

# Attachment G

Updated Survey 2013 Changes:

## SURVEY CHANGES FOR BOTH ADOPTERS AND NONADOPTERS:

- **MODIFIED: Question 2: (NEW in red)**
  - OLD: Overall, at how many office locations do you see ambulatory patients in a normal week (i.e., a week with a normal caseload, with no holidays, vacations, or conferences)? \_\_\_locations
  - **NEW** For this question, please think about a normal week—that is, a week with a normal caseload, with no holidays, vacations, or conferences. Overall, at how many office locations do you see ambulatory patients in a normal week? (**Please exclude hospital emergency or outpatient departments**)?
- **MODIFIED: Question 3: (new in red)**
  - OLD:  Hospital emergency department
  - **NEW:**  Hospital emergency **or outpatient** departments
- **DELETED PART OF Question 5 Street Address from Question 5**
- **Modified Question 6 and 6a.**
  - **OLD: 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? ↓ \_\_\_\_\_excluding yourself
- **How many physicians, including you, work at the reporting location? WRITE BELOW**
- **NEW: 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**

**Added box for Q 11 to define certified patient centered medical homes (PCMHs) :**

Entities that certify practices as PCMHs include National Committee for Quality Assurance, Joint Commission, URAC, Bridges to Excellence, or some other state or national group.

Before Q16: Simplified the definition of what an EHR is and is not.

- OLD : • 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 include multiple modules, functions for computerized order entry and clinical decision support. An EHR is NOT a billing or practice management system, and does not entail 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.
- NEW: ♦ EHRs may include multiple modules and capabilities such as computerized order entry and clinical decision support. ♦ EHRs do not include faxing, photocopying, or printing the medical information from an external website, and then including the information in a paper-based record.

- Added Q 16a to determine those which will never implement an EHR system (AKA die hards to analyze their characteristics).

- NEW 16a. Do you plan to ever implement an EHR system?

1  Yes (skip to 17)

2  No (go to 16b)

3  Uncertain (go to 16b)

- Modified part of OLD 17a into NEW 17a and NEW Q16b)

- OLD 17a. Please indicate the reasons for not applying for incentives. CHECK ALL THAT APPLY.

1  Not qualified as an “eligible provider”

2  The process to apply is difficult

3  Not familiar with the incentive program

4  Unsure that incentives will actually be paid

5  No plans to have an eligible EHR system

**Why do you not plan to have an eligible EHR system?** (Check all that apply)

a  No plans to adopt any EHR system

b  Have an EHR that does not qualify for incentives

c  Plan to retire

d  Not prepared to implement electronic prescribing

6  Lack resources to apply (Check all that apply)

a  Time

b  Money/Financing

c  Staff

d  Infrastructure

7  Other reason for not applying: \_

- NEW: 17a. Please indicate the reasons for not applying for incentives. CHECK ALL THAT APPLY.

1  Not qualified as an “eligible provider”

2  The process to apply is difficult

- 3  Not familiar with the incentive program
- 4  Unsure that incentives will actually be paid
- 5  My EHR system does not exchange health information electronically with other providers (e.g., EHR systems “don’t talk to each other”)
- 6  Not prepared to implement electronic prescribing
- 7  Other reason for not applying: \_\_\_\_\_

• **NEW 16b. Why do you not plan on implementing an EHR system? CHECK ALL THAT APPLY.**

- 1  No systems fit with my specialty
- 2  Plan to retire soon
- 3  Lack of time
- 4  Lack of staff
- 5  Lack of financial resources
- 6  Privacy/security concerns
- 7  Other, specify: \_\_\_\_\_

• **Modified OLD Q 33 (adopters) OLD Q35 (Nonadopters) into NEW Q18**

**OLD Q33: Did your reporting location receive assistance in selecting an EHR System?**

- 1  Yes ↓      2  No (Skip to 34)      3  Uncertain (Skip to 34)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**NEW Q18:** Has the reporting location received any type of assistance from a Regional Extension Center? (Yes; no; uncertain; not familiar with the term REC)

• **Modified OLD 18 into NEW 19: All tasks listed are the same. The questions were modified.**

➤ OLD Q 18

Is this done routinely?		Is this process computerized?			How easy or difficult is this to do with your current medical record system?			
Yes	No	Yes, Usually	Yes, Sometimes	No	Very easy	Somewhat easy	Somewhat difficult	Very difficult

- **New Q19: Expanded is this done routinely to how often does the location perform the task? Removed how easy or difficult is the task with how important is the task for patient care.**

How important is the task to delivering better patient care?	How often is the task performed at this location?	Is this task computerized?
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Very important	Somewhat important	Not important	Often	Sometimes	Never	Yes	No
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**ADOPTERS ONLY:**

- NEW (ADDED) new items to NEW 19q,s,t,&u (response Strongly agree, somewhat agree, somewhat disagree, strongly disagree)

Please indicate whether you agree or disagree with the following statements <u>about using your EHR system</u> :
q. Health information is less secure in my EHR system than a paper-based system.
s. Clinical summaries from my EHR contain unnecessary information.
t. Clinical summaries from my EHR contain too much information.
u. Overall, the benefits of having an EHR outweigh its purchase and maintenance costs.

- NEW (ADDED) 20 m, o -s (response yes within the past 30 days, yes, but not within the past 30 days, not at all, N/A) (THIS WAS ALSO ADDED TO THE NONADOPTER SURVEY FOR THOSE WHO NEWLY ADOPTED AS A SKIP PATTERN)

m. Helped you access a patient's chart through your personal device (e.g., smart phone, tablet)?
o. Helped you order a referral?
p. Helped you follow-up a referral?
q. Inadvertently led you to select the wrong medication or lab order from a list?
r. Led you to overlook something important because you received too many alerts (e.g., alert fatigue)?
s. Been accessed by an unauthorized outside entity?

- MODIFIED NEW21. DELETED 21e (Access to High speed internet) and added (21h,i,j) with response categories (major barrier, minor barrier, and not a barrier).
  - h. Ability to encrypt information to securely send information to other providers
  - i. Ability to keep patient data private from those unauthorized users
  - j. Efficiency of performing tasks (e.g., too many clicks ("click fatigue" ))

• ADDED 22. About Health information exchange.

22. To what extent do you agree or disagree with the following statements about electronic information exchange.  “Electronically exchanging clinical information with other providers...”	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Uncertain
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. ...increases my practice’s vendor costs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. ... requires multiple systems or portals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. ...increases my practice’s liability due to other providers lacking adequate privacy/security safeguards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. ...decreases my ability to separate sensitive health information from other data being exchanged.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

• Modified OLD q25 with NEW Q 26

➤ OLD: 25. What is the name of your current EHR system?

CHECK ALL THAT APPLY.

- 1  Allscripts                      2  Cerner   3  eClinicalWorks  
 4  Epic   5  GE/Centricity   6  Greenway Medical  
 7  McKesson/  
 Practice Partner                      8  NextGen                      9  Sage/Vitera  
 10  Other, specify \_\_\_\_\_ 11  Unknown

➤ **New:26. What is the name of the current EHR/EMR system? CHECK ONLY ONE BOX.**

- 1  Allscripts   2  **Amazing Charts**   3  **Athenahealth**  
 4  Cerner   5  eClinicalWorks   6  **e-MDs**  
 7  Epic                      8  GE/Centricity                      9  Greenway Medical  
 10  NextGen   11  **Practice Fusion**   12  McKesson/  
 Practice Partner  
 13  Sage/Vitera                      Practice Partner  
 14  Other → *please specify* \_\_\_\_\_ 15  Unknown

- **Modified old Q26 and 26a with NEW 27 and 27a**

- **OLD:26. Does your current system meet meaningful use criteria as defined by the Centers for Medicare & Medicaid Services (CMS)?**

- 1  Yes (Skip to 27)
- 2  No (Go to 26a)
- 3  Uncertain (Go to 26a)

- **OLD 26a. 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

- **NEW: 27. Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services (HHS)?**

- 1  Yes (Skip to 27)
- 2  No (Go to 26a)
- 3  Uncertain (Go to 26a)

**NEW 27a. Are there plans to upgrade your system to meet meaningful use criteria?**

- 1  **Yes**
- 2  No
- 3  Uncertain

**New Q32: Over the last year, for each has the following increased, decreased, or stayed about the same for the reporting location?**

**32. Number of office visits has...**

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> <b>increased</b></li> <li>2 <input type="checkbox"/> <b>decreased</b></li> <li>3 <input type="checkbox"/> <b>stayed about the same</b></li> <li>4 <input type="checkbox"/> <b>Uncertain (Go to 33)</b></li> </ul> | } | <p>Was this due, in part, to the EHR?</p> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Yes</li> <li>2 <input type="checkbox"/> No</li> <li>3 <input type="checkbox"/> Uncertain</li> </ul> |
|---|---|---|

**Modified Q 33 added new category 5**

**33. Can patients seen at the reporting location do any of the following online activities? CHECK ALL THAT APPLY.**

- 1  View test results online
- 2  Request referrals online
- 3  Request refills for prescriptions online
- 4  Request appointments online
- 5  **Incorporate patient generated/device data (e.g. blood glucose)**
- 6  My patients cannot do any of the above activities
- 7  Uncertain

- **REMOVED Questions 32, 33, and 34, and 37:**

**32. Did your reporting location need assistance with any of the following? CHECK ALL THAT APPLY.**

- 1  EHR selection
- 4  Other: \_\_\_\_\_

- 2  EHR implementation  
 3  EHR system training

- 5  Uncertain if assistance was needed  
 6  No assistance was needed

**33. Did your reporting location receive assistance in selecting an EHR System?**

- 1  Yes ↓      2  No (Skip to 34)      3  Uncertain (Skip to 34)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**34. Did your reporting location receive assistance in implementing an EHR System?**

- 1  Yes ↓      2  No (Skip to 35)      3  Uncertain (Skip to 35)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**35. Did your reporting location receive assistance with training its staff in using your EHR System?**

- 1  Yes ↓      2  No (Skip to 36)      3  Uncertain (Skip to 36)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**37 What is a reliable Email address for the physician to whom this survey was mailed?**

\_\_\_\_\_@\_\_\_\_\_

## NONADOPTERS ONLY:

Modified Q 20 (uses current 2012/13 Adopter content and adjusts for nonadopters (used in 2011)). New content is in red, content from 2011 is presented below as this was not asked of nonadopters last year but asked in 2011.

<b>20. Please indicate whether you agree or disagree with the following statements about using an EHR system:</b>
a. Overall, my practice would function more efficiently with an EHR system.
b. The amount of time spent to plan, review, order, and document care would increase.
c. The amount of time spent responding to pharmacy calls would increase.
d. Overall, an EHR would save me time.
e. Sending prescriptions electronically would save me time.
f. The number of weekly office visits would increase.
g. My practice would receive lab results faster.
h. My practice would save on costs associated with managing and storing paper records.
i. Billing for services would be less complete.
j. An EHR would produce financial benefits for my practice.
k. An EHR would produce clinical benefits for my practice.
l. An EHR would allow me to deliver better patient care.
m. An EHR would make records more readily available at the point of care.
n. An EHR disrupts the way I would interact with my patients.
o. An EHR would be an asset when recruiting physicians to join the practice.
p. An EHR would enhance patient data confidentiality.
q. <b>Health information would be less secure in an EHR system than a paper-based system.</b>
r. <b>An EHR would reduce transcription costs.</b>
s. <b>Clinical summaries from my EHR would contain unnecessary information.</b>
t. <b>Clinical summaries from my EHR would contain too much information.</b>
u. <b>Overall, the benefits of having an EHR would outweigh its purchase and maintenance costs.</b>

**OLD Question 19 and 20 have been removed**

<b>19. To what extent do you view the following as a barrier to adopting an EHR system?</b>	<b>Major Barrier</b>	<b>Minor Barrier</b>	<b>Not a Barrier</b>
a. Reaching consensus within the practice to select an EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Finding an EHR system that meets your practice's needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Effort needed to select an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Cost of purchasing an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Ability to secure financing for an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Annual cost of maintaining an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Loss of productivity during the transition to an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Adequacy of training for you and your staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Adequacy of EHR technical support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Access to high speed internet (e.g., broadband, cable)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Reliability of the system (e.g., EHR down or unavailable when needed)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Resistance of your practice to change work habits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Lack of demonstrated value of EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**REMOVED: OLDQ 20.**

<b>20. How likely do you think an EHR system would be able to:</b>	<b>Very Likely</b>	<b>Somewh at Likely</b>	<b>Not at all Likely</b>	<b>Not Applicabl e</b>
a. Alert you to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Lead to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Alert you to critical lab values?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Remind 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"/>
e. 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"/>
f. Help 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"/>
g. 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"/>
h. Help 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"/>
i. 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"/>
j. Help 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"/>
k. Alert you that you received a patient summary from another provider?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Enhance overall patient care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- NEW (ADDED) ALL OF ADOPTER NEW Q20 ( with new 20 m, o -s (response yes within the past 30 days, yes, but not within the past 30 days, not at all, N/A) (THIS WAS ALSO ADDED as NEW Q22 for THE NONADOPTER SURVEY FOR THOSE WHO NEWLY ADOPTED AS A SKIP PATTERN)

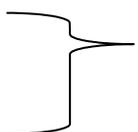
22. This question is about the ways that an EHR system might affect your reporting location. Has your EHR system:	Yes, within the past 30 days	Yes, but not within the past 30 days	Not at all	Not Applicable
a. Alerted you to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Led to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Alerted you to critical lab values?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Led to less effective communication during patient visits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. 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"/>
f. Reminded 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"/>
g. 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"/>
h. Helped 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"/>
i. 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"/>
j. Facilitated 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"/>
k. Facilitated direct communication with other providers that are part of my patient care team?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. 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"/>
m. Helped you access a patient's chart through your personal device (e.g., smart phone, tablet)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Alerted you that you received a patient summary from another provider?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Helped you order a referral?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. Helped you follow-up a referral?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. Inadvertently led you to select the wrong medication or lab order from a list?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r. Led you to overlook something important because you received too many alerts?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
s. Been accessed by an unauthorized outside entity?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
t. Enhanced overall patient care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**New Q32:** Over the last year, for each has the following increased, decreased, or stayed about the same for the reporting location?

**34. Number of office visits has...**

1  increased

2  decreased



Was this due, in part, to the EHR?

1  Yes

2  No

3  Uncertain

3  stayed about the same

4  Uncertain (Go to 33)

**Modified Q 35 added new category 5**

**33. Can patients seen at the reporting location do any of the following online activities? CHECK ALL THAT APPLY.**

1  View test results online

2  Request referrals online

3  Request refills for prescriptions online

4  Request appointments online

5  Incorporate patient generated/device data (e.g. blood glucose)

6  My patients cannot do any of the above activities

7  Uncertain

• **REMOVED Questions 34, 35, 36, 37, 39:**

**34. Did your reporting location need assistance with any of the following? CHECK ALL THAT APPLY.**

1  EHR selection

4  Other: \_\_\_\_\_

2  EHR implementation

5  Uncertain if assistance was needed

3  EHR system training

6  No assistance was needed

**35. Did your reporting location receive assistance in selecting an EHR System?**

1  Yes ↓

2  No (Skip to 34)

3  Uncertain (Skip to 34)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**36. Did your reporting location receive assistance in implementing an EHR System?**

1  Yes ↓

2  No (Skip to 35)

3  Uncertain (Skip to 35)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**37. Did your reporting location receive assistance with training its staff in using your EHR System?**

1  Yes ↓

2  No (Skip to 36)

3  Uncertain (Skip to 36)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied

<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**39 What is a reliable Email address for the physician to whom this survey was mailed?**

\_\_\_\_\_@\_\_\_\_\_