

Notice: Public reporting burden of this collection of information is estimated to average 15 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 Information Collection Review Office; 1600 Clifton Road, MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0234).

Assurance of confidentiality: We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act or CIPSEA (44 U.S.C. 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2018 (6 U.S.C. §663) which protects Federal information systems from cybersecurity risks by screening their networks.

NATIONAL AMBULATORY MEDICAL CARE SURVEY (NAMCS) 2025

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 31 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

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

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

If you select **only** K, L, M, N, O or P, **Skip to question 31 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:

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)

Don't know

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

Don't know } Skip to question 17 on page 3

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

A) Record socioeconomic characteristics (e.g., employment, education, 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
- Other (please specify):
- None of the above

PROVIDER AVAILABILITY

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

PA AUTONOMY

The following questions pertain to your reporting location.

24. 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

25. 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

26. 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

27. 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

28. 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

29. 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): ▾

- None of the above

30. 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

31. 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

32. What is your race? SELECT ALL THAT APPLY.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

33. Are you...

- Male
- Female

34. Who completed this survey? SELECT ALL THAT APPLY.

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

Please return your questionnaire in the enclosed envelope or mail it to:

Cox Building (FDC Fulfillment – Data Capture)
NAMCS (0219308.003.003.004)
PO Box 12194
Research Triangle Park, NC 27709-2194

**Thank you for participating in the 2025
National Ambulatory Medical Care Survey
(NAMCS).**

For administration use only: