Form B Survey Administered as a Computer-Assisted Telephone Interview

1. Does this practice use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.

   a) _____ Yes → Go to Q2
   b) _____ No → Screen out, go to Q36
   c) _____ Uncertain → Screen out, go to Q36

2. Did your practice transition from using paper charts to an EHR? **(READ a. – c.)**

   a) _____ Yes, we transitioned from paper charts to using an EHR
   b) _____ No, this practice opened with an EHR
   c) _____ Uncertain

3. In which year did you install your current EHR?

   a) __ __ __ __ Year (YYYY)
   b) _____ Uncertain

4. Is your current EHR system certified to meet meaningful use as defined by the Department of Health and Human Services?

   [If needed by respondent, interviewer can provide definition:]
   Meaningful use is a way to optimize health care and use technology to improve patient care and is defined by standards set by the Department of Health and Human Services. Certified EHRs meet these established standards and other criteria for structured data. Certified EHR technology gives assurance to purchasers and other users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria. Certification also helps providers and patients be confident that the electronic health IT products and systems they use are secure, can maintain data confidentially, and can work with other systems to share information. **[After reading, ask Q4 again]**

   a) _____ Yes → Go to Q5
   b) _____ No → Go to Q6
   c) _____ Uncertain → Go to Q6

5. To meet the <u>meaningful use</u> certification standards, did you have to: **(READ a. – c.)**
   a) _____ Upgrade your EHR software? → Go to Q7
   b) _____ Install a different EHR system? → Go to Q7
   c) _____ Neither upgrade your EHR system nor install a different EHR system? → Go to Q7
   d) _____ Uncertain → Go to Q7

6. To meet the <u>meaningful use</u> certification standards, do you plan **(READ a. – c.):**
   a) _____ To upgrade your EHR software to a new version?
   b) _____ To install an entirely new EHR system?
   c) _____ Neither to upgrade your EHR system nor install a different EHR system?
   d) _____ Uncertain

7. Medicare and Medicaid offer incentive programs to providers that demonstrate "meaningful use of their EHR system." Have you applied for the <u>Medicare</u> incentive program?
   a) _____ Yes → Go to Q9
   b) _____ No → Go to Q8
   c) _____ Uncertain → Go to Q8

8. Have you applied for the <u>Medicaid</u> incentive program?
   a) _____ Yes → Go to Q9
   b) _____ No → Go to Q12
   c) _____ Uncertain → Go to Q12

9. In what year did you first apply for an EHR incentive program **(READ a. – d.)**?

   a) _____ 2011
   b) _____ 2012
   c) _____ 2013
   d) _____ 2014
   e) _____ Uncertain

10. How easy or difficult was it for you to use the online system to attest to the <u>meaningful use</u> criteria? Was it **(READ a. – e.)**:

   a) _____ Extremely easy → Go to Q16
   b) _____ Somewhat easy → Go to Q16
   c) _____ Somewhat difficult → Go to Q11
   d) _____ Extremely difficult → Go to Q11
   e) _____ Uncertain → Go to Q16

11. Did you receive help or assistance to address this difficulty?
   a) _____ Yes → Go to Q16
   b) _____ No → Go to Q16
   c) _____ Uncertain → Go to Q16

12. Do you intend to apply for an EHR incentive program **(READ a. – c.)**?
   a) _____ Yes, I intend to apply → Go to Q13
   b) _____ No, I do not intend to apply → Go to Q15
   c) _____ Uncertain if I will apply → Go to Q15

13. In what year do you intend to apply for an EHR incentive program **(READ a. – c.)**?
   a) _____ 2013
   b) _____ 2014
   c) _____ 2015 or later
   d) _____ Unknown

14. Which incentive program do you intend to apply for? Do you intend to apply for: **(READ a. – b.)**
   a) _____ The Medicare incentive program → Go to Q16
   b) _____ The Medicaid incentive program → Go to Q16
   c) _____ Uncertain → Go to Q16

15. Which of the following are reasons you have not applied for an EHR incentive program? The first is: **(READ a. – h.)**

		<u>Yes</u>	<u>No</u>
a)	You are not qualified as an "eligible provider"?...	Y	N
b)	You do not see enough Medicaid patients?..	Y	N
c)	You do not see enough Medicare patients?..	Y	N
d)	The process to apply is difficult?..	Y	N
e)	You are not familiar with the incentive program(s)?...............................	Y	N
f)	You are unsure that incentives will actually be paid?..............................	Y	N
g)	Your EHR system does not exchange health information electronically with other providers (e.g., EHR systems "don't talk to each other")?...	Y	N
h)	You are not prepared to implement electronic prescribing?....................	Y	N

16. I'm going to read some statements about your practice's EHR. Please tell me whether you *strongly agree, agree, disagree,* or *strongly disagree* with each of the following statements. First is: **(READ a. – c.)**

	Strongly agree	Agree	Disagree	Strongly disagree	Uncertain
a) Your EHR provides financial benefits for your practice.	SA	A	D	SD	U
b) Overall, your practice has functioned more efficiently with an EHR system.	SA	A	D	SD	U
c) Your EHR helps your practice to deliver better patient care.	SA	A	D	SD	U

17. Overall, how satisfied or dissatisfied are you with your EHR system? **(READ a. – d.)**
    a) _____ Very satisfied
    b) _____ Satisfied
    c) _____ Dissatisfied
    d) _____ Very dissatisfied

18. On a scale of 0 to 10, with 0 being not at all likely and 10 being extremely likely, how likely are you to recommend your EHR system to others?

Extremely likely										Not at all likely
10	9	8	7	6	5	4	3	2	1	0

This next section focuses on challenges or difficulties that your practice may have faced with your EHR and assistance that you may have received to address those difficulties.

Adopting and Implementing
19. I'm going to name some issues that some practices face during the transition from using paper records to electronic health records or when upgrading from a previous EHR system to a new version of the same software. Please indicate how difficult or easy each issue was for your practice using the scale of "Extremely difficult," "Somewhat difficult," "Neither difficult nor easy," "Somewhat easy," or "Extremely easy". *(Circle only **one** response for each item.)* First is: **(READ a. – k.)**

		Extremely difficult	Somewhat difficult	Neither difficult nor easy	Somewhat easy	Extremely easy
a)	Assess your practice's hardware requirements?	ED	SD	N	SE	EE
b)	Assess your practice's software requirements, including Internet connectivity?	ED	SD	N	SE	EE
c)	Select your current EHR system?	ED	SD	N	SE	EE
d)	Negotiate a contract for your current EHR with a vendor or company?	ED	SD	N	SE	EE
e)	**(ONLY ASK IF INSTALLED NEW EHR PER Q5)** Get support or customer help from the maker of your current EHR system during <u>installation</u> of your current system, if needed?	ED	SD	N	SE	EE
f)	**(ONLY ASK IF INSTALLED NEW EHR PER Q5)** Get support or customer help from the maker of your current EHR system during <u>implementation</u> of your current system, if needed?	ED	SD	N	SE	EE
g)	**(ONLY ASK IF UPGRADED EHR PER Q5)** To get support from the maker of your current EHR system when upgrading to your current EHR version, if needed?	ED	SD	N	SE	EE
h)	Design or redesign your practice's workflow to accommodate your current EHR system?	ED	SD	N	SE	EE

	Extremely difficult	Somewhat difficult	Neither difficult nor easy	Somewhat easy	Extremely easy
i) Implement the workflow design or redesign that accommodates your current EHR system?	ED	SD	N	SE	EE
j) Initially train staff to use your current EHR system?	ED	SD	N	SE	EE
k) Protect the privacy and security of electronic health information?	ED	SD	N	SE	EE

20. Did you receive any help or assistance in adopting and implementing your current EHR system?
    a) _____ Yes
    b) _____ No
    c) _____ Uncertain

21. During the implementation of your current EHR system, did your practice experience a <u>decrease</u> in the number of patient visits per week?
    a) _____ Yes → Go to Q22
    b) _____ No → Go to next section

22. Is your practice back to the same number of patient visits per week as before EHR implementation?
    a) _____ Yes → Go to Q23
    b) _____ No → Go to next section

23. How many months did it take your practice to get back to the same number of patient visits?
    a) _____ months

Use and Meaningful Use

(If "Yes"/"Uncertain" to Q4 start at beginning of the section)
(If "No" to Q4, skip to Q30 - Care Transformation)

This section deals with issues and difficulties that some practices face when "meaningfully using" their EHR system.

(READ) As a reminder, meaningful use is the set of standards from the Department of Health and Human Services about use of electronic health records (EHRs). The goal of meaningful use is to promote the spread of EHRs to improve health care.

Meaningful use focuses on
- capturing health information in a standard format and using that information to track key clinical conditions
- Communicating information for care coordination
- Initiating the reporting of clinical quality measures and public health information
- Using information to engage patients and their families in their care

24. I'm going to name some common features of EHR systems that practices use to demonstrate meaningful use of their EHR system. For each feature named please let me know whether your practice routinely uses the function, and if not, whether your EHR system has the feature. First, do you routinely use your EHR to: **(READ a. – r.)**

		ROUTINE USE		(ASK IF "NO" TO ROUTINE USE): Does your EHR have this feature?	
		Yes	No	Yes	No
a)	recording demographic information	Y	N	Y	N
b)	recording a patient problem list	Y	N	Y	N
c)	recording and charting vital signs	Y	N	Y	N
d)	recording patient smoking status	Y	N	Y	N
e)	recording clinical notes that include active medications	Y	N	Y	N
f)	recording clinical notes that include active medication allergies	Y	N	Y	N
g)	ordering prescriptions	Y	N	Y	N
h)	if yes, are prescriptions sent electronically to the pharmacy	Y	N	Y	N
i)	if yes, are warnings of drug interactions or contraindications provided	Y	N	Y	N
j)	providing reminders for guideline based interventions or screening tests	Y	N	Y	N
k)	reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)	Y	N	Y	N
l)	generating lists of patients with particular health conditions	Y	N	Y	N
m)	electronic reporting to immunization registries	Y	N	Y	N
n)	providing patients with clinical summaries for each visit	Y	N	Y	N

	ROUTINE USE		(ASK IF "NO" TO ROUTINE USE): Does your EHR have this feature?	
	Yes	No	Yes	No
o) exchanging secure messages with patients	Y	N	Y	N
p) providing patients with an electronic copy of their health information	Y	N	Y	N

25. **(Ask if respondent replied "Yes" to routinely using any of the EHR features per Q24, a. – r.)** You've reported routinely using at least one of the features of an EHR system to show achievement of meaningful use. Some practices may experience difficulties in routinely using these features. How easy or difficult was it to routinely use the function(s) of your EHR system?
    a) _____ Extremely easy
    b) _____ Somewhat easy
    c) _____ Neither easy nor difficult
    d) _____ Somewhat difficult
    e) _____ Extremely difficult

26. **(Ask if respondent replied "Yes" to routinely using any of the EHR features per Q24, a. – r.)** Did your practice receive any help or assistance in routinely using the meaningful use function(s) of your EHR?
    a) _____ Yes
    b) _____ No
    c) _____ Uncertain

27. **(Ask if "Yes" to Q20, "Yes" to Q26, or "Yes" to both Q20 and Q26)** You've reported getting help with adopting, implementing, and/or routinely using your practice's EHR system. I'm going to read several organizations to find out whether you received help from any of them and if so, whether the help you received met your needs. First, did you receive help from: **(READ a. – e.)**

	RECEIVED HELP			(ASK IF "YES" TO RECEIVED HELP): Did the help that you received from them meet your needs?		
	Yes	No	Don't know	Yes	No	Don't know
a) An EHR vendor or the company that sold you your EHR?	Y	N	DK	Y	N	DK
b) A local Regional Extension Center or affiliate?	Y	N	DK	Y	N	DK
c) A professional association (e.g., the American Association of Family Physicians)?	Y	N	DK	Y	N	DK
d) A local hospital or health system?	Y	N	DK	Y	N	DK
e) A payer/insurance company?	Y	N	DK	Y	N	DK

28. Were there any other external organization(s) your practice paid to help you with meaningful use?
    a) _____ Yes → Go to Q29
    b) _____ No → Go to Q30
    c) _____ Don't know → Go to Q30

29. Did the help that you received from those other external organization(s) meet your needs?
    a) _____ Yes
    b) _____ No
    c) _____ Don't know

This next section focuses on care transformation.

Care Transformation

30. Entities that certify practices as Patient-Centered Medical Homes, or PCMHs, include the National Committee for Quality Assurance, the Joint Commission, URAC, Bridges to Excellence, insurers, and some other state and national groups. Is your practice: **(READ a. – c.)**
    a) _____ Currently participating in a PCMH arrangement? → Go to Q30
    b) _____ In the process of receiving certification as a PCMH? → Go to Q30
    c) _____ Neither? → Go to Q31

31. Does your practice receive compensation, other than fees for routine visits, for offering Patient-Centered Medical Home services?
    a) _____ Yes → Go to Q32
    b) _____ No → Go to Q32
    c) _____ Uncertain → Go to Q32

32. Does your practice seek to participate in a PCMH arrangement within the next 12 months?
    a) _____ Yes
    b) _____ No
    c) _____ Uncertain

33. Does your practice participate in a Pay-for-Performance or bundled payment arrangement in which you can receive financial bonuses based on your performance? **(READ A. – b.)**
    a) _____ Yes → Go to Q34
    b) _____ No → Go to Q33
    c) _____ Uncertain → Go to Q34

34. Does your practice plan to participate in a Pay-for-Performance or bundled payment arrangement within the next 12 months? **(READ a. – b.)**
    a) _____ Yes
    b) _____ No
    c) _____ Uncertain

35. Does your practice participate in an Accountable Care Organization or other similar arrangement by which you may share savings with insurers, such as private insurance, Medicare, Medicaid, and other public options?
    a) _____ Yes → Go to Q36
    b) _____ No → Go to Q35
    c) _____ Uncertain → Go to Q36

36. Does your practice plan to participate in an Accountable Care Organization within the next 12 months?
    a) _____ Yes
    b) _____ No
    c) _____ Uncertain

 This final section asks a few questions about you and your practice.

System Info and Demographics

37. What is your main job function or role?
    a) _____ Physician
    b) _____ Nurse practitioner, certified nurse midwife, physician's assistant
    c) _____ Nurse
    d) _____ Medical assistant
    e) _____ Other clinical staff
    f) _____ Practice/office manager
    g) _____ IT staff
    h) _____ Billing specialist
    i) _____ Executive Staff (CEO, COO, CFO, etc.)
    j) _____ Other administrative/non-clinical staff
    k) _____ Other. Please specify: _____

38. Is this practice or clinic a single- or multi-specialty (group) practice?
    a) _____ Single
    b) _____ Multi-specialty

Before we end, I'd like to give you a chance to share any additional thoughts or comments about the information we talked about today. Is there anything else you would like to add?
(SPECIFY): _____

Thank you very much for participating in this survey today. We appreciate your time.
---END OF SURVEY---