Attachment D

National Electronic Health Records Survey 2013

The National Electronic Health Records Survey is affiliated with the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about the adoption of electronic health records/electronic medical records (EHRs/EMRs) in ambulatory care settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

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.

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2. **Do you directly care for any ambulatory patients in your work?**

   ☐1　Yes　　　　*Continue to Question 3.*

   ☐2　No

   ☐3　I am no longer in practice

   } *Please stop here and return the questionnaire in the envelope provided. Thank you for your time.*

3. **In a typical year, about how many weeks do you NOT see any ambulatory patients because of such events as conferences, vacations, illness, etc.?**

   _____ weeks

   *The next set of questions asks about a **normal week**. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.*

4. **Overall, at how many office locations do you see ambulatory patients in a normal week? (Please exclude hospital emergency or outpatient departments.)**

   _____ locations

5. **During your last normal week of practice how many office visits did you have at all locations?**

   _____ office visits

6. **Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.**

   ☐1　Private office–based solo or group practice

   ☐2　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 center

   ☐5　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 treat patients referred to an academic medical center)

   ☐9　Hospital emergency or outpatient department

   ☐10　None of the above

   *If you only answered **hospital emergency or outpatient department or none of the above** in **question 6**, skip to question 27.*
   *If you checked **any of the boxes 1-8** in **question 6**, continue to question 7.*

7. **At which of the settings (1-8) in question 6 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 7 even if it is not the location where this survey was sent.

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8. What are the county, state, zip code, and telephone number of the _reporting location_?

Country	___USA___	County _____
State	_____	Zip Code _____
Telephone	(___) _____	

9. During your last _normal_ week of practice, approximately how many office visits did you have at the _reporting location_? _Note: Please only include visits where you personally saw the patient._

_____ office visits

10. How many physicians, including you, work at the reporting location? _____

10a. 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. In 2012, open-ended fill-in responses.

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

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

☐₁ Single   ☐₂ Multi

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

_____ mid-level providers

13. At the reporting location, are you currently accepting new patients?

☐₁ Yes
☐₂ No ⎫
☐₃ Unknown ⎭ *Skip to Question 14*

13a. 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

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14. Does the reporting location submit any _claims_ electronically _(electronic billing)_?

☐₁ Yes   ☐₂ No   ☐₃ Unknown

15. Does the reporting location use an electronic _health_ record (EHR) or electronic _medical_ record (EMR) system? Do not include billing record systems.

☐₁ Yes, all electronic ⎫
☐₂ Yes, part paper and part electronic ⎭ *Go to Question 15a*

☐₃ No ⎫
☐₄ Unknown ⎭ *Skip to Question 16*

15a. In which year did you install your current EHR/EMR system?

Year: _____

15b. Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

☐₁ Yes   ☐₂ No   ☐₃ Unknown

15c. What is the name of your current EHR/EMR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.

☐₁ Allscripts   ☐₆ e-MD   ☐₁₁ NextGen
☐₂ Amazing Charts   ☐₇ Epic   ☐₁₂ Practice Fusion
☐₃ athenahealth   ☐₈ GE/Centricity   ☐₁₃ Sage/Vitera
☐₄ Cerner   ☐₉ Greenway Medical   ☐₁₄ Other, specify
☐₅ eClinicalWorks   ☐₁₀ McKesson/ Practice Partner   _____
                                  ☐₁₅ Unknown

16. At the reporting location, are there plans for installing a new EHR/EMR system within the next 18 months?

☐₁ Yes   ☐₂ No   ☐₃ Maybe   ☐₄ Unknown

17. Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT." At the reporting location, are there plans to apply for these incentive payments?

17a. When did you first apply or when do you first intend to apply?

☐₁ Yes, we already applied ⎫
☐₂ Yes, we intend to apply ⎬
☐₃ Uncertain if we will apply ⎭
☐₄ No, we will not apply ⎫ *Skip to Question 18*

2011	2014 or later
☐₁ 2011	☐₄ 2014 or later
☐₂ 2012	☐₅ Unknown
☐₃ 2013	

2. *The three deleted questions from the table below are listed on the last page of attachment.

19. Please indicate whether the ambulatory 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	Yes, but turned off or not used	No	Unknown
18a. Recording patient history and demographic information?	☐1	☐2	☐3 *Skip to 18b*	☐4 *Skip to 18b*	☐5 *Skip to 18b*
18a1. If yes, does this include a patient problem list?	☐1	☐2	☐3	☐4	☐5
18b. Recording and charting vital signs?	☐1	☐2	☐3	☐4	☐5
18c. Recording patient smoking status?	☐1	☐2	☐3	☐4	☐5
18d. Recording clinical notes?	☐1	☐2	☐3 *Skip to 18e*	☐4 *Skip to 18e*	☐5 Skip to 18e
18d1. If yes, do the notes include a list of the patient's medications and allergies?	☐1	☐2	☐	☐4	☐5
18e. Reconciling lists of patient medications to identify the most accurate list?	☐1	☐2	☐3	☐4	☐5
18f. Ordering prescriptions?	☐1	☐2	☐ *Skip to 18g*	☐4 *Skip to 18g*	☐5 *Skip to 18g*
18f1. If yes, are prescriptions sent electronically to the pharmacy?	☐1	☐2	☐3	☐4	☐5
18f2. If yes, are warnings of drug interactions or contraindications provided?	☐1	☐2	☐3	☐4	☐5
18g. Providing reminders for guideline-based interventions or screening tests?	☐1	☐2	☐3	☐4	☐5
18h. Ordering lab tests?	☐1	☐2	☐3 *Skip to 18i*	☐4 *Skip to 18i*	☐5 *Skip to 18i*
18h1. If yes, are orders sent electronically?	☐1	☐2	☐3	☐4	☐5
18i. Viewing lab results?	☐1	☐2	☐3 *Skip to 18j*	☐4 *Skip to 18j*	☐5 *Skip to 18j*
18i1. If yes, can the EHR/EMR automatically graph a specific patient's lab results over time?	☐1	☐2	☐3	☐4	☐5
18j. Viewing imaging results?	☐1	☐2	☐3	☐4	☐5
18k. Identifying educational resources for patients' specific conditions?	☐1	☐2	☐3	☐4	☐5
18l. Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?	☐1	☐2	☐3	☐4	☐5
18m. Generating lists of patients with particular health conditions?	☐1	☐2	☐3	☐4	☐5
18n. Electronic reporting to immunization registries?	☐1	☐2	☐3	☐4	☐5
18o. Providing patients with clinical summaries for each visit?	☐1	☐2	☐3	☐4	☐5
18p. Exchanging secure messages with patients?	☐1	☐2	☐3	☐4	☐5
18q. Providing patients with an electronic copy of their health information?	☐1	☐2	☐3	☐4	☐5
18r. Providing patients the ability to view online, download or transmit information from their medical record?	☐1	☐2	☐3	☐4	☐5

The next questions are about sharing (either sending or receiving) patient health information.

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20. Do you share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?

- ☐1 Yes → *Go to Question 19a*
- ☐2 No → *Skip to Question 21*

19a. How do you electronically share patient health information? CHECK ALL THAT APPLY.

- ☐1 EHR/EMR
- ☐2 Web portal (separate from EHR/EMR)
- ☐3 Other electronic method _____

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21. Please indicate which types of health data you share electronically (not fax) with the health care providers listed to the right. CHECK ALL THAT APPLY.

	Hospitals with which you are affiliated	Ambulatory providers inside your office/group	Hospitals with which you are not affiliated	Ambulatory providers outside your office/group
20a. Lab results	☐1	☐2	☐3	☐4
20b. Imaging reports	☐1	☐2	☐3	☐4
20c. Patient problem lists	☐1	☐2	☐3	☐4
20d. Medication lists	☐1	☐2	☐3	☐4
20e. Medication allergy lists	☐1	☐2	☐3	☐4

20f. Do you share any of the above types of information using a "Summary Care Record"? [A Summary Care Record is an electronic file that contains the above health data in a standardized format.]

☐1 Yes   ☐2 No   ☐3 Unknown

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22. Do you refer any of your patients to providers outside of your office or group?

- ☐1 Yes → *Go to Question 21a*
- ☐2 No → *Skip to Question 22*

21a. Do you receive a report back from the other provider with results of the consultation?

- ☐1 Yes, routinely
- ☐2 Yes, but not routinely ⎫→
- ☐3 No → *Skip to Question 22*

21b. Do you receive it electronically (not fax)?

- ☐1 Yes, routinely
- ☐2 Yes, but not routinely
- ☐3 No

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23. Do you see any patients referred to you by providers outside of your office or group?

- ☐1 Yes → *Go to Question 22a*
- ☐2 No → *Skip to Question 23*

22a. Do you receive notification of both the patient's history and reason for consultation?

- ☐1 Yes, routinely
- ☐2 Yes, but not routinely ⎫→
- ☐3 No → *Skip to Question 23*

22b. Do you receive them electronically (not fax)?

- ☐1 Yes, routinely
- ☐2 Yes, but not routinely
- ☐3 No

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24. Do you take care of patients after they are discharged from an inpatient setting?

- ☐1 Yes → *Go to Question 23a*
- ☐2 No → *Skip to Question 24*

23a. Do you receive all of the information you need to continue managing the patient?

- ☐1 Yes, routinely
- ☐2 Yes, but not routinely ⎫→
- ☐3 No → *Skip to Question 24*

23b. Is the information available when needed?

- ☐1 Yes, routinely
- ☐2 Yes, but not routinely ⎫
- ☐3 No → *Skip to Question 24*

23c. Do you receive it electronically (not fax)?

☐1 Yes, routinely   ☐2 Yes, but not routinely   ☐3 No

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25. 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 Other

26. Roughly, what percent of your patients are insured by Medicaid? _____

27. Do you treat patients insured by Medicare?

☐1 Yes   ☐2 No   ☐3 Unknown

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28. Who completed this survey?   ☐1 The physician to whom it was addressed   ☐2 Office staff   ☐3 Other

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced this envelope, please send survey to: 2605 Meridian Parkway, Suite 200, Durham, NC 27713

Deleted Questions from #18 matrix:

Boxes for Admin Use

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