

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 use 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
 - 3 No
 - 4 Unknown
- } Go to Question 16a.
- } 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/
Practice Partner 8 NextGen 9 Sage
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 <u>not</u> used routinely	Yes, but turned off or not used	No	Unknown
19a. Recording patient history and demographic information?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> <i>Skip to 19b</i>	5 <input type="checkbox"/> <i>Skip to 19b</i>
19a1. If yes, does this include a patient problem list?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19b. Recording and charting vital signs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19c. Recording patient smoking status?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19d. Recording clinical notes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> <i>Skip to 19e</i>	5 <input type="checkbox"/> <i>Skip to 19e</i>
19d1. If yes, do the notes include a list of the patient’s medications and allergies?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19e. Ordering prescriptions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> <i>Skip to 19f</i>	5 <input type="checkbox"/> <i>Skip to 19f</i>
19e1. If yes, are prescriptions sent electronically to the pharmacy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> <i>Skip to 19e2</i>	5 <input type="checkbox"/> <i>Skip to 19e2</i>

Attachment J: NAMCS-1 EHR items modifications

	Yes, used routinely	Yes, but <u>not</u> 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. <input type="checkbox"/> 1 Prescribing practitioner <input type="checkbox"/> 2 Someone else <input type="checkbox"/> 3 Unknown	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19e2. If yes, are warnings of drug interactions or contraindications provided?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19f. Providing reminders for guideline-based interventions or screening tests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19g. Providing standard order sets related to a particular condition or procedure?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19h. Ordering lab tests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> <i>Skip to 19i</i>	5 <input type="checkbox"/> <i>Skip to 19i</i>
19h1. If yes, are orders sent electronically?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> <i>Skip to 19i</i>	5 <input type="checkbox"/> <i>Skip to 19i</i>
19h1a. When orders for lab tests are submitted electronically, are they submitted by the prescribing practitioner, or by someone else? CHECK ALL THAT APPLY. <input type="checkbox"/> 1 Prescribing practitioner <input type="checkbox"/> 2 Someone else <input type="checkbox"/> 3 Unknown	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19i. Viewing lab results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> <i>Skip to 19j</i>	5 <input type="checkbox"/> <i>Skip to 19j</i>
19i1. If yes, can the EHR/EMR automatically graph a specific patient's lab results over time?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19j. Viewing imaging results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19k. Viewing data on quality of care measures?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19l. Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19m. Generating lists of patients with particular health conditions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19n. Electronic reporting to immunization registries?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> <i>Skip to 19o</i>	5 <input type="checkbox"/> <i>Skip to 19o</i>
19n1. If yes, reported in standards specified by Meaningful Use criteria?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19o. Providing patients with clinical summaries for each visit?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19p. Exchanging secure messages with patients?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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	Yes, used routinely	Yes, but <u>not</u> used routinely	Yes, but turned off or not used	No	Unknown
19q. Providing patients with an electronic copy of their health information?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

20. Do you share any patient health information electronically (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 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21b. Imaging reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21c. Patient problem lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21d. Medication lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21e. Medication allergy lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22b. Do you receive it <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23b. Do you receive them <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24b. Is the information timely, available when needed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24c. Do you receive it <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

Questions modified (questions in 2011 survey are in 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

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/
Practice Partner 8 NextGen 9 Sage
- 10 Other_____ 11 Unknown

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 apply → *Go to Question 22a.*
- 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

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

Attachment J: NAMCS-1 EHR items modifications

↳ 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?

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> 1 Yes, send summaries only | } | <i>Go to
Question
21a.</i> |
| <input type="checkbox"/> 2 Yes, receive summaries only | | |
| <input type="checkbox"/> 3 Yes, send and receive summaries | | |
| <input type="checkbox"/> 4 No | } | <i>Skip to Question 22.</i> |
| <input type="checkbox"/> 5 Unknown | | |

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 | _____ | % |
| <i>Roughly, the total should sum to:</i> | <i>_____</i> | <i>100 %</i> |

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?

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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
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21d. Medication lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21e. Medication allergy lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22b. Do you receive it <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23b. Do you receive them <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24b. Is the information timely, available when needed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24c. Do you receive it <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

This below while changed the National EHR Survey 2012 does NOT apply to the in-person and 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%