

High-Level Summary of PRA package revisions for the Evaluation of the Electronic Health Records Demonstration (EHRD) and the Medicare Care Management Performance (MCMP) Demonstration

1. Removed all references to Phase II of the demonstration throughout the document text and the following figure and tables because Phase II of the EHRD was canceled:

- Figure I.1
- Table A.1
- Tables A.1, B.2, B.3, B.4, B.6, C.3,
- Deleted Table C.5
- Renumbered Table C.6 to C.5

2. List of changes to EHRD Office System Survey instrument based on public comments:

INTRODUCTION

1. Introduction page 2 -- Added text instruction to request that the respondent find out how all the providers are using the EHR functions before responding to questions. [*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.*]

SECTION 1 – GENERAL INFORMATION

1. Question 1.14 – clarified that after the first year, the response to this question will be prefilled for respondents to verify or change based on their response in the previous survey.
2. Question 1.15 – highlighted the word “currently” in the question and revised three response categories (deleted “Better Quality Information” and added “None of the Above” and “Do Not Know”)

SECTION 2 – PROVIDER PROFILE

1. Question 2.0a -- Moved question 2.0a to the end of section 2 and renumbered it 2.12. Renumbered 2.0b and 2.0c to 2.0a and 2.0b.
2. Question 2.4 – added the word “individual” to clarify that we want the individual NPI number and not the group practice number.
3. Added text instruction at the end of section 2 to clarify 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).”

4. SECTION 3 – USE OF PLANNED USE OF EHR, E-REGISTRY OR E-PRESCRIBING SYSTEM
5. Introduction – added text to clarify that “a practice management or billing system is not an EHR system.”
6. Question 3.1/3.9a/3.9b/3.15b -- changed question wording from, “Does your practice have an EHR...” to “Has your practice *implemented* an EHR...” and added a definition of implemented “(By “implemented” we mean an EHR has been purchased, installed, and tested, and is currently being used.)”
7. Question 3.3/3.10/3.16 -- changed the word “acquire” to “purchase.”
8. Question 3.6/3.12/3.18 -- clarified what the word “use” means: “(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.”)”
9. Question 3.7 - clarified what the word “use” means: “(By “use” we mean using for any purpose or functions.)”

SECTION 4 – EHR, PATIENT REGISTRY, AND PRESCRIBING SYSTEM FUNCTIONS

1. Renumbered all questions in this section to make it easier to follow.
2. Removed numbers that were below response category descriptions (0, 1, 2, 3, 4).

DOMAIN 1

1. Question 4.1b – revised text by changing “are” to “were” and adding “over the past month” to the end of the phrase.
2. Questions 4.1i, -j, -l and -m – added text below each question to clarify meaning: “Includes (orders/results) for (lab tests/imaging) conducted by external providers and the practice itself.”

DOMAIN 2

1. Added introductory text to clarify that “providers outside the practice include those that are part of a larger organization or network with which the practice is affiliated.”
2. Added subheadings before groups of functions to make is easier to review and respond (Laboratory Orders; Imaging Orders; Laboratory Results; Imaging Results; Referral and Consultation Requests; Sharing Information with Other Providers; Prescription Orders).

3. Questions 4.2a, -b, -c, -d and -f -- added text to clarify that these functions refer to “facilities outside the practice.”
4. Question 4.2e – added text to clarify that imaging orders may be “ordered electronically through a portal maintained by facilities outside the practice.”
5. Question 4.2n – added a category “Transmit medication lists or other medical information to other providers (for example, hospitals, home health agencies, or other physicians).”
6. Question 4.2q – added a category “Receive electronically transmitted reports directly into system, such as discharge summaries, from hospitals or other facilities that have the capability to send such transmissions.”
7. Instructions before 4.2r, -s, and -t – added clarifying language: “*Note that these questions exclude Schedule II-V drugs.*”

DOMAIN 3

1. Added clarifying language to introductory box that states: “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.”

SECTION 5 – DATA ATTESTATION

1. Added a warning message above 5.1 that states: “WARNING: You will be unable to make changes to your responses once you have completed this section.”
2. Combined question 5.1 and 6.1 into one data attestation which reads: “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.”
3. Question 5.1 -- Added additional language that reads “(Practices that knowingly make false attestations could lose any incentive payments that were made based on false data).”
4. Question 6.2 – changed question 6.2 to 5.4. Deleted section 6 altogether.