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.

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

1.

2. **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.

3. **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

4. 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☐

4. 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
3l. Resistance of my practice to change work habits	1☐	2☐	3☐

4. 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☐

5. 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☐

5. 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
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☐

6.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☐

7.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☐	☐

7. 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)
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☐	☐

8. 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☐

9. **Do you plan on purchasing an EHR in the next 12 months?**
   - 1☐ Yes (Go to 9a.)
   - 2☐ No (SKIP to10)

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: _____)

10. **Are you familiar with the proposed Medicare financial penalties for not using an EHR beginning in 2015?**
   - 1☐ Yes
   - 2☐ No

11. **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:***

12. **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

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

14. **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

15. **What is your ethnicity?**
   - 1☐ Hispanic or Latino
   - 2☐ Not Hispanic or Latino

16. *How many* **of the following support staff work at this location (FTE)?**
   _____ Nurses (RN/LPN)

_____ Medical Assistants (MA)

_____ Administrative staff

_____ IT staff

_____ Other staff

2☐ Office staff

3☐ Other

17. Who completed this survey?

1☐ The physician to whom it was addressed

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