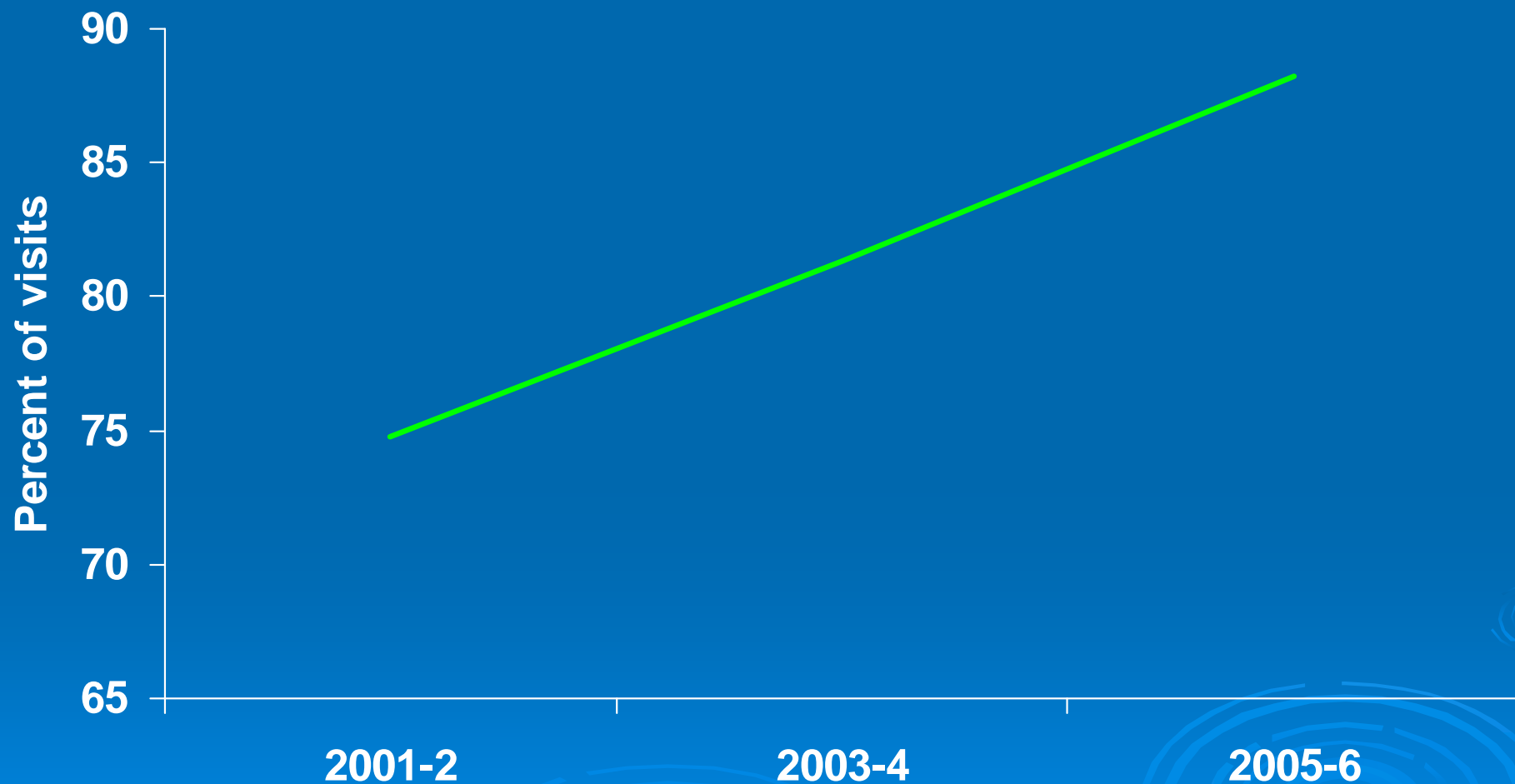


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SOURCE: CDC\NCHS\NAMCS

# Trend in percent of PCP visits where blood pressure readings are taken among adults



# Leading reasons for PCP visits

GME	12.0%
Progress visit	4.9
Cough	4.6
Well baby exam	2.9
Medication	2.6
Throat symptoms	2.3
Fever	2.2
Prenatal exam, routine	2.1
Hypertension	2.1
Stomach pain, cramps	2.0



# Modification considerations for future survey panels

- Induction interview: Does the provider bill for “medical home” services?
- PRF: Is this the patient’s medical home?
- Sampling frame changes: Nurse practitioners and physician assistants

# Contact info

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➤ Website

<http://www.cdc.gov/nchs/namcs.htm>