

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any 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).

Public reporting burden for this collection of information is estimated to average 60 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 Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0222).

## National Electronic Health Records Survey 2015

<p><b>1. We have your specialty as:</b></p> <p><b>Is that correct?</b></p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No → What is your specialty?</p> <p>_____</p>	<p><b>4. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.</b></p> <p><input type="checkbox"/>1 Private solo or group practice</p> <p><input type="checkbox"/>2 Freestanding clinic/urgicenter (not part of a hospital outpatient department)</p> <p><input type="checkbox"/>3 Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or "look-alike" clinics)</p> <p><input type="checkbox"/>4 Mental health center</p> <p><input type="checkbox"/>5 Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)</p> <p><input type="checkbox"/>6 Family planning clinic (including Planned Parenthood)</p> <p><input type="checkbox"/>7 Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)</p> <p><input type="checkbox"/>8 Faculty practice plan (An organized group of physicians that treats patients referred to an academic medical center)</p>
<p><i>This survey asks about <b>ambulatory care</b>, that is, care for patients receiving health services without admission to a hospital or other facility.</i></p>	
<p><b>2. Do you directly care for any ambulatory patients in your work?</b></p> <p><input type="checkbox"/>1 Yes → Continue to Question 3</p> <p><input type="checkbox"/>2 No</p> <p><input type="checkbox"/>3 I am no longer in practice</p>	<p><i>Please stop here and return the questionnaire in the envelope provided. Thank you for your time.</i></p>
<p><i>The next question asks about a <b>normal week</b>. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.</i></p>	
<p><b>3. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see ambulatory patients in a normal week?</b></p> <p>_____ locations</p>	<p><input type="checkbox"/>9 Hospital emergency or hospital outpatient departments</p> <p><input type="checkbox"/>10 None of the above</p>

*If you see patients in **any** of these settings, go to question 5*

*If you select **only** 9 or 10, go to Q33*

**5. 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.*

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

Country \_\_\_\_\_ USA \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

7. 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                      4 11-50 physicians
- 2 2-3 physicians                      5 51-100 physicians
- 3 4-10 physicians                      6 More than 100 physicians

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

- 1 Single                                      2 Multi

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

\_\_\_\_\_ mid-level providers

10. How many patients do you currently take care of at the reporting location?

\_\_\_\_\_ Number of patients

11. 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Private insurance non-capitated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Medicare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Medicaid/CHIP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Workers' compensation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Self pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. No charge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

12. 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
  - 3 No
  - 4 Unknown
- } Go to Question 12a
- } 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                      6 e-MDs                      11 NextGen
- 2 Community Computer Service, Inc                      7 Epic                      12 Practice Fusion
- 3 athenahealth                      8 GE/Centricity                      13 Sage/Vitera
- 4 Cerner                      9 Greenway Medical                      14 Other, specify \_\_\_\_\_
- 5 eClinicalWorks                      10 Eyefinity/Officemate                      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

13. 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 Unknown

14. 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                      3Unknown

15. Does your reporting location plan to apply for Meaningful Use Incentive Program payments in the future?

- 1Yes                      2No                      3Unknown

16. 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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16b Recording patient problem list?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16c Recording and charting vital signs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16d Recording patient smoking status?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16e Recording clinical notes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16f Recording patient's medications and allergies?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16g Reconciling lists of patient medications to identify the most accurate list?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16h Providing reminders for guideline-based interventions or screening tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16i Ordering prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to 16j</i>	<input type="checkbox"/> 4 <i>Skip to 16j</i>
16i1 Are prescriptions sent electronically to the pharmacy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16i2 Are warnings of drug interactions or contraindications provided?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16j Ordering lab tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to 16k</i>	<input type="checkbox"/> 4 <i>Skip to 16k</i>
16j1 Are orders sent electronically?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16k Viewing lab results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to 16l</i>	<input type="checkbox"/> 4 <i>Skip to 16l</i>
16k1 Can the EHR/EMR automatically graph a specific patient's lab results over time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16l Ordering radiology tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16m Viewing imaging results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16n Identifying educational resources for patients' specific conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16o Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16p Identifying patients due for preventive or follow-up care in order to send patients reminders?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16q Generating lists of patients with particular health conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16r Electronic reporting to immunization registries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16s Providing patients with clinical summaries for each visit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16t Exchanging secure messages with patients?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16u Ability for patients to electronically view their online medical record?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16v Ability for patients to download their online medical record?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16w Ability for patients to electronically send their online medical record to a third party (e.g., another provider, Patient Health Records)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<p><b>17. 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?</b>  <input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Unknown</p> <p><b>18. Does the reporting location participate in an Accountable Care Organization arrangement with Medicare or private insurers?</b> 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.  <input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Unknown</p> <p><b>19. Does the reporting location participate in a Pay-for-Performance arrangement, where you can receive financial bonuses based on your performance?</b>  <input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Unknown</p>	<p><b>20. Who owns the reporting location? CHECK ONE.</b></p> <p><input type="checkbox"/>1 Physician or physician group  <input type="checkbox"/>2 Insurance company, health plan, or HMO  <input type="checkbox"/>3 Community health center  <input type="checkbox"/>4 Medical/academic health center  <input type="checkbox"/>5 Other hospital  <input type="checkbox"/>6 Other health care corporation  <input type="checkbox"/>7 Other</p> <p><b>21. Roughly, what percent of your patients are insured by Medicaid?</b>          _____ %</p> <p><b>22. Do you treat patients insured by Medicare?</b>  <input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Unknown</p>
---	--

**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.

<b>23. 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?</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>	<b>Uncertain</b>
a. Paper-based method (e.g. mail, fax)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. eFax	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. EHR (not eFax)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Web Portal (separate from EHR)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>24. How often do you receive patient health information from sources (e.g., other</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>	<b>Uncertain</b>

<b>providers, public health agencies) outside your medical organization using the following methods of data transmission?</b>					
a. Paper-based method (e.g. mail, fax)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. eFax	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. EHR (not eFax)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Web Portal (separate from EHR)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**25. 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
a. Ambulatory care providers outside organization	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19b	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Ambulatory care providers within organization	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19c	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Unaffiliated hospitals	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19d	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Affiliated hospitals	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19e	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Behavioral Health providers	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19f	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Long-term care providers	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**26. 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
a. Ambulatory care providers outside organization	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20b	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Ambulatory care providers within organization	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20c	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Unaffiliated hospitals	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20d	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Affiliated hospitals	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20e	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Behavioral Health providers	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20f	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Long-term care providers	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 21	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

27. Do you electronically <u>send and receive, send only, or receive only</u> the following types of patient health information to and from sources outside your medical organization (e.g., other providers, public health agencies)? <i>Electronically <u>does not</u> include eFax, fax, or paper-based methods.</i>	Both send and receive electronically	Send electronically only	Receive electronically only	Do not send or receive electronically
Medication lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Patient problem lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Medication allergies lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Imaging reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Laboratory results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Registry data (e.g. immunizations, cancer)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Transition of care summary or a summary of care record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Hospital discharge summaries			3 <input type="checkbox"/>	4 <input type="checkbox"/>
Emergency Department notifications			3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>28. Are you able to integrate the following types of</b>	<b>Yes</b>	<b>No</b>	<b>Uncertain</b>	<b>NA:</b>

patient health information that you electronically receive into your EHR without special effort (e.g., manual entry or scanning)?				Do not receive information electronically
Medication lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Patient problem lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Medication allergies lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Imaging reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Laboratory results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Registry data (e.g. immunizations, cancer)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Transition of care summary or a summary of care record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Hospital discharge summaries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Emergency Department notifications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**29.** 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 about electronically searching, finding, or querying patient health information from sources outside your medical organization.

**30.** 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 lists  
 6  Discharge summary

**30b.** How often do you or your staff electronically search for health information from sources outside of your medical organization when 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 portal

7 <input type="checkbox"/> Other _____	3 <input type="checkbox"/> Other _____
--	--

<b>31. 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)?</b>  <i>“Electronically exchanging clinical information with other sources outside my medical organization...”</i>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	NA: Do not electronically exchange data
a. ...improves my practice’s quality of care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b....increases my practice’s efficiency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. ...reduces duplicate test ordering	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. ...prevents medical/medication errors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. ...is cumbersome to do with our EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. ...is limited;providers in my referral network do not have the electronic capability to exchange data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. ... provides me with complete clinical information, both current and historical, from sources outside my medical organization.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. ... provides me with clinical information that I can trust.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

<b>32. What is a reliable E-mail address for the physician to whom this survey was mailed?</b>
<b>33. Who completed this survey?</b> <input type="checkbox"/> 1The physician to whom it was addressed <input type="checkbox"/> 2Office staff <input type="checkbox"/> 3Other