ATTACHMENT T

NAMCS EMR Supplement 2010

National Ambulatory Medical Care Survey (NAMCS):

Electronic Medical Records Supplement 2010

The purpose of the National Study of Electronic Medical Records/Electronic Health Records (EMR/EHR) is to collect information about physician office practices and the adoption of electronic medical records in ambulatory care settings. 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 866-635-4515.

1. **We have your specialty as**

    Is that correct?

    ☐1   Yes

    ☐2   No   →   What is your specialty? _____

> *The following questions ask about **ambulatory patients**. We define ambulatory patients as any patients coming to see you for personal health services who are not currently on the premises.*

2. **Do you directly care for any ambulatory patients in your work?**

    ☐1   Yes   ——————→   *Continue to Question 3.*

    ☐2   No

    ☐3   I am no longer in practice

    Please stop here and return the questionnaire in the envelope provided. Thank you for your time.

3. **In a typical year, about how many weeks do you NOT see any ambulatory patients because of such events as conferences, vacations, illness, etc.?**

    _____ weeks

> *The next set of questions asks about a **normal week**. We define a normal week as a week with a normal case load, no holidays, vacations, or conferences.*

4. **Overall, at how many office locations do you see ambulatory patients in a normal week?**

    _____ locations

5. **During your last normal week of practice how many patient visits did you have at all locations?**

    _____ visits

6. **During your last normal week of practice, about how many encounters of the following type did you make with patients?**

    1.   Nursing home visits   _____

    2.   Other home visits   _____

    3.   Hospital visits   _____

    4.   Telephone consults   _____

    5.   Internet / e-mail consults   _____

7. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.

- ☐1   Private solo or group practice
- ☐2   Freestanding clinic/urgicenter (not part of a hospital outpatient department)
- ☐3   Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or "look alike" clinics)
- ☐4   Mental Health Center
- ☐5   Non-federal Government clinic (e.g., state, county, city, maternal and child health, etc.)
- ☐6   Family planning clinic (including Planned Parenthood)
- ☐7   Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)
- ☐8   Faculty Practice Plan

8. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.

- ☐9   Hospital emergency department
- ☐10   Hospital outpatient department
- ☐11   Ambulatory surgicenter
- ☐12   Institutional setting (school infirmary, nursing home, prison)
- ☐13   Industrial outpatient facility
- ☐14   Federal Government operated clinic (e.g., VA, military, etc.)
- ☐15   Laser vision surgery

9. At which of the settings in _question 7_ do you see the most ambulatory patients? WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.

_____   ☐16 Did not check any boxes in question 7

⬇

*If you **only** see patients in a **reporting location** checked in **question 8**, please mark box 16 above, stop and return the questionnaire in the envelope provided. Thank you for your time.*

*For the remaining questions, please answer regarding the **reporting location indicated in question 9** even if it is not the location where this survey was sent.*

10. What are the county, state, zip code and telephone number of the _reporting location_?

Country   USA

County _____

State _____

Zip Code _____

Telephone (   )   - _____

11. During your last _normal_ week of practice, approximately how many office visits did you have at the _reporting location_? (A normal week would be one with a normal case load, no holidays, vacations or conferences.)

Note: Please only include visits where you personally saw the patient.

_____ office visits

12. Is the reporting location a solo practice, or are you associated with other physicians in a partnership, in a group practice or in some other way?

- ☐1   Solo   →   **SKIP to Question 15**
- ☐2   Associated with others

13. How many physicians are associated with you at the reporting location?

_____ physicians

14. Is the reporting location a single- or multi-specialty (group) practice?

- ☐1   Single
- ☐2   Multi

15. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with the reporting location?

_____ mid-level providers

16. Does the reporting location submit _claims_ electronically _(electronic billing)?_

- ☐1   Yes, all electronic
- ☐2   Yes, part paper and part electronic
- ☐3   No
- ☐4   Unknown

17. Does the reporting location use an electronic _medical_ record (EMR) or electronic _health_ record (EHR) system? Do not include billing record systems.

□1   Yes, all electronic

□2   Yes, part paper and part electronic   } *Go to Question 17a.*

□3   No

□4   Unknown   } *Skip to Question 18.*

17a. Which year did you install your EMR/EHR system? _____

17b. What is the name of your current EMR/EHR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.

□1 Allscripts	□5 Epic	□9 HealthPort	□13 Practice One
□2 Cerner	□6 eMDs	□10 McKesson	□14 Sage Intergy
□3 eClinicalWorks	□7 GE Centricity	□11 NextGen	□15 Other_____
□4 Eclipsys	□8 Greenway Medical	□12 Praxis	□16 Unknown

18. At the reporting location, are there plans for installing a new EMR/EHR system within the next 18 months?

□1 Yes   □2 No   □3 Maybe   □4 Unknown

19. Please indicate whether the reporting location has each of the _computerized capabilities_ listed below. CHECK NO MORE THAN ONE BOX PER ROW. Does the reporting location have a _computerized system_ for:

	Yes	Yes, but turned off or not used	No	Unknown
19a. Patient history & demographic information?	1□ *Go to 19a1*	2□ *Skip to 19b*	3□ *Skip to 19b*	4□ *Skip to 19b*
19a1. If yes, does this include a patient problem list?	1□	2□	3□	4□
19b. Clinical notes?	1□ *Go to 19b1*	2□ *Skip to 19c*	3□ *Skip to 19c*	4□ *Skip to 19c*
19b1. If yes, do they include a list of medications that the patient is taking?	1□	2□	3□	4□
19b2. If yes, does this include a comprehensive list of the patient's allergies (including allergies to medication)?	1□	2□	3□	4□
19c. Orders for prescriptions?	1□ *Go to 19d1*	2□ *Skip to 19e*	3□ *Skip to 19e*	4□ *Skip to 19e*
19c1. If yes, are warnings of drug interactions or contraindications provided?	1□	2□	3□	4□
19c2. If yes, are prescriptions sent electronically to the pharmacy?	1□	2□	3□	4□
19d. Orders for lab tests?	1□ *Go to 19d1*	2□ *Skip to 19e*	3□ *Skip to 19e*	4□ *Skip to 19e*
19d1. If yes, are orders sent electronically?	1□	2□	3□	4□

	Yes	Yes, but turned off or not used	No	Unknown
19e. Viewing lab results?	1☐ *Go to 19e1*	2☐ *Skip to 19f*	3☐ *Skip to 19f*	4☐ *Skip to 19f*
19e1. If yes, are results incorporated into EMR/EHR?	1☐	2☐	3☐	4☐
19e2. If yes, are out of range levels highlighted?	1☐	2☐	3☐	4☐
19f. Viewing imaging results?	1☐	2☐	3☐	4☐
19g. Reminders for guideline-based interventions or screening tests?	1☐	2☐	3☐	4☐
19h. Electronic reporting to immunization registries?	1☐	2☐	3☐	4☐

20. At the reporting location, if orders for prescriptions or lab tests are submitted electronically, who submits them? CHECK ALL THAT APPLY.

☐1 Prescribing practitioner

☐2 Other clinician (including RN)

☐3 Lab technician

☐4 Administrative personnel

☐5 Other

☐6 Prescriptions and lab test orders not submitted electronically

21. Beginning in 2011, Medicare and Medicaid will offer incentives to practices that have "meaningful use of Health IT". At the reporting location, are there plans to apply for Medicare or Medicaid incentive payments for meaningful use of Health IT?

☐1 Yes, we intend to apply ⟶ *Go to Question 21a.*

☐2 Uncertain whether we will apply

☐3 No, we will not apply } *Skip to Question 22.*

21a. What year do you expect to apply for the meaningful use payments?

☐1 2011

☐2 2012

☐3 After 2012

☐4 Unknown

21b. What incentive payment do you plan to apply for? CHECK ONE.

☐1 Medicare

☐2 Medicaid

☐3 Unknown

22. Are you a full- or part-owner, employee, or independent contractor of the reporting location? CHECK ONE.

☐1 Owner (full or part)

☐2 Employee

☐3 Contractor

23. Who owns the reporting location? CHECK ONE.

☐1 Physician or physician group

☐2 HMO

☐3 Community health center

☐4 Medical / academic health center

☐5 Other hospital

☐6 Other health care corporation

☐7 Other

24. At the reporting location, what percent of your patient care revenue comes from the following?

1. Medicare _____ %
2. Medicaid _____ %
3. Private insurance _____ %
4. Patient payments _____ %
5. Other (including charity, research, CHAMPUS, VA, etc.) _____ %

TOTAL   **100%**

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 27713-5254