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| The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42USC 242m) and the Confidential Information Protections and Statistical Efficiency Act (PL-107-347).  Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0222). OMB #0920-0222; Expiration Date: 03/31/2013. |

Physician Workflow Supplement 2011

The purpose of the physician workflow study is to collect information about barriers and facilitators of electronic health record (EHR) adoption. As a physician without an EHR system, your participation is greatly appreciated. Your answers are completely confidential, and your participation is voluntary. If you have any questions, please call 866-966-1473.

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| *This survey focuses on physician adoption of EHRs at the location you received this survey. For the following questions, please provide information regarding* ***this location only****.* |

1. **Which of the following best describes your practice’s current EHR adoption status?**

1□ We have no intention of purchasing an EHR system within 12 months.

2□ We are deciding on whether or not to purchase an EHR system within 12 months.

3□ We intend to purchase an EHR system in the next 12 months, but have not begun the selection process.

4□ We are in the process of selecting an EHR system.

5□ We have purchased but are not yet using an EHR system.

6□ We have purchased and are using an EHR system.

1. **Indicate to what extent you view the following as a BARRIER to adopting an EHR system.**

|  | **Major Barrier** | **Minor Barrier** | **Not a Barrier** |
| --- | --- | --- | --- |
| **2a. Cost of purchasing an EHR system** | 1□ | 2□ | 3□ |
| **2b. Annual cost of maintaining an EHR system** | 1□ | 2□ | 3□ |
| **2c. Ability to secure financing for an EHR system** | 1□ | 2□ | 3□ |
| **2d. Availability of an EHR system that meets my practice’s needs** | 1□ | 2□ | 3□ |
| **2e. Effort needed to select an EHR system** | 1□ | 2□ | 3□ |
| **2f. Access to high speed Internet (e.g., broadband, cable)** | 1□ | 2□ | 3□ |
| **2g. Loss of productivity during the transition to an EHR system** | 1□ | 2□ | 3□ |
| **2h. Adequacy of EHR technical support** | 1□ | 2□ | 3□ |
| **2i. Reliability of the system (e.g., EHR down or unavailable when needed, frequency of system failures)** | 1□ | 2□ | 3□ |
| **2j. Reaching consensus within the practice to select an EHR** | 1□ | 2□ | 3□ |
| **2k. Resistance of my practice to change work habits** | 1□ | 2□ | 3□ |

1. **Indicate the extent that you agree with the following statements if your practice implemented an EHR system.**

|  | **Strongly Agree** | **Somewhat**  **Agree** | **Somewhat**  **Disagree** | **Strongly Disagree** |
| --- | --- | --- | --- | --- |
| **3a. Overall, my practice would function more efficiently with an EHR system.** | 1□ | 2□ | 3□ | 4□ |
| **3b. An EHR would increase the amount of time spent to plan, review, order, and document care.** | 1□ | 2□ | 3□ | 4□ |
| **3c. An EHR would increase the amount of time spent responding to pharmacy calls.** | 1□ | 2□ | 3□ | 4□ |
| **3d. My practice would save on costs associated with managing and storing paper records.** | 1□ | 2□ | 3□ | 4□ |
| **3e. An EHR would increase my current number of weekly office visits.** | 1□ | 2□ | 3□ | 4□ |
| **3f. My practice would receive lab results faster.** | 1□ | 2□ | 3□ | 4□ |
| **3g. I would trust the patient information that I received from other providers (e.g., lab results).** | 1□ | 2□ | 3□ | 4□ |
| **3h. An EHR would disrupt the way I interact with my patients.** | 1□ | 2□ | 3□ | 4□ |
| **3i. An EHR would be an asset when recruiting physicians to join the practice.** | 1□ | 2□ | 3□ | 4□ |
| **3j. An EHR would have many clinical benefits for my practice.** | 1□ | 2□ | 3□ | 4□ |
| **3k. An EHR would pose a risk to patient data confidentiality.** | 1□ | 2□ | 3□ | 4□ |
| **3l. An EHR would be a good financial investment for my practice.** | 1□ | 2□ | 3□ | 4□ |
| **3m. I’m not sure that I can count on receiving an incentive payment for using an EHR.** | 1□ | 2□ | 3□ | 4□ |
| **3n. My practice would deliver better patient care when records are readily available at the point-of-care.** | 1□ | 2□ | 3□ | 4□ |
| **3o. Billing for services would be less complete.** | 1□ | 2□ | 3□ | 4□ |
| **3p. Sending prescriptions electronically would save me time.** | 1□ | 2□ | 3□ | 4□ |

1. **Please indicate which of the following would influence your decision to adopt an EHR?**

|  | **Major Influence to Adopt** | **Minor Influence to Adopt** | **Not an Influence** |
| --- | --- | --- | --- |
| **4a. $50,000 incentive payment for EHR use** | 1□ | 2□ | 3□ |
| **4b. Financial penalties up to 3% of Medicare claims for not using an EHR** | 1□ | 2□ | 3□ |
| **4c. Availability of government-certified products** | 1□ | 2□ | 3□ |
| **4d. Assistance with EHR vendor/product selection** | 1□ | 2□ | 3□ |
| **4e. Technical assistance with EHR implementation in your practice** | 1□ | 2□ | 3□ |
| **4f. Use of EHRs by trusted colleagues** | 1□ | 2□ | 3□ |

1. **Please indicate your level of agreement about the impact on improving patient care if your practice implemented an EHR system. My practice would …**

|  | **Strongly Disagree** | **Somewhat Disagree** | **Somewhat**  **Agree** | **Strongly**  **Agree** |
| --- | --- | --- | --- | --- |
| **5a. Avoid more medication errors.** | 1□ | 2□ | 3□ | 4□ |
| **5b. Be more aware of critical lab values.** | 1□ | 2□ | 3□ | 4□ |
| **5c. Provide better preventive care (e.g., vaccine, cancer screening) recommended by an EHR.** | 1□ | 2□ | 3□ | 4□ |
| **5d. Provide worse care for patients with chronic conditions based on clinical guidelines.** | 1□ | 2□ | 3□ | 4□ |
| **5e. Order a needed lab test (such as HbA1c or LDL).** | 1□ | 2□ | 3□ | 4□ |
| **5f. Order fewer unnecessary tests because of EHR prompts.** | 1□ | 2□ | 3□ | 4□ |
| **5g. Prescribe more on-formulary drugs rather than off-formulary drugs.** | 1□ | 2□ | 3□ | 4□ |
| **5h. Use available tools in the EHR (e.g., trending, web-based tools, risk assessments) to enhance patient care.** | 1□ | 2□ | 3□ | 4□ |
| **5i. Communicate more directly with a patient via email or secure messaging.** | 1□ | 2□ | 3□ | 4□ |
| **5j. Access my patient’s chart electronically to work remotely (e.g., from home).** | 1□ | 2□ | 3□ | 4□ |

1. **Please indicate which functions you would value most in an EHR. Also, in the far right column, select what you consider to be the 3 MOST IMPORTANT FEATURES.**

|  | **Very Important** | **Somewhat Important** | **Not Important** | **Important Features**  **(Max of 3)** |
| --- | --- | --- | --- | --- |
| **6a. Electronic billing?** | 1□ | 2□ | 3□ | 4□ |
| **6b. Recording a patient problem list?** | 1□ | 2□ | 3□ | 4□ |
| **6c. Recording clinical notes?** | 1□ | 2□ | 3□ | 4□ |
| **6d. Availability of the patient’s medication and allergy lists?** | 1□ | 2□ | 3□ | 4□ |
| **6e. Ordering prescriptions electronically (sending a prescription directly to a pharmacy at the point-of-care)?** | 1□ | 2□ | 3□ | 4□ |
| **6f. Clinical decision support (e.g., alerts for drug interactions or contraindications)** | 1□ | 2□ | 3□ | 4□ |
| **6g. Providing reminders for guideline-based interventions or screening tests?** | 1□ | 2□ | 3□ | 4□ |
| **6h. Ordering lab tests electronically at point-of-care?** | 1□ | 2□ | 3□ | 4□ |
| **6i. Providing standard order sets related to a particular condition or procedure?** | 1□ | 2□ | 3□ | 4□ |
| **6j. Viewing lab and imaging diagnostics** | 1□ | 2□ | 3□ | 4□ |
| **6k. Viewing data on quality of care measures?** | 1□ | 2□ | 3□ | 4□ |
| **6l. Exchanging patient clinical summaries with other providers?** | 1□ | 2□ | 3□ | 4□ |
| **6m. Providing patients with clinical summaries for each visit?** | 1□ | 2□ | 3□ | 4□ |
| **6n. Exchanging secure messages with patients?** | 1□ | 2□ | 3□ | 4□ |

1. **Are you familiar with the following government incentives related to EHRs?**

|  | **Yes,**  **I do not plan to participate** | **Yes,**  **I plan to participate** | **Yes,**  **I have participated** | **Not familiar** |
| --- | --- | --- | --- | --- |
| **Incentive payments for the *meaningful use* of EHRs:** |  |  |  |  |
| **7a1. For Medicare providers** | 1□ | 2□ | 3□ | 4□ |
| **7a2. For Medicaid providers** | 1□ | 2□ | 3□ | 4□ |
| **7b. Regional Extension Centers assist with EHR implementation & use** | 1□ | 2□ | 3□ | 4□ |

1. **How much do you estimate it would cost your practice to implement an EHR, per physician?**

1□ under $20,000

2□ $20,000 to $30,000

3□ $30,000 to $40,000

4□ $40,000 to $50,000

5□ $50,000 to $60,000

6□ Over $60,000

1. **Please think about your experiences with *new* computer systems and software. Overall, how easy or difficult is it for you to use new technology?**

1□ Very difficult

2□ Somewhat difficult

3□ Neither difficult nor easy

4□ Somewhat easy

5□ Very Easy

1. **How many of the following types of staff work at this location (FTE not including physicians nor mid-level providers)?**
2. \_\_\_\_\_\_\_\_Nurses (RN/LPN)
3. \_\_\_\_\_\_\_\_Medical Assistants (MA)
4. \_\_\_\_\_\_\_\_Administrative staff
5. \_\_\_\_\_\_\_\_IT staff
6. \_\_\_\_\_\_\_\_Other staff
7. **In what year did you first practice medicine, after completing residency or fellowship?** \_\_\_\_\_\_\_(YYYY)
8. **What is your ethnicity?**

1□ Hispanic or Latino

2□ Not Hispanic or Latino

1. **What is your race? (check all that apply)**

1□ White

2□ Black/African American

3□ Asian

4□ Native Hawaiian/Other Pacific Islander

5□ American Indian/Alaska Native

1. **Who completed this survey?**

1□ The physician to whom it was addressed

2□ Office staff

3□ Other

***Thank you for your participation. Please return your survey in the envelope***

Boxes for Admin Use

***provided. If you have misplaced this envelope, please send the EMR survey to***

***the following address: 2605 Meridian Parkway, Suite 200, Durham, NC 27713***