

# **COMPLETING “NAMCS-Plus” SURVEYS**

## **COMMON QUESTIONS AND ANSWERS:**

**1. Are these surveys designed to be completed by patients or by primary care providers?**

These surveys are specifically designed **not** to be completed by patients. These surveys are completed by practitioners **after** the patient visit. They are designed to look at the types of patient visits that KAN members see in an average week. They are not designed to encourage practitioners to change ways of practice.

**2. How many surveys do I need to complete?**

The goal is to complete 25 surveys on 25 patient visits in a one week period, Monday through Sunday. Each KAN practitioner is asked to complete two separate one week periods within the coming year.

**3. How do I know which patient visits to fill out surveys on?**

To get a “somewhat random” sample of visits, one should estimate how many patients they see in an average week and divide that number by 25. This will give you the interval at which you should complete surveys. For example, if you see 100 patients in an average week you would complete a survey on every 4<sup>th</sup> patient visit (100/25).

**4. How will I keep up with every (4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, etc) visit that I need to complete a survey on?**

Some practitioners are highlighting every 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, or whatever their required interval number is, on their office patient sign-in log. This lets everyone in the office, whether it be the front office staff, nurse, or practitioner themselves, that a survey needs to be slipped inside this chart and completed after this visit. Others are using the sample log provided by KAN to track which visits to complete surveys.

**5. Are all types of visits (nurse visits, prescription visits, telephone calls, MD visits, etc.) included in these surveys?**

No. Only physician, physician assistant, and nurse practitioner visits are being counted for this study. The Center for Disease Control only looked at visits to these practitioners during their survey. So, in an effort to replicate their survey as closely as possible, KAN has decided to also only look at these three types of providers. Also, only face to face visits with the providers at the primary place of practice will be counted. For example, surveys will not be completed for telephone calls, prescription refills, nursing home visits, hospital visits, etc.

**6. What if the next visit on the log targeted to complete a survey is not a primary practitioner visit? For example, what if the next 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, etc. on the office patient log is a nurse, lab, prescription refill, insurance visit...a visit that is not a type of visit that a survey needs to be completed on?**

Skip this visit and go on to the very next patient visit on the log. For example, if your office is planning to complete a survey on every 4<sup>th</sup> patient visit of the week, but the first 4<sup>th</sup> patient that comes in on Monday has come in for a prescription refill only, not a face to face visit with a practitioner, you will complete a survey on the very next visit or patient that has

signed in for the day. You do not skip to the next 4<sup>th</sup> patient, but rather go to the very next patient on the log. After inserting the survey in the chart or completing the survey on this visit you will continue with what would have been the original next 4<sup>th</sup> visit...just pick up where you left off. Complete surveys only on practitioner visits. **\*\*If your office keeps patient schedules or sign-in sheets that only include practitioner visits (MD, PA, or NP) you will not have to worry about this issue.**

**7. How long will these surveys take to complete?**

During the pilot study, it took practitioners from 2 to 4 minutes to complete each survey.

**8. Does the practitioner have to complete the entire survey?**

Some offices choose to divide the questions on the survey among the office team (front desk, nurses, and primary care providers). In other offices, providers have chosen to complete the entire survey themselves. Primary care providers are the only persons in the office that **must** complete some part of every survey. It is important to keep in mind that this is a survey that is completed **after** the visit. Surveys are not designed as questions to be asked the patient.

**9. What if I make mistakes on a survey...should I just throw that survey away and get a new one?**

Do not worry about scribbles and marks on the survey. Simply mark out the mistake and write above it. If you think you need to start on a new survey, simply write "VOID" on the survey and start on a new survey. DO NOT throw away the voided survey, simply put it in your pile of completed surveys. This is done in an effort to keep up with all serial numbers of the surveys.

**10. What should I do with the leftover supplies?**

If you have leftover supplies after your first week of completing NAMCS-Plus surveys, please keep these at your office for your second week of completing surveys. The study coordinator will contact your office before your second scheduled week to complete surveys to determine additional surveys, envelopes, logs, etc. that you need to complete the second week. If you have leftover supplies after your second week, the study coordinator will contact your office to pick those up. Please do not throw away leftover supplies. Once again, we will need to keep track of the serial numbers of unused surveys.

**11. What do we do with the surveys at the end of our chosen week?**

A large business reply envelope is provided to mail the completed forms to the KAN Administrator, Melissa Isenhoff at UK Family Practice.

**12. What if we have questions while completing surveys during our chosen week?**

If you have questions, need supplies, or have general questions about KAN please feel free to contact the KAN faculty and staff **at any time**.

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