National Ambulatory Medical Care Survey v1.1   OMB No. 0920-0234: Approval expires 03/31/2013

Physician Workflow Supplement Year 2012

The purpose of the Physician Workflow study is to collect information about the experiences office-based physicians are having with and without **electronic health records (EHR)**. Your participation is greatly appreciated and voluntary. Your answers are completely confidential. If you have questions or comments about this survey, please call 866-966-1473.

*This survey asks about **ambulatory care,** that is, care for patients receiving health services without admission to a hospital or other facility*

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

☐1   Yes   *Continue to Question 2.*

☐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.*

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

_____ locations

3. 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

☐9   None of the above

*If you answered **none of the above** in question 3, skip to **question XX).***

*If you checked **any of the boxes 1-8** in question 3, continue to **question 4**.*

4. At which of the settings in question 2 do you see the most ambulatory patients? WRITE THE NUMBER NEXT TO THE BOX YOU CHECKED. _____

*For the remaining questions, please answer regarding the **reporting location indicated in question 3** even if it is not the location where this survey was sent.*

5.   What are the county, state, zip code and telephone number of the *reporting location*?

Country   USA _____

County   _____

State   _____

Zip Code   _____

Telephone   (_____) _____-_____

6.   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 8*

☐2   Associated with other physicians

↓

6a. How many?   _____ physicians

7. Approximately how many of the following types of staff do you have?

_____   **Number of midlevel providers (NP, PA)**

_____   **Number of clinical staff (RN, MA)**

_____   **Number of administrative/ non-clinical staff**

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

☐1   Single   ☐2   Multi

9. Who owns the reporting location? CHECK ONE.
- ☐1 Physician or physician group
- ☐2 Insurance company, health plan, or HMO
- ☐3 Community health center
- ☐4 Medical/academic health center
- ☐5 Other hospital
- ☐6 Other health care corporation
- ☐7 Other

10. At the reporting location, do you participate in a certified *Patient-centered medical home* **arrangement?**
- ☐1 Yes, we participate
- ☐2 No, but we plan to participate
- ☐3 No and we don't plan to participate
- ☐4 Uncertain

11. At the reporting location, do you participate in a *Pay for performance* **arrangement in which you can receive financial bonuses based on your performance**
- ☐1 Yes, we participate
- ☐2 No, but we plan to participate
- ☐3 No and we don't plan to participate
- ☐4 Uncertain

12. At the reporting location, do you participate in an *Accountable care* **arrangement by which you have shared saving with Medicare or private insurers?**
- ☐1 Yes, we participate
- ☐2 No, but we plan to participate
- ☐3 No and we don't plan to participate
- ☐4 Uncertain

13. Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT". At the reporting location, are there plans to apply for these incentive payments?

- ☐1 Yes, we already applied
- ☐2 Yes, we intend to apply
- ☐3 No, we will not apply

   ↳   Please indicate the reason for not applying CHECK ALL THAT APPLY:
   - ☐ Do not meet eligibility criteria
   - ☐ No plans to purchase an EHR
   - ☐ Lack of resources to apply
   - ☐ Process to apply is difficult
   - ☐ Unfamiliar with incentive program
   - ☐ Plan to retire soon, so not interested
   - ☐ Uncertain whether will actually receive incentives
   - ☐ Not ready to implement electronic prescribing
   - ☐ Other, please describe:_____
- ☐4 Uncertain if we will apply

14. Overall, how satisfied are you with practicing medicine?
- ☐1 Very satisfied
- ☐2 Somewhat satisfied
- ☐3 Somewhat dissatisfied
- ☐4 Very dissatisfied

15 Indicate whether you agree or disagree with the following statements.	**Strongly Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Strongly Disagree**
It is possible to provide high quality care to all my patients.	1☐	2☐	3☐	4☐
I spend enough time with my patients during their office visits.	1☐	2☐	3☐	4☐

16. Please indicate whether your patients in your practice can:

View test results online: 1☐**Yes**   2☐**No**

Request referrals online: 1☐**Yes**   2☐**No**

Request refills for prescriptions online: 1☐**Yes**   2☐**No**

Request appointments online: 1☐**Yes**   2☐**No**

17. Please tell us about your patient medical records system for the following tasks, include whether the process is computerized, how easy or difficult it is, and whether this is a routine task for the clinic.	Is this process computerized?		How easy or difficult is this to do with your current medical record system?				Does your practice do this routinely?	
	Yes	No	Very Easy	Somewhat easy	Somewhat difficult	Very Difficult	Yes	No
Population management								
Generate a list of patients by diagnosis	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Generate a list of patients by lab result	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Generate a list of patients by vital signs (e.g., blood pressure)	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Generate a list of patients due or overdue for tests or preventive care	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Track patients who have missed appointments	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Send patients reminders for preventive or follow up care	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Quality improvement								
Generate reports on the quality of care delivered to patients with specific chronic conditions (i.e. H1AC control for diabetic patients)	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Generate reports on quality of care by patient demographic characteristics (e.g., race, ethnicity)	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Submit clinical care measures to payers (e.g., blood pressure control, HA1C, smoking status)	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Patient communication/access to health data								
Provide patients with a clinical summary for each visit	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Exchange secure messages with patients	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Provide patients with a copy of their health information	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Provide a record of patient advanced directives	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Coordination of Care								
Track referral completion	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Obtain information needed to continue managing a patient post-hospital discharge	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐
Share patient clinical information with other providers treating your patient	1☐	2☐	1☐	2☐	3☐	4☐	1☐	2☐

18. Please indicate whether the reporting location has each of the computerized capabilities listed below and how often these capabilities are used. CHECK NO MORE THAN ONE BOX PER ROW.	Yes, used routinely	Yes, but not used routinely	Yes, but turned off or not used	No	Unknown
Recording patient history and demographic information?	1☐	2☐	3☐	4☐ *Skip to 18b*	5☐ *Skip to 18b*
. If yes, does this include a patient problem list?	1☐	2☐	3☐	4☐	5☐
Recording and charting vital signs?	1☐	2☐	3☐	4☐	5☐
Recording patient smoking status?	1☐	2☐	3☐	4☐	5☐
Recording clinical notes?	1☐	2☐	3☐	4☐ *Skip to 18e*	5☐ *Skip to 18e*
If yes, do the notes include a list of the patient's medications and allergies?	1☐	2☐	3☐	4☐	5☐
Ordering prescriptions?	1☐	2☐	3☐	4☐ *Skip to 18f*	5☐ *Skip to 18f*
. If yes, are prescriptions sent electronically to the pharmacy?	1☐	2☐	3☐	4☐	5☐
If yes, are warnings of drug interactions or contraindications provided?	1☐	2☐	3☐	4☐	5☐
Providing reminders for guideline-based interventions or screening tests?	1☐	2☐	3☐	4☐	5☐
. Providing standard order sets related to a particular condition or procedure?	1☐	2☐	3☐	4☐	5☐
Ordering lab tests?	1☐	2☐	3☐	4☐ *Skip to 18i*	5☐ *Skip to 18i*
. If yes, are orders sent electronically?	1☐	2☐	3☐	4☐	5☐
Viewing lab results?	1☐	2☐	3☐	4☐	5☐
Viewing imaging results?	1☐	2☐	3☐	4☐	5☐
. Electronic reporting to immunization registries?	1☐	2☐	3☐	4☐ *Skip to 18o*	5☐ *Skip to 18o*
If yes, reported in standards specified by Meaningful Use criteria?	1☐	2☐	3☐	4☐	5☐

- **An EHR is** a computerized patient medical file integrated to contain patient demographic and clinical data such as prescription records, lab and imaging results, and clinical summaries. EHRs may also include functions for computerized order entry and clinical decision support.
- **An EHR IS NOT** a billing or practice management system. **An EHR is NOT** obtaining medical information from another provider, physician office, or hospital BY faxing, photocopying, or printing the medical information from an external website, and then including the

18. Which of the following best describes your practice's current EHR adoption status?

1☐ We are actively using an EHR system that was installed more than 12 months ago (**GO TO 19)**

2☐ We are actively using an EHR system that was installed within the past 12 months **(GO TO 19)**

3☐ We are not actively using an EHR system but have one installed (*Skip* to *33)*

4☐ We do not have an EHR system (*Skip* to 33)

19. Please indicate whether you agree or disagree with the following statements about using your EHR system.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Overall, my practice has functioned more efficiently with an EHR system.	1☐	2☐	3☐	4☐
The amount of time spent to plan, review, order, and document care has increased.	1☐	2☐	3☐	4☐
The amount of time spent responding to pharmacy calls increased.	1☐	2☐	3☐	4☐
Sending prescriptions electronically saves me time.	1☐	2☐	3☐	4☐
The number of weekly office visits increased.	1☐	2☐	3☐	4☐
My practice receives lab results faster.	1☐	2☐	3☐	4☐
My practice saves on costs associated with managing and storing paper records.	1☐	2☐	3☐	4☐
Billing for services is less complete.	1☐	2☐	3☐	4☐
My EHR produces financial benefits for my practice.	1☐	2☐	3☐	4☐
My EHR produces clinical benefits for my practice.	1☐	2☐	3☐	4☐
My EHR allows me to deliver better patient care.	1☐	2☐	3☐	4☐
My EHR makes records more readily available at the point of care.	1☐	2☐	3☐	4☐
My EHR disrupts the way I interact with my patients.	1☐	2☐	3☐	4☐
My EHR is an asset when recruiting physicians to join the practice.	1☐	2☐	3☐	4☐
My EHR enhances patient data confidentiality.	1☐	2☐	3☐	4☐
My EHR reduces transcription costs	1☐	2☐	3☐	4☐

20. This question is about the ways that an EHR system might affect your clinic. Has your EHR system:	Yes, within 30 days	Yes, but not within 30 days	Not at all	Not Applicable
Alerted you to a potential medication error?	1☐	2☐	3☐	4☐
Led to a potential medication error?	1☐	2☐	3☐	4☐
Alerted you to critical lab values?	1☐	2☐	3☐	4☐
Reminded you to provide preventive care (e.g., vaccine, cancer screening)?	1☐	2☐	3☐	4☐
Reminded you to provide care that meets clinical guidelines for patients with chronic conditions?	1☐	2☐	3☐	4☐
Helped you identify needed lab tests (such as HbA1c or LDL)?	1☐	2☐	3☐	4☐
Helped you order fewer tests due to better availability of lab results?	1☐	2☐	3☐	4☐
Helped you order more on-formulary drugs (as opposed to off-formulary drugs)?	1☐	2☐	3☐	4☐
Facilitated direct communication with a patient (e.g., email or secure messaging)?	1☐	2☐	3☐	4☐
Helped you access a patient's chart remotely (e.g., to work from home)?	1☐	2☐	3☐	4☐
Enhanced overall patient care?	1☐	2☐	3☐	4☐

21. To what extent have you experienced the following as a barrier to using your clinic's EHR system?	Major Barrier	Minor Barrier	Not a Barrier
Annual cost of maintaining an EHR system	1☐	2☐	3☐
Loss of productivity using an EHR system	1☐	2☐	3☐
Adequacy of training for you and your staff	1☐	2☐	3☐
Adequacy of EHR technical support	1☐	2☐	3☐
Access to high speed Internet (e.g., broadband, cable)	1☐	2☐	3☐
Reliability of the system (e.g., EHR down or unavailable when needed)	1☐	2☐	3☐
Templates that are customized to my discipline and clinic	1☐	2☐	3☐
Resistance of your practice to change work habits	1☐	2☐	3☐

22. In which year did you install your EHR system?

Year (YYYY): __/__/__/__   ☐2 Unknown

23. What is the name of your current EHR/EMR system? CHECK ONLY ONE BOX.

☐1 Allscripts   ☐2 Cerner   ☐3 eClinicalWorks ☐4 Epic

☐5 GE/Centricity   ☐6 Greenway Medical   ☐7 McKesson/

☐8 NextGen   ☐9 Sage   Practice Partner

☐10 Other: *specify:_____*   ☐11 Unknown

24. Does your current system meet meaningful use criteria as defined by the Centers for Medicare & Medicaid Services (CMS)?
1☐ Yes (Skip to24a.)
2☐ No (Go to 25)
3☐ Uncertain (Go to 25)
    24a.   Are there plans to upgrade your system to meet meaningful use criteria?
      1☐ Yes, already upgraded
      2☐ Yes, plan to upgrade
      3☐ No
      4☐ Uncertain

25.   Overall, how satisfied or dissatisfied are you with your EHR system?
1☐ Very satisfied
2☐ Somewhat satisfied
3☐ Somewhat dissatisfied
4☐ Very dissatisfied

26. Would you purchase this EHR again?
1☐ Yes
 2☐ No
3☐ Uncertain

27.Over the last year, has using an EHR system affected your productivity?
1☐ Yes, productivity increased

2☐ Yes, productivity decreased
3☐ No. Productivity stayed the same
4☐ Uncertain

28. How many hours, on average, did you spend in ongoing training over the past year to use your practice's EHR?
    ☐1 Did not receive training
    ☐2 1 to 8 hours
    ☐3 9 to 40 hours
    ☐4 41 to 80 hours
    ☐5 Over 80 hours

29. Did you experience changes in clinical staff (e.g., RN, MA) as a result of integrating EHRs in your clinic?
1☐ Yes (Check all that apply)
    ☐ Increased clinical staff
    ☐ Decreased clinical staff
    ☐ Shift in responsibilities among existing clinical staff
    ☐ None of the above apply
2☐ No clinical staff changes
3☐ Uncertain

30. Did you experience changes to administrative/   non-clinical staff as a result of integrating EHRs in your clinic?
1☐ Yes (Check all that apply)
    ☐ Increased administrative staff
    ☐ Decreased administrative staff
    ☐ Shift in responsibilities among existing staff
    ☐ None of the above apply
2☐ No staff or practice changes
3☐ Uncertain

31. Did your practice receive assistance with EHR selection, implementation or use from another organization?

1☐ Yes   [GO TO 31a]   2☐ No   [SKIP to 32]

31a. How satisfied or dissatisfied were you with the help you received from the following groups in selecting,implementing or using your EHR system?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	N/A
EHR vendor	1☐	2☐	3☐	4☐	5☐
Regional extension center	1☐	2☐	3☐	4☐	5☐
Consulting Company	1☐	2☐	3☐	4☐	5☐
Other, Please specify name _____	1☐	2☐	3☐	4☐	5☐

32. At the reporting location, are there plans for installing a new EHR/EMR system within the next 12 months?

☐1Yes   ☐2 No   ☐3 Maybe   ☐4 Unknown

Thank you for your participation. Please return your survey in the envelope provided.
If you have misplaced this envelope, please send this survey to the following address:
2605 Meridian Parkway, Suite 200, Durham, NC 27713

33. Your answers in this survey will be linked to de-identified claims data through your publically accessible NPI number. If unacceptable, indicate below.

☐   Unacceptable

34. What is a reliable E-mail address for the physician to whom this survey was mailed?

_____@_____

35. Who completed this survey?

1☐   The physician to whom it was addressed

2☐   Office staff

3☐   Other