Attachment E

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 **Physician Workflow Supplement Year 2013**

The purpose of the Physician Workflow study is to collect information about the experiences office-based physicians are having with and without **electronic health records (EHR)**. Your participation is greatly appreciated and voluntary. Your answers are completely confidential. If you have questions or comments about this survey, please call 866-966-1473.

*This survey asks about* ***ambulatory care,*** *that is, care for patients receiving health services without admission to a hospital or other facility.*

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

}

**4. At which of the settings in  *question 3* do you see the most ambulatory patients? WRITE THE NUMBER**

1□ Yes 

2□ No

3□ I am no longer in practice

*Continue to Question 2. Please stop here and return the questionnaire in the envelope provided. Thank you for your time*.

**NEXT TO THE BOX YOU CHECKED**

*For the remaining questions, please answer regarding the* ***reporting location indicated in question 4*** *even if it is not the location where this survey was sent.*

**2. For this question, please think about a normal week—that is, a week with a normal caseload, with no holidays, vacations, or conferences. Overall, at how many office locations do you see ambulatory patients in a normal week? (Please exclude hospital emergency or outpatient departments)**

 \_\_\_\_ locations

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

1□ Private 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 departments

10□ None of the above

*If you answered*  ***only hospital emergency department*** or ***none of the above*** *in question 3, skip to* ***question 38****. If you marked*  ***boxes 1-8*** *in question 3, continue to* ***question 4****.*

**5. What are the county, state, zip code, and telephone number of the  *reporting location*?**

|  |  |
| --- | --- |
| Country | USA |
| County  |  |
| State |  |
| Zip Code |  |
| Telephone | ( ) - |

**6a. How many physicians, including you, work at the reporting location? WRITE BELOW.**

 **\_\_\_\_\_\_\_\_\_**

**6b. 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□ 1 physician

2□ 2-3 physicians

3□ 4-10 physicians

4□ 11-50 physicians

5□ 51-100 physicians

6□ More than 100 physicians

**7. How many of the following types of staff are associated with the reporting location? *If none, mark box provided.***

 Number of midlevel providers (NP, PA) □**None**

 Number of clinical staff (RN, MA) □**None**

 Number of administrative/non-clinical staff **□None**

**8. Is the reporting location a single- or multi-specialty**

**(group) practice?**

1□ Single

2□ Multi-specialty

**9. Are you a full or part owner, employee, or an independent contractor at the reporting location?**

1□ Owner

2□ Employee

3□ Contractor

**10. 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

**11**. **Does the reporting location receive any additional compensation beyond routine visit fees for offering** *Patient-Centered Medical Home* (PCMH) **type services or does the reporting location participate in a certified PCMH arrangement?**

PCMHs are certified by the National Committee for Quality Assurance, Joint Commission, URAC, Bridges to Excellence, or some other state or national group.

1□ Yes, we participate

2□ No, but we plan to participate

3□ No, and we don’t plan to participate

4□ Uncertain

**12. Does the reporting location participate in a** *Pay-for- performance* **arrangement in which you can receive financial bonuses based on your performance?**

1□ Yes, we participate

2□ No, but we plan to participate

3□ No, and we don’t plan to participate

4□ Uncertain

**13. Does the reporting location participate in an** *Accountable Care Organization* **or similar arrangement by which you may share savings with insurers (including private insurance, Medicare, Medicaid, and other public options)?**

1□ Yes, we participate

2□ No, but we plan to participate

3□ No, and we don’t plan to participate

4□ Uncertain

**The next questions are related to your general experiences with practicing medicine.**

**14. Overall, how satisfied or dissatisfied are you with practicing medicine?**

1□ Very satisfied

2□ Somewhat satisfied

3□ Somewhat dissatisfied

4□ Very dissatisfied

**15. Please consider the following statement:**

**“I am able to provide high quality care to most of**

**my patients at the reporting location.”**

**Would you say you…**

1□ Strongly agree

2□ Somewhat agree

3□ Somewhat disagree

4□ Strongly disagree

|  |  |
| --- | --- |
| ***The next questions are about electronic health records******(EHR) systems.*** | **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?**1□ Yes, we already applied (Skip to 18)2□ Yes, we intend to apply (Skip to 18)3□ No, we will not apply (Go to 17a) 4□ Uncertain if we will apply (Go to 17a)**17a.** **Please indicate the reasons for not applying for incentives. CHECK ALL THAT APPLY.**1□ Not qualified as an “eligible provider”2□ The process to apply is difficult3□ Not familiar with the incentive program4□ Unsure that incentives will actually be paid5□ My EHR system does not exchange health information electronically with other providers (e.g., EHR systems “don’t talk to each other”)6□ Not prepared to implement electronic prescribing7□ Other reason for not applying: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\**18. Has the reporting location received any type of assistance from a Regional Extension Center?**1□ Yes2□ No3□ Uncertain4□ I am not familiar with the term regional extension center. |
|  EHRs may include multiple modules and capabilities such as computerized order entry and clinical decision support.  EHRs do not include faxing, photocopying, or printing the medical information from an external website, and then including the information in a paper-based record. |
| 16. Which of the following best describes the reporting location’s current EHR adoption status?1□ We are actively using an EHR system that was installed more than 12 months ago. (skip to 17)2□ We are actively using an EHR system that was installed within the past 12 months. (skip to 17)3□ We **are not actively using an EHR system** but have one installed. (skip to 17)4□ We **do not have an EHR system**. (go to 16a)**16a. Do you plan to ever implement an EHR system?**1□ Yes (skip to 17) 2□ No (go to 16b) 3□ Uncertain (go to 16b)**16b. Why do you not plan on implementing an EHR system? CHECK ALL THAT APPLY.**1 □ No systems fit with my specialty2 □ Plan to retire soon3 □ Lack of time 4 □ Lack of staff 5 □ Lack of financial resources6 □ Privacy/security concerns7□ Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **19. Please answer the 3 questions to the right of this box about the following clinical workflow tasks for the reporting location.** | **How important is the task to delivering better patient care?** | **How often is the task performed at this location?** | **Is this task computerized?** |
| **Very important** | **Somewhat important** | **Not important** | **Often** | **Sometimes** | **Never** | **Yes** | **No** |
| **Population management:**1. Create a list of patients by particular diagnosis
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to b) | 1□ | 2□ |
| 1. Create a list of patients by particular lab result
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to c) | 1□ | 2□ |
| 1. Create a list of patients by particular vital signs (e.g., high blood pressure)
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to d) | 1□ | 2□ |
| 1. Create a list of patients who are due for tests or preventive care
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to e) | 1□ | 2□ |
| 1. Provide patient reminders for preventive or follow-up care
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to f) | 1□ | 2□ |
| **Quality improvement:**1. Create reports on clinical care measures for patients with specific chronic conditions (e.g., H1AC for diabetic patients)
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to g) | 1□ | 2□ |
| 1. Create reports on clinical care measures by patient demographic characteristics (e.g., age, sex, race)
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to h) | 1□ | 2□ |
| 1. Submit clinical care measures to public and private insurers (e.g., blood pressure control, Hb1AC, smoking status)
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to i) | 1□ | 2□ |
| **Patient communication/access to health data:**1. Provide patients with a copy of their health information
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to j) | 1□ | 2□ |
| 1. Record a patient advanced directive
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to k) | 1□ | 2□ |
| 1. Provide patients with a clinical summary for each visit
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to l) | 1□ | 2□ |
| **Coordination of care:**1. Receive patient clinical information from other physicians treating your patient (e.g., referral summaries)
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to m) | 1□ | 2□ |
| 1. Receive information needed to continue managing a patient post-hospital discharge
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(skip to n) | 1□ | 2□ |
| 1. Share patient clinical information with other providers treating your patient
 | 1□ | 2□ | 3□ | 1□ | 2□ | 3□(Go to 19) | 1□ | 2□ |

**If you do not have an EHR system or are not actively using an EHR system skip to Question 32 (page 8).**

**If you are not sure about your EHR status, please refer to your answer in Question 16*.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **19. Please indicate whether you agree or disagree with the following statements about using your EHR system:** | **Strongly****Agree** | **Somewhat****Agree** | **Somewhat****Disagree** | **Strongly****Disagree** |
| 1. Overall, my practice has functioned more efficiently with an EHR system.
 | 1□ | 2□ | 3□ | 4□ |
| 1. The amount of time spent to plan, review, order, and document care has increased.
 | 1□ | 2□ | 3□ | 4□ |
| 1. The amount of time spent responding to pharmacy calls increased.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Overall, my EHR saves me time.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Sending prescriptions electronically saves me time.
 | 1□ | 2□ | 3□ | 4□ |
| 1. The number of weekly office visits increased.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My practice receives lab results faster.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My practice saves on costs associated with managing and storing paper records.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Billing for services is less complete.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My EHR produces financial benefits for my practice.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My EHR produces clinical benefits for my practice.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My EHR allows me to deliver better patient care.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My EHR makes records more readily available at the point of care.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My EHR disrupts the way I interact with my patients.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My EHR is an asset when recruiting physicians to join the practice.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My EHR enhances patient data confidentiality.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Health information is less secure in my EHR system than a paper-based system.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My EHR reduces transcription costs.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Clinical summaries from my EHR contain unnecessary information.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Clinical summaries from my EHR contain too much information.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Overall, the benefits of having an EHR outweigh its purchase and maintenance costs.
 | 1□ | 2□ | 3□ | 4□ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **20. This question is about the ways that an EHR system might affect your reporting location. Has your EHR system:** | **Yes, within the past 30 days** | **Yes, but not within the past 30 days** | **Not at all** | **Not****Applicable** |
| 1. Alerted you to a potential medication error?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Led to a potential medication error?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Alerted you to critical lab values?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Led to less effective communication during patient visits?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Reminded you to provide preventive care (e.g., vaccine, cancer screening)?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Reminded you to provide care that meets clinical guidelines for patients with chronic conditions?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Helped you identify needed lab tests (such as HbA1c or LDL)?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Helped you order fewer tests due to better availability of lab results?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Helped you order more on-formulary drugs (as opposed to off-formulary drugs)?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Facilitated direct communication with a patient (e.g., email or secure messaging)?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Facilitated direct communication with other providers that are part of my patient care team?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Helped you access a patient’s chart remotely (e.g., to

work from home)? | 1□ | 2□ | 3□ | 4□ |
| 1. Helped you access a patient’s chart through your personal device (e.g., smart phone, tablet)?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Alerted you that you received a patient summary from another provider?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Helped you order a referral?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Helped you follow-up a referral?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Inadvertently led you to select the wrong medication or lab order from a list?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Led you to overlook something important because you received too many alerts?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Been accessed by an unauthorized outside entity?
 | 1□ | 2□ | 3□ | 4□ |
| 1. Enhanced overall patient care?
 | 1□ | 2□ | 3□ | 4□ |

|  |  |  |  |
| --- | --- | --- | --- |
| **21. To what extent have you experienced the following as a barrier to****using your reporting location’s EHR system?** | **Major****Barrier** | **Minor****Barrier** | **Not a Barrier** |
| 1. Annual cost of maintaining an EHR system
 | 1□ | 2□ | 3□ |
| 1. Loss of productivity during the transition to an EHR system
 | 1□ | 2□ | 3□ |
| 1. Adequacy of training for you and your staff
 | 1□ | 2□ | 3□ |
| 1. Adequacy of EHR technical support
 | 1□ | 2□ | 3□ |
| 1. Reliability of the system (e.g., EHR down or unavailable when needed)
 | 1□ | 2□ | 3□ |
| 1. Templates customized to your specialty or specific patient conditions
 | 1□ | 2□ | 3□ |
| 1. Resistance of your practice to change work habits
 | 1□ | 2□ | 3□ |
| 1. Ability to encrypt information to securely send information to other providers
 | 1□ | 2□ | 3□ |
| 1. Ability to keep patient data private and secure
 | 1□ | 2□ | 3□ |
| 1. Efficiency of performing tasks (e.g., too many clicks (“click fatigue” ))
 | 1□ | 2□ | 3□ |
| 1. Ability to access patient records (e.g. log in)
 | 1□ | 2□ | 3□ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **22. To what extent do you agree or disagree with the following statements about electronic information exchange.** **“Electronically exchanging clinical information with other providers…”** | **Strongly agree** | **Somewhat agree** | **Somewhat disagree** | **Strongly disagree** | **Uncertain** |
| 1. …improves my practice’s quality of care
 | 1□ | 2□ | 3□ | 4□ | 5□ |
| 1. …increases my practice’s efficiency
 | 1□ | 2□ | 3□ | 4□ | 5□ |
| 1. …increases my practice’s vendor costs.
 | 1□ | 2□ | 3□ | 4□ | 5□ |
| 1. …requires multiple systems or portals
 | 1□ | 2□ | 3□ | 4□ | 5□ |
| 1. …increases my practice’s liability due to other providers lacking adequate privacy/security safeguards
 | 1□ | 2□ | 3□ | 4□ | 5□ |
| 1. …decreases my ability to separate sensitive health information from other data being exchanged.
 | 1□ | 2□ | 3□ | 4□ | 5□ |

**23. Overall, how satisfied or dissatisfied are you with your EHR system?**

1□ Very satisfied

2□ Somewhat satisfied

3□ Somewhat dissatisfied

4□ Very dissatisfied

**24. Would you purchase this EHR again?**

1□ Yes

2□ No

3□ Uncertain

**25. In which year did you install your EHR system?**

**\_ \_/\_ \_/\_ \_/\_ \_** Year (YYYY): 2□ Unknown

**26. What is the name of the current EHR system?** CHECK ONLY ONE BOX.

1□ Allscripts 2□ Amazing Charts 3 □ Athenahealth

4□ Cerner 5□ eClinicalWorks 6□ e-MDs

7□ Epic 8□ GE/Centricity 9□ Greenway Medical

10□ NextGen 11□ Practice Fusion 12□ McKesson/

13□ Sage/Vitera Practice Partner

14□ Other🡪 *please* specify\_\_\_\_\_\_\_\_\_ 15□ Unknown

**27. Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services (HHS)?**

1□ Yes (Skip to 28)

2□ No (Go to 27a)

3□ Uncertain (Go to 27a)

**27a. Are there plans to upgrade your system to meet meaningful use criteria?**

1□ Yes 2□ No 3□ Uncertain

**28. How many hours, on average, did you spend in ongoing training over the past year to use your practice’s EHR?**

1□ 1 to 8 hours 2□ 9 to 40 hours 3□ 41 to 80 hours

4□ Over 80 hours 5□ Did not receive ongoing training

**29. As a result of implementing an EHR, did you experience any changes in clinical staff (e.g., other MDs, RNs, MAs) at the reporting location? CHECK ALL THAT APPLY.**

1□ Yes, overall clinical staff increased

2□ Yes, overall clinical staff decreased

3□ Yes, shift in responsibilities among existing staff

4□ No clinical staff changes

5□ Uncertain

**30. As a result of implementing an EHR, did you experience any changes in non- clinical/administrative staff at the reporting location? CHECK ALL THAT APPLY.**

1□ Yes, overall administrative staff increased

2□ Yes, overall administrative staff decreased

3□ Yes, shift in responsibilities among existing staff

4□ No administrative staff changes

5□ Uncertain

**Over the past year, has the following increased, decreased, or stayed about the same for the reporting location?**

**31. Practice revenue has…**

1□ increased

Was this due, in part, to the EHR?

1□ Yes

2□ No

3□ Uncertain

4□ N/A

2□ decreased

3□ stayed about the same

4□ Uncertain (Go to 32)

**32. Number of office visits has**…

1□ increased

Was this due, in part, to the EHR?

1□ Yes

2□ No

3□ Uncertain

4□ N/A

2□ decreased

3□ stayed about the same

4□ Uncertain (Go to 33)

**33. Can patients seen at the reporting location do any of the following online activities? CHECK ALL THAT APPLY.**

1□ View test results online

2□ Request referrals online

3□ Request refills for prescriptions online

4□ Request appointments online

5□ Incorporate patient generated/device data (e.g. blood glucose)

6□ My patients cannot do any of the above activities

7□ Uncertain

**34. At the reporting location, are there plans for installing a new EHR system within the next 12 months?**

1□ Yes

2□ No

3□ Maybe

4□ Unknown

**35. Who completed this survey?**

1□ The physician to whom it was addressed

2□ Office staff

3□ Other

***2605 Meridian Parkway, Suite 200, Durham, NC 27713***

***If you have misplaced this envelope, please send this survey to the following address:***

***Thank you for your participation. Please return your survey in the envelope provided.***

Boxes for Admin Use