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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.

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

- 1 Yes *Continue to Question 3.*
- 2 No *Please stop here and return the questionnaire in the envelope provided. Thank you for your time.*
- 3 I am no longer in practice

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.

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
- 2 2-3 physicians
- 3 4-10 physicians
- 4 11-50 physicians
- 5 51-100 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 2. Private insurance non-capitated | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 3. Medicare | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 4. Medicaid/CHIP | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 5. Workers compensation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 6. Self pay | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7. No charge | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 8. Uncertain if we will apply | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 9. No, we will not apply | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

} Skip to Question 18

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 } Go to Question 15a
- 2 Yes, part paper and part electronic }
- 3 No } Skip to Question 16
- 4 Unknown }

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



| 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? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <i>Skip to 18b</i> | <input type="checkbox"/> 4 <i>Skip to 18b</i> | <input type="checkbox"/> 5 <i>Skip to 18b</i> |
| 18a1. If yes, does this include a patient problem list? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18b. Recording and charting vital signs? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18c. Recording patient smoking status? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18d. Recording clinical notes? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <i>Skip to 18e</i> | <input type="checkbox"/> 4 <i>Skip to 18e</i> | <input type="checkbox"/> 5 <i>Skip to 18e</i> |
| 18d1. If yes, do the notes include a list of the patient's medications and allergies? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18e. Reconciling lists of patient medications to identify the most accurate list? | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> 4 | <input checked="" type="checkbox"/> 5 |
| 18f. Ordering prescriptions? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> <i>Skip to 18g</i> | <input type="checkbox"/> 4 <i>Skip to 18g</i> | <input type="checkbox"/> 5 <i>Skip to 18g</i> |
| 18f1. If yes, are prescriptions sent electronically to the pharmacy? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18f2. If yes, are warnings of drug interactions or contraindications provided? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18g. Providing reminders for guideline-based interventions or screening tests? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18h. Ordering lab tests? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <i>Skip to 18i</i> | <input type="checkbox"/> 4 <i>Skip to 18i</i> | <input type="checkbox"/> 5 <i>Skip to 18i</i> |
| 18h1. If yes, are orders sent electronically? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18i. Viewing lab results? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <i>Skip to 18j</i> | <input type="checkbox"/> 4 <i>Skip to 18j</i> | <input type="checkbox"/> 5 <i>Skip to 18j</i> |
| 18i1. If yes, can the EHR/EMR automatically graph a specific patient's lab results over time? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18j. Viewing imaging results? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18k. Identifying educational resources for patients' specific conditions? | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18l. Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18m. Generating lists of patients with particular health conditions? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18n. Electronic reporting to immunization registries? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18o. Providing patients with clinical summaries for each visit? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18p. Exchanging secure messages with patients? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18q. Providing patients with an electronic copy of their health information? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 18r. Providing patients the ability to view online, download or transmit information from their medical record? | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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

| | | | | | |
|---|--|--|--|--|--|
| 20. Do you share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs? <input type="checkbox"/> 1 Yes → Go to Question 19a <input type="checkbox"/> 2 No → Skip to Question 21 | | 19a. How do you electronically share patient health information? CHECK ALL THAT APPLY. <input type="checkbox"/> 1 EHR/EMR <input type="checkbox"/> 2 Web portal (separate from EHR/EMR) <input type="checkbox"/> 3 Other electronic method _____ | | | |
| 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 | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 20b. Imaging reports | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 20c. Patient problem lists | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 20d. Medication lists | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 20e. Medication allergy lists | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 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.] <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown | | | | | |
| 22. Do you refer any of your patients to providers outside of your office or group? <input type="checkbox"/> 1 Yes → Go to Question 21a <input type="checkbox"/> 2 No → Skip to Question 22 | | 21a. Do you receive a report back from the other provider with results of the consultation? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No → Skip to Question 22 | | 21b. Do you receive it electronically (not fax)? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No | |
| 23. Do you see any patients referred to you by providers outside of your office or group? <input type="checkbox"/> 1 Yes → Go to Question 22a <input type="checkbox"/> 2 No → Skip to Question 23 | | 22a. Do you receive notification of both the patient's history and reason for consultation? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No → Skip to Question 23 | | 22b. Do you receive them electronically (not fax)? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No | |
| 24. Do you take care of patients after they are discharged from an inpatient setting? <input type="checkbox"/> 1 Yes → Go to Question 23a <input type="checkbox"/> 2 No → Skip to Question 24 | | 23a. Do you receive all of the information you need to continue managing the patient? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No → Skip to Question 24 | | 23b. Is the information available when needed? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No → Skip to Question 24 | |
| | | 23c. Do you receive it electronically (not fax)? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No | | | |
| 25. Who owns the reporting location? CHECK ONE. <input type="checkbox"/> 1 Physician or physician group <input type="checkbox"/> 4 Medical/academic health center <input type="checkbox"/> 2 Insurance company, health plan, or HMO <input type="checkbox"/> 5 Other hospital <input type="checkbox"/> 3 Community health center <input type="checkbox"/> 6 Other health care corporation <input type="checkbox"/> 7 Other | | | 26. Roughly, what percent of your patients are insured by Medicaid? _____ 27. Do you treat patients insured by Medicare? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown | | |
| 28. Who completed this survey? <input type="checkbox"/> 1 The physician to whom it was addressed <input type="checkbox"/> 2 Office staff <input type="checkbox"/> 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

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Boxes for Admin Use

Deleted Questions from #18 matrix: