|  |
| --- |
| 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 EHR Supplement 2011

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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****.* |

The purpose of the National Physician Workflow study is to collect information about the adoption of electronic health records (EHR). Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

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

1□ We have implemented and are actively using an EHR system.

2□ We are in the process of implementing an EHR system.

1. **Overall, how satisfied or dissatisfied are you with your EHR system?**

1□ Very satisfied

2□ Somewhat satisfied

3□ Somewhat dissatisfied

4□ Very Dissatisfied

1. **Would you purchase this EHR again?**

1□ Yes

2□ No

1. **Do you have plans to upgrade your EHR system in the next 12 months to meet meaningful use criteria?**

1□ Yes

2□ No

1. **Which of the following best represents your EHR system?**

1□ **Stand alone** – (Client server) A self-contained system, where data and application functionality are delivered onsite.

2□ **Web-based design** (Cloud system or Application Service Provider (ASP)) – Vendor hosts the EHR system and stores data. Practice accesses the system and data through the Internet.

1. **Please indicate to what extent you experienced the following as a barrier to implementing an EHR system.**

|  | **Major Barrier** | **Minor Barrier** | **Not a Barrier** |
| --- | --- | --- | --- |
| **6a. Cost of purchasing an EHR system** | 1□ | 2□ | 3□ |
| **6b. Annual cost of maintaining an EHR system** | 1□ | 2□ | 3□ |
| **6c. Ability to secure financing for an EHR system** | 1□ | 2□ | 3□ |
| **6d. Finding an EHR system that meets my practice’s needs** | 1□ | 2□ | 3□ |
| **6e. Effort needed to select an EHR system** | 1□ | 2□ | 3□ |
| **6f. Access to high speed Internet (e.g., broadband, cable)** | 1□ | 2□ | 3□ |
| **6g. Loss of productivity during the transition to an EHR system** | 1□ | 2□ | 3□ |
| **6h. Adequacy of EHR technical support** | 1□ | 2□ | 3□ |
| **6i. Adequacy of training** | 1□ | 2□ | 3□ |
| **6j. Reliability of the system (e.g., EHR down or unavailable when needed)** | 1□ | 2□ | 3□ |
| **6k. Reaching consensus within the practice to select an EHR.** | 1□ | 2□ | 3□ |
| **6l. Resistance of my practice to change work habits.** | 1□ | 2□ | 3□ |

1. **Indicate the extent you agree with the following statements since your practice implemented its EHR system.**

|  | **Strongly Agree** | **Somewhat Agree** | **Somewhat Disagree** | **Strongly**  **Disagree** |
| --- | --- | --- | --- | --- |
| **7a. Overall, my practice has functioned more efficiently with an EHR system.** | 1□ | 2□ | 3□ | 4□ |
| **7b. The amount of time spent to plan, review, order, and document care has increased.** | 1□ | 2□ | 3□ | 4□ |
| **7c. The amount of time spent responding to pharmacy calls increased.** | 1□ | 2□ | 3□ | 4□ |
| **7d. My practice saves on costs associated with managing and storing paper records.** | 1□ | 2□ | 3□ | 4□ |
| **7e. The number of weekly office visits increased.** | 1□ | 2□ | 3□ | 4□ |
| **7f. My practice receives lab results faster.** | 1□ | 2□ | 3□ | 4□ |
| **7g. I trust the patient information that I receive from other providers (e.g., lab results).** | 1□ | 2□ | 3□ | 4□ |
| **7h. The EHR has disrupted the way I interact with my patients.** | 1□ | 2□ | 3□ | 4□ |
| **7i. My EHR is an asset when recruiting physicians to join the practice.** | 1□ | 2□ | 3□ | 4□ |
| **7j. My EHR has many clinical benefits for my practice.** | 1□ | 2□ | 3□ | 4□ |
| **7k.The EHR has posed a risk to patient data confidentiality.** | 1□ | 2□ | 3□ | 4□ |
| **7l. The EHR has been a good investment for my practice.** | 1□ | 2□ | 3□ | 4□ |
| **7m. I’m not sure that I can count on receiving an incentive payment for using my EHR.** | 1□ | 2□ | 3□ | 4□ |
| **7n. My practice delivers better patient care when records are readily available at the point-of-care.** | 1□ | 2□ | 3□ | 4□ |
| **7o. Billing for services is less complete.** | 1□ | 2□ | 3□ | 4□ |
| **7p. Sending prescriptions electronically saves me time.** | 1□ | 2□ | 3□ | 4□ |

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

|  | **Major Influence to Adopt** | **Minor Influence to Adopt** | **Not an Influence** |
| --- | --- | --- | --- |
| **8a. Government incentive payments for EHR use** | 1□ | 2□ | 3□ |
| **8b. Financial penalties for not using an EHR** | 1□ | 2□ | 3□ |
| **8c. Availability of government-certified products** | 1□ | 2□ | 3□ |
| **8d. Assistance with EHR vendor/product selection** | 1□ | 2□ | 3□ |
| **8e. Technical assistance with EHR implementation in your practice** | 1□ | 2□ | 3□ |
| **8f. Use of EHRs by trusted colleagues** | 1□ | 2□ | 3□ |
| **8g. Requirement to use EHR for maintenance of board certification** | 1□ | 2□ | 3□ |

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

|  | **Not familiar with program** | **Familiar, but do not participate** | **Participate in**  **program** |
| --- | --- | --- | --- |
| **Incentive payment programs for the *meaningful use* of EHRs:** |  |  |  |
| **9a1. For Medicare providers** | 1□ | 2□ | 3□ |
| **9a2. For Medicaid providers** | 1□ | 2□ | 3□ |
| **9b. Regional extension centers assist with EHR implementation & use** | 1□ | 2□ | 3□ |
| **9c. Medicare financial penalties for not using an EHR beginning in 2015** | 1□ | 2□ | n/a |

1. **In the last 30 days has your EHR system helped you to…**

|  | **Yes** | **No** |
| --- | --- | --- |
| **10a. Avoid medication errors?** | 1□ | 2□ |
| **10b. Be alerted to critical lab values?** | 1□ | 2□ |
| **10c. Provide preventive care (e.g., vaccine, cancer screening)?** | 1□ | 2□ |
| **10d. Provide care that meets clinical guidelines for patients with chronic conditions?** | 1□ | 2□ |
| **10e. Order needed lab test (such as HbA1c or LDL)?** | 1□ | 2□ |
| **10f. Order fewer unnecessary tests?** | 1□ | 2□ |
| **10g. Prescribe more on-formulary drugs rather than off-formulary drugs?** | 1□ | 2□ |
| **10h. Use tools available in the EHR (e.g., trending, web-based tools, risk assessments) to enhance patient care?** | 1□ | 2□ |
| **10i. Communicate directly with a patient via email or secure messaging?** | 1□ | 2□ |
| **10j. Access your patient’s chart electronically to work remotely (e.g., from home)?** | 1□ | 2□ |

1. **Please indicate the level of ease or difficulty for each EHR function below. If your EHR does not have this function or you do not use it, mark not applicable. How easy or difficult is the EHR function for…**

|  | **Very Easy** | **Easy** | **Difficult** | **Very Difficult** | **Not applicable** |
| --- | --- | --- | --- | --- | --- |
| **11a. Electronic billing?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11b. Recording a patient problem list?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11c. Recording clinical notes?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11d. Recording a comprehensive list of the patient’s medication and allergies?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11e. Ordering prescriptions electronically (sending a prescription directly to a pharmacy at the point-of-care)?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11f. Clinical decision support (e.g., alerts for drug interactions or contraindications)** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11f. Providing reminders for guideline-based interventions or screening tests?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11g. Ordering lab tests electronically at point-of-care?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11h. Providing standard order sets related to a particular condition or procedure?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11i. Viewing lab results?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11j. Viewing imaging reports?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11k. Viewing data on quality of care measures?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11l. Exchanging patient clinical summaries with other providers?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11m. Providing patients with clinical summaries for each visit?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **11n. Exchanging secure messages with patients?** | 1□ | 2□ | 3□ | 4□ | 5□ |

1. **Did your practice receive any assistance on practice workflow prior to implementing the EHR system? (check all that apply)**

1 □Yes, from an EHR vendor or consultant (Go to Question 12a)

2□ Yes, from a Regional Extension Center (REC) (Go to Question 12a)

3□ Yes from both EHR vendors or consultants and RECs (Go to Question 12a)

4□ No (skip to Question 13)

**If yes, please indicate how satisfied or dissatisfied you were with the planning to install your EHR.**

|  | **Strongly Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Strongly**  **Dissatisfied** |
| --- | --- | --- | --- | --- |
| **12a. Assessment of your practice workflow and needs** | 1□ | 2□ | 3□ | 4□ |
| **12b. Developing new processes to use the EHR** | 1□ | 2□ | 3□ | 4□ |
| **12c.** **Adjusting the roles of your practice staff** | 1□ | 2□ | 3□ | 4□ |

1. **What was the total per physician purchase cost for your practice’s EHR system, including software, hardware, cabling, telecommunications upgrades, building modifications, and training?**

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. **Which of the following is the annual per physician maintenance cost for your practice’s EHR system, including all infrastructure (software/hardware), support, trainings, add-ons, and server & vendor costs?**

1□ under $4,000

2□ $4,000 to $6,000

3□ $6,000 to $8,000

4□ $8,000 to $10,000

5□ $10,000 to $12,000

6□ Over $12,000

1. **How long did it take your practice to overcome the initial productivity challenges typical with implementing an EHR system?**

1□ 0 to 2 weeks

2□ 2 weeks to 1 month

3□ 1 to 3 months

4□ 3 to 6 months

5□ More than 6 months

6□ Have not yet returned to pre-EHR productivity levels

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 days, on average, did clinical staff spend in training to implement your practice’s EHR system?**

1□ 1-3 days

2□ 3-5 days

3□ 1 week

4□ 2 weeks

5□ Over 2 weeks

6□ Did not receive training

1. **How many days, on average, did non-clinical staff spend in training to implement your EHR system?**

1□ 1-3 days

2□ 3-5 days

3□ 1 week

4□ 2 weeks

5□ Over 2 weeks

6□ Did not receive training

1. **In what year did you first practice medicine, after completing residency or fellowship?**

\_\_\_\_\_(YYYY)

1. **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. **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. **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***