

<p>NAMCS/NHAMCS</p> <p>*The National Ambulatory Medical Care Survey is a national survey designed to collect information on ambulatory care services in the US. It is administered to non-federal employed office-based physicians who are primarily engaged in direct patient contact.</p> <p>The National Hospital Ambulatory Medical Care Survey is designed to collect national data on ambulatory care services in hospital emergency and outpatient departments. It is administered to emergency departments and outpatient departments of noninstitutional general and short-stay hospitals.</p>
<p>HPV RELATED QUESTIONS from NAMCS Physician Induction Form</p>
<p>30a. Does your practice currently recommend the Human Papillomavirus (HPV) vaccine?</p> <p>Yes - Skip to item 30 c</p> <p>No - Go to item 30e</p>
<p>30b. Does your practice plan on recommending the HPV vaccine?</p> <p>Yes – Go to item 30c</p> <p>No – Skip to item 30e</p>
<p>30c. Which HPV vaccine does your practice recommend using?</p> <p>Gardasil (quadrivalent vaccine)</p> <p>Cervarix (bivalent vaccine)</p> <p>Both</p> <p>Don't know</p>
<p>30d. What age group does your practice recommend patients get the HPV vaccine?</p> <p>Females 9-12 years of age</p> <p>Females 13-26 years of age</p> <p>Females 27 years of age and older</p> <p>Males 9-12 years of age</p> <p>Males 13-26 years of age</p> <p>Males 27 years of age and older</p>
<p>30e. Please indicate the reason(s) why your practice does NOT plan on recommending the HPV vaccine?</p> <p>Not a large proportion of recommended age group in my practice</p> <p>Concern that it encourages sexual promiscuity</p> <p>Not wanting to convince parents/patients to accept vaccine</p> <p>Awkwardness of conversation that HPV is sexually transmitted</p> <p>Concern about safety of the vaccine</p> <p>Concern about failure of the vaccine to prevent all cervical cancer</p> <p>Concern about thiomersal in vaccine</p> <p>Concern about decreased efficacy in a population that has been exposed to HPV (i.e. sexually active)</p> <p>Concern that the office schedule is too crowded to accommodate additional visits</p>

Insurance costs to purchase vaccine Up-front costs to purchase vaccine Concern regarding the storage and administration protocol of vaccine Other - specify
Screening questions
31. Do you offer any type of cervical cancer screening? Yes No

Cervical Cancer Screening Supplement from both NAMCS and NHAMCS (pages 31-32)

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2010 CERVICAL CANCER SCREENING SUPPLEMENT

NOTICE – Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-14, Atlanta, GA 30333, ATTN: PRA (0920-0234).

Assurance of Confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

BACKGROUND INFORMATION

A. Hospital number	B. Clinic type – <i>Mark (X) only ONE.</i>	C. AU number	
	1 <input type="checkbox"/> OB/GYN 2 <input type="checkbox"/> GM		
D. Census contact name	E. Census contact telephone	Area code	Number

INTRODUCTION

The Centers for Disease Control and Prevention is conducting a special survey on cervical cancer screening performed in hospital outpatient clinics. Please answer the following questions. We appreciate your time on this important public health concern.

1. Does this clinic use any of the following methods to screen for cervical cancer? <i>Mark (X) all that apply.</i>	<i>Mark (X) one interval for routine screening.</i>				
	Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
a. Conventional Pap test (<i>Definition – Smear spread on glass slide and fixed</i>) 1 <input type="checkbox"/> Yes – How often does this clinic routinely screen women using this method? 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown } <i>Continue with item 1b</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Liquid-based cytology (<i>Definition – Specimen suspended in liquid solution</i>) 1 <input type="checkbox"/> Yes – How often does this clinic routinely screen women using this method? 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown } <i>Continue with item 1c</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Other – <i>Specify</i> <input type="text"/> 1 <input type="checkbox"/> Yes – How often does this clinic routinely screen women using this method? 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Does this clinic perform colposcopy? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown					

<p>3a. Does this clinic ever order or collect the Human Papillomavirus (HPV) DNA test?</p> <p>1 <input type="checkbox"/> Yes – <i>Go to item 3b</i> 2 <input type="checkbox"/> No – <i>SKIP to item 3c</i> 3 <input type="checkbox"/> Not aware of HPV DNA test } <i>SKIP to item 9 on page 4</i> 4 <input type="checkbox"/> Unknown</p>	<p>4a. If a patient's Pap test result is borderline or abnormal, does this clinic routinely order an HPV DNA test to be performed on that sample (commonly called reflex HPV DNA testing)? (An HPV DNA test may be run on the same liquid-based medium as the Pap test or an HPV DNA test specimen may be collected at the same time as the conventional Pap test.)</p> <p>1 <input type="checkbox"/> Yes – <i>Go to item 4b</i> 2 <input type="checkbox"/> No } <i>SKIP to item 5a</i> 3 <input type="checkbox"/> Unknown</p>
<p>b. Which of the following HPV DNA tests are ordered or collected in this clinic? <i>Mark (X) all that apply.</i></p> <p>1 <input type="checkbox"/> High risk (HR) HPV DNA test 2 <input type="checkbox"/> Low risk (LR) HPV DNA test 3 <input type="checkbox"/> Not aware there was a high risk or low risk HPV DNA test } <i>SKIP to item 4a</i> 4 <input type="checkbox"/> Type-specific HPV DNA test 5 <input type="checkbox"/> Unknown</p>	<p>b. For which borderline or abnormal Pap test result would this clinic order or collect a reflex HPV DNA test? <i>Mark (X) all that apply.</i></p> <p>1 <input type="checkbox"/> ASC-US (atypical squamous cells of undetermined significance) 2 <input type="checkbox"/> ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion) 3 <input type="checkbox"/> LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1) 4 <input type="checkbox"/> HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ) 5 <input type="checkbox"/> AGC (atypical glandular cells)</p>
<p>c. Why is the HPV DNA test not ordered or collected in this clinic? – <i>Mark (X) all that apply.</i></p> <p>1 <input type="checkbox"/> This clinic does not see the types of patients for whom the HPV DNA test is indicated. 2 <input type="checkbox"/> This clinic uses other tests, procedures, or examination methods to manage patients for whom the HPV DNA test is indicated. 3 <input type="checkbox"/> The patients in this clinic have timely access to colposcopy. 4 <input type="checkbox"/> Assessing patients' HPV infection status is not a priority at this clinic. 5 <input type="checkbox"/> The labs affiliated with this clinic do not offer the HPV DNA test. 6 <input type="checkbox"/> The health plans or health systems affiliated with this clinic do not recommend the HPV DNA test. 7 <input type="checkbox"/> The HPV DNA test is not a reimbursed or covered service for most patients in this clinic. 8 <input type="checkbox"/> Discussing cervical cancer screening in the context of an STD is avoided in this clinic. 9 <input type="checkbox"/> Notifying or counseling patients about positive HPV DNA test results would take too much time. 10 <input type="checkbox"/> Notifying or counseling patients about positive HPV DNA test results might make clinicians in this clinic feel uncomfortable. 11 <input type="checkbox"/> Notifying or counseling patients about positive HPV DNA test results might make patients in this clinic feel uncomfortable, angry, or upset.</p> <p style="text-align: right;"><i>SKIP to item 7 on page 3.</i></p>	<p>c. For which patients does this clinic usually order reflex HPV DNA testing? – <i>Mark (X) all that apply.</i></p> <p>1 <input type="checkbox"/> Women under 21 years old 2 <input type="checkbox"/> Women 21 years old to 29 years old 3 <input type="checkbox"/> Women 30 years old and over 4 <input type="checkbox"/> Other – <i>Specify</i> <input type="text"/></p>
	<p>5a. Does this clinic routinely recall patients to come back for a second sample collection for an HPV DNA test if their Pap test is abnormal or borderline (recall testing)?</p> <p>1 <input type="checkbox"/> Yes – <i>Go to item 5b</i> 2 <input type="checkbox"/> No } <i>SKIP to item 6a on page 3</i> 3 <input type="checkbox"/> Unknown</p>
	<p>b. For which abnormal or borderline Pap test result would this clinic recall a patient for an HPV DNA test? <i>Mark (X) all that apply.</i></p> <p>1 <input type="checkbox"/> ASC-US (atypical squamous cells of undetermined significance) 2 <input type="checkbox"/> ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion) 3 <input type="checkbox"/> LSIL (low-grade squamous intraepithelial lesion, encompassing mid dysplasia/CIN1) 4 <input type="checkbox"/> HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ) 5 <input type="checkbox"/> AGC (atypical glandular cells)</p>

6a. Does this clinic routinely order or collect an HPV DNA test at the same time as the Pap test as part of routine cervical cancer screening (commonly called adjunct HPV testing or cotesting)?

1 Yes – Go to item 6b
 2 No
 3 Unknown } SKIP to item 7

b. For which patients does this clinic routinely order or collect an HPV DNA test along with the Pap test (commonly called adjunct HPV testing or cotesting)? Mark (X) all that apply.

1 Women under 21 years old
 2 Women 21 years old to 29 years old
 3 Women 30 years old and over
 4 Women who request the test for cervical cancer screening
 5 Women who request the test to check their HPV infection status
 6 Other – Specify _____

7. Given the following screening histories, when would this clinic recommend that a woman between 30 and 60 years of age return for her next Pap test?

Prior Pap test results in past 5 years (excluding current normal results)	Current HPV DNA test results	Current Pap test result	For each of the following scenarios, mark (X) only ONE for each row.						
			No follow-up needed	Less than 6 months	6 months to less than 1 year	1 year	2 years	3 years or more	Have no experience with this type of patient or test
(a) Two consecutive normal Pap tests	Has not had test	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Two consecutive normal Pap tests	Negative	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Two consecutive normal Pap tests	Positive	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Has not had a Pap test	Negative	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Has not had a Pap test	Positive	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Abnormal Pap test	Negative	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Abnormal Pap test	Positive	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS 8-14 ASK ABOUT THE HPV VACCINE

8. How often does this clinic use an HPV test to determine who should get the HPV vaccine? Mark (X) only one.

1 Rarely or never
 2 Sometimes
 3 Usually
 4 Always or almost always
 5 Do not recommend the HPV vaccine – SKIP to item 10.

9. As it relates to the HPV vaccine, how often does your clinic –

Mark (X) only ONE for each row.

	Rarely or never	Sometimes	Usually	Always or almost always	Unknown/Not applicable/Do not ask
a. Use the number of sexual partners to determine who should get the HPV vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Perform a Pap test to determine who should get the HPV vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Recommend the HPV vaccine to females with a history of an abnormal Pap test result (ASC-US or higher)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Recommend the HPV vaccine to females with a positive HPV test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Will this clinic's cervical cancer screening and management procedures change for females who have been fully vaccinated with the HPV vaccine?

1 Yes
 2 No – SKIP to item 14

11. How will this clinic determine when to start routine cervical cancer screening for fully HPV vaccinated females? Mark (X) all that apply.

1 By age
 1 At same age as non-HPV vaccinated females – Specify age _____
 2 At a later age – Specify age _____
 2 By onset of sexual activity – How many year(s) since onset of sexual activity? _____
 3 Will not be screening fully HPV vaccinated females
 4 Unknown

12. How often will this clinic routinely screen for cervical cancer among females that have been fully vaccinated with the HPV vaccine? Mark (X) one.

1 Annually
 2 Every 2-3 years
 3 Every 4-5 years
 4 Greater than every 5 years
 5 Will not be screening fully HPV vaccinated females
 6 Unknown

13. Will this clinic be using the HPV DNA test for managing abnormal cytology for females that have been fully vaccinated with the HPV vaccine?

1 Yes
 2 No

14. Please indicate whether you agree with, disagree with, or are unsure of the statements in **a.** and **b.**

	Agree	Disagree	Unsure
a. There will be fewer numbers of abnormal Pap tests among vaccinated females.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There will be fewer referrals for colposcopy among vaccinated females.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. The Centers for Disease Control and Prevention (CDC) funds state health departments to provide breast and cervical cancer screening services to low income women through the National Breast and Cervical Cancer Early Detection Program (Title XV). The state health departments contract out the screening services to physicians and other health care providers. Is this clinic currently participating in this state or national screening program?

1 Yes 2 No 3 Unknown

16. For purposes of this survey, which of the following categories describe your profession? – Mark (X) only ONE.

1 Physician 2 Physician assistant/ Nurse practitioner/ Nurse midwife 3 Registered nurse 4 Other clinic staff

CLOSING STATEMENT

Thank you for completing this special survey. We appreciate your time and cooperation.