

2023

NATIONAL AMBULATORY MEDICAL CARE SURVEY (NAMCS)

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**1. We have your primary specialty as:
Is this correct?**

- 100 1 Yes – (Skip to question 2)
2 No – (Skip to question 1a)

1a. What is your specialty? Please specify: ↘

101

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.

- 102 1 Yes – (Skip to question 4)
2 No

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

- 103 1 Engaged in research, teaching, and/or administration
2 Once provided direct outpatient care but now retired
3 Once provided direct outpatient care but temporarily not practicing (duration 3+ months)
4 Now not licensed/Never licensed
5 Something else (please specify): ↘

(Skip to question 48)

104

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

Setting Name		
1	<input type="checkbox"/> Private solo or group practice	105
2	<input type="checkbox"/> Freestanding clinic or Urgent Care Center (e.g., Concentra Urgent Care, Patient First, NextCare Urgent Care, FastMed Urgent Care)	106
3	<input type="checkbox"/> Health Center (e.g., Federally Qualified Health Center [FQHC], federally funded clinics or "look-alike" clinics)	107
4	<input type="checkbox"/> Mental health center	108
5	<input type="checkbox"/> Government clinic that is not federally funded (e.g., state, county, city, maternal and child health, etc.)	109
6	<input type="checkbox"/> Family planning clinic (including Planned Parenthood)	110
7	<input type="checkbox"/> Integrated Delivery System, Health maintenance organization, health system or other prepaid practice (e.g., Kaiser Permanente)	111
8	<input type="checkbox"/> Faculty practice plan (i.e., an organized group of physicians and other health care professionals that treats patients referred to an academic medical center)	112
9	<input type="checkbox"/> Retail health clinic (e.g., CVS MinuteClinic, Walgreen's Healthcare Clinics, Kroger's Little Clinic)	113
10	<input type="checkbox"/> Hospital outpatient department	114
11	<input type="checkbox"/> Hospital emergency department	115
12	<input type="checkbox"/> Ambulatory surgery center/surgicenter	116
13	<input type="checkbox"/> Industrial outpatient facility	117
14	<input type="checkbox"/> Federal government clinics (e.g., Veterans Affairs, military only clinics)	118
15	<input type="checkbox"/> Institutional facility	119
16	<input type="checkbox"/> None of the above	120

If you see patients in **any** of these settings (1-10), **Go to question 5**

If you select **only** 11, 12, 13, 14, 15 or 16, **Skip to question 48**

5. At which outpatient setting (1-10) in the previous question do you see the most patients in a typical week? WRITE THE NUMBER LOCATED NEXT TO THE SELECTION MADE..... 121

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:

122

City:

State:

ZIP Code:

123

124

125

E-mail Address:

126

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. 127

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.

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)?

- 128 1 Solo – (Skip to question 10)
2 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. 129

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

- 130 1 Multi
2 Single

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

- 131 1 Full-owner – (If physician, skip to question 13; if PA, skip to question 14)
2 Part-owner
3 Employee
4 Contractor
5 Volunteer

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

- 132
- 1 Physician/Physician group
 - 2 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)
 - 3 Combination of physicians and advanced practice providers
 - 4 Insurance company, health plan, or HMO
 - 5 Health center
 - 6 Academic medical center or teaching hospital
 - 7 Other hospital
 - 8 Other health care corporation
 - 9 Other (please specify): ↴

133

(If physician, skip to question 13; if PA, skip to question 14)

Workforce, Revenue, & Compensation

The following questions pertain to your reporting location.

13. The following questions concern advanced practice providers practicing at your reporting location. If the specified type of provider is not practicing at the reporting location, please select "not applicable."

	Always	Sometimes	Never	Don't know	Not applicable
Do PAs bill for services using their own NPI number? 134	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Do Nurse Practitioners bill for services using their own NPI number? 135	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Do Certified Nurse Midwives bill for services using their own NPI number? 136	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Do Clinical Nurse Specialists bill for services using their own NPI number? 137	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Do Certified Registered Nurse Anesthetists bill for services using their own NPI number? 138	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

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

- 1 Private insurance 139
- 2 Medicare 140
- 3 Medicaid 141
- 4 CHIP 142
- 5 Workers' compensation 143
- 6 Self-pay 144
- 7 No charge 145
- 8 Other (e.g., car insurance, someone other than patient pays) 146

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

- 147
- 1 Yes
 - 2 No
 - 3 Don't know

COVID-19

The following questions pertain to your reporting location.

16. Does your reporting location offer COVID-19 vaccinations?

- 148
- 1 Yes
- 2 No – **(Skip to question 18)**

17. Which vaccine(s) does your reporting location offer? SELECT ALL THAT APPLY.

- 1 Moderna 149
- 2 Johnson & Johnson/Janssen 150
- 3 Pfizer 151
- 4 Other (please specify): ↘ 152

153

- 5 Don't know 154

Electronic Health Records and Telemedicine

The following questions pertain to your reporting location.

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

- 155
- 1 Yes
- 2 No – **(Skip to question 20)**
- 3 Don't know – **(Skip to question 20)**

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

	Yes	No	Don't know
Record social determinants of health (e.g., employment, education, race/ethnicity, language and literacy skills)? 156	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Record behavioral determinants of health (e.g., tobacco use, physical activity, alcohol use, drug use, diet)? 157	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Order prescriptions? 158	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Send prescriptions electronically to the pharmacy? 159	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

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

- 1 Videoconference software with audio (e.g., Zoom, Webex, FaceTime) 160
- 2 Audio without video conference software 161
- 3 Telemedicine platform NOT integrated with EHR (e.g., Doxy.me) 162
- 4 Telemedicine platform integrated with EHR (e.g., update clinical documentation during telemedicine visit) 163
- 5 Other tool(s) (please specify): ↘ 164

165

- 6 I don't use telemedicine for patient visits – **(Skip to question 23)** 166

If you selected Option 2 or Option 3 for Question 18 (indicating that you “don't have an EHR system” or “don't know if you have an EHR system”) and selected Option 3 and/or Option 4 for Question 20, your current response indicates the presence of an EHR system. Please check your responses to these questions.

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

- 167
- 1 None
 - 2 Some
 - 3 Most
 - 4 All

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

- 168
- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Somewhat dissatisfied
 - 5 Very dissatisfied

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

- 1 Limited Internet access and/or speed issues 169
- 2 Telemedicine platform not easy to use 170
- 3 Telemedicine isn't appropriate for my specialty/type of patients 171
- 4 Limitations in patients' access to technology (e.g., smartphone, computer, tablet, Internet) 172
- 5 Patients' difficulty using technology/telemedicine platform 173
- 6 Improved reimbursement and relaxation of rules related to use of telemedicine visits 174

Health Equity and Language Barriers

The following questions pertain to your reporting location.

24. At your reporting location, do you personally see patients during the evening or on weekends?

- 175
- 1 Yes
 - 2 No
 - 3 Don't know

25. Does your reporting location set time aside for same day appointments?

- 176
- 1 Yes
 - 2 No
 - 3 Don't know

26. 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.

- 177
- 1 Within 1 week
 - 2 1-2 weeks
 - 3 3-4 weeks
 - 4 1-2 months
 - 5 3 or more months
 - 6 Do not provide routine medical exams
 - 7 Don't know

27. Are you comfortable providing care to a patient in another language? Please include American Sign Language (ASL).

- 178
- 1 Yes
 - 2 No

28. At your reporting location, how many of your own patients have limited English proficiency?

- 179
- 1 None – (Skip to question 31)
 - 2 Some
 - 3 Most
 - 4 All
 - 5 Don't know

29. When you use interpreters at your reporting location, how often do you personally use each type?

	Often	Sometimes	Rarely	Never	Don't know
Staff/contractor trained as a medical interpreter 180	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Bilingual Staff (not formally trained as an interpreter) 181	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Patient's relative or friend 182	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Language translation service (iPad/phone-based) 183	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

30. 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.

- 1 Wellness/Illness related education 184
- 2 Patient rights/Informed consent documents 185
- 3 Advanced directives 186
- 4 Payment 187
- 5 Care plan 188
- 6 Other (please specify): ↘ 189

190

- 7 No translated materials are available to my patients 191
- 8 Don't know 192

31. What information does your reporting location record on patients' culture and language characteristics? SELECT ALL THAT APPLY.

- 1 Nationality/Nativity 193
- 2 Primary language 194
- 3 Sexual orientation 195
- 4 Gender identity 196
- 5 Race/Ethnicity 197
- 6 Religion 198
- 7 Income 199
- 8 Education 200
- 9 Other (please specify): ↘ 201

202

- 10 We do not collect information related to patient characteristics 203

(If physician, skip to question 32; if PA, skip to question 41)

Physician Only: Pain Treatment and Treatment with Opioids

The following questions pertain to your reporting location.

32. At your reporting location, do you personally currently treat any patients for pain?

- 204
- 1 Yes, I currently treat patients for chronic pain only
 - 2 Yes, I currently treat patients for both chronic and acute pain
 - 3 Yes, I currently treat patients for acute pain only
 - 4 No – **(Skip to question 39)**
 - 5 Don't know – **(Skip to question 39)**

33. When managing your own pain patients at your reporting location, how often do you...

	Never	Rarely	Sometimes	Often	Always	Don't know	Not applicable
Establish treatment goals with your recently diagnosed pain patients (e.g., less pain, improved function, increased social activities, better sleep quality, etc.)? 205	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
Recommend non-pharmacological approaches to your recently diagnosed pain patients before or instead of opioid therapy? 206	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>

34. What types of non-opioid medications do you currently recommend to pain patients at your reporting location? SELECT ALL THAT APPLY.

- 1 Acetaminophen 207
- 2 Anticonvulsants 208
- 3 Antidepressants 209
- 4 Benzodiazepines 210
- 5 Non-steroidal anti-inflammatory (NSAIDS) 211
- 6 Other non-opioid drugs 212
- 7 None of the above 213
- 8 Don't know 214

35. How many of your own pain patients at your reporting location are currently being treated with opioids prescribed by you?

- 215
- 1 None – **(Skip to question 39)**
 - 2 A few
 - 3 Some
 - 4 Almost all
 - 5 All
 - 6 Don't know

36. Prior to starting opioids for pain management at your reporting location, how often do you personally do the following?

	Never	Rarely	Sometimes	Often	Always	Don't know
Screen patients for depression and other mental health disorders. 216	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
Discuss risks and benefits of using opioids for pain treatment. 217	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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

- 218
- 1 Within 1 week
 - 2 Within 4 weeks
 - 3 Within 3 months
 - 4 Within 1 year
 - 5 I don't re-evaluate patients after starting opioid therapy
 - 6 Don't know

38. When prescribing opioid therapy to your pain patients at your reporting location, how often do you personally...

	Never	Rarely	Sometimes	Often	Always	Don't know	Not applicable
Perform substance abuse risk assessment before prescribing opioids (e.g., CAGE, COWS, TAPS)? 219	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
Establish an opioid treatment plan with your patients? 220	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
Review the patient's history of abuse? 221	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
Perform a urine toxicology screening before starting opioid therapy? 222	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
Review your state's prescription drug monitoring program database (PDMP)? 223	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
Prescribe naloxone to patients receiving opioids? 224	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
Perform a random urine toxicology screening quarterly for long-term opioid therapy? 225	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>

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

- 226
- 1 None
 - 2 A few
 - 3 Some
 - 4 Almost all
 - 5 All
 - 6 Don't know

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

- 227
- 1 Yes
 - 2 No
 - 3 Don't know

(If physician, skip to question 48; if PA, skip to question 41)

PA Only: Autonomy

The following questions pertain to your reporting location.

41. How long have you practiced in your current specialty?

- 228
- 1 0-1 years
 - 2 2-4 years
 - 3 5-9 years
 - 4 10-20 years
 - 5 21 or more years

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

- 229
- 1 0-1 years
 - 2 2-4 years
 - 3 5-9 years
 - 4 10-20 years
 - 5 21 or more years

43. 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?

- 230
- 1 Yes
 - 2 No
 - 3 Don't know

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

- 231
- 1 Yes, entirely
 - 2 Yes, but I also see patients from the practice
 - 3 No
 - 4 Don't know

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

- 232
- 1 My NPI
 - 2 A physician's NPI
 - 3 Sometimes my own NPI and sometimes a physician's NPI
 - 4 I don't bill for my medical services
 - 5 Don't know

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

- 1 Admissions (i.e., conduct admission history and physical, write admission orders) 233
- 2 Develop treatment plans 234
- 3 Perform minor surgical procedures 235
- 4 Perform non-surgical procedures 236
- 5 Order referrals and consults 237
- 6 Order and interpret diagnostic testing and therapeutic modalities 238
- 7 Perform new patient encounters 239
- 8 Perform post-op patient encounters 240
- 9 Perform post-op global visits 241
- 10 Perform pre-op history and physicals (H&Ps) 242
- 11 See consults 243
- 12 Prescribe non-schedule medications 244
- 13 Prescribe schedule (II-V) medications 245
- 14 Order durable medical equipment (DME) 246
- 15 See urgent visits 247
- 16 Other (please specify): 248

249

47. 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:

250

(Continue to page 11)

Provider Demographics

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

- 1 No, not of Hispanic, Latino/a, or Spanish origin 251
- 2 Yes, Mexican, Mexican American, Chicano/a 252
- 3 Yes, Puerto Rican 253
- 4 Yes, Cuban 254
- 5 Yes, Another Hispanic, Latino/a, or Spanish origin 255

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

- 1 White 256
- 2 Black or African American 257
- 3 American Indian or Alaska Native 258
- 4 Asian Indian 259
- 5 Chinese 260
- 6 Filipino 261
- 7 Japanese 262
- 8 Korean 263
- 9 Vietnamese 264
- 10 Other Asian 265
- 11 Native Hawaiian 266
- 12 Guamanian or Chamorro 267
- 13 Samoan 268
- 14 Other Pacific Islander 269

50. Are you... SELECT ALL THAT APPLY.

- 1 Male 270
- 2 Female 271
- 3 Another sex or gender 272

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

- 1 The provider to whom the survey was addressed 273
- 2 Office staff 274
- 3 Other 275