

Request for Approval for a Nonsubstantive Change:
NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

OMB No. 0920-0278
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Contact Information:

Brian W. Ward, PhD
Team Lead, Ambulatory Care Team
Ambulatory and Hospital Care Statistics Branch
Division of Health Care Statistics
National Center for Health Statistics/CDC
3311 Toledo Road, Room 3548
Hyattsville, MD 20782
301-458-4568
301-458-4693 (fax)
ijz8@cdc.gov

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NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
Nonsubstantive Change Request

A1. Circumstances Making the Collection of Information Necessary

This request is for a nonsubstantive change to an approved data collection, the National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB No. 0920-0278, Exp. Date: 06/30/2021). On June 7, 2018, NHAMCS was approved to collect data for the three years – 2018, 2019, and 2020 – from emergency departments (EDs). The approved supporting statement included permission to modify selected sections of the 2018-2020 surveys through a nonsubstantive change clearance request. Some questions change on a periodic basis to collect new and/or updated information as needed. Changes to the content for 2019 are presented in the included attachments, highlighted below, and described in more detail in section A2.

Hospital Induction Interview

The 2019 induction interview will have a modified section on the electronic health records (EHR) using questions that focus more on the interoperability of EHR systems. Several of the former questions have been removed (28 questions removed), one new question is being added, and another question that had been part of a skip pattern is now a stand-alone question.

As in 2018, the 2019 induction questions will be collected on a computer-assisted interviewing instrument. The changes are outlined in **Attachment A**. The new 2019 full induction interview is shown in **Attachment B**.

Reinterview Study

In 2019, a newly developed NHAMCS reinterview study will replace the current reabstraction study, to gain more information upon which to determine data quality. This reinterview study will be conducted on one hospital per NHAMCS field representative (FR), per year. With 191 FRs currently contracted to work on NHAMCS, we anticipate approximately 191 hospitals will participate in the reinterview study each year (2019 and 2020). Mathematical statisticians within Census' Demographic Statistical Methods Division (DSMD) will develop a tool to utilize contact information from the current field representative (FR) production instrument. The tool will generate a form in the instrument that clerks in the Census ROs will use to conduct the reinterview. The newly proposed reinterview questions are listed in **Attachment C**. The study will use the Data Retrieval Adobe Management System (DReAMS). This proposed system is semi-automated and is currently used for many of the Census Bureau's smaller surveys, where the cost for a fully automated reinterview process is not within budget.

This information will be used to generate basic reports on a quarterly basis by DSMD to provide the team at Census and at NCHS with general results on quality. The reinterview means Census can

continue to have a quality assurance process for NHAMCS data collection, and do so within the budget for the 2019-2021 panels

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A2. Purpose and Use of Information Collection

Revisions to the Hospital Induction Interview

For 2019 (**Attachment A**), 28 EHR questions have been removed in order to reduce hospital staff burden. One question about merged medical records systems was slightly modified. And another question on the number of hospitals sharing an EHR system was added.

For 2019 (**Attachment C**), 191 hospitals will be reinterviewed for quality purposes.

A12. Estimates of Annualized Burden Hours and Cost

a. Burden Hours

The 2018 Hospital Induction questionnaire continues with 45 minutes of burden per respondent. The 2019 and 2020 Hospital Induction questionnaire has been reduced by 15 minutes per respondent to 30 minutes. The burden table has been updated to reflect the fact that the reabstraction study will only take place during 2018, and will be replaced with the Reinterview Study beginning in 2019.

The total annual sample typically includes about 450 hospitals. Each sampled hospital will be asked to complete a Hospital Induction interview. Using 2012-2015 NHAMCS data, we have determined that approximately 40 of these hospitals will be out-of-scope, leaving around 410 hospitals for data collection. Of the 410 sampled hospitals, 340 are expected to complete the hospital induction questionnaire (**Attachment B**). For the 2018 hospital induction, a total of 113 respondents are expected to complete the survey annually [$N=340*1\text{yr}/3$] resulting in a total annualized burden of 85 hours. The 2019 and 2020 survey induction instrument can be completed in 30 minutes. A total of 227 respondents [$N= (340*2\text{yrs})/3$] are expected to respond to the survey in 2019 and 2020, with the total expected response burden at 114 hours annually.

The number of respondents for the ambulatory unit induction and for the abstraction of medical records remains unchanged with an expected burden of 145 hours and 410 hours respectively.

The reabstraction study will only be conducted in 2018, after which it will be replaced by the reinterview study. As such, the annualized number of respondents for the reabstraction study in 2018 is five for the telephone calls and for the retrieval of medical records, resulting in an annualized burden of 1 hour for each process respectively.

A total of 191 respondents are expected to participate in the reinterview study in 2019 and 2020 [N = (191*2yrs)/3], resulting in 127 annualized respondents. Each reinterview will take about 15 minutes to complete resulting in 32 burden hours annually.

Table 12-A. Annualized Burden to Respondents

2018-2020 NHAMCS

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Response Burden (in hours)
Hospital Chief Executive Officer	Hospital Induction Data Collection 2018	113	1	45/60	85
Hospital Chief Executive Officer	Hospital Induction Data Collection 2019 and 2020	227	1	30/60	114
Ancillary Service Executive	Ambulatory Unit Induction (ED only) data collection	578	1	15/60	145
Medical Record Clerk	Retrieving Patient Records data collection	246	100	1/60	410
Ancillary Service Executive - Reabstraction	Reabstraction Telephone Call (ED only)	5	1	5/60	1
Medical Record Clerk - Reabstraction	Pulling and re-filing Patient Records (ED only)	5	10	1/60	1
Hospital Chief Executive Officer	2019 and 2020 Reinterview Study	127	1	15/60	32
Total					788

Burden Cost

The average annual response burden cost for the NHAMCS is estimated to be \$36,390 for each survey year. The hourly wage estimate was based on the Bureau of Labor Statistics May 2016 National Occupational Employment and Wage Estimates (https://www.bls.gov/oes/current/oes_nat.htm#00-0000).

Table 12-B. Annualized Burden Cost

Type of Respondent	Form Name	Response burden hours	Hourly wage rate	Respondent cost
Hospital Chief Executive Officer	Hospital Induction Data Collection	85	\$93.44	\$7,942
Hospital Chief Executive Officer	Hospital Induction Data Collection	114	\$93.44	\$10,652
Ancillary Service Executive	NHAMCS Ambulatory Unit Induction (ED only)	145	\$47.56	\$6,896
Medical Record Clerk	Retrieving Patient Records	410	\$19.13	\$7,843
Ancillary Service Executive	NHAMCS Reabstraction Telephone Call (ED only)	1	\$47.56	\$48
Medical Record Clerk	NHAMCS Pulling and re-filing Patient Records (ED only)	1	\$19.13	\$19
Hospital Chief Executive Officer	Reinterview study	32	\$93.44	\$2,990
TOTAL				\$36,390

A15. Explanation for Program Changes or Adjustments

The currently approved annualized burden is 814 hours. The reduction in burden time for the Hospital Induction Interview from 45 to 30 minutes beginning in 2019 and the transition from a reabstraction study to a reinterview study will result in an overall burden reduction of 26 hours, resulting in a final burden of 788 annualized hours.

Attachments

Attachment A 2019 Hospital Induction changes

Attachment B 2019 Hospital Induction form

Attachment C 2019 Reinterview Study