

Attachment 1a – Physician Workflow and Electronic Health Records (EHR) Adoption Survey (some adoption)

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Physician Workflow EHR Supplement 2011

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.

*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 implementation status?**
- 1 We have implemented and are actively using an EHR system.
 - 2 We are in the process of implementing an EHR system.
2. **Overall, how satisfied or dissatisfied are you with your EHR system?**
- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Somewhat dissatisfied
 - 4 Very Dissatisfied
3. **Would you purchase this EHR again?**
- 1 Yes
 - 2 No
4. **Do you have plans to upgrade your EHR system in the next 12 months to meet meaningful use criteria?**
- 1 Yes
 - 2 No
5. **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.
6. **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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6b. Annual cost of maintaining an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6c. Ability to secure financing for an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6d. Finding an EHR system that meets my practice's needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6e. Effort needed to select an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6f. Access to high speed Internet (e.g., broadband, cable)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6g. Loss of productivity during the transition to an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6h. Adequacy of EHR technical support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6i. Adequacy of training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6j. Reliability of the system (e.g., EHR down or unavailable when needed)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6k. Reaching consensus within the practice to select an EHR.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6l. Resistance of my practice to change work habits.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

8. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8b. Financial penalties for not using an EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8c. Availability of government-certified products	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8d. Assistance with EHR vendor/product selection	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8e. Technical assistance with EHR implementation in your practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8f. Use of EHRs by trusted colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8g. Requirement to use EHR for maintenance of board certification	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

9. 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 <i>meaningful use</i> of EHRs:			
9a1. For Medicare providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9a2. For Medicaid providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9b. Regional extension centers assist with EHR implementation & use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9c. Medicare financial penalties for not using an EHR beginning in 2015	1 <input type="checkbox"/>	2 <input type="checkbox"/>	n/a

10. In the last 30 days has your EHR system helped you to...

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

11. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11b. Recording a patient problem list?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11c. Recording clinical notes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11d. Recording a comprehensive list of the patient's medication and allergies?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11e. Ordering prescriptions electronically (sending a prescription directly to a pharmacy at the point-of-care)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11f. Clinical decision support (e.g., alerts for drug interactions or contraindications)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11f. Providing reminders for guideline-based interventions or screening tests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11g. Ordering lab tests electronically at point-of-care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11h. Providing standard order sets related to a particular condition or procedure?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11i. Viewing lab results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11j. Viewing imaging reports?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11k. Viewing data on quality of care measures?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11l. Exchanging patient clinical summaries with other providers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11m. Providing patients with clinical summaries for each visit?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11n. Exchanging secure messages with patients?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

12. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12b. Developing new processes to use the EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12c. Adjusting the roles of your practice staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

13. 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

14. 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

15. 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

16. 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

17. 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

18. 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

19. In what year did you first practice medicine, after completing residency or fellowship?
_____ (YYYY)

20. What is your ethnicity?

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

21. 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

22. How many of the following types of staff work at this location (FTE not including physicians nor mid-level providers)?

- a. _____ Nurses (RN/LPN)
- b. _____ Medical Assistants (MA)
- c. _____ Administrative staff
- d. _____ IT staff
- e. _____ Other staff

25. 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 provided. If you have misplaced this envelope, please send the EMR survey to the following address: 2605 Meridian Parkway, Suite 200, Durham, NC 27713

Boxes for Admin Use

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