

Changes between the 2011 survey and the 2012 NAMCS EHR survey

- Electronic Medical Record (EMR)/Electronic Health Record (EHR) mail supplement to NAMCS was renamed to be the National Electronic Health Records Survey 2012.
- The words “a supplement to” were replaced with “affiliated with” in the introduction. “The National Electronic Health Records Survey is affiliated with the National Ambulatory Medical Care Survey (NAMCS).”

Questions deleted

During your last normal week of practice, about how many encounters of the following type did you make with patients?

1. Nursing home visits _____
2. Other home visits _____
3. Hospital visits _____
4. Telephone consults _____
5. Internet/e-mail consults _____

Please 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.

- If yes to viewing lab results, are results incorporated into EMR/EHR?
- Public health reporting
- If yes to public health reporting, are notifiable diseases sent electronically?

At the reporting location, what percent of your current patients have Medicaid/CHIP? _____%

Questions modified (questions in 2011 survey are in red)

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

- | | | | | |
|---------------------------------------|---|---|--------------------------------------|---|
| <input type="checkbox"/> 1 Allscripts | <input type="checkbox"/> 4 eClinicalWorks | <input type="checkbox"/> 7 GE/Centricity | <input type="checkbox"/> 10 NextGen | <input type="checkbox"/> 13 Practice Fusion |
| <input type="checkbox"/> 2 Cerner | <input type="checkbox"/> 5 Epic | <input type="checkbox"/> 8 Greenway Medical | <input type="checkbox"/> 11 Sage | <input type="checkbox"/> 14 Other_____ |
| <input type="checkbox"/> 3 CHARTCARE | <input type="checkbox"/> 6 eMDs | <input type="checkbox"/> 9 MED3000 | <input type="checkbox"/> 12 SOAPware | <input type="checkbox"/> 15 Unknown |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 Allscripts | <input type="checkbox"/> 2 Cerner | <input type="checkbox"/> 3 eClinicalWorks |
| <input type="checkbox"/> 4 Epic | <input type="checkbox"/> 5 GE/Centricity | <input type="checkbox"/> 6 Greenway Medical |
| <input type="checkbox"/> 7 McKesson/
Practice Partner | <input type="checkbox"/> 8 NextGen | <input type="checkbox"/> 9 Sage |
| <input type="checkbox"/> 10 Other_____ | <input type="checkbox"/> 11 Unknown | |

Beginning in 2011, Medicare and Medicaid will offer incentives to practices that demonstrate “meaningful use of Health IT”. At the reporting location, are there plans to apply for Medicare or Medicaid incentive payments for meaningful use of Health IT?

- 1 Yes, we intend to apply → *Go to Question 22a.*
 - 2 Uncertain whether we will apply
 - 3 No, we will not apply
- } *Skip to Question 23.*

In which year do you expect to apply for the meaningful use payments?

- 1 2011
- 2 2012
- 3 After 2012
- 4 Unknown

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?

- 1 Yes, we already applied
 - ↳ When did you first apply?
 - 1 2011
 - 2 2012
- 2 Yes, we intend to apply
 - ↳ When do you intend to first apply?
 - 1 2012
 - 2 2013 or later
 - 3 Unknown
- 3 Uncertain if we will apply
- 4 No, we will not apply

Please indicate whether the reporting location has each of the computerized capabilities listed below. CHECK NO MORE THAN ONE BOX PER ROW. Does the reporting location have a computerized system for:

- The “yes” response category did not have frequency associated with it.

Please 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.

- The response categories were modified to have “yes, used routinely” and “yes, but not used routinely”.

Do you exchange patient clinical summaries electronically with any other providers?

- 1 Yes, send summaries only
 - 2 Yes, receive summaries only
 - 3 Yes, send and receive summaries
 - 4 No
- } *Go to Question 21a.*

5 Unknown

Skip to Question 22.



How do you electronically send or receive patient clinical summaries? CHECK ALL THAT APPLY.

- 1 Through EMR/EHR vendor
- 2 Through hospital-based system
- 3 Through Health Information Organization or state exchange
- 4 Through secure email attachment
- 5 Other/Unknown

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: _____

This change only applies to the mail survey.

At the reporting location, what percent of your patient care revenue comes from the following?

- | | | |
|---|--------------|-------------|
| 1. Medicare | _____ | % |
| 1. Medicaid/CHIP | _____ | % |
| 2. Private insurance | _____ | % |
| 3. Patient payments | _____ | % |
| 4. Other
(including charity, research, CHAMPUS,
VA, etc.) | _____ | % |
| TOTAL | _____ | 100% |

Roughly, what percent of your patient care revenue at the reporting location comes from the following?

- | | | |
|--|--------------|--------------|
| 1. Medicare | _____ | % |
| 2. Medicaid/CHIP | _____ | % |
| 3. Private insurance | _____ | % |
| 4. All other sources | _____ | % |
| <i>Roughly, the total should sum to:</i> | <i>_____</i> | <i>100 %</i> |

Questions added

Please 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.**

- Recording and charting vital signs?
- Recording patient smoking status?
- Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?
- Generating lists of patients with particular health conditions?
- If yes to viewing lab results, can the EMR/EHR automatically graph a specific patient’s lab results over time?
- If yes to electronic reporting to immunization registries, reported in standards specified by Meaningful Use criteria?
- Providing patients with an electronic copy of their health information?

20. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20b. Imaging reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20c. Patient problem lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20d. Medication lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20e. Medication allergy lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown				

	Yes, routinely	Yes, but <u>not</u> routinely	No	Does not apply
21. When you refer your patient to a provider outside of your office or group:				
21a. Do you receive a report back from the other provider with results of the consultation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21b. Do you receive it <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. When you see a patient referred to you by a provider outside of your office or group:				
22a. Do you receive notification of both the patient’s history and reason for consultation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22b. Do you receive them <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23. When your patient is discharged from an inpatient setting:				
23a. Do you receive all of the information you need to continue managing the patient?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23b. Is the information timely, available when needed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23c. Do you receive it <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>