MATHEMATICA
Policy Research, Inc.

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ID # |___|___|___|

Physician Practice Recruitment Script and Electronic Health Records Screener

Draft Instrument

December 9, 2009

INTERVIEWERS: PLEASE RECORD VERBATIM ANY ADDITIONAL INFORMATION (BEYOND THE PRECODED ANSWERS) THAT THE PRACTICE MANAGER PROVIDES.

INTRODUCTION

1a. **Hello, my name is ____ , and I'm calling from Mathematica Policy Research. May I speak with (office or practice manager)?**

IF ASKED PURPOSE OF CALL:

We are conducting a study on behalf of the Department of Health and Human Services and are following up on a letter we sent to him/her/NAME. It will take only 5 to 10 minutes of his/her time.

IF NOT AVAILABLE NOW:

When would be a better time to call back and speak with him/her? It will take only 5 to 10 minutes of his/her time.

WHEN SPEAKING WITH OFFICE MANAGER:

1b. **Hello, my name is _____, and I'm calling from Mathematica Policy Research. We are an independent research company and are conducting a study on behalf of the Department of Health and Human Services (the Office of the National Coordinator for Health Information Technology). We are calling to request your help with our study. We will be surveying patients in primary care practices to learn about their satisfaction with the delivery of health care in practices that use electronic health records (or EHRs) as well as in practices that do not use EHRs. Your practice was randomly selected from among primary care practices in four states to represent practices across the nation.**

Practices that participate in the study will receive $200. Participation involves allowing us to send a trained data collector to your practice for a day or two. He or she will approach patients in the waiting room and ask them if they would be willing to participate in the study and to complete a 15-minute self-administered questionnaire after they have been seen by their provider. Patients who complete a questionnaire will be given a $10 gift card as a thank you. The practice would not have any responsibilities and we have designed the data collection procedures to have no impact on office operations.

We expect to be visiting practices during the months of November, December and January. Would you be willing to help us with this study?

☐ YES · GO TO Q2

☐ MAYBE/NEED TO TALK TO OTHERS IN PRACTICE · GO TO Q2 (TRY TO SCREEN NOW)

☐ NO · SAY: **Okay, thank you very much for your time and have a nice day!** END CALL

2. **Wonderful, thank you! I have a few questions about your practice and whether you use EHRs. These will take 5 to 10 minutes.**

PRACTICE LOCATION

2a. **Do doctors in your medical practice see patients in more than one location?**

☐ YES GO TO 2b

☐ NO GO TO 2c

2b. IF MULTIPLE LOCATIONS: Please focus on the practice at this location [READ ADDRESS OF THE PRACTICE YOU ARE CALLING]. **How many full-time and part-time doctors practice primarily at this location? That is, they work 20 or more hours per week and see 50 percent or more of their patients primarily at this location?**

|__|__|__| FULL-TIME DOCTORS

|__|__|__| PART-TIME DOCTORS

GO TO Q3

2c. IF ONE LOCATION: **How many full-time and part-time doctors work at this practice? That is, they work 20 or more hours per week?**

|__|__|__| FULL-TIME DOCTORS

|__|__|__| PART-TIME DOCTORS

DEFINITION OF EHR

3. **For the purposes of the study, we are defining an EHR as a longitudinal electronic record of patient health information generated by one or more encounters in a care delivery setting. The electronic health record may include information such as patient demographics, diagnoses, progress notes, problems, medications, and laboratory and imaging data.**

So, an EHR for our study purpose is an electronic record *related to patient care,* not solely for practice management or billing.

SCREENING QUESTIONS (ASKED OF ALL PRACTICES)

(USE WORDS IN PARENTHESIS FOR MULTI LOCATIONS, AS NEEDED)

3a. **Has your practice implemented an EHR (in this location)? By "implemented" we mean an EHR has been purchased, installed, and tested, and is currently being used for one or more functionalities, such as maintaining patient progress notes or ordering laboratory tests electronically.**

☐ YES GO TO Q5

☐ NO

4. **When do you plan to implement an EHR (at this practice location)?**

☐ WITHIN THE NEXT 1 OR 2 MONTHS

☐ 3-6 MONTHS

☐ 7-12 MONTHS

☐ 13-24 MONTHS

☐ OTHER _____

[NOTE: THESE PRACTICES WILL COMPLETE THE NOT-USING-AN-EHR PATH.]

SKIP TO QUESTION 12 ON PAGE 7

FOR PRACTICES WITH EHRs, CONTINUE

5. **When did the practice purchase the current EHR from the vendor?**

|__|__| / |__|__|__|__|
MONTH YEAR

6. **Are you currently *using* the system in this practice (location)? By "using" we mean using for purposes *related to patient care,* such as maintaining patient progress notes or viewing laboratory test results electronically.**

IF THE SYSTEM IS USED SOLELY FOR PRACTICE MANAGEMENT OR BILLING, MARK "NO."

☐ YES GO TO Q7

☐ NO

6a. **When do you plan to use the EHR system (at this practice location)?**

☐ WITHIN THE NEXT 1 OR 2 MONTHS

☐ 3-6 MONTHS

☐ 7-12 MONTHS

☐ 13-24 MONTHS

☐ OTHER _____

SKIP TO QUESTION 12 ON PAGE 7

7. **How long have you been using the EHR system for patient care?**

SINCE |__|__| / |__|__|__|__|
MONTH YEAR

OR

|__|__| YEARS OR |__|__| MONTHS

(CONFIRM DATE) AND WRITE HERE: |__|__| / |__|__|__|__|
MONTH YEAR

8. **How many of the providers in this practice (location) *currently use* the practice's EHR system?** [IF NEEDED: **By "use" we mean using for any purpose or functions, such as such as maintaining patient progress notes or viewing laboratory test results electronically.**]

|__|__|__| PROVIDERS

9. **Please estimate the proportion of paper records in your practice that have been transitioned to the EHR system.** [IF NEEDED: **By "transitioned" we mean either scanned documents in full into the EHR or keyed in data items by hand, such as patient demographics, medical history, blood pressure readings or test results.**]

☐ NONE

☐ SOME BUT LESS THAN 1/4

☐ 1/4 OR MORE BUT LESS THAN 1/2

☐ 1/2 OR MORE BUT LESS THAN 3/4

☐ 3/4 OR MORE

10. **Is your practice part of a health information exchange network with other medical practices and hospitals that allows the sharing of information electronically across organizations within a region, community or hospital system?**

☐ YES

☐ NO

11. **Do any of the health care providers in your practice use a computerized system to [READ DOWN LIST AND RECORD ONE RESPONSE FOR EACH ITEM] . . .**

	YES	NO	NOTES
a. **Enter, record, or maintain patient demographics, for example age or gender?** PROBE IF NEEDED: **Methods of entry include direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later transferred into the system.**	☐	☐	
b. **Create, update, store, or display clinical notes for individual patients?**	☐	☐	
c. **Create, update, store, or display problem or diagnosis lists for individual patients?**	☐	☐	
d. **Create, update, store, or display a medication list for individual patients?**	☐	☐	
e. **Review laboratory test results electronically, including lab test results received on paper and scanned in to be viewed electronically?**	☐	☐	
IF YES TO e: ee. **How do you receive lab results, electronically or on paper?**	☐ ELEC	☐ PAPER	
f. **Do any of the health care providers in your practice use a computerized system to) review imaging reports electronically?** (*IF R says they use imaging results themselves, that's considered use.)*	☐	☐	
g. **View diagnostic test results, such as EKG or Echo reports?**	☐	☐	
h. **Order new or refill prescriptions? This can include transmitting prescription orders directly to the pharmacy, or faxing from the computer without using a stand-alone fax machine, or the computerized system can print a paper copy of a prescription to hand to the patient.**	☐	☐	
IF YES TO h: hh. **How do you order or refill prescriptions – do you transmit them directly to the pharmacy, fax from the computer, or print them out?**	☐ DIRECT ☐ FAX ☐ PRINT		
i. **Do any of the health care providers in your practice use a computerized system for any other functions?**	☐	☐	
IF YES to i: ii. **What other functions?** DO NOT READ LIST. CODE ALL MENTIONS ☐ View radiology or diagnostic test images ☐ View consultant report ☐ Order lab tests			

	YES	NO	NOTES
☐ Order radiology tests ☐ Request consultation ☐ Get clinical guidelines ☐ Clinical reminders ☐ Drug allergy or interaction alerts ☐ Drug-lab interaction alerts ☐ Drug dosing support ☐ Billing ☐ Scheduling or other practice management ☐ Other uses **Please describe** _____ _____ _____ _____			

FINAL Qs TO HELP SELECT DAYS/TIMES TO DO INTERVIEWING:

12. **I have just a few final questions that will help us figure out the best time to come back to recruit patients for the survey. What days and hours are patients seen at this practice (location)?**

☐ Monday hours |__|__| to |__|__|

☐ Tuesday hours |__|__| to |__|__|

☐ Wednesday hours |__|__| to |__|__|

☐ Thursday hours |__|__| to |__|__|

☐ Friday hours |__|__| to |__|__|

☐ Saturday hours |__|__| to |__|__|

☐ Sunday hours |__|__| to |__|__|

13. **Are there any times during the day when you do not see patients, like a lunch hour,** (IF OPEN EVENINGS: **supper hour**)**, or staff meeting time?**

☐ YES RECORD DAYS AND TIMES BELOW:

☐ Monday hours |__|__| to |__|__|

☐ Tuesday hours |__|__| to |__|__|

☐ Wednesday hours |__|__| to |__|__||

☐ Thursday hours |__|__| to |__|__|

☐ Friday hours |__|__| to |__|__|

☐ Saturday hours |__|__| to |__|__|

☐ Sunday hours |__|__| to |__|__|

☐ NO

14. **What is the average number of patients seen at this practice (location) during a typical day (excluding evenings and weekends)?**

|__|__|__| PATIENTS

IF SEE PATIENTS ANY EVENINGS:

15. **What is the average number of patients seen at this practice (location) during a typical evening that you're open?**

    |__|__|__| PATIENTS

IF SEE PATIENTS ON WEEKENDS:

16. **What is the average number of patients seen at this practice (location) during a typical weekend time that you're open?**

    |__|__|__| PATIENTS

17. **What is the total number of patients seen at this practice (location) in a typical week?**

    |__|__|__| PATIENTS

18. **While our presence will not affect the operations of the practice at all, are there any particular days or times of day that you would not want us to come to the office?**

    ☐ YES RECORD VERBATIM:_____

    _____

    ☐ NO

19. **Are you planning to close the office during the holidays?**

    ☐ YES **Which days?** RECORD VERBATIM: _____

    _____

    ☐ NO

Thank you very much. We plan to visit practices and administer the questionnaire to patients in November, December, and January. We will be sending you a letter with more details about our upcoming visit to your office along with a check for $200 to thank you for your assistance and participation in the study. If you need to reach us in the meantime, here is the contact information for Karen Bogen, the study survey director: 617-674-8355 or kbogen@mathematica-mpr.com.