**OMB No. 0920-0222: Approval expires 06/30/2015**

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National Electronic Health Records Survey 2015

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. We have your specialty as:

**Is that correct?****□**1 Yes □2 No What is your specialty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*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 3**Please stop here and return the questionnaire in the envelope provided. Thank you for your time.*

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| } |

□2 No□3 I am no longer in practice*The next question asks about a* ***normal week****.**We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.*1. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see ambulatory patients in a normal week?

**\_\_\_\_\_\_\_\_\_\_** locations | 1. **Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.**

|  |  |  |
| --- | --- | --- |
| 1□ Private solo or group practice2□ 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 center5□ 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 (An organized group of physicians that treats patients referred to an academic medical center) |  | *If you see patients* in**any** *of**these settings,**go to question 5* |
| 9□ Hospital emergency or hospital outpatient departments10□ None of the above | } | *If you select* ***only*** *9 or 10, go to Q33* |

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| 1. **At which of the settings (1-8) in question 4 do you see the most ambulatory patients?**

***WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.***\_\_\_\_\_\_\_\_\_\_ (For the rest of the survey, we will refer to this as the “reporting location.”) |

*For the remaining questions, please answer regarding the reporting location indicated in question 5*

*even if it is not the location where this survey was sent.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **What are the county, state, zip code, and telephone number of the *reporting location*?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country | USA | County  |  | State |  |
| Zip Code |  | Telephone | ( ) |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. How many physicians, including you, work at the reporting location? \_\_\_\_\_\_\_\_\_\_\_

7a How many physicians, including you, work at this practice (including physicians at the reporting location, and physicians at any other locations of the practice)?

|  |  |
| --- | --- |
| □1 1 physician□2 2-3 physicians□3 4-10 physicians | □4 11-50 physicians□5 51-100 physicians□6 More than 100 physicians |

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

|  |  |
| --- | --- |
| □1 Single | □2 Multi |

1. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with the reporting location?

\_\_\_\_\_\_\_\_\_\_ mid-level providers1. How many patients do you currently take care of at the reporting location?

 \_\_\_\_\_\_\_\_\_\_\_ Number of patients1. At the reporting location, are you currently accepting new patients?

|  |  |  |
| --- | --- | --- |
| □1 Yes | □2 No | □3 Unknown |

11a If yes, from those new patients, which of the following types of payment do you accept?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Unknown** |
| 1. Private insurance capitated | □1 | □2 | □3 |
| 2. Private insurance non-capitated | □1 | □2 | □3 |
| 3. Medicare | □1 | □2 | □3 |
| 4. Medicaid/CHIP | □1 | □2 | □3 |
| 5. Workers’ compensation | □1 | □2 | □3 |
| 6. Self pay | □1 | □2 | □3 |
| 7. No charge | □1 | □2 | □3 |

1. Does the reporting location use an electronic health record (EHR) system? Do not include billing record systems.

|  |  |  |
| --- | --- | --- |
| □1 Yes, all electronic □2 Yes, part paper and part electronic | } | *Go to Question 12a* |
| □3 No□4 Unknown | } | *Skip to Question 13* |

12a. In which year did you install your current EHR system?  Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12b Does your current EHR system meet meaningful use criteria as defined by the Department of Health and Human Services?□1 Yes (Go to 12b1) □2 No (skip to 12c) □3 Unknown(skip to 12c)12b. Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?

|  |  |  |
| --- | --- | --- |
| □1 Yes | □2 No | □3 Unknown |

12c. What is the name of your current EHR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.

|  |  |  |
| --- | --- | --- |
| □1 Allscripts□2 Community Computer Service, Inc □3 athenahealth□4 Cerner □5 eClinicalWorks | □6 e-MDs□7 Epic□8 GE/Centricity□9 Greenway Medical □10 Eyefinity/Officemate | □11 NextGen□12 Practice Fusion□13 Sage/Vitera□14 Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□15 Unknown |

**12d** **Has your practice made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This assessment would help identify privacy- or security-related issues that may need to be corrected.**

|  |  |  |
| --- | --- | --- |
| □1 Yes | □2 No | □3 Unknown |

**At the reporting location, are there plans to purchase a new EHR system within the next 18 months?**□1 Yes, with the same EHR vendor □2 Yes, with a different EHR vendor □3 Yes, first-time purchase of EHR system □4 No□5 Unknown1. Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT.” Has your reporting location applied for Meaningful Use Incentive Program payments?

 □1Yes □2No □3Unknown1. Does your reporting location plan to apply for Meaningful Use Incentive Program payments in the future?

 □1Yes □2No □3Unknown  |

| 1. 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** | **No** | **Unknown** |
| --- | --- | --- | --- | --- |
| 16a Recording patient history and demographic information? | □1 | □2 | □3 | □4 |
| 16b Recording patient problem list? | □1 | □2 | □3 | □4 |
| 16c Recording and charting vital signs? | □1 | □2 | □3 | □4 |
| 16d Recording patient smoking status? | □1 | □2 | □3 | □4 |
| 16e Recording clinical notes? | □1 | □2 | □3 | □4 |
| 16f Recording patient’s medications and allergies? | □1 | □2 | □3 | □4 |
| 16g Reconciling lists of patient medications to identify the most accurate list? | □1 | □2 | □3 | □4 |
| 16h Providing reminders for guideline-based interventions or screening tests? | □1 | □2 | □3 | □4 |
| 16i Ordering prescriptions?  | □1 | □2 | □3*Skip to 16j* | □4*Skip to 16j* |
| 16i1 Are prescriptions sent electronically to the pharmacy? | □1 | □2 | □3 | □4 |
| 16i2 Are warnings of drug interactions or contraindications provided? | □1 | □2 | □3 | □4 |
| 16j Ordering lab tests? | □1 | □2 | □3*Skip to 16k* | □4*Skip to 16k* |
| 16j1 Are orders sent electronically? | □1 | □2 | □3 | □4 |
| 16k Viewing lab results? | □1 | □2 | □3*Skip to 16l* | □4*Skip to 16l* |
| 16k1 Can the EHR/EMR automatically graph a specific patient’s lab results over time? | □1 | □2 | □3 | □4 |
| 16l Ordering radiology tests? | □1 | □2 | □3 | □4 |
| 16m Viewing imaging results? | □1 | □2 | □3 | □4 |
| 16n Identifying educational resources for patients’ specific conditions? | □1 | □2 | □3 | □4 |
| 16o Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)? | □1 | □2 | □3 | □4 |
| 16p Identifying patients due for preventive or follow-up care in order to send patients reminders? | □1 | □2 | □3 | □4 |
| 16q Generating lists of patients with particular health conditions? | □1 | □2 | □3 | □4 |
| 16r Electronic reporting to immunization registries? | □1 | □2 | □3 | □4 |
| 16s Providing patients with clinical summaries for each visit? | □1 | □2 | □3 | □4 |
| 16t Exchanging secure messages with patients? | □1 | □2 | □3 | □4 |
| 16u Ability for patients to electronically view their online medical record? | □1 | □2 | □3 | □4 |
| 16v Ability for patients to download their online medical record? | □1 | □2 | □3 | □4 |
| 16w Ability for patients to electronically send their online medical record to a third party (e.g., another provider, Patient Health Records)? | □1 | □2 | □3 | □4 |

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| 1. **Has your reporting location been recognized as a Patient Centered Medical Home (PCMH) by a state, a commercial health plan, or a national organization, such as the National Committee for Quality Assurance (NCQA), the Joint Commission, URAC, or the Accreditation Association of Health Care Practice?**

□1 Yes □2 No □3 Unknown 1. ***Does the reporting location participate in an Accountable Care Organization* arrangement with Medicare or private insurers?** An ACO is an entity typically composed of primary care physicians, specialists, and hospitals, and held financially accountable for the cost and quality of care delivered to a defined group of patients.

□1 Yes □2 No □3 Unknown 1. **Does the reporting location participate in a Pay-for-Performance arrangement, where you can receive financial bonuses based on your performance?**

□1 Yes □2 No □3 Unknown | 1. 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 Other1. Roughly, what percent of your patients are insured by Medicaid?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%1. Do you treat patients insured by Medicare?

□1 Yes □2 No □3 Unknown |

**The following questions are about how the medical organization sends and receives patient health information.** By medical organization we mean the organization that employs physicians who work together and may share staff, patient medical records, and profits; this also includes solo practices and groups owned by a hospital. Patient health information may include information, such as medication lists, problem lists, medication and allergies lists, imaging reports, laboratory results, registry data (e.g. immunizations, cancer), and referrals.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **How often is patient health information sent to sources (e.g., other providers, public health agencies) outside your medical organization using the following methods of data transmission?**
 | **Often** | **Sometimes** | **Rarely** | **Never** | **Uncertain** |
| 1. Paper-based method (e.g. mail, fax)
 | 1□ | 2□ | 3□ | 4□ | 5□ |
| eFax | 1□ | 2□ | 3□ | 4□ | 5□ |
| 1. EHR (not eFax)
 | 1□ | 2□ | 3□ | 4□ | 5□ |
| 1. Web Portal (separate from EHR)
 | 1□ | 2□ | 3□ | 4□ | 5□ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **How often do you receive patient health information from sources (e.g., other providers, public health agencies) outside your medical organization using the following methods of data transmission?**
 | **Often** | **Sometimes** | **Rarely** | **Never** | **Uncertain** |
| 1. Paper-based method (e.g. mail, fax)
 | 1□ | 2□ | 3□ | 4□ | 5□ |
| eFax | 1□ | 2□ | 3□ | 4□ | 5□ |
| 1. EHR (not eFax)
 | 1□ | 2□ | 3□ | 4□ | 5□ |
| 1. Web Portal (separate from EHR)
 | 1□ | 2□ | 3□ | 4□ | 5□ |

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| 1. **Do you refer patients to the following providers? If yes, how often do you send patient health information electronically through either your EHR or web portal? Do NOT include eFax, fax, or other paper-based methods.**
 |
|  | **Yes** | **No** | **Often** | **Sometimes** | **Rarely** | **Never** |
| 1. Ambulatory care providers outside organization
 | 1□ | 2□ Skip to 19b | 1□ | 2□ | 3□ | 4□ |
| 1. Ambulatory care providers within organization
 | 1□ | 2□ Skip to 19c | 1□ | 2□ | 3□ | 4□ |
| 1. Unaffiliated hospitals
 | 1□ | 2□ Skip to 19d | 1□ | 2□ | 3□ | 4□ |
| 1. Affiliated hospitals
 | 1□ | 2□ Skip to 19e | 1□ | 2□ | 3□ | 4□ |
| 1. Behavioral Health providers
 | 1□ | 2□ Skip to 19f | 1□ | 2□ | 3□ | 4□ |
| 1. Long-term care providers
 | 1□ | 2□ Skip to 20 | 1□ | 2□ | 3□ | 4□ |

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| 1. **Do you see patients that have received care from the following providers? If yes, how often do you receive patient health information electronically through either your EHR or web portal? Do NOT include eFax, fax, or other paper-based methods.**
 |
|  | **Yes** | **No** | **Often** | **Sometimes** | **Rarely** | **Never** |
| 1. Ambulatory care providers outside organization
 | 1□ | 2□ Skip to 20b | 1□ | 2□ | 3□ | 4□ |
| 1. Ambulatory care providers within organization
 | 1□ | 2□ Skip to 20c | 1□ | 2□ | 3□ | 4□ |
| 1. Unaffiliated hospitals
 | 1□ | 2□ Skip to 20d | 1□ | 2□ | 3□ | 4□ |
| 1. Affiliated hospitals
 | 1□ | 2□ Skip to 20e | 1□ | 2□ | 3□ | 4□ |
| 1. Behavioral Health providers
 | 1□ | 2□ Skip to 20f | 1□ | 2□ | 3□ | 4□ |
| 1. Long-term care providers
 | 1□ | 2□ Skip to 21 | 1□ | 2□ | 3□ | 4□ |

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| **If you do not have an EHR system please skip to Question 29.****If you have an EHR system continue to Question 27.** |

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| --- | --- | --- | --- | --- |
| 1. **Do you electronically send and receive, send only, or receive only the following types of patient health information to and from sources outside your medical organization (e.g., other providers, public health agencies)?** *Electronically does not include eFax, fax, or paper-based methods.*
 | **Both send and receive electronically** | **Send electronically only** | **Receive electronically only** | **Do not send or receive electronically** |
| Medication lists | 1□ | 2□ | 3□ | 4□ |
| Patient problem lists  | 1□ | 2□ | 3□ | 4□ |
| Medication allergies lists | 1□ | 2□ | 3□ | 4□ |
| Imaging reports | 1□ | 2□ | 3□ | 4□ |
| Laboratory results | 1□ | 2□ | 3□ | 4□ |
| Registry data (e.g. immunizations, cancer) | 1□ | 2□ | 3□ | 4□ |
| Referrals | 1□ | 2□ | 3□ | 4□ |
| Transition of care summary or a summary of care record | 1□ | 2□ | 3□ | 4□ |
| Hospital discharge summaries |  |  | 3□ | 4□ |
| Emergency Department notifications |  |  | 3□ | 4□ |
| 1. **Are you able to integrate the following types of patient health information that you electronically receive into your EHR without special effort**

**(e.g., manual entry or scanning)?** | **Yes** | **No** | **Uncertain** | **NA: Do not receive information electronically** |
| Medication lists | 1□ | 2□ | 3□ | 4□ |
| Patient problem lists  | 1□ | 2□ | 3□ | 4□ |
| Medication allergies lists | 1□ | 2□ | 3□ | 4□ |
| Imaging reports | 1□ | 2□ | 3□ | 4□ |
| Laboratory results | 1□ | 2□ | 3□ | 4□ |
| Registry data (e.g. immunizations, cancer) | 1□ | 2□ | 3□ | 4□ |
| Referrals | 1□ | 2□ | 3□ | 4□ |
| Transition of care summary or a summary of care record | 1□ | 2□ | 3□ | 4□ |
| Hospital discharge summaries | 1□ | 2□ | 3□ | 4□ |
| Emergency Department notifications | 1□ | 2□ | 3□ | 4□ |

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| 1. While treating patients seen by other providers outside your medical organization, how often do you or your staff have the necessary clinical information (such as hospital discharge or referral summaries) electronically available at the point of care? *Electronic does not include fax or e-fax.*

1□Often 2□Sometimes 3□Rarely 4□Never |

**These questions ask aboutelectronically searching, finding, or querying patient health information from sources outside your medical organization*.***

|  |  |
| --- | --- |
| 1. **Do you or your staff have the capability to electronically search for your patient’s health information from sources outside of your medical organization (e.g. remote access to other facility, health information exchange organization)?**

1□Yes (Go to 30a) 2□No(Skip to 31) 3□Uncertain (Skip to 31)**30a. What type of patient health information do you or your staff routinely search for from sources outside your medical organization? Check all that apply.** 1□Lab results 2□Patient problem lists 3□Imaging reports 4□Medication lists 5□Medication allergy lists6□ Discharge summary 7□Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **30b. How often do you or your staff electronically search for health information from sources outside of your medical organizationwhen seeing a new patient or an existing patient who has received services from other providers?**1□Always (Go to 30b1))2□Often (Go to 30b1))3□Sometimes (Go to 30b1))4□Rarely (Go to 30b1)5□Never (Skip to 31)**30b1. How do you or your staff search patient health information from outside sources? Check all that apply.** 1□EHR 2□Web portal3□Other\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **To what extent do you agree or disagree with the following statements about electronic information exchange (exchange refers to electronically sending, receiving, or finding patient health information)?**

 *“****Electronically exchanging clinical information with other sources outside my medical organization…”*** | **Strongly****Agree** | **Somewhat****Agree** | **Somewhat****Disagree** | **Strongly****Disagree** | **NA: Do not electronically exchange data**  |
| a. …improves my practice’s quality of care | 1□ | 2□ | 3□ | 4□ | 5□ |
| b.…increases my practice’s efficiency | 1□ | 2□ | 3□ | 4□ | 5□ |
| c. ...reduces duplicate test ordering  | 1□ | 2□ | 3□ | 4□ | 5□ |
| d. …prevents medical/medication errors  | 1□ | 2□ | 3□ | 4□ | 5□ |
| e. …is cumbersome to do with our EHR  | 1□ | 2□ | 3□ | 4□ | 5□ |
| f. …is limited;providers in my referral network do not have the electronic capability to exchange data | 1□ | 2□ | 3□ | 4□ | 5□ |
| g. … provides me with complete clinical information, both current and historical, from sources outside my medical organization. | 1□ | 2□ | 3□ | 4□ | 5□ |
| h. … provides me with clinical information that I can trust. | 1□ | 2□ | 3□ | 4□ | 5□ |

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| 1. What is a reliable E-mail address for the physician to whom this survey was mailed?
 |
| 1. Who completed this survey? □1The physician to whom it was addressed □2Office staff □3Other
 |