

## Health Resources and Services Administration

### HIV/AIDS Bureau (HRSA – HAB)

## 2014 CAREWare Customer Satisfaction and Usage Survey

Survey to be administered via the web. Questionnaire section headers, bolded instructions and question numbers will not appear on screen. All rated questions will include a “Don’t Know/Not Applicable” option.

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### **E-Mail Invitation**

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The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is conducting its first survey of provider and grantee use of and satisfaction with CAREWare. As you complete this survey, please reflect on your experiences with CAREWare with particular attention to the past 12 months. HAB’s goal is to use the information that you provide here to help us improve the software as well as the type and level of technical support.

We would appreciate it if you would take a few minutes to complete the survey via the Internet by clicking on the link below.

[link]

The survey will take approximately 10-20 minutes to complete. CFI Group, an independent research and consulting firm, is conducting this survey. The survey is hosted via a secure server and your responses will remain anonymous. If you have any questions, please contact [surveyhelp@cfgroup.com](mailto:surveyhelp@cfgroup.com).

This information will be vital for HAB to improve our operations and guide our future actions in this area and we hope you can take the time to complete the questionnaire. Thank you in advance for your participation!

Sincerely,  
Laura Cheever, MD  
Acting Associate Administrator, HIV/AIDS Bureau

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### **Survey Introduction**

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As the Health Resources and Service Administration (HRSA) HIV/AIDS Bureau (HAB) plans future support for and development of CAREWare, we are requesting your feedback on how you use the software, and how well it is meeting your data collection, reporting, and quality management needs. The survey is hosted via a secure server and your responses will remain anonymous. This survey is authorized by Office of Management and Budget Control No. 1090-0007 (expires March 31, 2015).

We strongly recommend that the individual most familiar with CAREWare and data management issues at your agency be the one to answer these questions. Please also solicit input from other CAREWare users within your agency.

Thank you in advance for completing the survey. If you experience any technical difficulties while taking the survey, please write [surveyhelp@cfgroup.com](mailto:surveyhelp@cfgroup.com).

Please click on the “Next” button below to begin.

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## Background Questions

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First, we would like to obtain a little information about what kind of agency you are and your source(s) of CARE act funding.

Q1. Please select your type(s) of Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) grant: (Select all that apply.)

- a. Part A Eligible Metropolitan Area/Transitional Grant Area
- b. Part B States
- c. Part B AIDS Drug Assistance Program
- d. Part C Early Intervention Services
- e. Part D Women, Infants, Children, and Youth
- f. None **[TERMINATE]**

Q2. Please indicate which option best describes your agency:

- a. Grantee
- b. Grantee/Provider
- c. Provider

Q3. How many individuals use CAREWare (for any reason) at your agency? [INSERT DROPDOWN LIST FOR VALUES 1-50] : \_\_\_\_\_

Q4. How regularly is CAREWare used (for any reason) at your agency?

- a. Daily
- b. Weekly
- c. Monthly
- d. Only a few times a year, primarily when reports are due

Q5. How long has your agency been using CAREWare?

- a. Less than one year
- b. 1-2 years
- c. 3-5 years
- d. More than 5 years

Q6. In addition to CAREWare, do you use any other software application(s) to manage any of your clients' clinical support service information?

- a. Yes
- b. No
- c. Don't know

Q7. **[IF Q6=Yes]** How is that other software application(s) used (Please select all that apply):

- a. Manage clinical information
- b. Manage financial information/billing
- c. Manage appointments/scheduling
- d. Other (Please specify):

Q8. Why did you elect to use CAREWare? (Please select all that apply)

- a. Produces the RSR
- b. Produces the AIDS Drug Assistance Program Drug Report (ADR)
- c. Produces other reports (e.g., custom reports, financial, HOPWA)
- d. Quality management/HIV performance measures
- e. The software and technical support are free
- f. It has other features that are/were not available in the other software that we use/used  
Other (Please specify)

**General Use**

Now, think about your organization’s general experience with CAREWare over the past year.

Q9. Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please indicate how effective CAREWare is in enabling you to produce your HRSA-required reports?

Q10. Of the following list of CAREWare features, please indicate which you have used in the past 12 months.

<b>CAREWare Features</b>
<b>a.</b> ADAP Module
<b>b.</b> Clinical encounter module to track medications, labs, etc.
<b>c.</b> Crosstab Wizard
<b>d.</b> Custom reports
<b>e.</b> Form Designer
<b>f.</b> HL7 Lab import function
<b>g.</b> Orders module
<b>h.</b> Performance Measures Module
<b>i.</b> Pharmacy module
<b>j.</b> Produce client-level RSR export
<b>k.</b> Provider data import (PDI)
<b>l.</b> Store and Forward
<b>m.</b> Visit Scheduler

Q10a. Please indicate how frequently you use each of the following CAREWare features. **(INCLUDE FEATURES SELECTED IN Q10 ONLY)**

CAREWare Features	Frequency of Use			
	Daily	Weekly	Monthly	A few times a year
a. ADAP Module	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Clinical encounter module to track medications, labs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Crosstab Wizard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Custom reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Form Designer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. HL7 Lab import function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Orders module	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Performance Measures Module	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Pharmacy module	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Produce client-level RSR export	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Provider data import (PDI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Store and Forward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Visit Scheduler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10b. Using a scale from 1 to 10 where 1 is *Very Dissatisfied* and 10 is *Very Satisfied*, please rate your overall satisfaction using each of these CAREWare features. **(INCLUDE FEATURES SELECTED IN Q10 ONLY)**

CAREWare Features
a. ADAP Module
b. Clinical encounter module to track medications, labs, etc.
c. Crosstab Wizard
d. Custom reports
e. Form Designer
f. HL7 Lab import function
g. Orders module
h. Performance Measures Module
i. Pharmacy module
j. Produce client-level RSR

export
<b>k.</b> Provider data import (PDI)
<b>l.</b> Store and Forward
<b>m.</b> Visit Scheduler

**CAREWare Configuration**

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- Q11. Do you run CAREWare on a Wide Area Network (or the Internet) with multiple provider agencies connected to a central server?
- a. Yes
  - b. No **[SKIP to Q14]**
  - c. Don't know
- Q12. **[ASK IF Q11=YES]** How many provider agencies are connected to your server? [INSERT DROPDOWN LIST FOR VALUES 1-100] \_\_\_\_\_
- Q13. **[ASK IF Q11=YES]** How do you use the centralized database system? (Please select all that apply)
- a. To share client-level data among providers
  - b. Run unduplicated custom reports across all providers
  - c. Examine service utilization patterns across providers
  - d. Run network-wide performance measures
  - e. Manage referrals (internal and external)
  - f. Other: (Please specify)

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**Outpatient Ambulatory Medical Services Funded Providers (ASK THIS SECTION ONLY IF A RYAN WHITE FUNDED PROVIDER OF OUTPATIENT AMBULATORY CARE)**

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- Q14. Please indicate which of the following functions of an electronic health information system you use CAREWare on a the *regular/daily* basis in the management of HIV care in your clinic. (Please select all that apply)
- a. To print out clinical encounter reports
  - b. To enter data in real time
  - c. To view clinical histories in real time
  - d. To run performance measure reports
  - e. None of the above
  - f. Other: (Please specify)
- Q15. Does your agency import any clinical or service information electronically into CAREWare from an Electronic Health or Medical Record (EHR/EMR)?
- a. Yes (Please specify the system)
  - b. No
- Q16. Does your agency import laboratory test information electronically into CAREWare?
- a. Yes
  - b. No
- Q17. Do you have to hand-enter any of the same data into two different systems, such as CAREWare and EHR?
- a. Yes
  - b. No

- Q18. **[ASK IF Q15=YES]** Indicate the reasons that you import that data into CAREWare (Please select all that apply)
- a. To produce the client-level RSR export
  - b. To produce the client-level ADR export
  - c. To use the Performance Measures Module to generate HIV measures
  - d. To use other features in CAREWare that are not available in the EHR
  - e. Other (Please specify)
- Q19. Does your agency use the Performance Measures Module to monitor the quality of clinical care?
- a. Yes
  - b. No
- Q20. **[If Q19=YES]** Do you use the email notification feature within the Performance Measures Module?
- a. Yes
  - b. No
  - c. No, I didn't know about this feature

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**AIDS Drug Assistance Program [ASK ONLY IF Q1=C (Part B AIDS Drug Assistance Program)]**

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- Q21. Do you use the ADAP module in CAREWare?
- a. Yes
  - b. No
- Q24. **[IF Q21=YES]** On a scale from 1 to 10 where 1 is **Not at all Helpful** and 10 is **Very Helpful**, please rate how helpful CAREWare is with your ADAP reporting requirements?
- Q25. **[IF Q21=YESB]** Does your agency import any pharmacy/prescription data electronically into CAREWare?
- a. Yes
  - b. No
- Q26. How can the ADAP module be improved? **[OPTIONAL] [CAPTURE VERBATIM]**

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**Technical Assistance and Support**

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- Q27. Now, think about specific functions in CAREWare. Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate how easy it is to perform each of the following functions:
- a. Install new builds
  - b. Data entry/find fields
  - c. Build custom reports
  - d. Run the Performance Measure Module
  - e. Use the form designer
  - f. Create custom fields
  - g. Creating contracts and defining subservices
  - h. Provider/user manager

i. Other (Please specify):

Q28. When was the last time you called the CAREWare helpdesk?

- a. In the last week
- b. In the last month
- c. In the last year
- d. Never

Q29. **[ASK IF Q27 ≠ NEVER]** Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate the CAREWare helpdesk support your organization received on the following:

- a. Professionalism
- b. Courteousness
- c. Knowledge of the staff who assisted you
- d. Usefulness of answers provided to your organization
- e. Timeliness of responses

Q30. Was the last issue you called the helpdesk about resolved?

- a. Yes, it has been fully resolved
- b. Yes, it has been partially resolved
- c. No, it is not resolved

Q31. **[ASK IF Q30 = PARTIALLY OR NOT RESOLVED]** Why has your issue not been resolved to your satisfaction? **[OPTIONAL] [CAPTURE VERBATIM]**

Q33. Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate of the quality of the following aspects of technical support and assistance for CAREWare. **If you have not used an option, please select DK/NA.**

- a. FAQs
- b. Listserv
- c. User guides
- d. Webcasts
- e. On-site support
- f. Do not know

Q33. What additional forms of support would you like to see implemented? (Please select all that apply)

- a. More webcast trainings
- b. Expanded helpdesk hours and support
- c. More user guides
- d. No additional forms of support are needed
- e. Other: (Please specify)

Q34. How can we improve on Technical Assistance and Support for CAREWare? **[OPTIONAL] [CAPTURE VERBATIM]**

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### ACSI BENCHMARK QUESTIONS

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Q35. Please consider all of the experiences and interactions you have had with CAREWare this past year. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with CAREWare?

- Q36. Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, how does CAREWare compare to your expectations?
- Q37. Imagine an ideal application for managing clients' clinical or support service data. How close is CAREWare to that ideal application? Please use a 10-point scale on which 1 means *Not Very Close to Ideal* and 10 means *Very Close to Ideal*.

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### Outcome Measures

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- Q37. On a scale from 1 to 10 where 1 is *Not at all likely* and 10 is *Very likely*, how likely is your agency to be using CAREWare one year from now?
- Q38. All things considered, using the same scale from 1 to 10 where 1 means *Not at all Likely* and 10 means *Very Likely*, how likely would you be to recommend CAREWare to a colleague or another agency?
- Q29. Are there any other features that you would like to see implemented in CAREWare that would improve your agency's capacity to produce HRSA required reports or perform other functions? **[OPTIONAL] [CAPTURE VERBATIM]**

*Thank you for your time. The HRSA's HIV/AIDS Bureau appreciates your input. If you have any questions or comments about Ryan White HIV/AIDS Program management (including CAREWare) at any time, please contact us at [HABreview@hrsa.gov](mailto:HABreview@hrsa.gov).*