

## ATTACHMENT : ELECTRONIC HEALTH RECORD (EHR) CAPABILITIES AND QUALITY RECOGNITION

### QUESTIONS

The following questions will be presented on a screen in the Electronic Handbook to be completed before the UDS Report is submitted. The instructions for the EHR questions can be found in EHB as you are completing the questions.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?
  - a) Yes, at all sites and for all providers
  - b) Yes, but only at some sites or for some providers
  - c) No
    - i. If (c), pop up and ask when:
      - a) 3 months
      - b) 6 months
      - c) 1 year or more
      - d) not planned
    - ii. Pop-up if (a) OR (b)

Is your system certified under the Office of the National Coordinator for Health IT (ONC) Health IT Certification program?

      - a) If yes, provide the name of the vendor, the product name, the version number, and the Certified Health IT Product List (CHPL) number. Please copy this information exactly as it appears at the CPHL website: <http://oncchpl.force.com/ehrcert/CHPLHome>.
      - b) If no, provide the name of the vendor, the product name, and the version number.

Did you switch to your current EHR from a previous system this year?

      - a) Yes
      - b) No
    - iii. Pop-up if (b)
      - a) How many sites have the EHR in use?
      - b) How many providers use the EHR system?
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)
  - a) Yes
  - b) No
  - c) Not sure

3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?
  - a) Yes
  - b) No
  - c) Not sure
  
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?
  - a) Yes
  - b) No
  - c) Not sure
  
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?
  - a) Yes
  - b) No
  - c) Not sure
  
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?
  - a) Yes
  - b) No
  - c) Not sure
  
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
  - a) We use the EHR to extract automated reports
  - b) We use the EHR but only to access individual patient charts
  - c) We use the EHR in combination with another data analytic system
  - d) We do not use the EHR
  
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?
  - a) Yes, all eligible providers at all sites are participating
  - b) Yes, some eligible providers at some sites are participating
  - c) No, our eligible providers are not yet participating
  - d) No, because our providers are not eligible
  - e) Not sure

If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?

- a) Adoption, Implementation, or Upgrade (AIU)
- b) Stage 1
- c) Stage 2
- d) Stage 3
- e) Not sure

If no (c only), are your eligible providers planning to participate?

- a) Yes, over the next 3 months
- b) Yes, over the next 6 months
- c) Yes, over the next 12 months or longer
- d) No, they are not planning to participate

9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?

- a) Yes

If yes, then specify the type(s) of service: \_\_\_\_\_

- b) No

10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?

- a) Yes
- b) No

If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)

- a) National Committee for Quality Assurance (NCQA)
- b) The Joint Commission (TJC)
- c) Accreditation Association for Ambulatory Health Care (AAHC)
- d) State Based Initiative
- e) Private Payer Initiative
- f) Other Recognition Body (write in name)

11. Has your health center received accreditation?

- a) Yes
- b) No

If yes, which third party organization granted accreditation?

- a) The Joint Commission (TJC)
- b) Accreditation Association for Ambulatory Health Care (AAHC)

