APPENDIX A

LEGISLATION FOR THE MEDICARE CARE MANAGEMENT PERFORMANCE DEMONSTRATION

MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003

TITLE VI—PROVISIONS RELATING TO PART B

SUBTITLE D—ADDITIONAL DEMONSTRATIONS, STUDIES, AND OTHER PROVISIONS

SEC. 649. MEDICARE CARE MANAGEMENT PERFORMANCE DEMONSTRATION

(a) ESTABLISHMENT.

(1) IN GENERAL.—The Secretary shall establish a pay-for-performance demonstration program with physicians to meet the needs of eligible beneficiaries through the adoption and use of health information technology and evidence-based outcomes measures for

(A) promoting continuity of care;
(B) helping stabilize medical conditions;
(C) preventing or minimizing acute exacerbations of chronic conditions; and
(D) reducing adverse health outcomes, such as adverse drug interactions related to polypharmacy.

(2) SITES.—The Secretary shall designate no more than 4 sites at which to conduct the demonstration program under this section, of which

(A) 2 shall be in an urban area;
(B) 1 shall be in a rural area; and
(C) 1 shall be in a State with a medical school with a Department of Geriatrics that manages rural outreach sites and is capable of managing patients with multiple chronic conditions, one of which is dementia.

(3) DURATION.—The Secretary shall conduct the demonstration program under this section for a 3-year period.

(4) CONSULTATION.—In carrying out the demonstration program under this section, the Secretary shall consult with private sector and non-profit groups that are under taking similar efforts to improve quality and reduce avoidable hospitalizations for chronically ill patients.

(b) PARTICIPATION.

(1) IN GENERAL.—A physician who provides care for minimum number of eligible beneficiaries (as specified by the Secretary) may participate in the demonstration program under this section if such physician agrees, to phase in over the course of the 3-year demonstration period and with the assistance provided under subsection (d)(2)

(A) the use of health information technology to manage the clinical care of eligible beneficiaries consistent with paragraph (3); and

(B) the electronic reporting of clinical quality and outcomes measures in accordance with requirements established by the Secretary under the demonstration program.

(2) SPECIAL RULE.—In the case of the sites referred to in subparagraphs (B) and (C) of subsection (a)(2), a physician who provides care for a minimum number of beneficiaries with two or more chronic conditions, including dementia (as specified by the Secretary), may participate in the program under this section if such physician agrees to the requirements in subparagraphs (A) and (B) of paragraph (1).

(3) PRACTICE STANDARDS.—Each physician participating in the demonstration program under this section must demonstrate the ability

(A) to assess each eligible beneficiary for conditions other than chronic conditions, such as impaired cognitive ability and co-morbidities, for the purposes of developing care management requirements;
(B) to serve as the primary contact of eligible beneficiaries in accessing items and services for which payment may be made under the Medicare program;
(C) to establish and maintain health care information system for such beneficiaries;
(D) to promote continuity of care across providers and settings;
(E) to use evidence-based guidelines and meet such clinical quality and outcome measures as the Secretary shall require;
(F) to promote self-care through the provision of patient education and support for patients or, where appropriate, family caregivers;
(G) when appropriate, to refer such beneficiaries to community service organizations; and
(H) to meet such other complex care management requirements as the Secretary may specify.

The guidelines and measures required under subparagraph (E) shall be designed to take into account beneficiaries with multiple chronic conditions.

(c) PAYMENT METHODOLOGY.—Under the demonstration program under this section the Secretary shall pay a per beneficiary amount to each participating physician who meets or exceeds specific performance standards established by the Secretary with respect to the clinical quality and outcome measures reported under subsection (b)(1)(B). Such amount may vary based on different levels of performance or improvement.

(d) ADMINISTRATION

(1) USE OF QUALITY IMPROVEMENT ORGANIZATIONS.—The Secretary shall contract with quality improvement organizations or such other entities as the Secretary deems appropriate to enroll physicians and evaluate their performance under the demonstration program under this section.

(2) TECHNICAL ASSISTANCE.—The Secretary shall require in such contracts that the contractor be responsible for technical assistance and education as needed to physicians

enrolled in the demonstration program under this section for the purpose of aiding their adoption of health information technology, meeting practice standards, and implementing required clinical and outcomes measures.

(e) FUNDING.

(1) IN GENERAL.—The Secretary shall provide for the transfer from the Federal Supplementary Medical Insurance Trust Fund established under section 1841 of the Social Security Act (42 U.S.C. 1395t) of such funds as are necessary for the costs of carrying out the demonstration program under this section.

(2) BUDGET NEUTRALITY.—In conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary estimates would have been paid if the demonstration program under this section was not implemented.

(f) WAIVER AUTHORITY.—The Secretary may waive such requirements of titles XI and XVIII of the Social Security Act (42 U.S.C. 1301 et seq.; 1395 et seq.) as may be necessary for the purpose of carrying out the demonstration program under this section.

(g) REPORT.—Not later than 12 months after the date of completion of the demonstration program under this section, the Secretary shall submit to Congress a report on such program, together with recommendations for such legislation and administrative action as the Secretary determines to be appropriate.

(h) DEFINITIONS.—In this section:

(1) ELIGIBLE BENEFICIARY.—The term ‘‘eligible beneficiary’’ means any individual who—

(A) is entitled to benefits under part A and enrolled for benefits under part B of title XVIII of the Social Security Act and is not enrolled in a plan under part C of such title; and

(B) has one or more chronic medical conditions specified by the Secretary (one of which may be cognitive impairment).

(2) HEALTH INFORMATION TECHNOLOGY.—The term ‘‘health information technology’’ means email communication, clinical alerts and reminders, and other information technology that meets such functionality, interoperability, and other standards as prescribed by the Secretary.

APPENDIX B

LEGISLATION FOR THE ELECTRONIC HEALTH RECORDS DEMONSTRATION

TITLE 42 - THE PUBLIC HEALTH AND WELFARE

CHAPTER 7 - SOCIAL SECURITY

SUBCHAPTER XVIII - HEALTH INSURANCE FOR AGED AND DISABLED

§ 1395B–1. INCENTIVES FOR ECONOMY WHILE MAINTAINING OR IMPROVING QUALITY IN PROVISION OF HEALTH SERVICES

(a) Grants and contracts to develop and engage in experiments and demonstration projects

(1) The Secretary of Health and Human Services is authorized, either directly or through grants to public or private agencies, institutions, and organizations or contracts with public or private agencies, institutions, and organizations, to develop and engage in experiments and demonstration projects for the following purposes:

(A) to determine whether, and if so which, changes in methods of payment or reimbursement (other than those dealt with in section 222(a) of the Social Security Amendments of 1972) for health care and services under health programs established by this chapter, including a change to methods based on negotiated rates, would have the effect of increasing the efficiency and economy of health services under such programs through the creation of additional incentives to these ends without adversely affecting the quality of such services;

(B) to determine whether payments for services other than those for which payment may be made under such programs (and which are incidental to services for which payment may be made under such programs) would, in the judgment of the Secretary, result in more economical provision and more effective utilization of services for which payment may be made under such program, where such services are furnished by organizations and institutions which have the capability of providing—

> **(i)** comprehensive health care services,
> **(ii)** mental health care services (as defined by section 2691 (c) 1 of this title),
> **(iii)** ambulatory health care services (including surgical services provided on an outpatient basis), or
> **(iv)** institutional services which may substitute, at lower cost, for hospital care;

(C) to determine whether the rates of payment or reimbursement for health care services, approved by a State for purposes of the administration of one or more of its laws, when utilized to determine the amount to be paid for services furnished in such State under the health programs established by this chapter, would have the effect of reducing the costs of such programs without adversely affecting the quality of such services;

(D) to determine whether payments under such programs based on a single combined rate of reimbursement or charge for the teaching activities and patient care which residents, interns, and supervising physicians render in connection with a graduate medical education program in a patient facility would result in more equitable and economical patient care arrangements

without adversely affecting the quality of such care;

(E) to determine whether coverage of intermediate care facility services and homemaker services would provide suitable alternatives to posthospital benefits presently provided under this subchapter; such experiment and demonstration projects may include:

> **(i)** counting each day of care in an intermediate care facility as one day of care in a skilled nursing facility, if such care was for a condition for which the individual was hospitalized,
> **(ii)** covering the services of homemakers for a maximum of 21 days, if institutional services are not medically appropriate,
> **(iii)** determining whether such coverage would reduce long-range costs by reducing the lengths of stay in hospitals and skilled nursing facilities, and
> **(iv)** establishing alternative eligibility requirements and determining the probable cost of applying each alternative, if the project suggests that such extension of coverage would be desirable;

(F) to determine whether, and if so which type of, fixed price or performance incentive contract would have the effect of inducing to the greatest degree effective, efficient, and economical performance of agencies and organizations making payment under agreements or contracts with the Secretary for health care and services under health programs established by this chapter;

(G) to determine under what circumstances payment for services would be appropriate and the most appropriate, equitable, and noninflationary methods and amounts of reimbursement under health care programs established by this chapter for services, which are performed independently by an assistant to a physician, including a nurse practitioner (whether or not performed in the office of or at a place at which such physician is physically present), and—

> **(i)** which such assistant is legally authorized to perform by the State or political subdivision wherein such services are performed, and
> **(ii)** for which such physician assumes full legal and ethical responsibility as to the necessity, propriety, and quality thereof;

(H) to establish an experimental program to provide day-care services, which consist of such personal care, supervision, and services as the Secretary shall by regulation prescribe, for individuals eligible to enroll in the supplemental medical insurance program established under part B of this subchapter and subchapter XIX of this chapter, in day-care centers which meet such standards as the Secretary shall by regulation establish;

(I) to determine whether the services of clinical psychologists may be made more generally available to persons eligible for services under this subchapter and subchapter XIX of this chapter in a manner consistent with quality of care and equitable and efficient administration;

(J) to develop or demonstrate improved methods for the investigation and prosecution of fraud in the provision of care or services under the health programs established by this chapter; and

(K) to determine whether the use of competitive bidding in the awarding of contracts, or the use of other methods of reimbursement, under part B of subchapter XI of this chapter would be efficient and effective methods of furthering the purposes of that part. For purposes of this subsection, "health programs established by this chapter" means the program established by this subchapter and a program established by a plan of a State approved under subchapter XIX of this chapter.

(2) Grants, payments under contracts, and other expenditures made for experiments and demonstration projects under paragraph (1) shall be made in appropriate part from the Federal Hospital Insurance Trust Fund (established by section 1395i of this title) and the Federal Supplementary Medical Insurance Trust Fund (established by section 1395t of this title) and from funds appropriated under subchapter XIX of this chapter. Grants and payments under contracts may be made either in advance or by way of reimbursement, as may be determined by the Secretary, and shall be made in such installments and on such conditions as the Secretary finds necessary to carry out the purpose of this section. With respect to any such grant, payment, or other expenditure, the amount to be paid from each of such trust funds (and from funds appropriated under such subchapter XIX of this chapter) shall be determined by the Secretary, giving due regard to the purposes of the experiment or project involved.

(b) Waiver of certain payment or reimbursement requirements; advice and recommendations of specialists preceding experiments and demonstration projects
In the case of any experiment or demonstration project under subsection (a) of this section, the Secretary may waive compliance with the requirements of this subchapter and subchapter XIX of this chapter insofar as such requirements relate to reimbursement or payment on the basis of reasonable cost, or (in the case of physicians) on the basis of reasonable charge, or to reimbursement or payment only for such services or items as may be specified in the experiment; and costs incurred in such experiment or demonstration project in excess of the costs which would otherwise be reimbursed or paid under such subchapters may be reimbursed or paid to the extent that such waiver applies to them (with such excess being borne by the Secretary). No experiment or demonstration project shall be engaged in or developed under subsection (a) of this section until the Secretary obtains the advice and recommendations of specialists who are competent to evaluate the proposed experiment or demonstration project as to the soundness of its objectives, the possibilities of securing productive results, the adequacy of resources to conduct the proposed experiment or demonstration project, and its relationship to other similar experiments and projects already completed or in process.

APPENDIX C

FEDERAL REGISTER NOTICE

TO BE COMPLETED BY CMS

APPENDIX D

ELECTRONIC HEALTH RECORDS DEMONSTRATION (EHRD) ADVANCE LETTERS

CMS LETTERHEAD

ADVANCE LETTER EHRD OSS — TREATMENT GROUP PRACTICES

[DATE]

[NAME AND ADDRESS]

Dear [Dr./Mr./Ms.] [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study about the Electronic Health Records Demonstration in which you are participating. The purpose of the study is to evaluate the demonstration's impact on the implementation and use of electronic health records (EHRs) and related health information technology (HIT), and on the quality of care provided by physicians in participating practices. Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting the study on behalf of CMS.

MPR will survey approximately 800 physician practices across the United States about their use of EHRs via an online Office Systems Survey (OSS). Half of these practices were randomly assigned to a treatment group, and the other half were randomly assigned to a control group. The OSS is designed to measure the extent of a practice's use of EHRs and related HIT functionalities. Your participation in the OSS is essential to the evaluation of the demonstration's impact on EHR use and quality of patient care. In addition, your responses on this survey will be used in the calculation of the incentive payment to your practice as part of the EHR demonstration.

The purpose of this letter is to invite you to participate in the survey as a treatment group practice. Your participation in the OSS is essential to the evaluation of the demonstration's impact on EHR use and quality of patient care. In addition, your responses on this survey will be used in the calculation of the incentive payment to your practice as part of the EHR demonstration.

Please visit www.XXXXXXXX to complete the survey. In a pretest, practices took an average of 29 minutes to complete the questionnaire. Your answers will remain completely confidential. Neither your name nor your practice's name will ever be included in any reports prepared as part of this study.

If you have any questions, or if you would prefer to complete the survey by mail, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Mindy Hu. If you would like to learn more about the demonstration, please visit the CMS website at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/EHR_EvaluationSummary.pdf.

We look forward to including your valuable input in this demonstration.

Sincerely,

CMS Project Officer

Enclosure

CMS LETTERHEAD

ADVANCE LETTER EHRD OSS — CONTROL GROUP PRACTICES

[DATE]

[NAME AND ADDRESS]

Dear [Dr./Mr./Ms.] [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study about the Electronic Health Records Demonstration. The purpose of the study is to evaluate the demonstration's impact on the implementation and use of electronic health records (EHRs) and related health information technology (HIT), and on the quality of care provided by physicians in participating practices. Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting the study on behalf of CMS.

MPR will survey approximately 800 physician practices across the United States about their use of EHRs via an online Office Systems Survey (OSS). Half of these practices were randomly assigned to a treatment group, and the other half were randomly assigned to a control group. The OSS is designed to measure the extent of a practice's use of EHRs and related HIT functionalities.

The purpose of this letter is to invite you to participate in the survey as a control group practice. Your participation in the OSS is very important. The evaluation of the impact of the demonstration on EHR use and quality of patient care requires input from both the treatment and control groups.

Please visit www.XXXXXXXX to complete the survey. You will receive $50 for your participation. In a pretest, practices took an average of 29 minutes to complete the questionnaire. Your answers will remain completely confidential. Neither your name nor your practice's name will ever be included in any reports prepared as part of this study.

If you have any questions, or if you would prefer to complete the survey by mail, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Mindy Hu. If you would like to learn more about the demonstration, please visit the CMS website at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/EHR_EvaluationSummary.pdf.

We look forward to including your valuable input in this demonstration.

Sincerely,

CMS Project Officer

Enclosure

APPENDIX E

ELECTRONIC HEALTH RECORDS DEMONSTRATION (EHRD) FACT SHEETS

EHRD OSS FACT SHEET
(TREATMENT PRACTICES)

WHAT IS THE ELECTRONIC HEALTH RECORDS DEMONSTRATION (EHRD)?
The Section 402 Medicare Waiver Authority allows the Secretary of the Department of Health and Human Services to develop a new *pay-for-performance* demonstration program with physicians to meet the needs of eligible beneficiaries through the adoption and use of health information technology (HIT) and evidence-based outcome measures. The Electronic Health Records Demonstration (EHRD) is one of these demonstration programs. The EHRD is sponsored by the Centers for Medicare & Medicaid Services (CMS).

WHAT ARE THE GOALS OF THE DEMONSTRATION?
The goal of the EHRD is to foster the implementation and adoption of electronic health records (EHRs) and HIT more broadly as effective vehicles not only to improve the quality of care provided, but also to transform the way medicine is practiced and delivered.

WHICH SITES ARE PARTICIPATING IN THE DEMONSTRATION?
Small- to medium-sized practices in Louisiana; Maryland/DC; Pittsburgh, PA (and surrounding counties); and South Dakota (and selected counties in bordering states) were eligible to apply for participation in the EHRD.

WHO IS CONDUCTING THE STUDY?
Mathematica Policy Research, Inc. (MPR) is an independent research company that was hired by CMS to conduct the EHRD study. MPR is a leader in the policy research and analysis field and has been conducting surveys and evaluations for more than 40 years. You can learn more about MPR by visiting its website at www.mathematica-mpr.com.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?
Yes. All of the information we collect in the survey will be kept confidential as provided in the Privacy Act. The information will be used for research purposes only. Neither your name nor your practice's name will ever be used in any reports.

HOW LONG WILL THE DEMONSTRATION RUN?
The demonstration began operations on June 1, 2009, and will run for five years, ending May 31, 2014. Practices will each participate for five years.

HOW LONG WILL IT TAKE TO COMPLETE THE OFFICE SYSTEMS SURVEY (OSS)?
In a pretest, most people took between 25 and 37 minutes to complete the OSS.

WHAT KIND OF QUESTIONS WILL BE ON THE SURVEY?
The survey asks about your practice's use of EHRs and related HIT functionalities, and about the characteristics of your practice and the providers participating in the demonstration.

HOW OFTEN WILL I BE ASKED TO COMPLETE THE SURVEY?
Practices in the treatment group must complete the survey annually over five years.

WHO CAN I CONTACT FOR MORE INFORMATION?
For more information about the demonstration, please visit the CMS website athttp://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/EHR_EvaluationSummary.pdf
For more information about the survey, please call MPR toll-free at 1-XXX-XXX-XXX and ask for Mindy Hu.

EHRD OSS FACT SHEET
(CONTROL PRACTICES)

WHAT IS THE ELECTRONIC HEALTH RECORDS DEMONSTRATION (EHRD)?
The Section 402 Medicare Waiver Authority allows the Secretary of the Department of Health and Human Services to develop a new *pay-for-performance* demonstration program with physicians to meet the needs of eligible beneficiaries through the adoption and use of health information technology (HIT) and evidence-based outcome measures. The Electronic Health Records Demonstration (EHRD) is one of these demonstration programs. The EHRD is sponsored by the Centers for Medicare & Medicaid Services (CMS).

WHAT ARE THE GOALS OF THE DEMONSTRATION?
The goal of the EHRD is to foster the implementation and adoption of electronic health records (EHRs) and HIT more broadly as effective vehicles not only to improve the quality of care provided, but also to transform the way medicine is practiced and delivered.

WHICH SITES ARE PARTICIPATING IN THE DEMONSTRATION?
Small- to medium-sized practices in Louisiana; Maryland/DC; Pittsburgh, PA (and surrounding counties); and South Dakota (and selected counties in bordering states) were eligible to apply for participation in the EHRD.

WHY ARE YOU CONTACTING PRACTICES THAT ARE NOT RECEIVING ANY PRACTICE PAYMENTS?
The evaluation is utilizing a random assignment design for the impact analysis. Practices that enrolled in the demonstration were randomly assigned to a treatment group that receives pay for performance, or to a control group that does not.

WHO IS CONDUCTING THE STUDY?
Mathematica Policy Research, Inc. (MPR), an independent research company, was hired by CMS to conduct the EHRD study. MPR is a leader in the policy research and analysis field and has been conducting surveys and evaluations for more than 40 years. You can learn more about MPR by visiting its website at www.mathematica-mpr.com.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?
Yes. All of the information we collect in the survey will be kept confidential as provided in the Privacy Act. The information will be used for research purposes only. Neither your name nor your practice's name will ever be used in any reports.

HOW LONG WILL THE DEMONSTRATION RUN?
The demonstration began operations on June 1, 2009, and will run for five years, ending May 31, 2014. Practices will each participate for five years.

HOW LONG WILL IT TAKE TO COMPLETE THE OFFICE SYSTEMS SURVEY?
In a pretest, most people took between 25 and 37 minutes to complete the OSS.

WHAT KIND OF QUESTIONS WILL BE ON THE SURVEY?
The survey asks about your practice's use of EHRs and related HIT functionalities, and about the characteristics of your practice and the providers in your practice.

HOW OFTEN WILL I BE ASKED TO COMPLETE THE SURVEY?
Control group practices will be asked to complete the survey twice, at the end of the second and fifth years of their participation in the demonstration.

WHO CAN I CONTACT FOR MORE INFORMATION?
For more information about the demonstration, please visit the CMS website at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf . For more information about the survey, please call MPR toll-free at 1-XXX-XXX-XXX and ask for Mindy Hu.

APPENDIX F

ELECTRONIC HEALTH RECORDS DEMONSTRATION (EHRD)
OFFICE SYSTEMS SURVEY

OMB Approval No.: xxxx-xxxx
Expiration Date: xx/xx/xxxx

Electronic Health Records Demonstration

Office Systems Survey

April 1, 2009

Thank you for participating in the Centers for Medicare & Medicaid Services (CMS) Office Systems Survey (OSS). This survey is being conducted as part of the Electronic Health Records Demonstration (EHRD) and its evaluation. The goal of this demonstration is to unite technology and clinical practice in the physician office setting. The evaluation of the EHRD will help CMS develop additional programs that can assist physicians in moving toward the common goal of improving care. This is a unique opportunity for your practice to contribute to a large-scale effort to improve the quality of ambulatory health care.

The survey asks about three types of health information technology (HIT) that you may be using in your practice to help manage your patients' health needs. The survey will first ask if your practice is currently using or is in the process of obtaining:

- An Electronic Health Record (EHR) system
- A stand-alone electronic patient registry
- A stand-alone electronic prescribing system

The survey will then collect information about the **functions** of the systems you currently using.

Please complete all sections of the survey unless directed within it to skip a section. *If you are not aware of how all the providers in the practice are using the functions asked about in the survey, please consult with them prior to answering the questions.*

Again, we thank you for taking the time to fill out this important survey.

SECTION 1 - General Information – Practice

{MERGE} FIELDS INDICATE DATA THAT WILL BE FILLED IN BASED ON RESPONSE TO THE DEMONSTRATION APPLICATION OR A PREVIOUS OSS.

1.1. Date:

1.2. EHRD Assigned Practice ID Number: {MERGE FIELD}

Please review your practice information below for accuracy. **Please make corrections where necessary.**

1.3. Legal Name of Practice {MERGE FIELD}

1.4. Location Address: {MERGE FIELD} Add a second line as in IPG web form

1.5. Location City: {MERGE FIELD}

1.6. Location State {MERGE}

1.7. Location Zip Code: {MERGE FIELD}

1.8. Telephone No.: {MERGE FIELD}

1.9. Fax No.: {MERGE FIELD}

1.10. E-mail Address: {MERGE FIELD}

1.11. Federal Tax ID for this practice: {MERGE FIELD}

1.12. Please check here if all of the above information is correct. ☐

1.13. Is your practice affiliated with an Independent Practice Association (IPA), Physician Hospital Organization (PHO) or other medical group?

☐ Yes *Please proceed to question 1.14*

☐ No *Please proceed to question 1.15*

1.14. Please indicate which type(s) of organization(s) your practice is affiliated with: {MERGE FIELD FROM PRIOR OSS RESPONSE; NOT COLLECTED ON APPLICATION}

☐ IPA (please specify) _____

☐ PHO (please specify) _____

☐ Community health center (please specify) _____

☐ Academic medical center (please specify) _____

☐ Owned by a hospital, hospital system or integrated delivery system (please specify) _____

☐ Owned by a larger medical group (please specify)_____

☐ Other (please specify) _____

1.15 Is your practice **currently** participating in any of the following programs? Please check all that apply

	Physician Quality Reporting Initiative (PQRI)
	Bridges to Excellence (BTE)
	Doctors Office Quality Information Technology (DOQIT) Warehouse submissions
	State or regional public reporting group
	Other private sector electronic health records (EHR) demonstrations or initiatives *(please name, and include the sponsoring insurer or employer)*:
	Other federal quality improvement initiatives including pay-for-performance *(please name)*:
	State or other publicly funded quality improvement initiatives including pay-for-performance or Medicaid IT initiatives *(please name)*:
	Private quality improvement initiatives including pay-for-performance *(please name)*:
	Other similar programs *(please name)*:
	None of the above
	Do not know

SECTION 2 – Provider Profile

The following information comes from [your practice's EHRD application form/AFTER YEAR 1 THIS WILL READ: the most recent practice information you provided for the EHR demonstration]. Please review the information below for accuracy and **make corrections or additions where necessary.**

Please note that provider identifiers are being requested in this survey to ensure that the correct information is associated with the practice. The information you provide will be used by CMS internally, only for the purposes of the EHRD and its evaluation. This information will not be shared or disseminated outside of the project staff.

2.0a. The number of providers currently participating in the demonstration is____ [MERGE FIELD] _____.

Is that correct?

☐ Yes *Please proceed to instructions in bold below*

☐ No *Please proceed to question 2.0b*

2.0b. What is the correct number of participating providers? _____

Please verify the information below for each primary care provider participating in the demonstration who works at this practice location. (By primary care providers we mean: primary care physicians, specialty physicians practicing primary care, and physician assistants and nurse practitioners practicing primary care who bill Medicare independently, as enumerated in 2.0b or c).

Please note at the bottom of each box whether a previously mentioned provider has left the practice and the date of that departure, or a new provider has joined the practice and is participating in the demonstration and the date the provider joined the practice.

** ALL FIELDS BELOW WILL BE POPULATED WITH DATA FROM THE APPLICATION FORM, LAST OSS, OR MOST RECENT DATA FROM ARC – WHICHEVER IS MOST RECENT.

THE WEB PROGRAM WILL INCLUDE ENOUGH BOXES TO CAPTURE ALL THE LOCATION'S PARTICIPATING PROVIDERS' INFORMATION

2.1. First Name	2.2. MI	2.3. Last Name
2.4. Individual (NPI) National Provider Identification Number		
2.5. Credentials (MD, DO, NP, PA)	2.6. Specialty [1] 2.7. If other, please specify	2.8. Language(s) spoken (other than English)
2.9. Provider's Primary Practice Location (Y/N) [2] Yes	2.10. PIN # (Individual Medicare Billing Number) [3] No	
2.11. Please check here if all of the above is correct. ☐ Please check here if any information was incorrect, and make necessary corrections ☐ Please check here if this provider left the practice in the last year Date of departure _____ Please check here if this provider is new to the practice in the last year Date joined practice_____		

2.1. First Name	2.2. MI	2.3. Last Name
2.4. Individual (NPI) National Provider Identification Number		
2.5. Credentials (MD, DO, NP, PA)	2.6. Specialty [1] 2.7. If other, please specify	2.8. Language(s) spoken (other than English)
2.9. Provider's Primary Practice Location (Y/N) [2] Yes	2.10. PIN # (Individual Medicare Billing Number) [3] No	
2.11. Please check here if all the information is correct. ☐ Please check here if any information was incorrect, and make necessary corrections ☐ Please check here if this provider left the practice in the last year Date of departure _____ Please check here if this provider is new to the practice in the last year Date joined practice_____		

[ADDITIONAL BOXES WILL BE AVAILABLE AS NEEDED]

Footnotes:

1 Please use the following codes to indicate specialty: Cardiology (C); Endocrinology (E); Family Practice (F); Geriatrics (G); Internal Medicine (I); Other (please specify)

2 Please indicate whether the provider listed primarily practices at this office location (that is, sees 50% or more of his or her patients primarily at this location).

3 Please provide the Individual Medicare Billing Number (PIN) that is assigned by the Medicare Carrier in your state for use by this provider at this practice location only. (HCFA 1500 form field 24K or 33).

2.12 What is the total number of providers currently working at this practice in this location? (Please include all primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives, including those who are participating in the demonstration, as well as those who are not eligible for or not participating in the demonstration. Please exclude residents and fellows.) _____

NOTE THAT THE REMAINDER OF THE SURVEY PERTAINS TO THE TOTAL NUMBER OF PROVIDERS (NOT JUST THOSE PARTICIPATING IN THE DEMONSTRATION) AND TO ALL PATIENTS SEEN BY THOSE PROVIDERS (NOT JUST THOSE ON MEDICARE).

SECTION 3 - Use or Planned Use of Electronic Health Records, an Electronic Patient Registry, or an Electronic Prescribing system

A. Electronic Health Records

An Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. This record may include patient demographics (for example, age or sex), diagnoses, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and imaging reports.

An EHR system has the capability of generating a complete record of a clinical patient encounter, as well as supporting other care-related activities, such as evidence-based decision support, quality management, and outcomes reporting. *(The EHR covers all conditions that the patient might have, as distinct from a registry that covers a specific disease or a limited set of diseases).* A practice management or billing system is not an EHR system.

Implementation of specific functions within an EHR system may vary based on the goals set by a practice and could include: entering progress notes; providing decision support within the patient encounter; and utilizing computerized physician order entry for laboratory tests and prescriptions.

This subsection (A) asks about the use (or planned use) of an EHR system in this practice location. (Subsection B will ask about electronic patient registries, and Subsection C will ask about electronic prescribing.)

3.1	Has your practice implemented an EHR in this location? (By "implemented" we mean an EHR has been purchased, installed, and tested, and is currently being used.)
	☐ **Yes** *Proceed to question 3.3* ☐ **No** Proceed to question 3.2
3.2	When do you plan to implement an EHR at this practice location? ☐ 0-6 months ☐ 7-12 months ☐ 13-24 months ☐ other _____
	If you answered No to question 3.1, please proceed to Subsection B, Electronic Patient Registry

	If you answered Yes to 3.1, please answer questions 3.3-3.6.
3.3	When did the practice purchase the current EHR from the vendor? _____(mm/dd/yy)
3.4	What is the vendor name, product name, and version of the EHR system you currently have at this practice location? _____ _____
3.5	Is the EHR system certified, or has it ever been certified, by the Certification Commission for Healthcare Information Technology (CCHIT)? (http.//www.cchit.org) ☐ **Yes** *Please proceed to question 3.5a* ☐ **No** *Please proceed to question 3.6*
3.5a	In what year was the EHR system certified? (If more than one year, indicate the most recent year.) _____(yyyy) ☐ **Don't know**
3.6	Are you currently *using* the system in this practice location? (By "use" we mean use for purposes *related to patient care*. If the system is used solely for practice management or billing, please respond "no.")
	☐ **Yes**
	☐ **No** Please proceed to question 3.8

3.7 How many of the [FILL IN FROM 2.12] providers in this practice location *currently use* the practice's EHR system? _____ (By "use" we mean using for any purpose or functions.)

The total number of providers includes primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives (including those who are participating in the demonstration, as well as those who are not eligible for or not participating in the demonstration) as enumerated in 2.12.

3.8 Have you received any technical assistance on the adoption of the EHR system or other health information technology (HIT)?

☐ Yes *Please proceed to question 3.8a*
☐ No *Please proceed to Subsection B, Electronic Patient Registry*

3.8a IF YES: Where did you receive this technical assistance from? Please check all that apply.

	DOQ-IT University
	Quality Improvement Organization (QIO)
	Health Information Technology Adoption or e-health Initiative
	EHR vendor (please specify):
	Private consultant
	Larger organization that owns this practice
	Other (please name):

B. Electronic Patient Registry

For purposes of this survey, an electronic patient registry is defined as an electronic system, either a component of an EHR or a stand-alone system that is designed to: identify patients with specific diagnoses or medications; identify patients overdue for specific therapies; facilitate prompt ordering of specific laboratory tests or recommended drugs; and facilitate prompt communication with patients requiring follow-up. A stand-alone registry is a separate electronic system from an EHR system. (It may also be referred to as a patient e-registry.)

For example, a practice may use a registry for its diabetes patients to document care at visits, and to create reports that indicate which patients are due for certain blood tests, or are not meeting specific treatment goals for diabetes. A registry may also be used to ensure all suggested preventive screenings take place.

These next questions ask about the use of electronic registries in your practice.

If this practice location has NOT implemented an EHR (that is, you answered "no" to 3.1), please proceed to 3.9b.

3.9a Has your practice at this location implemented an EHR (rather than a stand-alone patient registry) to perform registry functions, such as tracking patients who have a specific chronic illness, or receive preventive care (that is, immunizations, mammography and other cancer screening) for at least one condition? (By "implemented" we mean an EHR has been purchased, installed, and tested, and is currently being used.)

☐ **Yes** *Please proceed to Question 3.13*
☐ **No** *Please proceed to Question 3.9b*

3.9b Has your practice at this location implemented a stand-alone patient registry to track patients who have a specific chronic illness, or receive preventive care (that is, immunizations, mammography and other cancer screening) for at least one condition? (By "implemented" we mean an EHR has been purchased, installed, and tested, and is currently being used.)

☐ **Yes** *Please proceed to Question 3.9c*
☐ **No** *Please proceed to Question 3.14*

3.9c Is this stand-alone patient registry linked with your EHR system? That is, do you electronically update the registry from the EHR system?

An electronic update may include regularly running a program to transfer data from the EHR to the registry.

☐ **Yes**
☐ **No**

3.10 When did the practice purchase the current stand-alone patient registry from the vendor?

_____(mm/dd/yy)

3.11 What is the vendor name, product name, and version of the stand-alone patient registry that you currently have at this practice location?

_____

_____

3.12 Are you currently *using* the stand-alone patient registry system at this practice location? (By "use" we mean use for purposes *related to patient care*. If the system is used solely for practice management or billing, please respond "no.")

☐ **Yes** *Please proceed to question 3.13*
☐ **No** *Please proceed to Subsection C, Electronic prescribing*

3.13 For which of the following conditions is your EHR system (or stand-alone patient registry) being used to manage patient care?

By "manage patient care" we mean using the electronic system to help improve care for patients with a specific diagnosis or condition. This often occurs, for example, through the use of electronic clinical reminders or other informational or decision supports within the EHR or registry, or by the EHR or registry's making it possible to do targeted outreach to patients with the condition.

a. Diabetes	☐ Yes	☐ No	f. Adult Asthma	☐ Yes	☐ No
b. Coronary Artery Disease	☐ Yes	☐ No	g. Depression	☐ Yes	☐ No
c. Hypertension	☐ Yes	☐ No	h. Anticoagulation	☐ Yes	☐ No
d. Congestive Heart Failure	☐ Yes	☐ No	i. Other	☐ Yes	☐ No
e. Preventive Care	☐ Yes	☐ No	**If other, please specify:** _____		

_____

If you answered no to question 3.9b, please answer question 3.14. All others please proceed to Subsection C, Electronic Prescribing System

3.14 When do you plan to implement a patient registry system, either within an EHR or as a stand-alone system, at this practice location? ☐ Do not plan to implement one ☐ 0-6 months ☐ 7-12 months ☐ 13-24 months ☐ other _____

C. Electronic Prescribing System

Electronic prescribing tools are designed to generate prescriptions and to conduct other functions related to medication prescribing. They may either be components of an EHR or stand-alone system and sometimes include hand-held devices.

The next series of questions ask to what extent your practice uses an electronic prescribing tool and whether that tool is a stand-alone or part of your EHR.

If this practice location has NOT implemented an EHR (that is, you answered "no" to 3.1), please proceed to 3.15b.

3.15a Has your practice at this location implemented an EHR to generate prescriptions? (By "implemented" we mean an EHR has been purchased, installed, and tested, and is currently being used.)

☐ **Yes** *Please proceed to Section 4, Electronic System Functions*
☐ **No** *Please proceed to Question 3.15b*

3.15b Has your practice at this location implemented a stand-alone electronic prescribing system to generate prescriptions? (By "implemented" we mean an EHR has been purchased, installed, and tested, and is currently being used.)

☐ **Yes** *Please proceed to Question 3.15c*
☐ **No** *Please proceed to Question 3.19*

3.15c Is this stand-alone prescription system linked with your EHR system? That is, do you electronically update the prescription system from the EHR system?

An electronic update may include regularly running a program to transfer data from the EHR to the e-prescribing system.

☐ **Yes**
☐ **No**

3.16 When did the practice purchase the current stand-alone prescribing system? _____ (mm/dd/yy)

3.17 What is the vendor name, product name, and version of the stand-alone prescribing system you currently have at this practice location?

_____

_____

3.18 Are you currently *using* the stand-alone prescribing system at this practice location? (By "use" we mean use for purposes *related to patient care*. If the system is used solely for practice management or billing, please respond "no.")

☐ **Yes** *Please proceed to Section 4, Electronic System Functions*
☐ **No** *Please proceed to Section 4, Electronic System Functions*

If you answered no to question 3.15b, please answer question 3.19. All others please proceed to section 4

3.19 When do you plan to implement an electronic prescribing system, either within an EHR or a free-standing system? ☐ Do not plan to implement one ☐ 0-6 months ☐ 7-12 months ☐ 13-24 months

☐ other _____

If this practice location has NOT implemented an EHR, has NOT implemented an electronic patient registry, AND has NOT implemented an electronic prescribing system (that is, you answered "no" to 3.1 AND 3.9b AND 3.15b), please proceed to Section 5. All others please continue to Section 4, question 4.1.

SECTION 4 – Electronic Health Record, Patient Registry, and Prescribing System Functions

An EHR system has the capability of generating a complete record of a clinical patient encounter, as well as supporting other care-related activities, such as evidence-based decision support, quality management, and outcomes reporting. An EHR system can have many functions such as: entering progress notes; providing decision support within the patient encounter; and utilizing computerized physician order entry for laboratory and prescriptions. Electronic patient registries and electronic prescribing systems may perform some of these functions.

Domain 1. Completeness of Information

		PROPORTION OF PAPER RECORDS/CHARTS				
4.1 Please estimate the proportion of…		None	Some, but less than ¼	1/4 or more, but less than 1/2	1/2 or more, but less than ¾	3/4 or more
4.1a	Paper records that have been transitioned to the EHR system. By "transitioned" we mean either scanned documents in full into the EHR or keyed in data items by hand (such as patient demographics, medical history, blood pressure readings, test results)					
4.1b	Paper charts that were pulled for scheduled patient visits over the past month					

If response to 4.1a = "None", please proceed to next section below. For all other responses to 4.1a, please proceed to question 4.1c

4.1c What method did you predominantly use to transition your paper records to the EHR system? Was it to scan documents in full into the system, key in the data items by hand, a combination of both, or some other method?

- ☐ **Scan documents in full**
- ☐ **Key in data items by hand**
- ☐ **Combination of scanning and keying in items**
- ☐ **Other, please specify:** _____

_____

Domain 1. Completeness of Information (Cont.)

This section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for maintaining different types of patient data.

When responding please refer to patients seen over the past month by ALL providers in this practice location, or by other office staff acting on behalf of those providers. When the item is about using a function for a subset of patients – such as those needing imaging studies – please refer to the proportion of relevant patients.

By "all providers" we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice location (including those who are participating in the demonstration, as well as those who are not eligible for or not participating in the demonstration) as enumerated in 2.12.

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice location use the EHR, electronic patient registry, or electronic prescribing system for each of the following functions (as opposed to relying on paper charts).

	PROPORTION OF PATIENTS				
Functions	**None**	**Some, but less than ¼**	**1/4 or more, but less than 1/2**	**1/2 or more, but less than ¾**	**3/4 or more**
4.1d. Clinical notes for individual patients *Refers to using the electronic system to create, update, store and display clinical notes.*					
4.1e. Allergy lists for individual patients *Refers to using the electronic system to create, update, store and display a list of medications or other agents (food, environmental) to which patient has a known allergy or adverse reaction.*					
4.1f. Problem or diagnosis lists for individual patients *Refers to using the electronic system to create, update, store and display a list of problems or diagnoses for a patient.*					
4.1g. Patient demographics (for example, age or sex) *Methods of entry include direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.*					
4.1h. Patient medical histories					
4.1i. Recording (or entering) laboratory orders into electronic system *Methods of entry include direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.* *Includes orders for lab tests conducted by external providers and the practice itself.*					

Functions	None	Some, but less than ¼	1/4 or more, but less than 1/2	1/2 or more, but less than ¾	3/4 or more
4.1j. Receiving laboratory results by fax or mail and scanning paper versions into electronic system *Refers to converting the image or text from paper into a digital image or text that is saved in the electronic system.* *Includes results from lab tests conducted by external providers and the practice itself.*					
4.1k. Reviewing laboratory test results electronically *Refers to (1) system tracking that results have been received and (2) physician examining screens with displays of results stored in the system.*					
4.1l. Recording (or entering) imaging orders into electronic system *Methods of entry include direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.* *Includes orders for imaging conducted by external providers and the practice itself.*					
4.1m Receiving imaging results by fax or mail and scanning paper versions into electronic system *Refers to converting the image or text from paper into a digital image or text that is saved in the electronic system.* *Includes results from imaging conducted by external providers and the practice itself.*					
4.1n. Reviewing imaging results electronically *Refers to (1) system tracking that results have been received and (2) physician examining screens with displays of results stored in the system.*					
4.1o. Recording that instructions or educational information were given to patient *[This question will be asked for each CAD, HF, diabetes, and preventive diagnosis identified in question 3.13]*					
4.1p Recording (or entering) prescription medications (new prescriptions and refills) into electronic system *Methods of entry include direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.*					

Domain 2: Communication of Care Outside the Practice

This section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for **communication with providers outside the practice**. Providers outside the practice include those that are part of a larger organization or network with which the practice is affiliated.

When responding, please refer to all patients seen **over the past month** with certain conditions by ALL providers in this practice location, or by other office staff acting on behalf of those providers.

By "all providers" we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice location (including those who are participating in the demonstration, as well as those who are not eligible for or not participating in the demonstration) as enumerated in 2.12.

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice location use the EHR, electronic patient registry, or electronic prescribing system to perform each of the following functions (as opposed to relying on paper charts).

	PROPORTION OF PATIENTS				
Functions	**None**	**Some, but less than ¼**	**1/4 or more, but less than 1/2**	**1/2 or more, but less than ¾**	**3/4 or more**
Laboratory Orders					
*Items 4.2a -2b, and -2c form a hierarchy of laboratory ordering functions, ordered by degree of technological sophistication. Your responses to the three questions should represent the experience of all patients in your practice at this location **who needed laboratory work** over the past month.* *If the range of proportions given for these three questions sum to more than 1, a pop up box will appear that asks you to review your responses for accuracy and make any corrections as needed.*	** (If responses to the three items below sum to more than 1, a pop up box will appear that says, "The range of proportions that you responded to these three items sum to more than 1. Please review your responses for accuracy and revise any as needed.")*				
4.2a Print and fax laboratory orders to facilities outside the practice *Order is first printed and then sent over a telephone line using a stand-alone fax machine.*					
4.2b Fax laboratory orders electronically from system, or order electronically through a portal maintained by facilities outside the practice *Order is generated electronically, using a macro or template, and faxed directly through the electronic system to the laboratory or ordered directly without using any paper or a stand-alone fax machine.*					
4.2c Transmit laboratory orders electronically directly from system to facilities outside the practice that have the capability to receive such transmissions *Order is sent as machine-readable data.*					
Imaging Orders					

Functions	None	Some, but less than ¼	1/4 or more, but less than 1/2	1/2 or more, but less than ¾	3/4 or more
*Items 4.2d,-2e, and -2f form a hierarchy of imaging ordering functions, ordered by degree of technological sophistication. Your responses to the three questions should represent the experience of all patients in your practice at this location **who needed imaging** over the past month.* *If the range of proportions given for these three questions sum to more than 1, a pop up box will appear that asks you to review your responses for accuracy and make any corrections as needed.*	**(If responses to the three items below sum to more than 1, a pop up box will appear that says, "The range of proportions that you responded to these three items sum to more than 1. Please review your responses for accuracy and revise any as needed.")*				
4.2d Print and fax imaging orders to facilities outside the practice *Order is first printed and then sent over a telephone line using a stand-alone fax machine.*					
4.2e Fax imaging orders electronically from system, or order electronically through a portal maintained by facilities outside the practice *Order is generated electronically, using a macro or template, and faxed directly through the electronic system to the imaging facility without using any paper or a stand-alone fax machine.*					
4.2f Transmit imaging orders electronically directly from system to facilities outside the practice that have the capability to receive such transmissions *Order is sent as machine-readable data.*					
Laboratory Results					
*Items 4.2g -2h and –2i form a hierarchy of inputting laboratory results into an EHR system, ordered by degree of technological sophistication. Your responses to the three questions should represent the experience of all patients in your practice at this location **who received laboratory results** over the past month.* *If the range of proportions given for these three questions sum to more than 1, a pop up box will appear that asks you to review your responses for accuracy and make any corrections as needed.*	**(If responses to the three items below sum to more than 1, a pop up box will appear that says, "The range of proportions that you responded to these three items sum to more than 1. Please review your responses for accuracy and revise any as needed.")*				
4.2g Transfer electronic laboratory results (received in non-machine readable form, such as an e-fax) directly into system *Refers to saving or attaching an electronic submission, such as an e-fax, that is not electronically searchable in the EHR system. (An e-fax is a transmission of the image of a document directly from a computer or multi-purpose printer without the use of stand-alone fax equipment to generate the paper-based image.)*					
4.2i Receive electronically transmitted laboratory results directly into system from facilities that have the capability to send such transmissions *Results are received electronically and do not need to be manually uploaded or posted into the system.*					

Functions	None	Some, but less than ¼	1/4 or more, but less than 1/2	1/2 or more, but less than ¾	3/4 or more
Imaging Results					
*Items 4.2j -2k, and -2l form a hierarchy of inputting imaging results into an EHR system, ordered by degree of technological sophistication. Your responses to the three questions should represent the experience of all patients in your practice at this location **who received imaging results** over the past month.* *If the range of proportions given for these three questions sum to more than 1, a pop up box will appear that asks you to review your responses for accuracy and make any corrections as needed.*	*(If responses to the three items below sum to more than 1, a pop up box will appear that says, "The range of proportions that you responded to these three items sum to more than 1. Please review your responses for accuracy and revise any as needed.")*				
4.2j Transfer electronic imaging results (received in non-machine readable form, such as an e-fax) directly into system *Refers to saving or attaching an electronic submission, such as an e-fax, that is not electronically searchable into the EHR system. (An e-fax is a transmission of the image of a document directly from a computer or multi-purpose printer without the use of stand-alone fax equipment to generate the paper-based image.)*					
4.2k Enter imaging results manually into electronic system in a searchable field (whether received by fax, mail or phone) *Methods of entry include direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the electronic system and is searchable.*					
4.2l Receive electronically transmitted imaging results directly into system from facilities that have the capability to send such transmissions *Results are received electronically and do not need to be manually uploaded or posted into the system.*					
Referral and Consultation Requests					
4.2m Enter requests for referrals to or consultation with other providers (for example, specialists, sub-specialists, physical therapy, speech therapy, nutritionists) *Refers to recording physician or patient requests for referral/ consultation, scheduling the referral/ consultation, and tracking results of referral/ consultation.*					
Sharing Information with other Providers					
4.2n Transmit medication lists or other medical information to other providers (for example, hospitals, home health agencies, or other physicians)					

Functions	None	Some, but less than ¼	1/4 or more, but less than 1/2	1/2 or more, but less than ¾	3/4 or more
4.2o Transmit laboratory results to other providers (for example, hospitals, home health agencies, or other physicians) *Results are sent as machine-readable data.*					
4.2p Transmit imaging results to other providers (for example, hospitals, home health agencies, or other physicians) *Results are sent as machine-readable data.*					
4.2q Receive electronically transmitted reports directly into system, such as discharge summaries, from hospitals or other facilities that have the capability to send such transmissions					
Prescription Orders					
Items 4.2r -2s, and –2t form a hierarchy of sending prescriptions, ordered by degree of technological sophistication. Your responses to the three questions should represent the *experience of all patients in your practice at this location over the past month.* *If the range of proportions given for these three questions sum to more than 1, a pop up box will appear that asks you to review your responses for accuracy and make any corrections as needed.* *Note that these questions exclude Schedule II-V drugs*	*(If responses to the three items below sum to more than 1, a pop up box will appear that says, "The range of proportions that you responded to these three items sum to more than 1. Please review your responses for accuracy and revise any as needed.")*				
4.2r Print prescriptions (new prescriptions and refills) on a computer printer and fax to pharmacy or hand to patient					
4.2s Fax prescription orders (new prescriptions and refills) electronically from electronic system *The prescription is faxed without using any paper or a stand-alone fax machine.*					
4.2t Transmit prescription orders (new prescriptions and refills) electronically directly from system to pharmacies that have the capability to receive such transmissions *The prescription is sent and received without relying on a stand-alone fax machine at either the provider's office or the pharmacy.*					

Domain 3: Clinical Decision Support

This section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for clinical decision support.

When responding please refer to patients seen **over the past month** by ALL providers in this practice location, or by other office staff acting on behalf of those providers.

By "all providers" we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice location (including those who are participating in the demonstration, as well as those who are not eligible for or not participating in the demonstration) as enumerated in 2.12.

Please *complete all questions in the survey unless directed within it to skip a section. If you are not aware of how all the providers in the practice are using the functions asked about in this section, please consult with them prior to answering the questions.*

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice location use the EHR, electronic patient registry, or electronic prescribing system to perform each of the following functions (as opposed to relying on paper charts).

	PROPORTION OF PATIENTS				
Functions	**None**	**Some, but less than ¼**	**1/4 or more, but less than 1/2**	**1/2 or more, but less than ¾**	**3/4 or more**
4.3a Enter information from clinical notes into documentation templates *Documentation templates are preset formats that determine what information will be displayed on each page and how it will be displayed. Templates usually allow information to be displayed as discrete data elements (that is, each element of data is stored in its own field or box.) For example, the clinical notes page can have separate boxes for entry of notes or data about a patient's height, weight, blood pressure, or other vital signs.* *Methods of entry include direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.*					
4.3b View graphs of patient height or weight data over time					
4.3c View graphs of patient vital signs data over time (such as blood pressure or heart rate)					
4.3d Flag incomplete or overdue test results					
4.3e Highlight out of range test levels *Refers to system comparing test results with guidelines or provider-determined goals for this patient*					
4.3f View graphs of laboratory or other test results over time for individual patients					

Functions	None	Some, but less than ¼	1/4 or more, but less than 1/2	1/2 or more, but less than ¾	3/4 or more
4.3g Prompt clinicians to order necessary tests, studies, or other services					
4.3h Review and act on reminders at the time of a patient encounter regarding interventions, screening, or follow-up office visits recommended by evidence-based practice guidelines *[This question will be asked for each CAD, HF, diabetes, and preventive diagnosis identified in question 3.13]*					
4.3i Reference information on medications being prescribed *Electronic system displays information about medications stored in its e-prescribing module/ subsystem or offers providers links to Internet websites with such information.*					
4.3j Reference guidelines and evidence-based recommendations when prescribing medication for a patient *Electronic system links to published diagnosis-specific guidelines or recommendations that includes appropriate medications for that diagnosis*					

Domain 3: Clinical Decision Support (Cont.)

The next section asks about the extent to which your practice uses an EHR system (or an electronic patient registry or electronic prescribing system) for clinical decision support.

When responding please refer to this practice location's experience **over the past year.**

If you are not aware of how all the providers in the practice are using the functions asked about in this section, please consult with them prior to answering the questions.

For each type of report, please note the extent to which this practice location used the EHR, electronic patient registry or electronic prescribing system (as opposed to reviewing paper charts) to generate reports.

Extent of Use During Last Year

Report types	Not used during last year	As needed basis or at least once	Regularly for full practice
4.3k Search for or generate a list of patients requiring a specific intervention (such as an immunization)			
4.3l Search for or generate a list of patients on a specific medication (or on a specific dose of medication)			
4.3m Search for or generate a list of patients who are due for a lab or other test in a specific time interval			

Report types	Not used during last year	As needed basis or at least once	Regularly for full practice
4.3n Search for or generate a list of patients who fit a set of criteria, such as age, diagnosis and clinical indicator value. *For example, age less than 76, diagnosed with diabetes, and has an HbA1c greater than 9 percent.*			

Domain 4: Use of the System to Increase Patient Engagement/Adherence

This section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for increasing patient engagement and adherence to their care plans.

When responding please refer to patients seen **over the past month** by ALL providers in this practice location, or by other office staff acting on behalf of those providers.

By "all providers" we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice location (including those who are participating in the demonstration, as well as those who are not eligible for or not participating in the demonstration) as enumerated in 2.12.

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice location use the EHR, electronic patient registry, or electronic prescribing system to perform each of the following functions (as opposed to relying on paper charts).

	PROPORTION OF PATIENTS				
Functions	**None**	**Some, but less than ¼**	**1/4 or more, but less than 1/2**	**1/2 or more, but less than ¾**	**3/4 or more**
4.4a Manage telephone calls *Refers to bringing up a patient's record whenever the patient calls or is called by the office and noting reason for the call.*					
4.4b Exchange secure messages with patients					
4.4c. Allow patients to view their medical records online					
4.4d Allow patients to provide information online to update their records					
4.4e Allow patients to request appointments online					
4.4f Allow patients to request referrals online					
4.4g Produce hard copy or electronic reminders for patients about needed tests, studies, or other services (for example, immunizations) *[This question will be asked for each CAD, HF, diabetes, and preventive diagnosis identified in question 3.13]*					

Functions	None	Some, but less than ¼	1/4 or more, but less than 1/2	1/2 or more, but less than ¾	3/4 or more
4.4h Generate written or electronic educational information to help patients understand their condition or medication *[This question will be asked for each CAD, HF, diabetes, and preventive diagnosis identified in question 3.13]*					
4.4i Create written care plans (personalized to patient's condition or age/gender for preventive care) to help guide patients in self-management *[This question will be asked for each CAD, HF, diabetes, and preventive diagnosis identified in question 3.13]*					
4.4j Prompt provider to review patient self-management plan (or patient-specific preventive care plan) with the patient during a visit *[This question will be asked for each CAD, HF, diabetes, and preventive diagnosis identified in question 3.13]*					
4.4k Modify self-management plan (or patient specific preventive care plan) as needed following a patient visit *[This question will be asked for each CAD, HF, diabetes, and preventive diagnosis identified in question 3.13]*					
4.4l Identify generic or less expensive brand alternatives at the time of prescription entry *Electronic system includes formularies that identify generic or less expensive alternatives to selected medication or offers providers links to Internet websites with such information.*					
4.4m Reference drug formularies of the patient's health plans/ pharmacy benefit manager to recommend preferred drugs at time of prescribing *Preferred drugs refer to medicines that receive maximum coverage under the patient's health plan.*					

Domain 5: Medication Safety

The next section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for a variety of functions related to medication safety.

When responding please refer to patients seen **over the past month** by ALL providers in this practice location, or by other office staff acting on behalf of those providers.

By "all providers" we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice location (including those who are participating in the demonstration, as well as those who are not eligible for or not participating in the demonstration) as enumerated in 2.12.

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice location use the EHR, electronic patient registry system, or electronic prescribing system to perform each of the following functions (as opposed to relying on paper charts).

	PROPORTION OF PATIENTS				
Functions	**None**	**Some, but less than ¼**	**1/4 or more, but less than 1/2**	**1/2 or more, but less than ¾**	**3/4 or more**
4.5a Maintain medication list for individual patients *Refers to using the electronic system to create, update, store and display a list of all medications (prescription and non-prescription) that the patient is taking.*					
4.5b Generate new prescriptions (that is, system prompts for common prescription details including medication type and name, strength, dosage, and quantity)					
4.5c Generate prescription refills (that is, system allows provider to reorder a prior prescription by revising original details associated with it, rather than requiring re-entry)					
4.5d Select individual medication for prescription (for example, from a drop-down list in the electronic system)					
4.5e Calculate appropriate dose and frequency, or suggest administration route based on patient parameters such as age, weight, or functional limitations					
4.5f Screen prescriptions for drug allergies against the patient's allergy information					
4.5g Screen new prescriptions for drug-drug interactions against the patient's list of current medications					
4.5h. Check for drug-laboratory interaction *Such as to alert provider that patient is due for a certain laboratory or other diagnostic study to monitor for therapeutic or adverse effects of the medication or to alert provider that*					

Functions	None	Some, but less than ¼	1/4 or more, but less than 1/2	1/2 or more, but less than ¾	3/4 or more
patient is at increased risk for adverse effects. *Electronic system may either store this information or link to Internet websites with such information.*					
4.5i Check for drug-disease interaction *Electronic system may either store this information or link to Internet websites with such information.*					

SECTION 5 - Data Attestation

WARNING: You will be unable to make changes to your responses once you have completed this section.

5.1 I have reviewed the data submitted in this survey and agree that it is a correct assessment of this practice. I understand and acknowledge that my survey responses are accurate to the best of my knowledge and may be subject to validation. (Practices that knowingly make false attestations could lose any incentive payments that were made based on false data).

☐ Agree ☐ Disagree

5.2 Name: _____

5.3 Title: _____

Signature: (this line is for hard copy questionnaire. Otherwise 5.2 serves as the e-signature)

_____

5.4 Comments? Please add any comments about the survey here.

Thank you for completing this survey.

APPENDIX G

ELECTRONIC HEALTH RECORDS DEMONSTRATION (EHRD) VALIDATION FORM

OMB Approval No.: xxxx-xxxx
Expiration Date: xx/xx/xxxx

Electronic Health Records Demonstration

Office Systems Survey Validation Form

November 7, 2008

Thank you for participating in the validation of the Centers for Medicare & Medicaid Services (CMS) Office Systems Survey (OSS). This validation is being conducted as part of the Electronic Health Records Demonstration (EHRD) and its evaluation. The goal of this evaluation is to unite technology and clinical practice in the physician office setting. The evaluation of the EHRD will help CMS develop additional programs that can assist physicians in moving toward the common goal of improving care. This is a unique opportunity for your practice to contribute to a large-scale effort to improve the quality of ambulatory health care.

This form asks about the use of your Electronic Health Record (EHR) system to document clinical notes, laboratory results and orders, imaging results and orders, and prescription medication orders. To document each response, please print and send a screen shot (with all patient identifying information removed) from your computer.

Please complete all sections of this form.

Again, we thank you for taking the time to fill out this important form.

1. **Select three dates in the last two weeks on which more than five patients were seen at the practice. Verify that, for each date, there is an electronic clinical note for 75 percent or more of every patient seen in the office by a physician.**

a. **Month/Day/Year:** |__|__| / |__|__| / |__|__|__|__| ☐ Yes ☐ No

b. **Month/Day/Year:** |__|__| / |__|__| / |__|__|__|__| ☐ Yes ☐ No

c. **Month/Day/Year:** |__|__| / |__|__| / |__|__|__|__| ☐ Yes ☐ No

2. **During the last two weeks, on the first day more than five patients were seen at the practice, select three patients who had laboratory results reported to the practice.**

2a. **For how many of these patients is the laboratory result received electronically in the practice's system?**

_____ **Patients**

2b. **How were the laboratory results received by the electronic system?**

		Patient 1	Patient 2	Patient 3
a.	Fax……	☐	☐	☐
b.	Mail……	☐	☐	☐
c.	Scanned……	☐	☐	☐
d.	Entered manually (keyboard entry)……..	☐	☐	☐
e.	Transferred directly (e-fax)……	☐	☐	☐
f.	Directly (electronically)……	☐	☐	☐

2c. **Are the laboratory orders for these three patients documented?**

☐ Yes *Please proceed to Question 2ci*

☐ No *Please proceed to Question 2d*

2ci. **How many orders are documented?** _____ **Orders**

2d. **For how many of these patients was the laboratory order sent electronically?**

_____ **Patients**

2e. How were the laboratory orders sent?

		Patient 1	Patient 2	Patient 3
a.	Fax……	☐	☐	☐
b.	Mail……	☐	☐	☐
c.	Scanned……	☐	☐	☐
d.	Printed and faxed……	☐	☐	☐
e.	Faxed electronically……	☐	☐	☐
f.	Directly (electronically)……	☐	☐	☐

3. During the last two weeks, on the first day more than five patients were seen at the practice, select three patients who had imaging results reported to the practice.

3a. For how many of these patients is the imaging result received electronically in the practice's system?

_____ **Patients**

3b. How were the imaging results received by the electronic system?

		Patient 1	Patient 2	Patient 3
a.	Fax……	☐	☐	☐
b.	Mail……	☐	☐	☐
c.	Scanned……	☐	☐	☐
d.	Entered manually (keyboard entry)……..	☐	☐	☐
e.	Transferred directly (e-fax)……	☐	☐	☐
f.	Directly (electronically)……	☐	☐	☐

3c. Are the imaging orders for these patients documented?

☐ Yes *Please proceed to Question 3ci*

☐ No *Please proceed to Question 3d*

3ci. How many orders are documented? _____ **Orders**

3d. For how many of these patients was the imaging order sent electronically?

_____ **Patients**

3e. How were the imaging orders sent?

	Patient 1	Patient 2	Patient 3
a. Fax……	☐	☐	☐
b. Mail……	☐	☐	☐
c. Scanned……	☐	☐	☐
d. Printed and faxed……	☐	☐	☐
e. Faxed electronically……	☐	☐	☐
f. Directly (electronically)……	☐	☐	☐

4. During the last two weeks, on the first day more than five patients were seen at the practice, select three patients for whom a physician in the practice refilled prescription medications.

4a. For how many of these patients was the order electronically documented in the system?

_____ **Patients**

4b. How were prescription orders sent?

	Patient 1	Patient 2	Patient 3
a. Printed and faxed to pharmacy or handed to patient……	☐	☐	☐
b. Faxed electronically……	☐	☐	☐
c. Directly (electronically)……....	☐	☐	☐

5. For validation purposes, please provide the last four digits of each patient's social security number.

Patient	Last Four Digits of Social Security Number
1	
2	
3	
4	
5	
6	
7	
8	
9	

6a. Please print a patient de-identified screen shot to document each of your responses to questions 1 through 4 above.

To print a de-identified screen shot:

PC users: Click the PrintScreen key on your keyboard. Then click Start -> Programs -> Accessories -> Paint. In the Paint program, select Edit – Paste and then File – SaveAs to save the screen image to a file.

Mac users: Mac **Command key-Shift-3** captures the whole screen and saves a file to your desktop.

Print out the image and manually black out (or cross out) all patient identifying information.

6b. Please fax all printed screen shots to Mathematica Policy Research at 609-799-0005, attention Martha Kovac.

6c. I have printed a screen shot to document each of the responses to questions 1 through 4 and faxed them to Mathematica Policy Research. All patient information is de-identified.

1 ☐ Agree

2 ☐ Disagree

7. I understand and acknowledge that my survey responses are accurate to the best of my knowledge and may be subject to verification.

1 ☐ Agree

2 ☐ Disagree

8a. Name: _____

8b. Title: _____

8c. Phone number: _____

(we will only call you if we have questions about your responses).

Thank you for completing this form.

APPENDIX H

MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION: ADVANCE LETTERS

CMS LETTERHEAD
ADVANCE LETTER MCMP OSS — DEMONSTRATION PRACTICES

[DATE]

[NAME AND ADDRESS]

Dear [Dr./Mr./Ms.] [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study about the Medicare Care Management Performance (MCMP) Demonstration in which you are participating. The purpose of the study is to evaluate the demonstration's impact on physicians' ability to meet the needs of Medicare beneficiaries through the use of health information technology (HIT) and evidence-based outcome measures.

Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting the study on behalf of CMS. As part of this study, MPR will survey approximately 980 physician practices across the United States about their use of HIT. Half of these practices are participating in the demonstration, and half will be from comparison practices that are not participating in the demonstration.

Your participation in the survey is essential in helping us evaluate the demonstration's impact for CMS. Please visit www.XXXXXXXX to complete the survey. In a pretest, practices took an average of 29 minutes to complete the questionnaire. Your answers will remain completely confidential. Neither your name nor your practice's name will ever be included in any reports prepared as part of this study.

If you have any questions, or if you would prefer to complete the survey by mail, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Mindy Hu. If you would like to learn more about the study, please visit the CMS website at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf.

We look forward to including your valuable input in this study.

Sincerely,

CMS Privacy Officer

Enclosure

CMS LETTERHEAD
ADVANCE LETTER MCMP OSS – COMPARISON PRACTICES

[DATE]

[NAME AND ADDRESS]

Dear [Dr./Mr./Ms.] [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a three-year demonstration called the Medicare Care Management Performance (MCMP) Demonstration. The goals of the demonstration are to improve quality of care to eligible fee-for-service Medicare beneficiaries and encourage the implementation and use of health information technology (HIT) among physicians who serve Medicare beneficiaries.

Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting a study of MCMP for CMS. The purpose of the study is to evaluate the demonstration's impact on physicians' ability to meet the needs of Medicare beneficiaries through the use of health information technology (HIT) and evidence-based outcome measures.

As part of this study, MPR will survey approximately 980 practices across the United States about their use of HIT. Half of these practices are participating in the demonstration, and half are comparison practices that are not participating in the demonstration. This letter is to invite you to participate in the survey as a comparison practice.

Your participation in the survey is voluntary, but important. In order to evaluate the impact of the demonstration, input from both participating and non-participating practices is needed. Please visit www.XXXXXXXX to complete the survey. In a pretest, practices took an average of 29 minutes to complete the questionnaire. Your answers will remain completely confidential. Neither your name nor your practice's name will ever be included in any reports prepared as part of this study.

If you have any questions, or if you would prefer to complete the survey by mail, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Mindy Hu.

If you would like to learn more about the study, please visit the CMS website at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Eval.pdf .

We look forward to including your valuable input in this study.

Sincerely,

CMS Privacy Officer

Enclosure

APPENDIX I

MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION: FACT SHEETS

MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP)
DEMONSTRATION FACT SHEET
(DEMONSTRATION PRACTICES)

WHAT IS THE MEDICARE CARE MANAGEMENT PERFORMANCE DEMONSTRATION?

The Medicare Care Management Performance (MCMP) demonstration was authorized under Section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). It is a three-year pay-for-performance demonstration with physicians to promote the adoption and use of health information technology to improve the quality of care for chronically ill Medicare beneficiaries. The demonstration is being sponsored by the Centers for Medicare & Medicaid Services (CMS).

WHAT ARE THE GOALS OF THE DEMONSTRATION?

The goals of the demonstration are to improve quality of care to eligible fee-for-service Medicare beneficiaries and encourage the implementation and use of health information technology (HIT). The specific objectives are to promote continuity of care, help stabilize medical conditions, prevent or minimize acute exacerbations of chronic conditions, and reduce adverse health outcomes.

WHICH STATES ARE PARTICIPATING IN THE DEMONSTRATION?

Solo and small- to medium-sized practices in Arkansas, California, Massachusetts, and Utah were eligible to apply for participation in MCMP.

WHO IS CONDUCTING THE STUDY?

Mathematica Policy Research, Inc. (MPR), an independent research company, was hired by CMS to conduct the MCMP study. MPR is a leader in the policy research and analysis field and has been conducting surveys and evaluations for more than 40 years. You can learn more about MPR by visiting its website at www.mathematica-mpr.com.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?

Yes. All of the information we collect in the survey will be kept confidential as provided in the Privacy Act. The information will be used for research purposes only. Neither your name nor your practice's name will ever be used in any reports.

HOW LONG WILL THE DEMONSTRATION RUN?

The demonstration began operations on July 1, 2007, and will end in June 2010.

WHAT KIND OF QUESTIONS WILL BE ON THE SURVEY?

The survey asks about your practice's use of electronic health records (EHRs) and related HIT functionalities, and about the characteristics of your practice and the providers participating in the demonstration.

HOW LONG WILL IT TAKE TO COMPLETE THE SURVEY?

In a pretest, most people took between 24 and 35 minutes to complete the survey.

WHO CAN I CONTACT FOR MORE INFORMATION?

For more information about the demonstration, please visit the CMS website at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf.

For more information about the survey, please call MPR toll-free at 1-XXX-XXX-XXX and ask for Mindy Hu.

MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP)
DEMONSTRATION FACT SHEET
(COMPARISON PRACTICES)

WHAT IS THE MEDICARE CARE MANAGEMENT PERFORMANCE DEMONSTRATION?

The Medicare Care Management Performance (MCMP) demonstration was authorized under Section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). It is a three-year pay-for-performance demonstration with physicians to promote the adoption and use of health information technology to improve the quality of care for chronically ill Medicare beneficiaries. The demonstration is being sponsored by the Centers for Medicare & Medicaid Services (CMS).

WHAT ARE THE GOALS OF THE DEMONSTRATION?

The goals of the three-year demonstration are to improve quality of care to eligible fee-for-service Medicare beneficiaries and encourage the implementation and use of health information technology (HIT). The specific objectives are to promote continuity of care, help stabilize medical conditions, prevent or minimize acute exacerbations of chronic conditions, and reduce adverse health outcomes.

WHICH STATES ARE PARTICIPATING IN THE DEMONSTRATION?

Solo and small- to medium-sized practices in Arkansas, California, Massachusetts, and Utah were eligible to apply for participation in MCMP.

WHY ARE YOU CONTACTING NONPARTICIPATING PRACTICES?

The evaluation is utilizing a *comparison group* (or *quasi-experimental*) design for the impact analysis. To identify the comparison group, Doctor's Office Quality-Information Technology (DOQ-IT) practices in selected nondemonstration states that match most closely to those in the demonstration states were selected.

WHO IS CONDUCTING THE STUDY?

Mathematica Policy Research, Inc. (MPR), an independent research company, was hired by CMS to conduct the MCMP study. MPR is a leader in the policy research and analysis field and has been conducting surveys and evaluations for more than 40 years. You can learn more about MPR by visiting its website at www.mathematica-mpr.com

WILL MY INFORMATION BE KEPT CONFIDENTIAL?

Yes. All of the information we collect in the survey will be kept confidential as provided in the Privacy Act. The information will be used for research purposes only. Neither your name nor your practice's name will ever be used in any reports.

HOW LONG WILL THE DEMONSTRATION RUN?

The demonstration began operations on July 1, 2007, and will end in June 2010.

WHAT KIND OF QUESTIONS WILL BE ON THE SURVEY?

The survey asks about your practice's use of electronic health records (EHRs) and related HIT functionalities, and about the characteristics of your practice and the providers in your practice.

HOW LONG WILL IT TAKE TO COMPLETE THE SURVEY?
In a pretest, most people took between 24 and 35 minutes to complete the survey.

WHO CAN I CONTACT FOR MORE INFORMATION?
For more information about the demonstration, please visit the CMS website at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf. For more information about the survey, please call MPR toll-free at 1-XXX-XXX-XXX and ask for Mindy Hu.

APPENDIX J

MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION OFFICE SYSTEMS SURVEY

OMB Approval No.: xxxx-xxxx
Expiration Date: xx/xx/xxxx

Medicare Care Management Performance Demonstration

Office Systems Survey

November 7, 2008

Thank you for volunteering to participate in the Centers for Medicare & Medicaid Services (CMS) Office Systems Survey (OSS). This survey is part of the Medicare Care Management Performance (MCMP) Demonstration. The goal of this demonstration is to unite technology and clinical practice in the physician office setting. This is a unique opportunity for your practice to contribute to a large-scale effort to improve the quality of ambulatory health care. The survey asks about three types of electronic clinical information tools/functions that you may be using in your practice to help manage your patients' health needs. These tools allow for the systematic application of evidence-based medical guidelines to your patient population with a goal of developing care plans for any given patient.

In the survey you will be asked if you are currently using or are in the process of obtaining a:

- Electronic Health Record (EHR)
- Electronic registry software
- Electronic prescribing software

Throughout the survey we will ask you to provide information about the **functions** of the systems you currently have in place. The goal is to use this information to help CMS develop additional programs that can assist physicians in moving toward the common goal of improving care.

Please complete all sections of the survey unless directed within it to skip a section.

Again, we thank you for your participation and look forward to continuing to work with you.

SECTION 1 – GENERAL INFORMATION - PRACTICE

1.1. Date:

1.2. MCMP Assigned Practice ID Number: {MERGE FIELD}

Please review your practice information below for accuracy. Please make corrections where necessary:

1.3. Legal Name of Practice {MERGE FIELD}

1.4. Location Address: {MERGE FIELD} Add a second line as in IPG web form

1.5. Location City: {MERGE FIELD} 1.6. Location State {MERGE} 1.7. Location Zip Code: {MERGEFIELD}

1.8. Telephone No.: {MERGE FIELD}

1.9. Fax No.: {MERGE FIELD}

1.10. E-mail Address: {MERGE FIELD}

1.11. Practice (Group) Medicare Billing Number (PIN): {MERGE FIELD}

(If unknown, please check with your billing manager or HCFA 1500 Form - field 33)

1.12. Federal Tax ID for this practice: {MERGE FIELD}.

1.13. Please check here if all of the above information is correct. ☐

1.14. Is your practice affiliated with an Independent Practice Association (IPA), Physician Hospital Organization (PHO) or medical group?

☐ Yes ☐ No

1.15. If Yes, Please indicate which IPA, PHO or medical group:

1.16 Are you participating in any of the following programs? Please check all that apply

	Physician Quality Reporting Initiative (PQRI)
	Better Quality Information
	Bridges to Excellence (BTE)
	DOQ-IT Warehouse submissions
	State or regional public reporting group
	Other Federal Quality Improvement initiatives (Specify) _____
	Other Private Quality Improvement initiatives (Specify) _____
	Other Pay-for-Performance initiatives (Specify) _____
	Other Electronic Health Record initiatives (Specify) _____
	Other (please specify):_____

SECTION 2 – PROVIDER PROFILE

Please review the information below for accuracy and make corrections/additions where necessary. Please note that physician identifiers are being requested in this survey to ensure that the correct information corresponds with the correct physician practice. The information you provide will be used by CMS internally, for the purposes of this project. This information will not be shared or disseminated outside of the project staff. ***Please complete all information for all MD/DO's at your practice site.*****

2.1. First Name	2.2. MI	2.3. Last Name
		2.4. (NPI) National Provider Identification Number
2.5. Credentials (MD, DO)	2.6. Specialty	2.7. Language(s) spoken (other than English)
2.8. Primary Practice Location (Y/N) [1] Yes No	2.9. PIN # (Individual Medicare Billing Number) [2]	
2.10. Please check here if all of the above is correct. ☐		

2.1. First Name	2.2. MI	2.3. Last Name
		2.4. (NPI) National Provider Identification Number
2.5. Credentials (MD, DO)	2.6. Specialty	2.7. Language(s) spoken (other than English)
2.8. Primary Practice Location (Y/N) [1] Yes No	2.9. PIN # (Individual Medicare Billing Number) [2]	
2.10. Please check here if all the information is correct. ☐		

2.1. First Name	2.2. MI	2.3. Last Name
2.4. (NPI) National Provider Identification Number		
2.5. Credentials (MD, DO)	2.6. Specialty	2.7. Language(s) spoken (other than English)
2.8. Primary Practice Location (Y/N) [1] Yes No	2.9. PIN # (Individual Medicare Billing Number) [2]	
2.10. Please check here if all of the above information is correct. ☐		

Footnotes:
1 Please indicate whether the provider listed primarily practices at this office location (50% or greater = practices primarily at this site).
2 Please provide the Individual Medicare Billing Number (PIN) that is assigned by the Medicare Carrier in your state for use by this physician/clinician at this practice site only. (HCFA 1500 form field 24K or 33).

** WEB PROGRAM WILL INCLUDE ENOUGH BOXES TO CAPTURE ALL PROVIDERS' INFORMATION

SECTION 3 – OFFICE PRACTICE

The implementation of information technology (IT) presents many operational challenges. As the transition from paper to computer takes place, there are opportunities to redesign existing workflows to gain maximum efficiencies. These questions focus on current workflow processes.

*	This series of questions refers to patient visits to ANY and ALL clinicians in your practice **over the past month**.

3.1 Please estimate the proportion of patient encounters/visits for which clinicians or others in your practice engage in each of the following activities.

Clinicians (or others) in your practice:	None 0	About ¼ 1	About ½ 2	About ¾ 3	All or nearly all 4
a. Pull paper charts for scheduled patient visits.					
b. Dictate visit notes into a tape recorder or phone.					
c. Dictate visit notes directly into the EHR. (Add pop-up box here with definition of EHR: The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. This record may include patient demographics, diagnoses, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. The EHR has the capability of generating a complete record of a clinical patient encounters, as well as supporting other care-related activities, such as evidence-based decision support, quality management, and outcomes reporting.)					
Use a computerized (as opposed to paper) system to manage the following office workflows:					
d. Telephone calls					
e. Prescription refills					
f. Referrals					
g. Results follow-up (lab, diagnostic test, x-ray)					

SECTION 4 - ELECTRONIC HEALTH RECORD

The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. This record may include patient demographics, diagnoses, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. The EHR has the capability of generating a complete record of a clinical patient encounters, as well as supporting other care-related activities, such as evidence-based decision support, quality management, and outcomes reporting. *(The EHR covers all conditions that the patient might have and is distinct from a registry that covers a specific disease or a limited set of diseases).* Implementation of the EHR may vary based on the goals set by a practice and the intended functions such as: enter progress notes; provide decision support within the patient encounter; and utilize computerized physician order entry for laboratory and prescriptions.

This section asks about the use or planned use of an EHR in your practice.

*	This series of questions refers to patient visits to ANY and ALL clinicians in your practice **over the past month**.

4.1 Does your practice currently have an Electronic Health Record (EHR) [or signed a contract for an EHR] at your site?

☐ **Yes**	*Proceed to question 4.2.*
☐ **No**	*Proceed to question 4.5.*

If you answered Yes to 4.1, please answer questions 4.2-4.4.	
4.2	When was the vendor contract signed? _____(mm/dd/yy)
4.3	What is the name and version of the EHR system you use at your site?
4.4	Are you currently using the system at your site?
	☐ Yes Proceed to question 4.6.
	☐ No Proceed to question 4.8

If you answered No to 4.1, please answer question 4.5 and then proceed to question 4.8.	
4.5	When do you plan to implement an EHR? ☐ Within 1 year ☐ 1-2 years ☐ 3-4 years ☐ Not known at this time ☐ Not planning to implement an EHR

*	This series of questions refers to patient visits to ANY and ALL clinicians in your practice **over the past month**.

4.6 Please estimate the proportion of patient visits/encounters for which clinicians or others in your practice use the EHR to perform each of the following tasks.

Clinicians in your practice use the EHR to:	None 0	About ¼ 1	About ½ 2	About ¾ 3	All or nearly all 4
a. Place laboratory orders electronically					
b. Review laboratory test results electronically					
c. Place radiology orders electronically					
d. Review radiology results electronically					
e. Enter data into documentation templates					
f. Review and act on reminders for care activities (e.g. overdue health maintenance)					
g. Maintain medication lists for individual patients					
h. Maintain allergy list					
i. Maintain problem and/or diagnosis list					
j. Trend lab and/or other test results over time					

4.7 Does your EHR include ALL or essentially all patients in your practice?

☐ Yes ☐ No

4.8 Are you familiar with the Certification Commission for Healthcare Information Technology (CCHIT) and its electronic health record (EHR) Product-certification program?

☐ Yes Proceed to question 4.8a

☐ No Proceed to Section 5, Patient Registry/Care Management Processes

4.8a If you have purchased an EHR since June 2006 or are in the process of purchasing an EHR now, how much did the CCHIT certification status influence your decision?

1 = Not at all	1	2	3	4	5	5 = High

SECTION 5 – PATIENT REGISTRY/CARE MANAGEMENT PROCESSES

For purposes of this survey, a registry is defined as an electronic system that is designed to identify patients with specific diagnoses or medications; identify patients overdue for specific therapies; facilitate prompt ordering of specific laboratory tests or recommended drugs; and facilitate prompt communication with patients requiring follow-up. For example, a practice may use a diabetes registry to document care at visits, and to create reports that indicate which patients are due for certain blood tests, or are not meeting specific treatment goals for diabetes. A registry may also be used to ensure all suggested preventive screenings take place. A Registry is usually a stand-alone system that tracks specific information regarding a limited number of disease states, but otherwise lacks additional functionality. An EHR can also be used for Patient Registry/Tracking purposes. If your practice uses either an EHR, or a Registry, answer as appropriate the questions in this section.

These next questions ask about the existence and use of electronic registries in your practice.

*	This series of questions refers to patient visits to ANY and ALL clinicians in your practice **over the past month**.

5.1 Does your practice site use an EHR to track patients who have a specific chronic illness, or receive preventive care (i.e. immunizations, mammography and other cancer screening) for at least one condition?

☐ *Yes Please proceed to Question 5.7*

☐ *No Please proceed to Question 5.2*

5.2 Does your practice site use a stand alone electronic registry (e-registry) to track patients who have a specific chronic illness, or receive preventive care (i.e. immunizations, mammography and other cancer screening) for at least one condition?

☐ *Yes Please proceed to Question 5.3*

☐ *No Please proceed to Question 5.6*

5.3 What is the name and version of the e-registry system at your site? _____

5.4 When was the e-registry contract signed? _____(mm/dd/yy)

5.5 Are you currently using the e-registry system at your site?

☐ *Yes Please proceed to question 5.7*

☐ *No Please proceed to Section 5.6*

5.6 When do you plan to start a registry? ☐ *Within 1 year* ☐ *1-2 years* ☐ *3-4 years* ☐ *Not known at this time* ☐ *Not planning to start a registry*

If you answered question 5.6, please proceed to Section 6.

5.7 Which of the following conditions are included in your practice's e-registry/EHR:

a. Diabetes	☐ Yes	☐ No	f. Adult Asthma	☐ Yes	☐ No
b. Coronary Artery Disease	☐ Yes	☐ No	g. Depression	☐ Yes	☐ No
c. Hypertension	☐ Yes	☐ No	h. Anticoagulation	☐ Yes	☐ No
d. Congestive Heart Failure	☐ Yes	☐ No	i. Other	☐ Yes	☐ No
e. Preventive Care	☐ Yes	☐ No	**If Others, please list:** _____		

*	This series of questions refers to patient visits to ANY and ALL clinicians in your practice **over the past month**.

5.8 Following is a list of tasks that may be performed by registries. For each task, please estimate the proportion of patients or patient encounters for which clinicians **or others** in your practice use each type of e-registry/EHR.

Types of Disease/Condition Registries

E-registry/EHR Tasks	0= none nearly all Preventive Care	1= about ¼ Diabetes	2= about ½ Coronary Artery Disease	3= about ¾ Congestive Heart Failure	4= all or Hypertension
a. - Prompt your practice to notify patients who are overdue for office visits.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
b. - Prompt clinicians to order tests, studies, and other services (e.g., immunizations).	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
c. - Produce reminders for <u>patients</u> about needed tests, studies, and other services (e.g., immunizations).	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
d. – Generate a list of eligible patients for each disease/condition.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
e. – Generate a list of patients requiring intervention.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

	Types of Disease/Condition Registries				
	0= none 1= about ¼ 2= about ½ 3= about ¾ 4= all or nearly all				
E-registry/EHR Tasks	Preventive Care	Diabetes	Coronary Artery Disease	Congestive Heart Failure	Hypertension
f. – Generate written or electronic educational information to help patients understand their condition.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
g. - Create written care plans (personalized to patient's condition or age/gender for preventive care) to help guide patients in self-management at home/school/work.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
h. - Prompt clinician and/or patient to review self-management plan (or patient specific preventive care plan) together during a visit.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
i. - Modify self-management plan (or patient specific preventive care plan) as needed following a patient visit.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
j. - Place laboratory orders electronically.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
k. - Review laboratory test results electronically.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

SECTION 6 - ELECTRONIC PRESCRIBING

With electronic prescribing tools, clinicians can generate prescriptions electronically using either a freestanding product, or as a component of the EHR. The next series of questions ask to what extent your practice uses an electronic prescribing tool and whether that tool is freestanding, or part of your EHR.

*	This series of questions refers to patient visits to ANY and ALL clinicians in your practice **over the past month**.

6.1 Does your practice site use electronic software to generate prescriptions (as part of an EHR or a freestanding e-prescribing system):

☐ **Yes** Please proceed to Question 6.2

☐ **No** Please proceed to Question 6.7

6.2 Please check which types of prescriptions your practice's electronic software generates:

☐ New prescriptions only ☐ Refills ☐ Both

6.3 Is e-prescribing accomplished within your EHR?

☐ Yes Please skip to question 6.8

☐ No

6.4 What is the name and version of the e-prescribing system you use?

_____

6.5 When was the contract signed? _____(mm/dd/yy)

After answering question 6.5, please proceed to Question 6.8

If you answered No to question 6.1, please answer question 6.7

6.7 When do you plan to implement e-prescribing? ☐Within 1 year ☐1-2 years ☐ 3-4 years ☐ Not known at this time ☐ Not planning to implement e-prescribing

After answering question 6.7, please proceed to Section 7

*	This series of questions refers to patient visits to ANY and ALL clinicians in your practice **over the past month**.

6.8 Please estimate the proportion of patient visits/encounters for which clinicians or others in your practice use an electronic or hand-held device for each of the following e-prescribing activities.

0= none 1= about ¼ 2= about ½ 3= about ¾
4= all or nearly all

E-prescribing activities:	None 0	About ¼ 1	About ½ 2	About ¾ 3	All or nearly all 4
a. - Identify generic or less expensive brand alternatives at the time of prescription entry					
b. - Reference the drug formularies of the patient's health plans/pharmacy benefit manager to recommend preferred drugs at time of prescribing					
c. - Offer guidelines and evidence-based recommendations when prescribing medication for a patient					
d. - Calculate appropriate dose and frequency based on patient parameters such as age and weight					
e. - Maintain a list of each patient's current medications					
f. - Screen prescriptions for drug allergies against the patient's allergy information					
g. - Screen new prescriptions for drug-drug interactions against the patient's list of current medications					
h. - Select individual medication for prescription					
i. - Print prescriptions on a computer printer					
j. - Transmit prescriptions directly to pharmacy via electronic fax (no paper printed)					
k. - Transmit prescriptions directly to pharmacy via electronic means (without relying on a fax machine at either clinician’s office or in the pharmacy)					
l. - Provide patient-friendly information about the medication to the patient					

SECTION 7 - DATA ATTESTATION

7.1 I have reviewed the data submitted in this survey and agree that it is a correct assessment of this practice.

☐ **Agree** ☐ **Disagree**

7.2 **Name:** _____

7.3 **Titl** _____

Signature: _____

SECTION 8 – Final Comments

8.1 Would you like to include any final comments?

☐ Yes ☐ No

8.2 Comments

Thank you for completing this survey.

APPENDIX K

ELECTRONIC HEALTH RECORDS DEMONSTRATION (EHRD) PRACTICE DISCUSSION GUIDES

DISCUSSION GUIDES

This appendix contains the following discussion guides:

A. Guide for Participating Treatment Group Practices
B. Guide for Control Group Practices
C. Guide for Withdrawn Treatment Group Practices
D. Guide for Community Partner Site Coordinators

In the event that we cannot ask all questions in the following guides during a contact, question priority is reflected in the question numbering scheme. Numbered questions will always be asked during the discussion. Lower-case lettered questions are to be asked unless time is unusually short. Italicized questions are prompts to remind our staff of details to cover during discussion of the question.

A. GUIDE FOR PARTICIPATING TREATMENT GROUP PRACTICES

A1. BACKGROUND OBTAINED DURING SCHEDULING OF PRACTICE CONTACT—TREATMENT GROUP PRACTICES

[All questions will be pre-filled from the application database where there is overlap (indicated with a ""), to provide background information. Thes information will be verified during the contact.]*

1. What year was the practice established?
2. *What is the organizational structure of the practice (e.g. is it part of a larger health care organization)?
3. *How many locations does the practice have?
4. *How many physicians are in the practice?
5. How many of them are participating in the demonstration?
6. How many and what types of other staff are part of the practice?
7. *How many Medicare FFS beneficiaries does the practice serve?
8. About what percentage of all the practice's patients are Medicare fee-for-service?
9. Does the practice see Medicare Advantage (MA), that is, Medicare managed care patients?
10. [If sees MA patients:] What percentage of all patients in the practice are Medicare managed care?
11. Is the practice participating in CMS's Physician Quality Reporting Initiative (PQRI)?

A2. ADMINISTRATIVE STAFF MEMBER OVERSEEING ADOPTION AND IMPLEMENTATION OF HEALTH SYSTEM—TREATMENT GROUP PRACTICES

a) Practice Perspectives on the Demonstration and Early Response

1. Which features of the demonstration do you and the clinicians particularly like?

   Do physicians feel differently about the demonstration from nurses or other clinicians in the practice?

2. Which if any features of the demonstration do you and the clinicians dislike?

   a. More broadly, do you and clinicians in the practice think linking payment to quality of care through incentives is a good idea?

   Do physicians feel differently about this from nurses or other clinicians in the practice?

3. What are the practice's expectations regarding the incentive payment from the demonstration—have you estimated how much the practice expects to receive as a result of participating over the next few years?

   a. How much would that be in terms of a percent of revenue?

   b. in the next year?

   c. over the 5-year demonstration?

   d. What do you think will be the key factors in whether these expectations are met?

4. What if anything, has the practice done differently thus far because of thinking about the incentives in the demonstration?

b) Adaptation of Practice Operations as HIT Is Implemented

1. Do you have an EHR?

2. [If no EHR:] Why not?

3. [If no EHR:] When do you plan to get one?

4. [If no EHR:] What would facilitate your acquiring an EHR?

5. [If no EHR:] Have you started any activities to prepare for an EHR, such as completing an office readiness assessment, or exploring vendor and product alternatives?

6. [If has EHR:] Please confirm if you still have *[fill vendor and product from application]*?

   a. How long have you had that system?

7. Please give us an overview of the health IT you are using for each of the following functions. *[Complete the table. "Using" column will be prefilled with Y/N from application.]*

8. [If e-prescribing—yes to p or q:] Is e-prescribing accomplished through your electronic health record or through a stand-alone system?

   a. [If stand-alone system:] Please briefly describe your e-prescribing system.

9. [If registry—yes to f:] Is your disease-specific registry through your EHR or is it a stand-along registry?

   a. [If stand-alone registry:] Please briefly describe your registry.

10. [If EHR:] Are any of the other functions we discussed accomplished outside your EHR?

11. [If HIT:] On whom did you primarily rely for assistance in implementing the health IT that you use (QIO, vendor, consultant)?

12. [If HIT:] With implementation of HIT, what changes were made in how the practice operates day to day?

    Were these changes the result of a specific effort to redesign office flow to meet the EHR process?

13. What other information sources or other factors influenced the practice's thinking about what changes it should make with HIT implementation?

c) [If HIT:] Facilitators and Barriers to Adopting and Implementing HIT

1. Thinking about the health IT functions that you have started using in the past year, were there particular *difficulties* in selecting or acquiring the related product and/or getting it up and running?

2. Thinking about the health IT functions that you started using in the past year, what factors have been *helpful* in selecting or acquiring the product and/or getting it up and running?

3. Are there persistent problems in getting some of the functions *to be used* routinely in the practice—either the functions we just talked about or others? What are the issues you view as most important?

4. Would you describe anyone on the staff as a "champion" for HIT use? If yes, are hey having success at influencing others? Who is it?

Fill in this table for question b.7.

Function	Using (Y/N)	Year started (mo/yr in the past year)	Uses, Limited	Uses, Widespread	Timeframe, if plan to start using it	If no plans to use it, why not?
a. Electronic patient visit notes						
b. Electronic patient-specific problem lists						
c. Electronic patient-specific medication lists						
d. Automated patient-specific alerts and reminders						
e. Other clinical decision support/automated references to best practices Please describe:						
f. Electronic disease-specific registries—that is, using the EHR or a stand-alone registry to identify patients with specific diagnoses, or to track information and prompt ordering of tests or communications for patients with those conditions						
g. Patient e-mail						

Function	Using (Y/N)	Year started (mo/yr in the past year)	Uses, Limited	Uses, Widespread	Timeframe, if plan to start using it	If no plans to use it, why not?
h. Patient-specific educational materials						
i. On-line referrals to other providers						
j. Clinical messaging with other physicians						
k. Transmission of records to hospitals or other facilities						
Laboratory Tests:						
l. On-line order entry						
m. On-line results viewing						
Radiology tests:						
n. On-line order entry						
o. On-line results viewing; Specify reports or images or both:						
E-Prescribing:						
p. Printing and/or faxing Rx; Computerized faxing?						
q. On-line Rx transmission to pharmacy						

Function	Using (Y/N)	Year started (mo/yr in the past year)	Uses, Limited	Uses, Widespread	Timeframe, if plan to start using it	If no plans to use it, why not?
Other:						
r. Receipt of electronic clinical information from hospitals, other facilities or doctors Which types of providers?						

d) Relevant Context—Other Incentives, Reporting Programs, and HIT Initiatives

1. Is the practice participating in any other P4P initiatives/programs? If so, do they include incentives for adopting or using health IT?
2. Are there any other P4P activities that you know of going on in this area?
3. Have other incentives that the practice faces from other payers or other reporting programs such as CMS's PQRI affected how the practice has responded to the incentives under the demonstration? If so, how?
4. Is the practice participating in any other HIT or EHR initiatives? What are they? Are there other HIT or EHR activities going on in this area?

e) Use of HIT for Care Management

Next, we have some specific questions about the extent to which the practice is using HIT to improve patient care for specific conditions or to ensure recommended services are provided—we are going to refer to this as "care management."

1. E-prescribing [if applicable]
    a. Do the practice's e-prescribing activities include using the system to screen prescriptions for drug allergies, drug-drug interactions, or drug-disease interactions?
    b. Is the system used to offer guidelines and evidence-based recommendations when prescribing medication?
    c. To provide patient-friendly information about the medication to the patient?
    d. Why does or doesn't the practice use its system to do these things?

    Is function available on the system and turned on?

    Any technical issues that discourage use

2. Electronic disease-specific registries [if applicable]
    a. Does the practice use its system to generate reminders to patients with certain diseases about needed or overdue visits or tests?
    b. To prompt clinicians to order tests or services?
    c. To create, prompt review of, or modify self-management plans for patients with chronic illness?
    d. To print educational information to help patients understand their condition?
    e. Why does or doesn't the practice use its system to do these things?

    Is function available on the system and turned on?

    Any technical issues that discourage use

3. Does the practice use its EHR to review and act on reminders for care activities such as due or overdue health maintenance, that are not specifically focused on people with a particular disease?

   a. Why does or doesn't the practice use its system for this purpose?

   Is function available on the system and turned on?

   Any technical issues that discourage use

4 When you were shopping for HIT, how much did the practice care about whether or how well it could support these types of e-prescribing activities, and tracking and prompting for patients with specific diseases or more generally?

5. [If they cared about the system supporting e-prescribing, tracking and prompting during selection:] Is the system living up to your expectations?

6. What if any practice characteristics have influenced the practice's view on using HIT for these types of care management activities? *For example*:

   The characteristics of the practice's patients, e.g. number of elderly with complex conditions, or that have many physicians?

   Your views?

   How busy the practice is at present?

   How profitable the practice is at present?

   Your comfort level with HIT?

   The physicians' comfort level with HIT?

f) Plans for Change

1. What if any specific plans does the practice have for changing how it uses HIT over the next few years?

2. [If yes:] What will be the key factors that affect whether the practice is able to make these changes?

   Financial

   Knowledge/availability of technical assistance resources/tools

A3. PHYSICIAN—TREATMENT GROUP PRACTICES

a) Demonstration Participation and Operational Response

1. Who made the decision to participate in the demonstration?
2. What if anything, has the practice done differently thus far due to participating in the demonstration?
3. [If HIT:] Did participation in the EHR Demonstration influence the practice's thinking about making changes when it implemented new HIT?

   What other information sources or other factors influenced the practice's thinking about what changes it should make with HIT implementation?

b) HIT Experience and Effect on Practice Change

1. [If HIT:] Now that we've talked about the changes the practice made specifically in response to the demonstration, I'd like to ask a more general question—what HIT functions work best to support clinical care in the practice?
2. [If HIT:] Which if any HIT functions are problematic right now?
3. Have you observed any changes in specific aspects of the practice as a result of using [name of HIT type]? Such as changes in: *[Repeat if multiple HIT types]*

   Time spent on each patient visit?

   Physician time spent on administrative versus clinical functions?

   Other clinical staff time spent on administrative versus clinical functions?

   Completeness of the practice's clinical documentation?

   Usefulness of the information that is immediately in-hand at the start of patient appointments?

4. [If switched from paper to electronic in past year:] What have been the effects on the practice from switching from paper to electronic charts?
5. [If no HIT:] We understand that the practice does not have an EHR or other health IT in place at the present time. Can you tell us why not, and whether or when you plan to acquire an EHR and/or other health IT products such as an electronic registry?
6. [If no EHR:] What would facilitate your acquiring an EHR?
7. Would you describe anyone on the staff as a "champion" for HIT use? If yes, are they having success at influencing others? Who is it?

c) Care Management Views/Experience

1. Has participating in the EHR Demonstration affected the practice's views on care management, or how easy it has been to implement it? By care management, we mean routines put in place in order to improve patient care for specific conditions, or to prompt clinicians or the patients about due or overdue services. This includes new ways to identify and remind patients needing preventive services or routine tests, new routines for educating patients about self-care, or new checks in place to better ensure clinical guidelines are being met for patients with certain chronic conditions.

2. What if any new care management activities has the practice implemented during the past year?

3. [If new care management:] What if any effects have you seen from these activities, thus far?

4. What, if any, factors *outside* the practice have influenced the practice's view on care management, its decision to adopt care management processes, or the smoothness of implementation of the processes?

   For example:

   Did particular sources of information on care management influence these perspectives or decisions?

   A particular consultant or QIO staff member?

   Pay-for-performance programs other than the demonstration?

5. What, if any, practice characteristics have influenced the practice's view on care management, or how easy it was to implement it?

   For example:

   The characteristics of your patients, e.g. lot of complex conditions, tendency to visit many physicians, tendency to not seek care appropriately?

   Your views vs. others in the practice?

   How busy the practice is at present?

   How profitable the practice is at present?

   Your or the office manager's comfort level with HIT?

6. Is anyone in the practice a "champion" for care management? Are they having success influencing others? Who?

d) Quality Measures & Improvement Activities

1. Are clinical measures currently produced for this practice?

   [If yes:] At the practice or physician level?

2. [If any measures:] Which ones, and how are the measures used?
3. What benchmarks are available, and how useful are the benchmarks perceived to be? Why?
4. [If any measures:] Has the frequency with which the physicians review clinical measures for the practice, or the number of measures available for review changed since the practice decided to participate in the EHR Demonstration?
5. If data are being used more since the practice decided to participate in the EHR Demonstration, has this led to any changes in the care process?
6. Moving now to activities that could improve quality, what changes could be made at least in theory that could further improve the quality and/or safety for patients of the practice?

   a. Using the/an EHR
   b. Other types of changes
   c. Are any of these changes actually planned?

7. Have we missed anything? Are there any changes the practice has made that we haven't discussed yet to improve quality or safety for its patients?

   a. [If yes:] What motivated these changes?

A4. MEDICAL DIRECTOR—TREATMENT GROUP PRACTICES

[For practices with a Medical Director, we will meet with the Medical Director first using the physician protocol above, then the discussion would continue with this module.]

a) Physicians' Use of HIT Functions[1]

For each of the following functions of health IT, please tell us the extent to which physicians use them, and if they are using them to some degree, any problems and barriers encountered.

[Talk through a-b for those functions the practice is using.]

EHR and/or registry functions:

1. Recording visit and procedure notes in an EHR
    a. Extent used
    b. Problems/barriers
2. Clinical reminders of preventive services due/overdue
    a. Extent used
    b. Problems/barriers
3. Clinical reminders of routine tests for chronic illnesses due/overdue
    a. Extent used
    b. Problems/barriers
4. Ordering lab and/or radiology tests electronically
    a. Extent used
    b. Problems/barriers
5. Reviewing lab and/or radiology test results electronically
    a. Extent used
    b. Problems/barriers

[1] This list picks up on some of the same functions in the administrative staff guide, plus more care management functions; the timeframe does not allow us to probe with the medical director on every possible function.

6. Generating lists of patients requiring intervention (e.g. list of patients with diabetes who need an HbA1c monitoring test)
    a. Extent used
    b. [If uses:] What types of queries are made to generate these lists?
    c. What type of follow-up occurs?
    d. Problems/barriers
7. Generating educational materials for patients about their conditions and/or about their medications
    a. Extent used
    b. Problems/barriers
8. Using the EHR to create written self-management care plans for patients with chronic illnesses to have, prompt review of the plans, and modify them
    a. Extent used
    b. Problems/barriers

E-prescribing functions:

9. Screen prescriptions against the patient's allergy information
    a. Extent used
    b. Problems/barriers
10. Screen new prescriptions for drug-drug or drug-disease interactions
    a. Extent used
    b. Problems/barriers
11. Identify generic alternatives at time of prescription entry
    a. Extent used
    b. Problems/barriers
12. Reference drug formulary of the patient's health plan/PBM to recommend preferred drugs at the time of prescribing
    a. Extent used, overall
    b. Extent used for Medicare patients
    c. Problems/barriers

13. Calculate appropriate dose and frequency based on patient parameters such as age and weight

    a. Extent used

    b. Problems/barriers

14. Reference guidelines and evidence-based recommendations when prescribing for a patient

    a. Extent used

    b. Problems/barriers

15. Reference patient's medication history

    a. Extent to which other providers' prescriptions are included

    Both inside and outside the practice

    [If outside prescriptions included:] For essentially all patients in the practice?

    [If outside prescriptions included:] What is your source for this information?

Now back to some more general questions…

1. For the functions that are used now, what if there were no incentive for them in the future through pay-for-performance, is use likely to drop?

[Select 4 electronic functions from a.1-a.15 that the practice does not do:]

2. What are the problems/barriers associated with

    a. [name a function they do not do]?

    b. [name a second function they do not do]?

    c. [name a third function they do not do]?

    d. [name a fourth function they do not do]?

Moving away now from the health IT functions,

b) Other HIT-Related

1. About what percent of your time over say the past six months has been spent concerned with HIT-related planning/implementation issues?

    a. How much does that grow if you add in time spent thinking about quality of care at the practice level and processes the office might use to improve quality?

2. Please tell us about the range of experience with and attitudes toward HIT among the physicians and other clinical staff in the practice.

    a. How important is that in your thinking about next steps for the practice with HIT?

3. Did you or do you expect that adoption of health IT will have any effect on malpractice insurance premiums or related issues for the practice?

c) Changes in Job Responsibilities or Patient Interface

1. [If new HIT or new care management:] How if at all has implementing either new HIT or new care management affected staffing of the office?

   Number of staff

   Which staff

   Staff responsibilities

2. Has the way the practice interacts with the patient changed in the past year, due to either HIT or care management-related changes?

d) Critical Factors for Success & Closing

1. In conclusion, what do you see as the most critical factors that will determine your success under the demonstration?

2. Is there anything else you would like to convey at this time to CMS about the demonstration or pay-for-performance policy more generally?

A5. NURSE—TREATMENT GROUP PRACTICES

[This protocol is for a nurse or other clinical staff member involved in care management.]

a) Effect of New Health IT or Changes in Use on Job Responsibilities

[If nurse is first respondent, ask 1-3. If not, start with #4]

1. Has the practice obtained any new health IT at this practice site in the past year? What kind?
2. [If yes:] Why was the decision made to obtain it?
3. [If new HIT:] How far along has the practice come in implementing it?
4. [If new HIT:] How if at all has [name of new HIT] affected your daily responsibilities?
5. [If new HIT:] How if at all has it affected the job responsibilities of others in the office?
6. Aside from new HIT, has the practice made any significant changes to the way HIT is used in the past year? What changes?
7. [If yes:] Why were the changes made?
8. [If changes:] How if at all have the changes affected your job responsibilities? The job responsibilities of others in the office?
9. Has it affected the way a patient experiences care here?
10. Would you describe anyone on the staff as a "champion" for HIT use? If yes, are they having success at influencing others? Who is it?

b) Adoption of Care Management

Next, we have some specific questions about the extent to which the practice has in place routines to improve patient care for specific conditions or to ensure recommended services are provided—we are going to refer to this as "care management."

1. What care management processes does the practice use? These could include:

   Ways to identify and remind patients who are due or overdue for preventive screenings

   Ways to identify and remind patients with certain chronic conditions needing routine tests

   Routines for educating patients about self-care

   Ways of receiving and using information from a patient's other providers

   Ways to review medications for problems of polypharmacy

2. How long have these practices been in place?

3. [If more than a year:] Please summarize a few lessons you have learned about how best to do these things as you grew in your experience with them.

4. Would you describe anyone on the staff as a "champion" for care management? If yes, are they having success at influencing others? Who is it?

5. Have any new care management processes been established as a result of the demonstration?

6. What are the "next steps" in implementing [more] care management and what are the major factors affecting the timing of those steps?

7. What do you and others in the practice perceive as the benefits and costs of adopting care management routines of the types we have been discussing?

   What about the relative benefits and costs of adopting care management for different conditions?

8. [If implementation of care management for one or more condition:] How smoothly did implementation go? Why?

9. Has implementation of care management affected the functioning of the practice? For example, how has it changed the job responsibilities of those involved?

10. Is care management producing any results yet for the patients?

    Can you think of any examples?

11. [If HIT] Does the HIT the practice has adopted provide good support for care management?

12. [If HIT] Are the care management capabilities of your current system being fully used? What if anything is constraining the practice from fully using them?

13. Has participating in the EHR Demonstration affected the practice's views on:

    a. Care management?

    b. Its decision to adopt care management processes?

14 What if any factors outside the practice have influenced the practice's view on:

    a. Care management?

    b. Its decision to adopt care management?

15. Did particular sources of information on care management influence these perspectives or decisions, such as a particular consultant or QIO staff member?

16. What if any practice characteristics have influenced the practice's view on care management, or how easy it has been to implement care management?

For example:

The characteristics of your patients, e.g. number of elderly with complex conditions, or that have many physicians?

Your views?

How busy the practice is at present?

How profitable the practice is at present?

Your comfort level with HIT?

The physicians' comfort level with HIT?

c) Greater Use of Data to Refine the Care Process

[If first respondent, ask 1 & 2, otherwise start with 3]

1. Are clinical measures currently produced at the practice or physician level for this practice?

[If yes:] [If no, skip to Section D.]

2. Who generates clinical measures for the practice (if used) and what conditions do they pertain to?
3. Do you routinely see any clinical quality measures for the practice?
4. Has the number of measures available for review changed since you decided to participate in the demonstration?
5. What benchmarks are available, and how useful are the benchmarks perceived to be? Why?
6. If data are being used more since the practice decided to participate in the EHR Demonstration, has this led to any changes in the care process?

d) Enhanced Practice Orientation to Quality and Safety

1. How informed do you feel about the practice's performance on quality measures?
    a. [If well-informed:] Without referencing any documents, can you summarize what you recall about how well the practice is performing on the quality measures that are tracked?
    b. [If well-informed:] Did you come to this understanding through reviewing tracking data, discussing this with others in the practice, or some other way?

2. Moving now to activities that could improve quality, what changes could be made at least in theory that could further improve the quality and/or safety for patients of the practice?

   a. Using the/an EHR?

   b. Other types of changes?

   c. Are any of these changes actually planned?

3. Have we missed anything? Are there any changes the practice has made to improve quality or safety for its patients over the past two years that we have not already discussed?

4. [If increased focus on QI:] What has influenced the practice to increase the focus on quality improvement?

A6. GROUP DISCUSSION WITH ADMINISTRATIVE PERSONNEL—TREATMENT GROUP PRACTICES

[CEO, CFO, Marketing Director, as applicable for the practice.]

a) Demonstration's Fit with Practice Goals

1. Does this practice have specific financial, market position, or clinical goals?
    a. [If yes:] How does health IT fit in with those goals?
    b. [If yes:] How does increased care management fit in with those goals?

b) Effects of HIT on the Practice

1. [If HIT:] How has the health IT that this practice has implemented thus far affected the practice?
    a. Role of the nurse?
    b. Ways information is provided to patients?
    c. Communication links between physicians in the practice?
    d. Connections with other parts of the health system (e.g. hospitals)?
    e. Financial effect?
    f. Other aspects of the practice?

c) Expectations/Thinking Regarding Incentive Payments

1. What are the practice's expectations regarding the incentive payment from the demonstration—have you estimated how much the practice expects to receive as a result of participating over the next few years?
    a. What would that be in terms of a percent of revenue?
    b. How was that estimate made?
    c. Is there an expectation within the practice's budget that assumes payment of that amount?
2. Is there anything specific that is contingent on receiving that amount—such as you would buy X piece of hardware or software or support a specific activity that takes up staff time only if it is covered by the payment?

Could we talk a little about the competitive environment you operate in….

d) Market Factors

1. Is this practice on a par with, ahead, or behind other similar practices in the area in terms of using health IT? Why?
2. Are there any community-wide or provider-specific initiatives to promote health IT adoption or health information exchange in the market area?

3. [If yes:] How if at all is that affecting the thinking or actions by this practice?
4. Is there anything going on other than the demonstration with pay-for-performance in the market area?
5. [If yes:] How if at all is that affecting the thinking or actions by this practice regarding care process changes that might improve performance?
6. Is there anything else going on in the area that is affecting what this practice is doing or planning with health IT or care management?
7. Has participation in the demonstration affected whether or how the practice markets itself?

B. GUIDE FOR CONTROL GROUP PRACTICES

B1. BACKGROUND OBTAINED DURING SCHEDULING OF PRACTICE CONTACT—CONTROL GROUP PRACTICES

1. What year was the practice established?
2. What is the organizational structure of the practice (e.g. is it part of a larger health care organization)?
3. How many locations does the practice have?
4. How many physicians are in the practice?
5. How many and what types of other staff are part of the practice?
6. How many Medicare FFS beneficiaries does the practice serve?
7. About what percentage of all the practice's patients are Medicare fee-for-service?
8. Does the practice see Medicare Advantage (MA), that is, Medicare managed care patients?
9. [If sees MA patients:] What percentage of all patients in the practice are Medicare managed care?
10. Is the practice participating in CMS's Physician Quality Reporting Initiative (PQRI)?

B.2. ADMINISTRATIVE STAFF MEMBER OVERSEEING ADOPTION AND IMPLEMENTATION OF HEALTH IT SYSTEM—CONTROL GROUP PRACTICES

a) Adaptation of Practice Operations As HIT Is Implemented

1. Do you have an EHR?
2. [If no EHR:] Why not?
3. [If no EHR:] When do you plan to get one?
4. [If no EHR:] What would facilitate your acquiring an EHR?
5. [If no EHR:] Have you started any activities to prepare for an EHR, such as completing an office readiness assessment, or exploring vendor and product alternatives?
6. [If has EHR:] What vendor and product do you have?
    a. How long have you had that system?
7. Please give us an overview of the health IT you are using for each of the following functions. *[Complete table.]*
8. [If e-prescribing—yes to p or q:] Is e-prescribing accomplished through your electronic health record or through a stand-alone system?

    [If stand-alone system:] Please briefly describe your e-prescribing system.
9. [If registry—yes to f:] Is your disease-specific registry through your EHR or is it a stand-along registry?
    a. [If stand-alone registry:] Please briefly describe your registry.
10. [If EHR:] Are any of the other functions we discussed accomplished outside your EHR?
11. [If HIT:] On whom did you primarily rely for assistance in implementing the health IT that you use (QIO, vendor, consultant)?
12. [If HIT:] With implementation of HIT, what changes were made in how the practice operates day to day?
13. Were these changes the result of a specific effort to redesign office flow to meet the EHR process?

Fill in this table for question a.7.

Function	Using (Y/N)	Year started (mo/yr in the past year)	Uses, Limited	Uses, Widespread	Timeframe, if plan to start using it	If no plans to use it, why not?
a. Electronic patient visit notes						
b. Electronic patient-specific problem lists						
c. Electronic patient-specific medication lists						
d. Automated patient-specific alerts and reminders						
e. Other clinical decision support/automated references to best practices Please describe:						
f. Electronic disease-specific registries—that is, using the EHR or a stand-alone registry to identify patients with specific diagnoses, or to track information and prompt ordering of tests or communications for patients with those conditions						
g. Patient e-mail						
h. Patient-specific educational materials						

Function	Using (Y/N)	Year started (mo/yr in the past year)	Uses, Limited	Uses, Widespread	Timeframe, if plan to start using it	If no plans to use it, why not?
i. On-line referrals to other providers						
j. Clinical messaging with other physicians						
k. Transmission of records to hospitals or other facilities						
Laboratory Tests:						
l. On-line order entry						
m. On-line results viewing						
Radiology tests:						
n. On-line order entry						
o. On-line results viewing; Specify reports or images or both:						
E-Prescribing:						
p. Printing and/or faxing Rx; Computerized faxing?						
q. On-line Rx transmission to pharmacy						
Other:						
r. Receipt of electronic clinical information from hospitals, other facilities or doctors Which types of providers?						

14. What other information sources or other factors influenced the practice's thinking about what changes it should make with HIT implementation?

b) [If HIT:] Facilitators and Barriers to Adopting and Implementing HIT

1. Thinking about the health IT functions that you have started using in the past year, were there particular *difficulties* in selecting or acquiring the related product and/or getting it up and running?
2. Thinking about the health IT functions that you started using in the past year, what factors have been *helpful* in selecting or acquiring the product and/or getting it up and running?
3. Are there persistent problems in getting some of the functions *to be used* routinely in the practice—either the functions we just talked about or others? What are the issues you view as most important?
4. Would you describe anyone on the staff as a "champion" for HIT use? If yes, are they having success at influencing others? Who is it?

c) Relevant Context—Other Incentives, Reporting Programs, and HIT Initiatives

1. Is the practice participating in any other pay-for-performance initiatives/programs? If so, do they include incentives for adopting or using health IT?
2. Are there any other pay-for-performance activities that you know of going on in this area?
3. Is the practice participating in any other HIT or EHR initiatives? What are they? Are there other HIT or EHR activities going on in this area?

d) Use of HIT for Care Management

Next, we have some specific questions about the extent to which the practice is using HIT to improve patient care for specific conditions or to ensure recommended services are provided—we are going to refer to this as "care management."

1. E-prescribing [if applicable]:
    a. Do the practice's e-prescribing activities include using the system to screen prescriptions for drug allergies, drug-drug interactions, or drug-disease interactions?
    b. Is the system used to offer guidelines and evidence-based recommendations when prescribing medication?
    c. To provide patient-friendly information about the medication to the patient?
    d. Why does or doesn't the practice use its system to do these things?

    Is function available on the system and turned on?

Any technical issues that discourage use

2. Electronic disease-specific registries [if applicable].

   a. Does the practice use its system to generate reminders to patients with certain diseases about needed or overdue visits or tests?

   b. To prompt clinicians to order tests or services?

   c. To create, prompt review of, or modify self-management plans for patients with chronic illness?

   d. To print educational information to help patients understand their condition?

   e. Why does or doesn't the practice use its system to do these things?

   Is function available on the system and turned on?

   Any technical issues that discourage use

3. Does the practice use its EHR to review and act on reminders for care activities such as due or overdue health maintenance, that are not specifically focused on people with a particular disease?

   a. Why does or doesn't the practice use its system for this purpose?

   Is function available on the system and turned on?

   Any technical issues that discourage use

4. When you were shopping for HIT, how much did the practice care about whether or how well it could support these types of e-prescribing activities, and tracking and prompting for patients with specific diseases or more generally?

5. [If they cared about the system supporting e-prescribing, tracking and prompting during selection:] Is the system living up to your expectations?

6. What if any practice characteristics have influenced the practice's view on using HIT for these types of care management activities? For example:

   The characteristics of the practice's patients, e.g. number of elderly with complex conditions, or that have many physicians?

   Your views?

   How busy the practice is at present?

   How profitable the practice is at present?

   Your comfort level with HIT?

   The physicians' comfort level with HIT?

e) Plans for Change

1. What if any specific plans does the practice have for changing how it uses HIT over the next few years?

2. [If yes:] What will be the key factors that affect whether the practice is able to make these changes?

   Financial,

   Knowledge/availability of technical assistance resources/tools

B3. PHYSICIAN—CONTROL GROUP PRACTICES

a. HIT Experience and Effect on Practice Change

1. [If HIT:]What information sources or other factors influenced the practice's thinking about what changes it should make with HIT implementation?
2. [If HIT:] what HIT functions work best to support clinical care in the practice?
3. [If HIT:] Which if any HIT functions are problematic right now?
4. [If HIT:] Have you observed any changes in specific aspects of the practice as a result of using [name of HIT type]? Such as changes in: *[Repeat if multiple HIT types]*
    a. Time spent on each patient visit?
    b. Physician time spent on administrative versus clinical functions?
    c. Other clinical staff time spent on administrative versus clinical functions?
    d. Completeness of the practice's clinical documentation?
    e. Usefulness of the information that is immediately in-hand at the start of patient appointments?
4. [If switched from paper to electronic in past year:] What have been the effects on the practice from switching from paper to electronic charts?
5. [If no HIT:] We understand that the practice does not have an EHR or other health IT in place at the present time. Can you tell us why not, and whether or when you plan to acquire an EHR and/or other health IT products such as an e-prescribing system or electronic registry?
6. [If no EHR:] What would facilitate your acquiring an EHR?
7. Would you describe anyone on the staff as a "champion" for HIT use? If yes, are they having success at influencing others? Who is it?

b. Care Management Views/Experience

1. What if any new care management activities has the practice implemented during the past year? By care management, we mean routines put in place in order to improve patient care for specific conditions, or to prompt clinicians or the patients about due or overdue services. This includes new ways to identify and remind patients needing preventive services or routine tests, new routines for educating patients about self-care, or new checks in place to better ensure clinical guidelines are being met for patients with certain chronic conditions.
2. [If new care management:] What if any effects have you seen from these activities, thus far?

3. What, if any, factors *outside* the practice have influenced the practice's view on care management, its decision to adopt care management processes, or the smoothness of implementation of the processes?

   For example,

   did particular sources of information on care management influence these perspectives or decisions?

   a particular consultant or QIO staff member?

   Pay-for-performance programs

4. What, if any, practice characteristics have influenced the practice's view on care management , or how easy it was to implement it?

   For example

   the characteristics of your patients, e.g. lot of complex conditions, tendency to visit many physicians, tendency to not seek care appropriately?

   Your views vs. others in the practice?

   How busy the practice is at present?

   How profitable the practice is at present?

   Your or the office manager's comfort level with HIT?

5. Is anyone in the practice a "champion" for care management? Are they having success influencing others? Who?

c. Quality Measures & Improvement Activities

1. Are clinical measures currently produced for this practice?

   [If yes:] At the practice or physician level?

2. [If any measures:] Which ones, and how are the measures used?

3. What benchmarks are available, and how useful are the benchmarks perceived to be? Why?

4. [If any measures:] Has the frequency with which the physicians review clinical measures for the practice, or the number of measures available for review changed in the past year?

5. If data are being used more in the past year, has this led to any changes in the care process?

6. Moving now to activities that could improve quality, what changes could be made at least in theory that could further improve the quality and/or safety for patients of the practice?

    a. Are any of these changes actually planned?

7. Have we missed anything? Are there any changes the practice has made that we haven't discussed yet to improve quality or safety for its patients?

    a. [If yes:] What motivated these changes?

B4. MEDICAL DIRECTOR—CONTROL GROUP PRACTICES

[For practices with a Medical Director, we will meet with the Medical Director first, using the physician protocol above, then the discussion would continue with this module.]

a. Physicians' Use of HIT Functions

For each of the following functions of health IT, please tell us the extent to which physicians use them, and if they are using them to some degree, any problems and barriers encountered.

[Talk through a-b for those functions the practice is using.]

EHR and/or registry functions:

1. Recording visit and procedure notes in an EHR
    a. Extent used
    b. Problems/barriers
2. Clinical reminders of preventive services due/overdue
    a. Extent used
    b. Problems/barriers
3. Clinical reminders of routine tests for chronic illnesses due/overdue
    a. Extent used
    b. Problems/barriers
4. Ordering lab and/or radiology tests electronically
    a. Extent used
    b. Problems/barriers
5. Reviewing lab and/or radiology test results electronically
    a. Extent used
    b. Problems/barriers
6. Generating lists of patients requiring intervention (e.g. list of patients with diabetes who need an HbA1c monitoring test)
    a. Extent used
    b. [If uses:] What types of queries are made to generate these lists?
    c. What type of follow-up occurs?
    d. Problems/barriers

7. Generating educational materials for patients about their conditions and/or about their medications

    a. Extent used

    b. Problems/barriers

8. Using the EHR to create written self-management care plans for patients with chronic illnesses to have, prompt review of the plans, and modify them

    a. Extent used

    b. Problems/barriers

E-prescribing functions:

9. Screen prescriptions against the patient's allergy information

    a. Extent used

    b. Problems/barriers

10. Screen new prescriptions for drug-drug or drug-disease interactions

    a. Extent used

    b. Problems/barriers

11. Identify generic alternatives at time of prescription entry

    a. Extent used

    b. Problems/barriers

12. Reference drug formulary of the patient's health plan/PBM to recommend preferred drugs at the time of prescribing

    a. Extent used, overall

    b. Extent used for Medicare patients

    c. Problems/barriers

13. Calculate appropriate dose and frequency based on patient parameters such as age and weight

    a. Extent used

    b. Problems/barriers

14. Reference guidelines and evidence-based recommendations when prescribing for a patient

    a. Extent used

    b. Problems/barriers

15. Reference patient's medication history

    a. Extent to which other providers' prescriptions are included

    Both inside and outside the practice

    b. [If outside prescriptions included:] For essentially all patients in the practice?

    c. [If outside prescriptions included:] What is your source for this information?

Now back to some more general questions…

16. For the functions that are used now, what if there were no incentive for them in the future through pay-for-performance, is use likely to drop?

[Select 4 electronic functions from a.1-a.15 that the practice does not do:]

17. What are the problems/barriers associated with

    a. [name a function they do not do]?

    b. [second function they do not do]?

    c. [third function they do not do]?

    d. [fourth function they do not do]?

Moving away now from the health IT functions,

b. Other HIT-Related

1. About what percent of your time over say the past six months has been spent concerned with HIT-related planning/implementation issues?

    a. How much does that grow if you add in time spent thinking about quality of care at the practice level and processes the office might use to improve quality?

2. Please tell us about the range of experience with and attitudes toward HIT among the physicians and other clinical staff in the practice.

    a. How important is that in your thinking about next steps for the practice with HIT?

3. Did you or do you expect that adoption of health IT will have any effect on malpractice insurance premiums or related issues for the practice?

c. Changes in Job Responsibilities or Patient Interface

1. [If new HIT or new care management:] How if at all has implementing either new HIT or new care management affected staffing of the office?

   Number of staff

   Which staff

   Staff responsibilities

2. Has the way the practice interacts with the patient changed in the past year, due to either HIT or care management-related changes?

d. Closing

1. Is there anything else you would like to convey at this time to CMS about pay-for-performance policy?

B5. NURSE—CONTROL GROUP PRACTICES

[This protocol is for a nurse or other clinical staff member involved in care management.]

a. Effect of New Health IT or Changes in Use on Job Responsibilities

[If nurse is first respondent, ask 1-3. If not, start with #4]

1. Has the practice obtained any new health IT at this practice site in the past year? What kind?
2. [If yes:] Why was the decision made to obtain it?
3. [If new HIT:] How far along has the practice come in implementing it?
4. [If new HIT:] How if at all has [name of new HIT] affected your daily responsibilities?
5. [If new HIT:] How if at all has it affected the job responsibilities of others in the office?
6. Aside from new HIT, has the practice made any significant changes to the way HIT is used in the past year? What changes?
7. [If yes:] Why were the changes made?
8. [If changes:] How if at all have the changes affected your job responsibilities? The job responsibilities of others in the office?
9. Has it affected the way a patient experiences care here?
10. Would you describe anyone on the staff as a "champion" for HIT use? If yes, are they having success at influencing others? Who is it?

b. Adoption of Care Management

Next, we have some specific questions about the extent to which the practice has in place routines to improve patient care for specific conditions or to ensure recommended services are provided—we are going to refer to this as "care management."

1. What care management processes does the practice use? These could include:

   Ways to identify and remind patients who are due or overdue for preventive screenings

   Ways to identify and remind patients with certain chronic conditions needing routine tests

   Routines for educating patients about self-care

   Ways of receiving and using information from a patient's other providers

   Ways to review medications for problems of polypharmacy

2. How long have these practices been in place?

3. [If more than a year:] Please summarize a few lessons you have learned about how best to do these things as you grew in your experience with them.

4. Would you describe anyone on the staff as a "champion" for care management? If yes, are they having success at influencing others? Who is it?

5. What are the "next steps" in implementing [more] care management and what are the major factors affecting the timing of those steps?

6. What do you and others in the practice perceive as the benefits and costs of adopting care management routines of the types we have been discussing?

   What about the relative benefits and costs of adopting care management for different conditions?

7. [If implementation of care management for one or more condition:] How smoothly did implementation go? Why?

8. Has implementation of care management affected the functioning of the practice? For example, how has it changed the job responsibilities of those involved?

9. Is care management producing any results yet for the patients?

   Can you think of any examples?

10. [If HIT] Does the HIT the practice has adopted provide good support for care management?

11. [If HIT] Are the care management capabilities of your current system being fully used? What if anything is constraining the practice from fully using them?

12. What if any factors outside the practice have influenced the practice's view on:

    a. care management?

    b. its decision to adopt care management?

13. Did particular sources of information on care management influence these perspectives or decisions, such as a particular consultant or QIO staff member?

14. What if any practice characteristics have influenced the practice's view on care management, or how easy it has been to implement care management?

    For example:

    The characteristics of your patients, e.g. number of elderly with complex conditions, or that have many physicians?

    Your views?

    How busy the practice is at present?

How profitable the practice is at present?

Your comfort level with HIT?

The physicians' comfort level with HIT?

c. Greater Use of Data to Refine the Care Process

[If first respondent, ask 1 & 2, otherwise start with 3]

1. Are clinical measures currently produced at the practice or physician level for this practice?

[If yes:] [If no, skip to Section D.]

2. Who generates clinical measures for the practice (if used) and what conditions do they pertain to?

3. Do you routinely see any clinical quality measures for the practice?

4. Has the number of measures available for review changed in the past year?

5. What benchmarks are available, and how useful are the benchmarks perceived to be? Why?

6. If data are being used more in the past year, has this led to any changes in the care process?

d. Enhanced Practice Orientation to Quality and Safety

1. How informed do you feel about the practice's performance on quality measures?

    a. [If well-informed:] Without referencing any documents, can you summarize what you recall about how well the practice is performing on the quality measures that are tracked?

    b. [If well-informed:] Did you come to this understanding through reviewing tracking data, discussing this with others in the practice, or some other way?

2. Moving now to activities that could improve quality, what changes could be made at least in theory that could further improve the quality and/or safety for patients of the practice?

    a. Are any of these changes actually planned?

3. Have we missed anything? Are there any changes the practice has made to improve quality or safety for its patients over the past two years that we have not already discussed?

4. [If increased focus on QI:] What has influenced the practice to increase the focus on quality improvement?

B.6. GROUP DISCUSSION WITH ADMINISTRATIVE PERSONNEL—CONTROL GROUP PRACTICES

[CEO, CFO, Marketing Director, as applicable for the practice.]

a. Health IT and Care Management's Fit with Practice Goals

1. Does this practice have specific financial, market position, or clinical goals?
    a. [If yes:] How does health IT fit in with those goals?
    b. [If yes:] How does increased care management fit in with those goals?

b. Effects of HIT on the Practice

1. [If HIT:] How has the health IT that this practice has implemented thus far affected the practice?
    a. Role of the nurse?
    b. Ways information is provided to patients?
    c. Communication links between physicians in the practice?
    d. Connections with other parts of the health system (e.g. hospitals)?
    e. Financial effect?
    f. Other aspects of the practice?

Could we talk a little about the competitive environment you operate in….

c. Market Factors

1. Is this practice on a par with, ahead, or behind other similar practices in the area in terms of using health IT? Why?
2. Are there any community-wide or provider-specific initiatives to promote health IT adoption or health information exchange in the market area?
3. [If yes:] How if at all is that affecting the thinking or actions by this practice?
4. Is there anything going with pay-for-performance in the market area?
5. [If yes:] How if at all is that affecting the thinking or actions by this practice regarding care process changes that might improve performance?
6. Is there anything else going on in the area that is affecting what this practice is doing or planning with health IT or care management?
7. [If participating in any P4P:] Has participation in a pay-for-performance program affected whether or how the practice markets itself?

C. GUIDE FOR WITHDRAWN TREATMENT GROUP PRACTICES

GUIDE FOR WITHDRAWN TREATMENT GROUP PRACTICES

1. Why did the practice decide initially to enroll in the EHR Demonstration? What benefits did it hope to gain?
2. Why did the practice decide to withdraw from the EHR Demonstration? Please explain if any of the following were factors:
   a. Early stage of health IT implementation at the practice and/or inability to make health IT changes that would help enable high performance/bonus
   b. Expected to be high performing but incentive bonus too low to be worth it (explore why—too few Medicare patients?)
   c. Did not expect to be high-performing
   d. The practice's experience with the enrollment process
   e. Anticipated burden of reporting (please explain)
   f. Informal discussions on the topic with others (who?)
   g. Lack of trust or confidence in the data reporting process
   h. Lack of confidence in the data processing and reporting by CMS
   i. Lack of interest in making changes to the practice that would help enable high performance
   j. Availability of other pay-for-performance or pay-for-reporting programs
   k. Other
3. Does the practice participate in any other pay-for-performance programs? If yes, please describe, and compare/contrast the structure of that program to the EHR Demonstration.
4. Does the practice participate in any other health IT initiatives? If yes, please describe, and compare/contrast the structure of that program to the EHR Demonstration.
5. If no, under what circumstances would you consider participating in a pay-for-performance program in the future?
6. What could CMS or others have done differently that would have prevented your decision to withdraw?

D. GUIDE FOR COMMUNITY PARTNER SITE COORDINATORS

GUIDE FOR COMMUNITY PARTNER SITE COORDINATORS

a. Experience Recruiting Practices to the Demonstration

1. Please briefly describe the strategy for recruitment.
2. How easy or difficult was it to recruit practices to the demonstration?
3. What were their major questions and concerns?
4. What kinds of practices were more and less interested in participating?

   Those at different stages of thinking about and implementing EHRs?

   Smaller/larger?

   Urban/rural?

   Underserved areas/other areas?

   Affiliated or not with a larger organization?
5. In the end, what kinds of practices (or physicians) that expressed initial interest signed on and what kinds decided against participation?
6. If you could do it over, what if anything would you do differently regarding recruitment?

b. Practice Needs for the Demonstration to be Successful

1. What do the demonstration practices need to be successful under the demonstration?
   a. Money? *(How much, for what?)*
   b. Knowledge? *(Such as models for implementing EHRs)*
   c. killed people? *(Own staff, availability of consultants)*
2. What types of practices have the greatest needs?

c. Plans for Working With/Facilitating Assistance to Practices

1. What plans does the site coordinator have for working with or otherwise facilitating assistance to practices in implementing their EHR and using it for care management?
2. How well does the overall level of assistance fit with the overall level of need?
3. To what extent are control group practices also receiving similar assistance?

d. Perceptions of Practices' Progress Under the Demonstration

1. Do you have a sense of whether the participating practices that did not yet have EHRs are making progress in EHR implementation under the demonstration at this early stage?

2. Do you have a sense for whether participating practices are as yet embracing the demonstration's emphasis on improving quality outcomes—that is, are they thinking in terms of using their EHR for care management functions to improve quality? Are they implementing care management functions yet?

3. Please tell us any early success stories you know of.

4. Do you see any particular roadblocks ahead that could lessen the demonstration's effectiveness?

e. Other (non-EHRD) Health Information Technology Activities in the Site

1. Are there any community-wide or provider-specific initiatives to promote health IT adoption or health information exchange in the market area?

2. Is there anything going on other than the demonstration with pay-for-performance in the market area?

3. [If yes:] How if at all is that affecting the thinking or actions by practices regarding care process changes that might improve performance?

4. Is there anything else going on in the area that is affecting what practices are doing or planning with health IT or care management?

5. Has participation in the demonstration affected whether or how the practices market themselves?

APPENDIX L

ELECTRONIC HEALTH RECORDS DEMONSTRATION (EHRD) ADVANCE LETTER FOR DISCUSSIONS WITH PRACTICES

MATHEMATICA LETTERHEAD
EHRD ADVANCE LETTER FOR DISCUSSIONS WITH PRACTICES

[Date], 2010

Lead physician/authorized contact
Practice name
Street address
City, State Zip

Dear [lead physician/authorized contact name]:

This is an invitation to participate in the evaluation of the Electronic Health Records Demonstration (EHRD) as a site visit practice. With your help, the EHRD evaluation will provide critical information to CMS to help refine its policies for aligning payment with quality of care. Please see the attached letter of encouragement to participate from CMS, which was sent to you separately several days ago.

Specifically, we would like to visit your practice during **[bold the dates]** at a time convenient for you (may include time before or after office hours). We request a 60-minute interview with the office manager/administrative person most knowledgeable about the demonstration experience, a 30-minute interview with a participating physician, and a 30-minute interview with a nurse or other clinical staff member involved in care management and care coordination. You will not need to make any special preparations for the visit. We aim to cover the following topics:

- The practice's experience with and perspectives on the EHRD
- Any changes the practice made as a result of participation
- The practice's implementation of health information technology (HIT) and how practice operations have changed as a result
- Context—any other incentives, reporting programs, and HIT initiatives the practice participates in
- Care management processes at the practice—that is, any routines the practice has put in place to improve patient care for specific conditions or services (if any); your views on these types of things and why
- The practice's interest in and use of clinical data and benchmarks

Ms. Felt-Lisk is the senior team member who will lead the visit, accompanied by **[analyst].** Ms. Felt-Lisk, a senior health researcher at Mathematica, has over 15 years' experience leading health research studies, and is known for studies that capture the experience and views of health care organizations for policymakers, particularly with respect to quality of care. **[Analyst]** will call you in a day or two to ensure you received this invitation and begin the scheduling process. In the meantime, please feel free to call or e-mail **[Name of analyst and phone # and e-mail]** or Ms. Felt-Lisk at 202-484-4519 or sfelt-lisk@mathematica-mpr.com with any questions or to initiate scheduling. Thank you very much in advance for your assistance—your input into the evaluation is highly valued by CMS.

Sincerely,
Jennifer Schore, Project Director

CMS LETTERHEAD
EHRD ENDORSEMENT LETTER FOR DISCUSSIONS WITH TREATMENT PRACTICES

Lead physician/authorized contact
Practice name
Street address
City, State zip

Dear [lead physician/authorized contact name]:

The Centers for Medicare & Medicaid Services (CMS) would very much appreciate if your practice would agree to a practice site visit as part of the evaluation of the Electronic Health Records Demonstration (EHRD). As a practice that is currently participating in EHRD, you not only have the opportunity to benefit financially from the demonstration, you are also helping to inform CMS's longer term development of payment policies for the Medicare program nationwide.

As you are already aware, CMS has contracted with Mathematica Policy Research, Inc. to conduct an independent evaluation of the demonstration. Mathematica will be conducting the site visits in spring 2010. A second round is planned for spring 2014. Interview topics will include your practice's experience with and views on health IT, care management processes to improve care quality for chronically ill patients, and pay-for-performance initiatives. Comments provided during the site visits will not be attributed to any individual or organization. Mathematica will synthesize comments across the practices in a report following completion of all site visits.

Mathematica will be contacting you within a few days with more specific information. Recognizing the many market pressures you operate under day-to-day, please consider making yourself and your staff available for this brief visit. Your input will be valuable in assisting CMS in development of the best possible value-based Medicare payment policies for the future. If you have any questions, please feel free to call me at (410) 786-9457.

Sincerely,

CMS Project Officer

CMS LETTERHEAD
EHRD ENDORSEMENT LETTER FOR DISCUSSIONS WITH CONTROL PRACTICES

Lead physician/authorized contact
Practice name
Street address
City, State zip

Dear [lead physician/authorized contact name]:

The Centers for Medicare & Medicaid Services (CMS) would very much appreciate if your practice would agree to a practice site visit as part of the evaluation of the Electronic Health Records Demonstration (EHRD). As a practice that is currently participating in EHRD, you not only have the opportunity to benefit from the demonstration, you are also helping to inform CMS's longer term development of payment policies for the Medicare program nationwide.

As you are already aware, CMS has contracted with Mathematica Policy Research, Inc. to conduct an independent evaluation of the demonstration. Mathematica will be conducting the site visits in spring 2010. A second round is planned for spring 2014. Interview topics will include your practice's experience with and views on health IT, care management processes to improve care quality for chronically ill patients, and pay-for-performance initiatives. Comments provided during the site visits will not be attributed to any individual or organization. Mathematica will synthesize comments across the practices in a report following completion of all site visits.

Mathematica will be contacting you within a few days with more specific information. Recognizing the many market pressures you operate under day-to-day, please consider making yourself and your staff available for this brief visit. Your input will be valuable in assisting CMS in development of the best possible value-based Medicare payment policies for the future. If you have any questions, please feel free to call me at (410) 786-9457.

Sincerely,

CMS Project Officer