

KENTUCKY AMBULATORY NETWORK
NATIONAL AMBULATORY MEDICAL CARE SURVEY (NAMCS) REPLICATION
Reference Manual

DURATION OF STUDY – Patient Record Forms will be completed on visits made to this office Monday, _____ thru Sunday, _____.

VISITS TO BE RECORDED – A *visit* is a direct, personal exchange between an ambulatory patient and a physician or a RNP or PA working under the physician's supervision for the purpose of seeking care and rendering personal health services.

COMPLETE patient record forms for visits that take place with a clinician and a patient at **this address only**. **DO NOT INCLUDE:**

- 1.) Patients seen by a clinician in a hospital, nursing home, or other extended care institution, or in the patient's home.
- 2.) Patients who come to the office **only** to leave a specimen, to pick up insurance forms, or to pay a bill.
3. Patients who receive advice from the clinician via telephone or come to the office to pick up medications previously prescribed by the physician.

*What do we do if we have **PROBLEMS / QUESTIONS** with the study? Such as, "we did not start our week on time" or "we have missed some visits." Please contact Mary Barron, KAN Study Coordinator as early as possible.*

MARY BARRON, KAN Study Coordinator – Phone (859)323-4889 **OR** Pager (859)224-6776

PATIENT RECORD FORM – Guidelines for the survey questions are provided below. The guideline # corresponds to the survey question #.

1. DATE OF VISIT

2. DATE OF BIRTH

3(a). SEX **3(b). Is Patient pregnant?** To your knowledge, is the patient pregnant? This **does not** require special testing.

4. RACE – Check the category judged to be the most appropriate for each patient based on observation or prior knowledge.
* **White** – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
* **Black** – a person having origins in any of the black racial groups of Africa.
* **Asian/Pacific Islander** – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including for example China, India, Japan, Korea, the Philippine Islands, and Samoa.
* **American Indian/Eskimo/Aleut** – a person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.

5. ETHNICITY – Choose the most appropriate according to these definitions:
* **Hispanic origin** – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
* **Not Hispanic** – a person not of Hispanic origin.

6. WAS AUTHORIZATION REQUIRED FOR CARE? – Mark "Yes" if the patient or the physician office staff was required to receive prior authorization from the patient's insurance plan/company before being permitted to complete this visit with the expectation of payment by insurance. Mark "No" if prior authorization was not required for this visit.

7. PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT – Check one.

- * **Private Insurance** – Charges paid in part or in full by a private insurance company. Includes payments made directly to the physician as well as payments reimbursed to the patient.
- * **Medicare** – Charges paid in part or in full by a Medicare plan. Includes payments made directly to the physicians as well as payments reimbursed to the patient. If charges were covered under a Medicare-sponsored prepaid plan, mark this box.
- * **Medicaid** – Charges paid in part or in full by a Medicaid plan. Includes payments made directly to the physician as well as payments reimbursed to the patient.
- * **Worker's Compensation** – Includes payments made under local, State, or Federal health care programs to reimburse an employer for damages paid to an employee for injury occurring in the course of his or her employment.
- * **Self pay** – Charges to be paid by the patient or patient's family which will not be reimbursed by a third party.
- * **No charge** – Visits for which no fee is charged. **Exclude** visit paid for as part of a total care package, for example, prepaid plan visits, post-operative visits included in a surgical fee, and pregnancy visits included in flat fee charge for the entire pregnancy. Instead, mark the box, or boxes, that indicate how the services were originally paid.
- * **Other** – Any other source of insurance not covered by the above categories, such as CHAMPUS and private charitable organizations.
- * **Unknown** – Type of payment is unknown.

8. ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN?

9. HAVE YOU OR ANYONE IN YOUR PRACTICE / DEPARTMENT SEEN PATIENT BEFORE?
"Seen before" means provided care for any time in the past.

<p>10. HEIGHT - Measured without shoes and recorded in inches. Today's height preferred. Latest height recorded in chart acceptable. If not available, record NA (not available).</p>
<p>11. WEIGHT – Measured without coat and recorded in pounds. Record today's weight only. If today's weight is not available, record NA (not available)</p>
<p>12. DOES THIS PATIENT USE TOBACCO? – Mark “Yes” if patient has used tobacco within the last 30 days. Check all types used in the last 30 days. Oral tobacco includes chewing tobacco and snuff.</p>
<p>13. PATIENT’S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT – The patient’s problem complaint, symptom, or other reason for this visit as expressed by the patient. Record key words or phrases verbatim to the extent possible. “Most important” refers to that problem, which in the physician’s judgement is most responsible for the patient’s visit. Avoid general statements, such as “followup” and “checkup.”</p>
<p>14. MAJOR REASON FOR THIS VISIT– Check one. Major reason for this visit should be related to the most important problem, complaint, or symptom in 13(1.)</p>
<p>15. IS THIS VISIT RELATED TO INJURY OR POISONING? – Mark “Yes” or “No” to indicate whether the patient’s visit was related to an injury or poisoning. The injury or poisoning does not need to be recent. It also includes those visits for followup of previously treated injuries and visits for flare-ups of problems due to old injuries or poisonings.</p>
<p>16. PHYSICIAN’S DIAGNOSES FOR THIS VISIT – Up to six diagnoses can be recorded. The first-listed diagnosis, recorded in item 16(1.) should be the physician’s best assessment of diagnosis of the patient’s most important problem complaint, or symptom in item 13(1.). In the event of multiple diagnoses, the physician should list them in order of decreasing importance. The term “primary” refers to the first-listed diagnosis. The diagnosis represents the physician’s best judgement at the time of the visit and may be tentative, provisional, or definitive. List other conditions known to exist for the patient at this time, regardless of their relationship to the present problem, in items 16(2.) – 16(6.).</p>
<p>17. WAS CHRONIC PAIN ADDRESSED THIS VISIT? – Mark “Yes” if in your judgement chronic pain was addressed in this visit. Mark “No” if chronic pain was not addressed in this visit.</p>
<p>18. DID DEPRESSION or ANXIETY CONTRIBUTE TO THIS VISIT? – Mark “Yes” if in your judgement, depression or anxiety contributed to this visit. A formal diagnosis of depression or anxiety is not required to check “Yes”. Mark “No” if neither depression nor anxiety contributed to this visit.</p>
<p>19. DIAGNOSTIC / SCREENING SERVICES – Mark all services that were ordered or provided today during this visit for the purpose of screening (that is, early detection of health problems in asymptomatic individuals) or diagnosis (that is, identification of health problems causing individuals to be symptomatic). DOES NOT INCLUDE interpretation of tests performed BEFORE today. For example, blood test results interpreted today, but drawn yesterday, should be EXCLUDED. During a visit for a complete physical exam, several of the services might have been ordered or provided; each service should be marked. If services are ordered or provided, but not listed as a check box category, the physician should check the “other” box and specify in the space provided.</p>
<p>20. THERAPEUTIC AND PREVENTIVE SERVICES Check all ordered or provided at this visit today. EXCLUDE MEDICATIONS</p> <ul style="list-style-type: none"> - Diet/Nutrition – any topics related to the foods and/or beverages consumed by the patient. Examples included general dietary guidelines of health promotion and disease prevention, dietary restrictions to treat or control a specific medical problem or condition, and dietary instructions related to medications. Includes referrals to other health professionals, for example, dietitians, and nutritionists. - Exercise – Any topics related to the patient’s physical conditioning or fitness. Examples include information aimed at general health promotion and disease prevention and information given to treat or control a specific medical condition. Includes referrals to other health and fitness professionals. Does not include referrals for physiotherapy. Physiotherapy ordered or provided at the visit is listed as a separate check box under “Other Therapy.” - HIV/STD transmission – Information intended to help the patient understand how HIV and STDs are transmitted. Includes topics such as “safe sex,” IV drug use, and exchange of bodily fluids. - Family planning/contraception – any topics related to family planning/contraception - Prenatal instructions – Education and anticipatory guidance counseling given to patient during pregnancy. - Breast self-exam – Information given to patient related to performing breast self-exam. - Tobacco use-exposure – Information given to patient on issues related to tobacco use in any form, including cigarettes, cigars, snuff, and chewing tobacco, and on the exposure to tobacco in the form of “secondhand smoke.” Includes information on smoking cessation as well as prevention of tobacco use. Includes referrals to other health professionals for smoking cessation programs. - Growth/development – any topics related to human growth and development. - Mental health – General advice or counseling about mental health issues; education about mental disorders. Includes referrals to other mental health professionals for mental health counseling. - Stress management –any topics related to stress management. - Skin cancer prevention –any topics related to skin cancer prevention. - Injury prevention – Any topic aimed at minimizing the chances of injury in one’s daily life. May include issues as diverse as drinking and driving, child safety, avoidance of injury through proper techniques for various physical activities, etc. - Psychotherapy – All treatments involving the intentional use of verbal techniques to explore or alter the patient’s emotional life in order to affect symptom reduction or behavior change. - Physiotherapy - Any form of physical therapy including treatments using heat, light, sound, or physical pressure or movement. For example, ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold, and manipulative. <p>ALL OTHER: Services not included in the check box categories should be marked in this box and specified in the space provided. EXCLUDE MEDICATIONS</p>
<p>21. AMBULATORY SURGICAL PROCEDURES – Record the specific names of up to two surgical procedures performed at the visit, if any. Routine surgical procedures (for example, wound care) as well as more complex procedures (for example, cataract extraction, vasectomy, hernia repair, growth removal etc.) should be reported.</p>
<p>22. MEDICATIONS / INJECTIONS – List all medications, including biologicals, that were ordered, injected, administered, or continued at this visit. These include prescription and nonprescription medications, vaccinations, immunizations, and desensitization agents. Record the same specific medication name (brand or generic) that is used on any prescription or office medical record. Also included are medications ordered or provided prior to the visit that the physician instructed or expected the patient to continue taking. DO NOT INCLUDE dosages.</p>
<p>23. PROVIDERS SEEN THIS VISIT – Record <i>all</i> providers seen this visit.</p>
<p>24. TIME SPENT WITH PHYSICIAN – Record the time, in minutes, that the <u>physician</u>, not other providers/clinicians, spent with patient. Do not include time the patient spent waiting to see the physician, time the patient spent receiving care from someone other than the physician without the presence of the physician, and time the physician spent in reviewing such things as records and test results. If the patient was provided care by a member of the physician’s staff, but did not see the physician during the visit, the duration of the time spent with physician should be recorded as zero (0) minutes.</p>