

## Attachment I –Medical Office Information Form

### Medical Office Information Form

To be completed by a single office point of contact (POC) for each medical office participating in the pretest of the *Medical Office Value and Efficiency Survey*.

**Instructions:** Please provide the following information, which will be used to produce descriptive statistics and analyze data in aggregate collected with the *Medical Office Value and Efficiency Survey*. If you need assistance in answering any of the questions, please email [insert email address].

Name of Office Point of Contact: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Office: \_\_\_\_\_

Office Mailing Address: (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

POC Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### 1. Which best describes the majority ownership of this medical office/practice?

- 1 Physician(s) and/or Provider(s)
- 2 University or Academic Medical Institution
- 3 Hospital or health system
- 4 Community health center
- 5 Other, please specify:

#### 2. Total number of employees asked to complete the survey? \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

**3. What was the mode used to administer the survey?**

- 1 Paper only
- 2 Web only
- 3 Mixed mode (paper and web)

**4. When did your medical office finish its administration of the *Medical Office Value and Efficiency Survey*?**

\_\_\_\_\_month \_\_\_\_\_year

**5. What is the total number of providers working in this medical office location during a typical week?** By providers, we mean physicians (MDs and DOs), physician assistants (PAs), and nurse practitioners (NPs) who diagnose, treat patients, and prescribe medications.

\_\_\_\_\_total number of providers working during a typical week

**6. To what extent has this medical office implemented the following electronic (computer-based) tools?** (By implemented, we mean the office has the tool capability and is using it.)

	Not implemented & no plans to implement in the next 12 months ▼	Not implemented but implementation planned in the next 12 months ▼	Implementation in process (only partial implementation) ▼	Fully implemented ▼
a) Electronic appointment scheduling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Electronic ordering of medications (with pharmacies capable of processing electronic orders)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) Electronic ordering of tests, imaging, or procedures (with test/imaging centers capable of processing electronic orders)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) Electronic access to your patients' test or imaging results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) Electronic medical/health records (EMR/EHR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**7. Check the type of specialty(s) practiced by all providers in your medical office.**

**(Mark all that apply)**

- |                                                             |                                                                 |
|-------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> 1. Allergy/Immunology              | <input type="checkbox"/> 19. Nephrology                         |
| <input type="checkbox"/> 2. Anesthesiology                  | <input type="checkbox"/> 20. Neurology                          |
| <input type="checkbox"/> 3. Cardiology                      | <input type="checkbox"/> 21. Nuclear Medicine                   |
| <input type="checkbox"/> 4. Child & Adolescent Psychiatry   | <input type="checkbox"/> 22. OB/GYN or GYN                      |
| <input type="checkbox"/> 5. Dermatology                     | <input type="checkbox"/> 23. Ophthalmology                      |
| <input type="checkbox"/> 6. Diagnostic Radiology            | <input type="checkbox"/> 24. Orthopedics                        |
| <input type="checkbox"/> 7. Emergency Medicine              | <input type="checkbox"/> 25. Otolaryngology                     |
| <input type="checkbox"/> 8. Endocrinology/Metabolism        | <input type="checkbox"/> 26. Pathology – Anatomic/Clinical      |
| <input type="checkbox"/> 9. Family Practice/Family Medicine | <input type="checkbox"/> 27. Pediatrics                         |
| <input type="checkbox"/> 10. Forensic Pathology             | <input type="checkbox"/> 28. Physical Medicine & Rehabilitation |
| <input type="checkbox"/> 11. Gastroenterology               | <input type="checkbox"/> 29. Psychiatry                         |
| <input type="checkbox"/> 12. General Practice               | <input type="checkbox"/> 30. Public Health & Rehabilitation     |
| <input type="checkbox"/> 13. General Preventive Medicine    | <input type="checkbox"/> 31. Pulmonary Medicine                 |
| <input type="checkbox"/> 14. General Surgery                | <input type="checkbox"/> 32. Radiology                          |
| <input type="checkbox"/> 15. Geriatrics                     | <input type="checkbox"/> 33. Rheumatology                       |
| <input type="checkbox"/> 16. Hematology/Oncology            | <input type="checkbox"/> 34. Surgery (All)                      |
| <input type="checkbox"/> 17. Internal Medicine              | <input type="checkbox"/> 35. Urology                            |
| <input type="checkbox"/> 18. Medical Genetics               | <input type="checkbox"/> 36. Vascular Medicine                  |
|                                                             | <input type="checkbox"/> 37. Other specialties                  |