



Electronic Health Records Demonstration

Office Systems Survey Validation Form

November 7, 2008

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INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Scanned.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Entered manually (keyboard entry).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Transferred directly (e-fax).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Directly (electronically).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Scanned.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Printed and faxed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Faxed electronically.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Directly (electronically).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Scanned.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Entered manually (keyboard entry).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Transferred directly (e-fax).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Directly (electronically).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Scanned.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Printed and faxed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Faxed electronically.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Directly (electronically).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Faxed electronically.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Directly (electronically).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.