**EHR Questions on the 2012 NAMCS**

**14. Does your practice submit any _claims_ electronically _(electronic billing)?_**

☐1　Yes

☐2　No

☐3　Unknown

**15. Do you or your staff verify an individual patient's insurance eligibility _electronically_?**

☐1　Yes ⟶ Go to Question 15a

☐2　No　⎫

☐3　Unknown ⎭　Skip to Question 16

**15a. How do you or your staff electronically verify an individual patient's insurance eligibility? Is it through an EHR/EMR system, a stand-alone practice management system, or some other electronic system?**

☐1　Stand-alone practice management system

☐2　EHR/EMR system

☐3　Another electronic system

☐4　Unknown

**15b. When you electronically verify a patient's insurance eligibility, do you usually get results back before the patient leaves the office?**

☐1　Yes

☐2　No

☐3　Unknown

**16. Does your practice <u>use</u> 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 16a._

☐3　No　⎫

☐4　Unknown　⎭　_Skip to Question 17._

**16a. In which year did you install your EHR/EMR system?**

　　Year: _____

**16b. What is the name of your current EHR/EMR system?  CHECK ONLY ONE BOX.  IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.**

Attachment J: NAMCS-1 EHR items modifications

☐1 Allscripts    ☐2 Cerner    ☐3 eClinicalWorks

☐4 Epic    ☐5 GE/Centricity    ☐6 Greenway Medical

☐7 McKesson/    ☐8 NextGen    ☐9 Sage
   Practice Partner

☐10 Other_____    ☐11 Unknown

**17. At your practice, are there plans for installing a new EHR/EMR system within the next 18 months?**

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

**18. Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT". At your practice, are there plans to apply for these incentive payments?**

☐1 Yes, we already applied

    ↳ When did you first apply?

      ☐1 2011    ☐2 2012    ☐3 Unknown

☐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

**19. Please indicate whether your practice 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 |
|---|---|---|---|---|---|
| **19a. Recording patient history and demographic information?** | 1☐ | 2☐ | 3☐ | 4☐ *Skip to 19b* | 5☐ *Skip to 19b* |
| **19a1.** If yes, does this include a patient problem list? | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19b. Recording and charting vital signs?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19c. Recording patient smoking status?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19d. Recording clinical notes?** | 1☐ | 2☐ | 3☐ | 4☐ *Skip to 19e* | 5☐ *Skip to 19e* |
| **19d1.** If yes, do the notes include a list of the patient's medications and allergies? | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19e. Ordering prescriptions?** | 1☐ | 2☐ | 3☐ | 4☐ *Skip to 19f* | 5☐ *Skip to 19f* |
| **19e1.** If yes, are prescriptions sent electronically to the pharmacy? | 1☐ | 2☐ | 3☐ | 4☐ *Skip to 19e2* | 5☐ *Skip to 19e2* |

Attachment J: NAMCS-1 EHR items modifications

| | Yes, used routinely | Yes, but not used routinely | Yes, but turned off or not used | No | Unknown |
|---|---|---|---|---|---|
| **19e1a. When orders for prescriptions are submitted electronically, are they submitted by the prescribing practitioner, or by someone else? CHECK ALL THAT APPLY.**<br><br>□1 Prescribing practitioner<br>□2 Someone else<br>□3 Unknown | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19e2.** If yes, are warnings of drug interactions or contraindications provided? | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19f. Providing reminders for guideline-based interventions or screening tests?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19g. Providing standard order sets related to a particular condition or procedure?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19h. Ordering lab tests?** | 1☐ | 2☐ | 3☐ | 4☐ *Skip to 19i* | 5☐ *Skip to 19i* |
| **19h1.** If yes, are orders sent electronically? | 1☐ | 2☐ | 3☐ | 4☐ *Skip to 19i* | 5☐ *Skip to 19i* |
| **19h1a. When orders for lab tests are submitted electronically, are they submitted by the prescribing practitioner, or by someone else? CHECK ALL THAT APPLY.**<br><br>□1 Prescribing practitioner<br>□2 Someone else<br>□3 Unknown | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19i. Viewing lab results?** | 1☐ | 2☐ | 3☐ | 4☐ *Skip to 19j* | 5☐ *Skip to 19j* |
| **19i1.** If yes, can the EHR/EMR automatically graph a specific patient's lab results over time? | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19j. Viewing imaging results?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19k. Viewing data on quality of care measures?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19l. Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19m. Generating lists of patients with particular health conditions?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19n. Electronic reporting to immunization registries?** | 1☐ | 2☐ | 3☐ | 4☐ *Skip to 19o* | 5☐ *Skip to 19o* |
| **19n1.** If yes, reported in standards specified by Meaningful Use criteria? | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19o. Providing patients with clinical summaries for each visit?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |
| **19p. Exchanging secure messages with patients?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |

| | Yes, used routinely | Yes, but not used routinely | Yes, but turned off or not used | No | Unknown |
|---|---|---|---|---|---|
| **19q. Providing patients with an electronic copy of their health information?** | 1☐ | 2☐ | 3☐ | 4☐ | 5☐ |

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

☐1 Yes → *Go to Question 20a*

☐2 No → *Skip to Question 21*

**20a. 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: _____

| **21. Please indicate which types of health data you share <u>electronically</u> (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 |
|---|---|---|---|---|
| 21a. Lab results | 1☐ | 2☐ | 3☐ | 4☐ |
| 21b. Imaging reports | 1☐ | 2☐ | 3☐ | 4☐ |
| 21c. Patient problem lists | 1☐ | 2☐ | 3☐ | 4☐ |
| 21d. Medication lists | 1☐ | 2☐ | 3☐ | 4☐ |
| 21e. Medication allergy lists | 1☐ | 2☐ | 3☐ | 4☐ |
| 21f. 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.] <br> 1☐ Yes 2☐ No 3☐ Unknown | | | | |

| **22. When you refer your patient to a provider outside of your office or group:** | Yes, routinely | Yes, but <u>not</u> routinely | No | Does not apply |
|---|---|---|---|---|
| 22a. Do you receive a report back from the other provider with results of the consultation? | 1☐ | 2☐ | 3☐ | 4☐ |
| 22b. Do you receive it <u>electronically</u> (not fax)? | 1☐ | 2☐ | 3☐ | 4☐ |
| **23. When you see a patient referred to you by a provider outside of your office or group:** | | | | |
| 23a. Do you receive notification of both the patient's history and reason for consultation? | 1☐ | 2☐ | 3☐ | 4☐ |
| 23b. Do you receive them <u>electronically</u> (not fax)? | 1☐ | 2☐ | 3☐ | 4☐ |
| **24. When your patient is discharged from an inpatient setting:** | | | | |
| 24a. Do you receive all of the information you need to continue managing the patient? | 1☐ | 2☐ | 3☐ | 4☐ |
| 24b. Is the information timely, available when needed? | 1☐ | 2☐ | 3☐ | 4☐ |
| 24c. Do you receive it <u>electronically</u> (not fax)? | 1☐ | 2☐ | 3☐ | 4☐ |

## Changes between the 2011 NAMCS-1 EHR items and the 2012 NAMCS-1EHR items
## 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?**
_____%

**Do you or your staff verify an individual patient's insurance eligibility _electronically_, with results returned immediately?  CHECK ONE.**

☐1   Yes, with a stand-alone practice management system

☐2  Yes, with an EMR/EHR system

☐3   Yes, using another electronic system

☐4  No

☐5  Unknown

**At the reporting location, if orders for prescriptions or lab tests are submitted electronically, who submits them?  CHECK ALL THAT APPLY.**

☐1  Prescribing practitioner

☐2  Other

☐3  Prescriptions and lab test orders not submitted electronically

☐4  Unknown

Attachment J:NAMCS-1 EHR items modifications

## Questions modified (questions in 2011 survey are in red)

<span style="color:red">**What is the name of your current EMR/EHR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED,
PLEASE SPECIFY THE NAME.**

☐1 Allscripts ☐4 eClinicalWorks ☐7 GE/Centricity ☐10 NextGen ☐13 Practice Fusion

☐2 Cerner ☐5 Epic ☐8 Greenway Medical ☐11 Sage ☐14 Other_____

☐3 CHARTCARE ☐6 eMDs ☐9 MED3000 ☐12 SOAPware ☐15 Unknown</span>

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

☐1 Allscripts   ☐2 Cerner   ☐3 eClinicalWorks

☐4 Epic   ☐5 GE/Centricity   ☐6 Greenway Medical

☐7 McKesson/   ☐8 NextGen   ☐9 Sage
   Practice Partner

☐10 Other_____   ☐11 Unknown

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

<span style="color:red">**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     ⟶  *Go to Question 22a.*
    apply

☐2 Uncertain whether
    we will apply         }  *Skip to Question 23.*

☐3 No, we will not
    apply

**In which year do you expect to apply for the meaningful use payments?**
☐1   2011
☐2   2012
☐3   After 2012
☐4   Unknown</span>

**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  ☐3  Unknown

☐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

} *Go to Question 21a.*

☐4 No

☐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: _____

Attachment J: NAMCS-1 EHR items modifications

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**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 | _____ % |
| | *Roughly, the total should sum to:* | 100 % |

## 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?

| 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 |
|---|---|---|---|---|
| 21a. Lab results | 1☐ | 2☐ | 3☐ | 4☐ |
| 21b. Imaging reports | 1☐ | 2☐ | 3☐ | 4☐ |
| 21c. Patient problem lists | 1☐ | 2☐ | 3☐ | 4☐ |
| 21d. Medication lists | 1☐ | 2☐ | 3☐ | 4☐ |
| 21e. Medication allergy lists | 1☐ | 2☐ | 3☐ | 4☐ |
| 21f. 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 | | | | |

| 22. When you refer your patient to a provider outside of your office or group: | Yes, routinely | Yes, but **not** routinely | No | Does not apply |
|---|---|---|---|---|
| 22a. Do you receive a report back from the other provider with results of the consultation? | 1☐ | 2☐ | 3☐ | 4☐ |
| 22b. Do you receive it **electronically** (not fax)? | 1☐ | 2☐ | 3☐ | 4☐ |
| **23. When you see a patient referred to you by a provider outside of your office or group:** | | | | |
| 23a. Do you receive notification of both the patient's history and reason for consultation? | 1☐ | 2☐ | 3☐ | 4☐ |
| 23b. Do you receive them **electronically** (not fax)? | 1☐ | 2☐ | 3☐ | 4☐ |
| **24. When your patient is discharged from an inpatient setting:** | | | | |
| 24a. Do you receive all of the information you need to continue managing the patient? | 1☐ | 2☐ | 3☐ | 4☐ |
| 24b. Is the information timely, available when needed? | 1☐ | 2☐ | 3☐ | 4☐ |
| 24c. Do you receive it **electronically** (not fax)? | 1☐ | 2☐ | 3☐ | 4☐ |

**This below  while changedthe National EHR Survey 2012 does NOT apply  to the in-personand the only applies to the mail survey.**

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

1. Medicare _____ %
5. Medicaid/CHIP _____ %
6. Private insurance _____ %
7. Patient payments _____ %
8. Other
   (including charity, research, CHAMPUS, VA, etc.) _____ %

**TOTAL**   _____ **100%**