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| **NOTICE -** Public reporting burden of this collection of information is estimated to average 20 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 Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0234).  **Assurance of Confidentiality -** All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes 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 (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). |

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.

|  |
| --- |
| For the following questions, please respond about your use of EHRs**at 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.

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. **Including your current system, how many EHR systems have you used? \_\_\_\_\_\_\_\_\_\_\_ systems**
2. **Estimate the approximate number of years you have used any EHR system.**

1□ Under 1 year 2□ **\_\_\_\_\_** year(s**)**

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)) – Service provider hosts the EHR system and stores data. Practice accesses the system and data through the Internet.

1. **Does your current system meet meaningful use criteria as defined by the Centers for Medicare and Medicaid Services (CMS)?**

1□ Yes

2□ No

3□ Uncertain

| 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** |
| --- | --- | --- | --- |
| **8a. Finding an EHR system that meets my practice’s needs** | 1□ | 2□ | 3□ |
| **8b. Effort needed to select an EHR system** | 1□ | 2□ | 3□ |
| **8c. Cost of purchasing an EHR system** | 1□ | 2□ | 3□ |
| **8d. Annual cost of maintaining an EHR system** | 1□ | 2□ | 3□ |
| **8e. Ability to secure financing for an EHR system** | 1□ | 2□ | 3□ |
| **8f. Access to high speed Internet (e.g., broadband, cable)** | 1□ | 2□ | 3□ |
| **8g. Loss of productivity during the transition to an EHR system** | 1□ | 2□ | 3□ |
| **8h. Adequacy of EHR technical support** | 1□ | 2□ | 3□ |
| **8i. Adequacy of training for you and your staff** | 1□ | 2□ | 3□ |
| **8j. Reliability of the system (e.g., EHR down or unavailable when needed)** | 1□ | 2□ | 3□ |
| **8k. Reaching consensus within the practice to select an EHR.** | 1□ | 2□ | 3□ |
| **8l. Resistance of my practice to change work habits.** | 1□ | 2□ | 3□ |

| 1. **Please indicate whether you agree or disagree with the following statements about using your EHR system.** | **Strongly Agree** | **Somewhat Agree** | **Somewhat Disagree** | **Strongly**  **Disagree** |
| --- | --- | --- | --- | --- |
| **9a. Overall, my practice has functioned more efficiently with an EHR system.** | 1□ | 2□ | 3□ | 4□ |
| **9b. The amount of time spent to plan, review, order, and document care has increased.** | 1□ | 2□ | 3□ | 4□ |
| **9c. The amount of time spent responding to pharmacy calls increased.** | 1□ | 2□ | 3□ | 4□ |
| **9d. Sending prescriptions electronically saves me time.** | 1□ | 2□ | 3□ | 4□ |
| **9e. The number of weekly office visits increased.** | 1□ | 2□ | 3□ | 4□ |
| **9f. My practice receives lab results faster.** | 1□ | 2□ | 3□ | 4□ |
| **9g. My practice saves on costs associated with managing and storing paper records.** | 1□ | 2□ | 3□ | 4□ |
| **9h. Billing for services is less complete.** | 1□ | 2□ | 3□ | 4□ |
| **9i. My EHR produces financial benefits for my practice.** | 1□ | 2□ | 3□ | 4□ |
| **9j. My EHR produces clinical benefits for my practice.** | 1□ | 2□ | 3□ | 4□ |
| **9k. My EHR has allowed me to deliver better patient care** | 1□ | 2□ | 3□ | 4□ |
| **9l. My EHR has made records more readily available at the point of care** | 1□ | 2□ | 3□ | 4□ |
| **9m. The EHR has disrupted the way I interact with my patients.** | 1□ | 2□ | 3□ | 4□ |
| **9n. My EHR is an asset when recruiting physicians to join the practice.** | 1□ | 2□ | 3□ | 4□ |
| **9o.The EHR has enhanced patient data confidentiality.** | 1□ | 2□ | 3□ | 4□ |

| **10. Are you familiar with the following:** | **Not familiar with program** | **Familiar, but do not participate** | **Familiar and plan to participate** | **Participate in**  **program** |
| --- | --- | --- | --- | --- |
| **10a.** Incentive payments for the *meaningful use* of EHRs for Medicare physicians? | 1□ | 2□ | 3□ | 4□ |
| **10b**. Incentive payments for the *meaningful use* of EHRs or Medicaid physicians? | 1□ | 2□ | 3□ | 4□ |
| **10c**. Assistance available through regional extension centers on EHR selection, implementation, and use? | 1□ | 2□ | 3□ | 4□ |

| 1. **How much of an influence did the following have on your decision to adopt an EHR system?** | **Major Influence to Adopt** | **Minor Influence to Adopt** | **Not an Influence** |
| --- | --- | --- | --- |
| **11a. Government incentive payments for EHR use** | 1□ | 2□ | 3□ |
| **11b. Upcoming financial penalties for not using an EHR** | 1□ | 2□ | 3□ |
| **11c. Availability of government-certified products** | 1□ | 2□ | 3□ |
| **11d. Assistance with selecting an EHR system** | 1□ | 2□ | 3□ |
| **11e. Technical assistance with EHR implementation in your practice** | 1□ | 2□ | 3□ |
| **11f. EHR systems being used by trusted colleagues** | 1□ | 2□ | 3□ |
| **11g. Capability of exchanging information electronically within your referral network** | 1□ | 2□ | 3□ |
| **11h. Requirement to use an EHR for maintenance of board certification** | 1□ | 2□ | 3□ |

| **12. Has your use of an EHR led to…** | **Yes, within the past 30 days** | **Yes, but not within the past 30 days** | **No** | **Not Applicable** |
| --- | --- | --- | --- | --- |
| **12a.** **being alerted to a potential medication error?** | 1□ | 2□ | 3□ | 4□ |
| **12b.** **being alerted electronically to critical lab values?** | 1□ | 2□ | 3□ | 4□ |
| **12c.** **being reminded to provide preventive care (e.g., vaccine, cancer screening)?** | 1□ | 2□ | 3□ | 4□ |
| **12d.** **Being reminded to provide care that meets clinical guidelines for patients with chronic conditions?** | 1□ | 2□ | 3□ | 4□ |
| **12e.** **Ordering needed lab test (such as HbA1c or LDL)?** | 1□ | 2□ | 3□ | 4□ |
| **12f.** **Ordering fewer tests due to better availability of lab results** | 1□ | 2□ | 3□ | 4□ |
| **12g.** **Prescribing on-formulary drugs rather than off-formulary drugs?** | 1□ | 2□ | 3□ | 4□ |
| **12h. Using tools available in the EHR (e.g., registry, quality measurement) to enhance care for patients?** | 1□ | 2□ | 3□ | 4□ |
| **12i. Communicating directly with a patient via email or secure messaging?** | 1□ | 2□ | 3□ | 4□ |
| **12j. Accessing a patient’s chart electronically to work remotely (e.g., from home)?** | 1□ | 2□ | 3□ | 4□ |

| 1. **Please indicate your 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** |
| --- | --- | --- | --- | --- | --- |
| **13a.** **Electronic billing?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13b.** **Recording a patient problem list?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13c.** **Recording clinical notes?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13d.** **Recording a comprehensive list of the patient’s medication and allergies?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13e.** **Ordering prescriptions electronically (sending a prescription directly to a pharmacy at the point-of-care)?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13f.** **Clinical decision support (e.g., alerts for drug interactions or contraindications)** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13g.** **Providing reminders for guideline-based interventions or screening tests?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13h.** **Ordering lab tests electronically at point-of-care?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13i.** **Providing standard order sets related to a particular condition or procedure?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13j.** **Viewing lab results?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13k.** **Viewing imaging reports?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13l.** **Viewing data on quality of care measures?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13m.** **Exchanging patient clinical summaries with other physicians?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13n.** **Public health reporting?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13o.** **Providing patients with clinical summaries for each visit?** | 1□ | 2□ | 3□ | 4□ | 5□ |
| **13p.** **Exchanging secure messages with patients?** | 1□ | 2□ | 3□ | 4□ | 5□ |

1. **How did you finance your EHR purchase? (CHECK ALL THAT APPLY)**

1□ Cash or operating expense

2□ Commercial bank loan

3□ Local grants

4□ State grants

5□ Federal grants

6□ Foundation grants

7□ Hospital or plan subsidized EHR

8□ Government incentives

9□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **Please estimate the total per physician purchase cost for your practice’s EHR system. Include software, hardware, cabling, telecommunication upgrades, building modifications, & training.**

1□ under $10,000

2□ $10,000 to $19,999

3□ $20,000 to $29,999

4□ $30,000 to $39,999

5□ $40,000 to $49,999

6□ $50,000 to $59,999

7□ $60,000 and over

1. **Please estimate the annual per physician maintenance cost for your practice’s EHR system. Include all infrastructure (software/ hardware), support, trainings, add-ons, server & vendor costs.**

1□ Under $4,000

2□ $4,000 to $5,999

3□ $6,000 to $7,999

4□ $8,000 to $9,999

5□ $10,000 to $11,999

6□ $12,000 and over

1. **How many hours, on average, did clinical staff spend in training to implement your practice’s EHR system?**

1□ 1 to 8 hours

2□ 9 to 40 hours

3□ 41 to 80 hours

4□ Over 80 hours

5□ Did not receive training

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

1□ 1 to 8 hours

2□ 9 to 40 hours

3□ 41 to 80 hours

4□ Over 80 hours

5□ Did not receive training

1. **Did implementing an EHR system adversely affect your productivity?**

1□ Yes (Go to 19a)

2□ No (SKIP to 20)

**19a. If so, how long did it take your practice to overcome any productivity challenges?**

1□ Within 1 month

2□ >1 to 3 months

3□ > 3 to 6 months

4□ >6 to 12 months

5□ >12 to 24 months

6□ Over 24 months

7□ Not yet returned to pre-EHR productivity levels

1. **Did you receive help from EHR vendors in analyzing your practice workflow?**

1□ Yes (Go to 20a)

2□ No (SKIP to 21)

**20a. How satisfied or dissatisfied were you with the help you received from EHR vendors?**

1□ Very satisfied

2□ Somewhat satisfied

3□ Somewhat dissatisfied

4□ Very dissatisfied

1. **Did you receive help from regional extension centers in analyzing your practice workflow?**

1□ Yes (Go to 21a)

2□ No (SKIP to 22

**21a. How satisfied or dissatisfied were you with the help you received from regional extension centers?**

1□ Very satisfied

2□ Somewhat satisfied

3□ Somewhat dissatisfied

4□ Very dissatisfied

1. *How many* **of the following support staff work at this location (FTE)?**

\_\_\_\_\_\_\_\_Nurses (RN/LPN)

\_\_\_\_\_\_\_\_Medical Assistants (MA)

\_\_\_\_\_\_\_\_Administrative staff

\_\_\_\_\_\_\_\_IT staff

\_\_\_\_\_\_\_\_Other staff

**The following are about the** *physician to whom this survey was addressed:*

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. **In what year did you completing residency or fellowship?** \_\_\_\_\_\_\_\_\_(YYYY)
2. **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/Alaskan Native

1. **What is your ethnicity?**

1□ Hispanic or Latino

2□ Not Hispanic or Latino

1. **Who completed this survey?**

1□ The physician to whom it was addressed

2□ Office staff

Boxes for Admin Use

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***