**Attachment A**

Changes to 2014 NHAMCS Electronic Health Record (EHR) Questions

Modifications are in red. Each row represents a change proposed for 2014.

| **Modification Number** | **Modification Type** | **2013** | **2014** |
| --- | --- | --- | --- |
| 1 | New |  | Has your practice made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This would help identify privacy or security related issues that may need to be corrected.  1. Yes  2. No  3. Unknown |
| 2 | New |  | Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?  1. Yes  2. No  3. Unknown |
| 3 | Modified text | At the reporting location, are there plans for installing a new EHR/EMR system within the next 18 months? | At the reporting location, are there plans for installing a new EHR/EMR system within the next 15 months? |
| 4 | Modified text | Medicare and Medicaid offer incentive 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  2. Yes, we intend to apply  3. Uncertain if we will apply  4. No, we will not apply  **If 1 or 2**--When did you first apply or when do you first intend to apply?  1. 2011  2. 2012  3. 2013  4. 2014 or later  5. Unknown | Medicare and Medicaid offer incentive to practices that demonstrate “meaningful use of health IT.” At the reporting location, are there plans to apply for Stage 1 of these incentive payments?  1. Yes, we already applied  2. Yes, we intend to apply  3. Uncertain if we will apply  4. No, we will not apply  **If 1 or 2**—Are there plans to apply for Stage 2 incentive payments?  1. Yes  2. No  3. Maybe  4. Unknown |
| 5 | Modified text | Please indicate whether the ambulatory reporting location has each of the computerized capabilities listed below and how often these capabilities are used.  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown  -Recording patient history and demographic information?  **If yes-**Does this include a patient problem list?  -Recording and charting vital signs?  -Recording patient smoking status? | Please indicate whether the ambulatory reporting location has each of the computerized capabilities listed below and how often these capabilities are used.  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown  -Recording patient history and demographic information?  -Recordingpatient problem list?  -Recording and charting vital signs?  -Recording patient smoking status? |
| 5 (cont.) | Modified text | -Recording clinical notes?  **If yes-**Do the notes include a list of the patient’s medications and allergies?  -Reconciling lists of patient medications to identify the most accurate list?  -Providing reminders for guideline-based interventions or screening tests?  -Ordering prescriptions?  **If yes**  -Are prescriptions sent electronically to the pharmacy?  -Are warnings of drug interactions or contraindications provided?  -Ordering lab tests?  **If yes-**Are orders sent electronically?  -Viewing lab results?  **If yes-**Can the EHR/EMR automatically graph a specific patient’s lab results over time?  -Viewing imaging results?  -Identifying educational resources for patient’s specific conditions?  -Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?  -Generating lists of patients with particular health conditions?  -Electronic reporting to immunization registries?  -Providing patients with clinical summaries for each visit?  -Exchanging secure messages with patients?  -~~Providing patients with an electronic copy of their health information?~~  -Providing patients the ability to view online, download, or transmit information from their medical record? | -Recording clinical notes?  **-**Recording patient’s medications and allergies?  -Reconciling lists of patient medications to identify the most accurate list?  -Providing reminders for guideline-based interventions or screening tests?  -Ordering prescriptions?  **If yes**  -Are prescriptions sent electronically to the pharmacy?  -Are warnings of drug interactions or contraindications provided?  -Are drug formulary checks performed?  -Ordering lab tests?  **If yes-**Are orders sent electronically?  -Viewing lab results?  **If yes-**Can the EHR/EMR automatically graph a specific patient’s lab results over time?  -Ordering radiology tests?  -Viewing imaging results?  -Identifying educational resources for patient’s specific conditions?  -Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?  -Identifying patients due for preventive or follow-up care in order to send patients reminders?  -Generating lists of patients with particular health conditions?  -Electronic reporting to immunization registries?  -Providing patients with clinical summaries for each visit?  -Exchanging secure messages with patients?  -Providing patients the ability to view online, download or transmit information from their medical record? |
| 6 | Modified text | Do you refer any of your patients to providers outside of your office or group?  1. Yes  2. No  **If yes-**Do you receive a report back from the other provider with results of the consultation?  1.Yes, routinely  2. Yes, but not routinely  3. No  **If yes-**Do you receive it electronically (not fax)?  1. Yes, routinely  2. Yes, but not routinely  3. No | Do you refer any of your patients to providers outside of your office or group?  1. Yes  2. No  **If yes-**Do you send the patient’s clinical information sent to the other providers?  1. Yes routinely  2. Yes, but not routinely  3. No  **If yes-**Do you send it electronically (not fax)  1. Yes routinely  2. Yes, but not routinely  3. No |
| 7 | Modified text | Do you see any patients referred to you by providers outside of your office or group?  1. Yes  2. No  **If yes-**Do you receive notification of both the patient’s history and reason for consultation?  1. Yes, routinely  2. Yes, but not routinely  3. No  **If yes-**Do you receive them electronically (not fax)?  1. Yes, routinely  2. Yes, but not routinely  3. No | Do you see any patients referred to you by providers outside of your office or group?  1. Yes  2. No  **If yes-**Do you send a consultation report with clinical information to the other providers?  1. Yes, routinely  2. Yes, but not routinely  3. No  **If yes-**Do you send it electronically (not fax)?  1. Yes, routinely  2. Yes, but not routinely  3. No |
| 8 | Modified text | Do you take care of patients after they are discharged from an inpatient setting?  1. Yes  2. No  **If yes-**Do you receive all of the information you need to continue managing the patient?  1. Yes, routinely  2. Yes, but not routinely  3. No  **~~If yes-~~**~~Is the information available when needed?~~  ~~1. Yes, routinely~~  ~~2. Yes, but not routinely~~  ~~3. No~~  **If yes-**Do you receive it electronically (not fax)?  1. Yes, routinely  2. Yes, but not routinely  3. No | Do you take care of patients after they are discharged from an inpatient setting?  1. Yes  2. No  **If yes-**Do you receive a discharge summary with clinical information from the hospital?  1. Yes, routinely  2. Yes, but not routinely  3. No  **If yes-**Do you receive it electronically (not fax)?  1. Yes, routinely  2. Yes, but not routinely  3. No  **If yes-**Can you automatically incorporate the received information into your EHR system without manually entering the data?  1. Yes  2. No  3. Not applicable, I do not have an EHR system |
| 9 | New |  | Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?  1. Yes routinely  2. Yes, but not routinely  3. No  4. Unknown |
| 10 | Modified text | Please indicate which types of health data you share electronically (not fax) with the health care providers listed.  1. Hospitals with which you are affiliated  2. Ambulatory providers inside your office/group  3. Hospitals with which you are not affiliated  4. Ambulatory providers outside your office/group  a. Lab results?  b. Imaging reports?  c. Patient problem lists?  d. Medication lists?  e. Medication allergy lists?  ~~f. Do you share any of the previously mentioned types of information using a ‘Summary Care Record’?~~  ~~1. Yes~~  ~~2. No~~  ~~3. Unknown~~ | With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)?  1. Ambulatory providers inside your office/group  2. Ambulatory providers outside your office/group  3. Hospitals with which you are affiliated  4. Hospitals with which you are not affiliated  5. Behavioral health providers  6. Long-term care providers  7. Home health providers |