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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 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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| *For the following questions, please respond about your intent to adopt or not adopt an EHR system* ***at this location only.****.* |

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

1□ We do not intend to purchase 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. **Have you ever used any EHR system?**

1□ Yes (Go to 2a)

2□ No (SKIP *to 3*)

**2a. How many EHR systems have you used? \_\_\_\_\_\_\_\_\_\_\_\_systems**

| 1. **Regardless of your plans, to what extent do you view the following as a barrier to adopting an EHR system?**
 | **Major Barrier** | **Minor Barrier** | **Not a Barrier** |
| --- | --- | --- | --- |
| **3a. Cost of purchasing an EHR system** | 1□ | 2□ | 3□ |
| **3b. Annual cost of maintaining an EHR system**  | 1□ | 2□ | 3□ |
| **3c. Ability to secure financing for an EHR system** | 1□ | 2□ | 3□ |
| **3d. Finding an EHR system that meets my practice’s needs**  | 1□ | 2□ | 3□ |
| **3e. Effort needed to select an EHR system** | 1□ | 2□ | 3□ |
| **3f. Access to high speed Internet (e.g., broadband, cable)** | 1□ | 2□ | 3□ |
| **3g. Loss of productivity during the transition to an EHR system** | 1□ | 2□ | 3□ |
| **3h. Adequacy of EHR technical support** | 1□ | 2□ | 3□ |
| **3i. Adequacy of training for you and your staff** | 1□ | 2□ | 3□ |
| **3j. Reliability of the system (e.g., EHR down or unavailable when needed)** | 1□ | 2□ | 3□ |
| **3k. Reaching consensus within the practice to select an EHR** | 1□ | 2□ | 3□ |
| **3l. 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 an EHR system.**
 | **Strongly Agree** | **Somewhat****Agree** | **Somewhat****Disagree** | **Strongly Disagree** |
| **4a. Overall, my practice would function more efficiently with an EHR system.** | 1□ | 2□ | 3□ | 4□ |
| **4b. The amount of time spent to plan, review, order, and document care would increase.** | 1□ | 2□ | 3□ | 4□ |
| **4c. The amount of time spent responding to pharmacy calls would increase.**  | 1□ | 2□ | 3□ | 4□ |
| **4d. Sending prescriptions electronically would save me time.** | 1□ | 2□ | 3□ | 4□ |
| **4e. The number of weekly office visits would increase.** | 1□ | 2□ | 3□ | 4□ |
| **4f. My practice would receive lab results faster.** | 1□ | 2□ | 3□ | 4□ |
| **4g. My practice would save on costs associated with managing and storing paper records.** | 1□ | 2□ | 3□ | 4□ |
| **4h. Billing for services would be less complete.** | 1□ | 2□ | 3□ | 4□ |
| **4i. An EHR would have financial benefits for my practice.** | 1□ | 2□ | 3□ | 4□ |
| **4j. An EHR would have many clinical benefits for my practice.** | 1□ | 2□ | 3□ | 4□ |
| **4k. An EHR would allow me to deliver better patient care** | 1□ | 2□ | 3□ | 4□ |
| **4l. An EHR would make records more readily available at the point-of-care.** | 1□ | 2□ | 3□ | 4□ |
| **4m. An EHR would disrupt the way I interact with my patients.** | 1□ | 2□ | 3□ | 4□ |
| **4n. An EHR would be an asset when recruiting physicians to join the practice.** | 1□ | 2□ | 3□ | 4□ |
| **4o. An EHR would enhance patient data confidentiality.** | 1□ | 2□ | 3□ | 4□ |

| 1. **How much of an influence do you think the following would have on your decision to adopt an EHR system?**
 | **Major Influence to Adopt** | **Minor Influence to Adopt** | **Not an Influence** |
| --- | --- | --- | --- |
| **5a. Government incentive payments for EHR use**  | 1□ | 2□ | 3□ |
| **5b. Financial penalties for not using an EHR** | 1□ | 2□ | 3□ |
| **5c. Availability of government-certified products** | 1□ | 2□ | 3□ |
| **5d. Assistance with selecting an EHR system** | 1□ | 2□ | 3□ |
| **5e. Technical assistance with EHR implementation in your practice** | 1□ | 2□ | 3□ |
| **5f. EHR systems being used by trusted colleagues** | 1□ | 2□ | 3□ |
| **5g. Capability of exchanging information electronically within your referral network** | 1□ | 2□ | 3□ |
| **5h. Requirement to use an EHR for maintenance of board certification** | 1□ | 2□ | 3□ |
| 1. **Please indicate whether you agree or disagree with the following statements.**

**Using an EHR system in my practice would result in…** | **Strongly Disagree** | **Somewhat Disagree** | **Somewhat****Agree** | **Strongly****Agree** |
| **6a. Being alerted to more potential medication errors.** | 1□ | 2□ | 3□ | 4□ |
| **6b. Being alerted to more critical lab values.** | 1□ | 2□ | 3□ | 4□ |
| **6c. Providing better preventive care (e.g., vaccine, cancer screening).** | 1□ | 2□ | 3□ | 4□ |
| **6d. Providing care that meets clinical guidelines for patients with chronic conditions based on clinical guidelines.** | 1□ | 2□ | 3□ | 4□ |
| **6e. Ordering needed lab tests (such as HbA1c or LDL).** | 1□ | 2□ | 3□ | 4□ |
| **6f. Ordering fewer tests due to better availability of lab results.** | 1□ | 2□ | 3□ | 4□ |
| **6g. Prescribing more on-formulary drugs rather than off-formulary drugs.** | 1□ | 2□ | 3□ | 4□ |
| **6h. Using tools available in the EHR (e.g., trending, web-based tools, risk assessments) to enhance patient care.** | 1□ | 2□ | 3□ | 4□ |
| **6i. Communicating more directly with a patient via email or secure messaging.** | 1□ | 2□ | 3□ | 4□ |
| **6j. Accessing a patient’s chart electronically to work remotely (e.g., from home).** | 1□ | 2□ | 3□ | 4□ |

| 1. **Please indicate how important the following features are to include in an EHR system.**

**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)** |
| --- | --- | --- | --- | --- |
| **7a. Electronic billing** | 1□ | 2□ | 3□ | □ |
| **7b. Recording a patient problem list** | 1□ | 2□ | 3□ | □ |
| **7c. Recording clinical notes** | 1□ | 2□ | 3□ | □ |
| **7d. Availability of the patient’s medication and allergy lists** | 1□ | 2□ | 3□ | □ |
| **7e. Ordering prescriptions electronically (sending a prescription directly to a pharmacy at the point-of-care)** | 1□ | 2□ | 3□ | □ |
| **7f. Clinical decision support (e.g., alerts for drug interactions or contraindications)** | 1□ | 2□ | 3□ | □ |
| **7g. Providing reminders for guideline-based interventions or screening tests** | 1□ | 2□ | 3□ | □ |
| **7h. Ordering lab tests electronically at point-of-care** | 1□ | 2□ | 3□ | □ |
| **7i. Providing standard order sets related to a particular condition or procedure** | 1□ | 2□ | 3□ | □ |
| **7j. Viewing lab results** | 1□ | 2□ | 3□ | □ |
| **7k. Viewing imaging reports** | 1□ | 2□ | 3□ | □ |
| **7l. Viewing data on quality of care measures** | 1□ | 2□ | 3□ | □ |
| **7m. Exchanging patient clinical summaries with other physicians** | 1□ | 2□ | 3□ | □ |
| **7n. Public health reporting** | 1□ | 2□ | 3□ | □ |
| **7o. Providing patients with clinical summaries for each visit** | 1□ | 2□ | 3□ | □ |
| **7p. Exchanging secure messages with patients** | 1□ | 2□ | 3□ | □ |

| 1. **Are you familiar with the following:**
 | **Not familiar** | **Familiar, but do not participate** | **Familiar and plan to participate** | **Participate in program** |
| --- | --- | --- | --- | --- |
| **8a.** Incentive payments for the *meaningful use* of EHRs for Medicare physicians? | 1□ | 2□ | 3□ | 4□ |
| **8b**. Incentive payments for the *meaningful use* of EHRs or Medicaid physicians? | 1□ | 2□ | 3□ | 4□ |
| **8c**. Assistance available through regional extension centers on EHR selection, implementation, and use? | 1□ | 2□ | 3□ | 4□ |

1. **Do you plan on purchasing an EHR in the next 12 months?**

 1□ Yes (Go to 9a.)

 2□ No (SKIPto10)

**9a. How do you plan on financing 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. **Are you familiar with the proposed Medicare financial penalties for not using an EHR beginning in 2015?**

 1□ Yes

 2□ No

1. **Please estimate the total per physician purchase cost if your practice implemented an EHR system. Include** **software, hardware, cabling, telecommunication upgrades, building modifications, and training.**

1□ Under $20,000

2□ $20,000 to $29,999

3□ $30,000 to $39,999

4□ $40,000 to $49,999

5□ $50,000 to $59,999

6□ $60,000 and over

**The following questions** (Questions 12-15) **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 first practice medicine, after 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/Alaska Native

1. **What is your ethnicity?**

1□ Hispanic or Latino

2□ Not Hispanic or Latino

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

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 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