Attachment F

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| **NOTICE -** Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0234).**Assurance of Confidentiality -** All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).  |

**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.

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

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

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| 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*. |

**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 practice2□ 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 center5□ 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 departments10□ None of the above

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| *If you answered* ***only hospital emergency department*** or***none of the above*** *in question 3, skip to* ***question 40****.**If you marked* ***boxes* *1-8*** *in question 3, continue to* ***question 4****.* |

 | **4. At which of the settings in *question 3* do you see the most ambulatory patients? WRITE THE NUMBER NEXT TO THE BOX YOU CHECKED.** **\_\_\_\_\_\_\_\_\_\_**

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| *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.* |

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

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| 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 physician2□ 2-3 physicians3□ 4-10 physicians4□ 11-50 physicians5□ 51-100 physicians6□ More than 100 physicians |

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| **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 □None8. Is the reporting location a single- or multi-specialty (group) practice?1□ Single2□ Multi-specialty9. Are you a full or part owner, employee, or an independent contractor at the reporting location?1□ Owner2□ Employee3□ Contractor**10. Who owns the reporting location? CHECK ONE.**1□ Physician or physician group2□ Insurance company, health plan, or HMO3□ Community health center4□ Medical/academic health center5□ Other hospital6□ Other health care corporation7□ 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 participate2□ No, but we plan to participate3□ No, and we don’t plan to participate4□ 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 participate2□ No, but we plan to participate3□ No, and we don’t plan to participate4□ 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 participate2□ No, but we plan to participate3□ No, and we don’t plan to participate4□ Uncertain

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| 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 satisfied2□ Somewhat satisfied3□ Somewhat dissatisfied4□ 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 agree2□ Somewhat agree3□ Somewhat disagree4□ Strongly disagree |

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| The next questions are about electronic health records (EHR) systems.* 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **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 |

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| **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□ |

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| **20. Please indicate whether you agree or disagree with the following statements about using an EHR system:** | **Strongly****Agree** | **Somewhat****Agree** | **Somewhat****Disagree** | **Strongly****Disagree** |
| 1. Overall, my practice would function more efficiently with an EHR system.
 | 1□ | 2□ | 3□ | 4□ |
| 1. The amount of time spent to plan, review, order, and document care would increase.
 | 1□ | 2□ | 3□ | 4□ |
| 1. The amount of time spent responding to pharmacy calls would increase.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Overall, an EHR would save me time.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Sending prescriptions electronically would save me time.
 | 1□ | 2□ | 3□ | 4□ |
| 1. The number of weekly office visits would increase.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My practice would receive lab results faster.
 | 1□ | 2□ | 3□ | 4□ |
| 1. My practice would save on costs associated with managing and storing paper records.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Billing for services would be less complete.
 | 1□ | 2□ | 3□ | 4□ |
| 1. An EHR would produce financial benefits for my practice.
 | 1□ | 2□ | 3□ | 4□ |
| 1. An EHR would produce clinical benefits for my practice.
 | 1□ | 2□ | 3□ | 4□ |
| 1. An EHR would allow me to deliver better patient care.
 | 1□ | 2□ | 3□ | 4□ |
| 1. An EHR would make records more readily available at the point of care.
 | 1□ | 2□ | 3□ | 4□ |
| 1. An EHR disrupts the way I would interact with my patients.
 | 1□ | 2□ | 3□ | 4□ |
| 1. An EHR would be an asset when recruiting physicians to join the practice.
 | 1□ | 2□ | 3□ | 4□ |
| 1. An EHR would enhance patient data confidentiality.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Health information would be less secure in an EHR system than a paper-based system.
 | 1□ | 2□ | 3□ | 4□ |
| 1. An EHR would reduce transcription costs.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Clinical summaries from my EHR would contain unnecessary information.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Clinical summaries from my EHR would contain too much information.
 | 1□ | 2□ | 3□ | 4□ |
| 1. Overall, the benefits of having an EHR would outweigh its purchase and maintenance costs.
 | 1□ | 2□ | 3□ | 4□ |

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| **21. How much of an influence do you think the following would have on your decision to adopt an EHR System?** | **Major Influence to Adopt** | **Minor Influence to Adopt** | **Not an Influence** |
| 1. Government incentive payments for EHR use
 | 1□ | 2□ | 3□ |
| 1. Proposed financial penalties for not using an EHR
 | 1□ | 2□ | 3□ |
| 1. Availability of government-certified products
 | 1□ | 2□ | 3□ |
| 1. Assistance with selecting an EHR system
 | 1□ | 2□ | 3□ |
| 1. Technical assistance with EHR implementation in my practice
 | 1□ | 2□ | 3□ |
| 1. EHR systems being used by trusted colleagues
 | 1□ | 2□ | 3□ |
| 1. Capability of exchanging information electronically within my referral network
 | 1□ | 2□ | 3□ |
| 1. Requirement to use an EHR for maintenance of board certification
 | 1□ | 2□ | 3□ |

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| **If you have an EHR system (see Question 16), answer Questions 22 to 31.****Otherwise, skip to Question 33.** |

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| **22. 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□ |

**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

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| **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-MDs7□ 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. Which of the following best represents your EHR system?** 1□ **Stand-alone** (Client server) – A self-contained system, where data and application functionality are delivered onsite.2□ **Web-based design** (Cloud system or Application Service Provider (ASP)) – Service provider hosts the EHR system and stores data. Practice accesses the system and data through the internet.**29. How many hours, on average, did clinical staff spend in training to use your practice’s EHR?**1□ 1 to 8 hours 2□ 9 to 40 hours 3□ 41 to 80 hours4□ Over 80 hours 5□ Did not receive training**30. How many hours, on average, did non-clinical staff spend in training to use your practice’s EHR?**1□ 1 to 8 hours 2□ 9 to 40 hours 3□ 41 to 80 hours4□ Over 80 hours 5□ Did not receive training | **31. 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 increased2□ Yes, overall clinical staff decreased3□ Yes, shift in responsibilities among existing staff4□ No clinical staff changes5□ Uncertain**32. 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 increased2□ Yes, overall administrative staff decreased3□ Yes, shift in responsibilities among existing staff4□ No administrative staff changes5□ Uncertain **Over the past year, has the following increased, decreased, or stayed about the same for the reporting location?****33. Practice revenue has…**Was this due, in part, to the EHR?1□ Yes2□ No3□ Uncertain4□ N/A1□ increased 2□ decreased 3□ stayed about the same 4□ Uncertain (Go to 34)Was this due, in part, to the EHR?1□ Yes2□ No3□ Uncertain4□ N/A**34. Number of office visits has**… 1□ increased2□ decreased3□ stayed about the same4□ Uncertain (Go to 35)**35. Can patients seen at the reporting location do any of the following online activities? CHECK ALL THAT APPLY.**1□ View test results online2□ Request referrals online3□ Request refills for prescriptions online4□ Request appointments online5□ Incorporate patient generated/device data (e.g. blood glucose)6□ My patients cannot do any of the above activities7□ Uncertain |

**36. 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

**37. Who completed this survey?**

1□ The physician to whom it was addressed

2□ Office staff

3□ Other

**Please add your comments in the box below.**

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

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

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