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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 *Please stop here and return the questionnaire in the envelope provided. Thank you for your time.*
- 3 I am no longer in practice

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 34**.*

*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 7*
- 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. Please 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I spend enough time with my patients during their office visits.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

16. 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	Somewh at difficult	Very Difficult	Yes	No
Population management								
Generate a list of patients by diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generate a list of patients by lab result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generate a list of patients by vital signs (e.g., blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generate a list of patients due or overdue for tests or preventive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track patients who have missed appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send patients reminders for preventive or follow up care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality improvement								
Generate reports on the quality of care delivered to patients with specific chronic conditions (i.e. H1AC control for diabetic patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generate reports on quality of care by patient demographic characteristics (e.g., race, ethnicity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submit clinical care measures to payers (e.g., blood pressure control, HA1C, smoking status)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient communication/access to health data								
Provide patients with a clinical summary for each visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exchange secure messages with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide patients with a copy of their health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a record of patient advanced directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of Care								
Track referral completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain information needed to continue managing a patient post-hospital discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share patient clinical information with other providers treating your patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 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 <u>not</u> used routinely	Yes, but turned off or not used	No	Unknown
Recording patient history and demographic information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. If yes, does this include a patient problem list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recording and charting vital signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Skip to 18b
5 Skip to 18b

4
5

4
5

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

18. To what extent do you view the following as a barrier to adopting an EHR system?	Major Barrier	Minor Barrier	Not a Barrier
Reaching consensus within the practice to select an EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Finding an EHR system that meets your practice's needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Effort needed to select an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Cost of purchasing an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Ability to secure financing for an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Annual cost of maintaining an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Loss of productivity during the transition to an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Adequacy of training for you and your staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Adequacy of EHR technical support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Access to high speed Internet (e.g., broadband, cable)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Reliability of the system (e.g., EHR down or unavailable when needed)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Resistance of your practice to change work habits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Lack of demonstrated value of EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

19. How likely do you think an EHR system would be able to:	Very Likely	Somewhat Likely	Not at all Likely	Not Applicable
Alert you to potential medication errors?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Lead you to potential medication errors?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Remind you to provide care that meets clinical guidelines for patients with chronic conditions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Help you order fewer tests due to better availability of lab results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Facilitate direct communication with a patient (e.g., email or secure messaging)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Enhance overall patient care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Reminded you to provide preventive care (e.g., vaccine, cancer screening)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Helped you identify needed lab tests (such as HbA1c or LDL)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Helped you order more on-formulary drugs (as opposed to off-formulary drugs)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Helped you access a patient's chart remotely (e.g., to work from home)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

20. How much of an influence did or would each of the following have on your decision to adopt an EHR system?	Major Influence to Adopt	Minor Influence to Adopt	Not an Influence
Government incentive payments for EHR use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Proposed financial penalties for not using an EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Availability of government-certified products	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Assistance with selecting an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Technical assistance with EHR implementation in my practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
EHR systems being used by trusted colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Capability of exchanging information electronically within my referral network	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Requirement to use an EHR for maintenance of board certification	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

- **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 information in a paper-based record.

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

- 1 We do not have an EHR system (Skip to 33)
- 2 We are not actively using an EHR system but have one installed. (Skip to 33)
- 3 We are actively using an EHR system that was installed more than 12 months ago (**GO TO 21**).
- 4 We are actively using an EHR system that was installed within the past 12 months (**GO TO 21**)

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. 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.

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

- 1 Yes (Go to 23a.)
- 2 No (Skip to 24)
- 3 Uncertain (Skip to 24)

25a. 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

26. Overall, how satisfied or dissatisfied are you with your EHR system?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

27. Would you purchase this EHR again?

- 1 Yes
- 2 No
- 3 Uncertain

28. 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

29. 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

30. 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

31. 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

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

- 1 Yes [GO TO 32a]
- 2 No [SKIP to 33]

32a. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Regional extension center	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Consulting Company	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other: Please specify name _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

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

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

- Unacceptable

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

_____@_____

36. 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 this survey to the following address: 2605 Meridian Parkway, Suite 200, Durham, NC 27713

Boxes for Admin Use

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