

**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 meaningful use 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 meaningful use 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 Medicare incentive program?
- a)  Yes → Go to Q9
  - b)  No → Go to Q8
  - c)  Uncertain → Go to Q8
8. Have you applied for the Medicaid 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 meaningful use 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) <b>(ONLY ASK IF INSTALLED NEW EHR PER Q5)</b> 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) <b>(ONLY ASK IF INSTALLED NEW EHR PER Q5)</b> 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) <b>(ONLY ASK IF UPGRADED EHR PER Q5)</b> 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 decrease 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.)**

	<b>ROUTINE USE</b>		<b>(ASK IF "NO" TO ROUTINE USE):</b> Does your EHR have this feature?	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
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?	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
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?		
	<u>Yes</u>	<u>No</u>	<u>Don’t know</u>	<u>Yes</u>	<u>No</u>	<u>Don’t know</u>
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---