

Request for Approval of A Non-Substantive Change to the  
National Ambulatory Medical Care Survey:  
National Electronic Health Records Survey

OMB No. 0920-1015  
(Expiration: 04/30/2017)

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## **A1. Circumstances making the collection of information necessary**

This request is for a nonsubstantive change to an approved data collection - the National Ambulatory Medical Care Survey: National Electronic Health Records Survey (NAMCS NEHRS) (OMB No. 0920-1015) (expires 4/30/2017). On April 18, 2014, OMB approved the NAMCS NEHRS annual data collection. The approved supporting statement included permission to submit non-substantive change packages, as needed, for form modifications occurring throughout the 2014-2016 study period. Some questions change on a periodic basis to collect new and/or updated information as needed. NCHS was able to secure additional funding in 2015, allowing for the collection of additional information about the health information exchange that the Office of the National Coordinator for Health Information Technology (ONC) valued as necessary. Additionally, as described in the earlier approved supporting statement, NCHS plans on electronically collecting data by web in 2016 to maximize response rates (refer to section A3).

NCHS is expanding the content for the 2016 NEHRS for the following reasons:

1. ONC has proposed expanding the currently approved content to obtain data about the constantly evolving health information exchange (HIE), particularly with respect to sending, receiving, and integrating patient health information (see Attachment A).
2. Some key content on the survey are retained to collect necessary trend and practice data in order to evaluate the HIE expanded content and meaningful use incentive program goals.

This document proposes new, modified, and deleted questions to the currently approved data collection content for the Regular NAMCS National Electronic Health Records Survey form (**Attachment A**). Changes to the content for 2016 are presented in **Attachment B**, highlighted below, and described in more detail in section A2. Overall, the changes do not alter the currently approved average response times and total burden hours for the Regular NAMCS NEHRS. Given the expanded content of the Regular NAMCS NEHRS, there is no longer a need for the former Expanded NAMCS NEHRS, so that instrument will no longer be utilized. Consequently, the 859 hours of burden associated with the Expanded NAMCS NEHRS is no longer needed.

## **2. Purpose and Use of Information Collected**

Several modifications in the questions are proposed for the 2016 NAMCS NEHRS; they are summarized in **Attachment B**.

The new questions on the 2016 NAMCS NEHRS are designed to be responsive to the currently approved NAMCS NEHRS, including expanding content to measure health information exchange, but also provide information in the context of the meaningful use rule promulgated in Medicare and Medicaid Programs; Electronic Health Record Incentive Program — Stage 2, 42 CFR §§ 412-413-495 (2012). The suite of meaningful use rules are designed to guide the creation of a private and secure 21<sup>st</sup> century electronic health information system. Meaningful use is being implemented in three stages. Stage 1 established a baseline in 2011, while Stage 2 and Stage 3 (2014 and 2016, respectively) add additional requirements and new reports. The NEHRS survey instrument will continue to evolve as the requirements for functionality evolve.

NCHS proposes to modify the currently approved NAMCS NEHRS by deleting several questions relating to computerized capabilities, as these topics were no longer a priority for ONC. Meanwhile other items were modified in order to capture data on the sending, receiving, and integrating of patient health information within health information exchanges. Overall, the changes do not alter the currently approved average response times and total burden hours for the Regular NAMCS NEHRS. Given the expanded content of the Regular NAMCS NEHRS, there is no longer a need for the former Expanded NAMCS NEHRS, so that instrument will no longer be utilized.

In 2016, the NAMCS NEHRS sample will receive the updated NAMCS NEHRS questionnaire (**Attachment A**). In turn, the NAMCS NEHRS letters (**Attachment C**) will be updated to reflect the estimated completion/burden time.

### 3. Use of Improved Information Technology and Burden Reduction

Initially, the NAMCS NEHRS used mail and phone follow-up as the only modes of data collection. The 2015 NEHRS used a web modality to determine the impact of electronic data collection via the web on physicians responding to the NEHRS. Similar to 2015 NEHRS, the 2016 NEHRS will be administered via a sequential mixed mode design of web and mail recruitment. Recruitment will start with email invitations to a web-based survey, and will then be followed by three mailings and phone follow-up for non-responses.

## 12. Estimates of Annualized Burden Hours and Costs

### A. Burden Hours

Given the expanded content of the Regular NAMCS NEHRS, there is no longer a need for the former Expanded NAMCS NEHRS, so that instrument will no longer be utilized. Consequently, the 859 hours of burden associated with the Expanded NAMCS NEHRS is no longer needed and that line of burden has been removed resulting in a new total burden value of 7,727 hours.

Table of Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (Hours)	Total Burden (Hours)
Office-based physicians	Regular NAMCS NEHRS	8,585	1	30/60	4,293
Office-based physicians	NAMCS NEHRS expansion (Follow-up)	6,868	1	30/60	3,434
<b>Total</b>		15,453			7, 727

## B. Burden Cost

The average cost to providers for each of the five data collection cycles is estimated to be \$140, 987. The hourly wage estimates for completing the forms mentioned above in the burden hours table are based on information from the Bureau of Labor Statistics web site (<http://www.bls.gov>). Specifically, NCHS used the "May 2014 National Occupational Employment and Wage Estimates" for (1) health care practitioners and technical occupations, and (2) office administrative and support administrative support occupations. Data were gathered on mean hourly wage in 2014 for physicians and other professionals involved in managing a private office-based practice (e.g., nurses, receptionists, etc.). The total cost estimate for office-based physicians includes estimates for completing the NAMCS NEHRS. The average hourly wage for these respondents is weighted based on who typically completes the form. For example, to better approximate costs, the estimate of \$91.23 (office-based physicians) was an average based on the hourly salary of family and general practitioners, general internists, obstetricians and gynecologists, general pediatricians, psychiatrists, surgeons, and a catch-all category "Physicians and Surgeons, All Other." The following table shows the total annual respondent cost.

Table of Annualized Respondent Cost

Type of Respondent	Response Burden (in hours)	Average Hourly Wage	Total Cost
Office-based physicians, mail survey	7,727	\$91.23	\$704,934
<b>Total</b>			\$704,934

## 15. Explanation for Program Changes or Adjustments

There is no changes to the burden times for the Regular NAMCS NEHRS or the NAMCS NEHRS follow-up. As a result of the elimination of the former Expanded NAMCS NEHRS; however, the overall total for the project has been reduced by 859 hours from 8,586 to 7,727.

### Attachments

- A. 2016 National Electronic Health Records Survey
- B. Changes to 2016 NEHRS
- C. 2016 NEHRS Letters