

Attachment B - Changes to 2014 NEHRS

Questions deleted

3. In a typical year, about how many weeks do you NOT see any ambulatory patients because of such events as conferences, vacations, illness, etc.?

_____ weeks

5. During your last normal week of practice how many office visits did you have at **all locations**?

_____ office visits

9. During your last ***normal*** week of practice, approximately how many office visits did you have at the **reporting location**? **Note: Please only include visits where you personally saw the patient.**

_____ office visits

15. 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.**

- Providing patients with an electronic copy of their health information

20. 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
20a Lab results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20b Imaging reports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20c Patient problem lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20d Medication lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20e Medication allergy lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20f 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.] <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown				

Questions modified (questions in 2013 survey are in red)

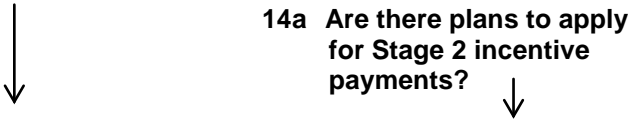
17. Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT." At the reporting location, are there plans to apply for these incentive payments?

17a. When did you first apply or when do you first intend to apply?

- | | |
|--|---|
| <input type="checkbox"/> 1 Yes, we already applied | <input type="checkbox"/> 1 2011
<input type="checkbox"/> 2 2012 |
| | <input type="checkbox"/> 3 2013
<input type="checkbox"/> 4 2014 or later |
| <input type="checkbox"/> 2 Yes, we intend to apply | <input type="checkbox"/> 5 Unknown |

- 3 Uncertain if we will apply
 - 4 No, we will not apply
- } *Skip to Question 18*

14. Medicare and Medicaid offer incentives 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 → 1 Yes 3 Maybe
2 No 4 Unknown

- 2 Yes, we intend to apply
3 Uncertain if we will apply
4 No, we will not apply
- } *Skip to Question 15*

<p>21. Do you refer any of your patients to providers outside of your office or group?</p> <p>1 <input type="checkbox"/> Yes → <i>Go to Question 21a</i> 2 <input type="checkbox"/> No → <i>Skip to Question 22</i></p>	<p>21a. Do you receive a report back from the other provider with results of the consultation?</p> <p>1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No → <i>Skip to Question 22</i></p>	<p>21b. Do you receive it <u>electronically</u> (not fax)?</p> <p>1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No</p>
<p>22. Do you see any patients referred to you by providers outside of your office or group?</p> <p>1 <input type="checkbox"/> Yes → <i>Go to Question 22a</i> 2 <input type="checkbox"/> No → <i>Skip to Question 23</i></p>	<p>22a. Do you receive notification of both the patient’s history and reason for consultation?</p> <p>1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No → <i>Skip to Question 23</i></p>	<p>22b. Do you receive them <u>electronically</u> (not fax)?</p> <p>1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No</p>
<p>23. Do you take care of patients after they are discharged from an inpatient setting?</p> <p>1 <input type="checkbox"/> Yes → <i>Go to Question 23a</i> 2 <input type="checkbox"/> No → <i>Skip to Question 24</i></p>	<p>23a. Do you receive all of the information you need to continue managing the patient?</p> <p>1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No → <i>Skip to Question 24</i></p>	<p>23b. Is the information available when needed?</p> <p>1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No</p> <p>23c. Do you receive it <u>electronically</u> (not fax)?</p> <p>1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No</p>

<p>16. Do you refer any of your patients to providers outside of your office or group?</p> <p><input type="checkbox"/>1 Yes → <i>Go to Question 16a</i> →</p> <p><input type="checkbox"/>2 No ↓ <i>Skip to Question 17</i></p>	<p>16a Do you send the patient's clinical information to the other providers?</p> <p><input type="checkbox"/>1 Yes, routinely</p> <p><input type="checkbox"/>2 Yes, but not routinely } →</p> <p><input type="checkbox"/>3 No → <i>Skip to Question 17</i></p>	<p>16b Do you send it <u>electronically</u> (not fax)?</p> <p><input type="checkbox"/>1 Yes, routinely</p> <p><input type="checkbox"/>2 Yes, but not routinely</p> <p><input type="checkbox"/>3 No</p>
<p>17. Do you see any patients referred to you by providers outside of your office or group?</p> <p><input type="checkbox"/>1 Yes → <i>Go to Question 17a</i> →</p> <p><input type="checkbox"/>2 No ↓ <i>Skip to Question 18</i></p>	<p>17a Do you send a consultation report with clinical information to the other providers?</p> <p><input type="checkbox"/>1 Yes, routinely</p> <p><input type="checkbox"/>2 Yes, but not routinely } →</p> <p><input type="checkbox"/>3 No → <i>Skip to Question 18</i></p>	<p>17b Do you send it <u>electronically</u> (not fax)?</p> <p><input type="checkbox"/>1 Yes, routinely</p> <p><input type="checkbox"/>2 Yes, but not routinely</p> <p><input type="checkbox"/>3 No</p>
<p>18. Do you take care of patients after they are discharged from an inpatient setting?</p> <p><input type="checkbox"/>1 Yes → <i>Go to Question 18a</i> →</p> <p><input type="checkbox"/>2 No ↓ <i>Skip to Question 19</i></p>	<p>18a Do you <u>receive</u> a discharge summary with clinical information from the hospital?</p> <p><input type="checkbox"/>1 Yes, routinely</p> <p><input type="checkbox"/>2 Yes, but not routinely } →</p> <p><input type="checkbox"/>3 No → <i>Skip to Question 19</i></p>	<p>18b Do you receive it <u>electronically</u> (not fax)?</p> <p><input type="checkbox"/>1 Yes, routinely</p> <p><input type="checkbox"/>2 Yes, but not routinely } →</p> <p><input type="checkbox"/>3 No → <i>Skip to Question 19</i></p>
	<p>18c Can you automatically incorporate the received information into your EHR system without manually entering the data? ←</p> <p><input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Not applicable, I do not have an EHR system</p>	

Questions added

12d. 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

12e. 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

15. 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 ordering prescriptions, are drugs formulary checks performed?
- Ordering radiology tests?
- Identifying patients due for preventive or follow-up care in order to send patients reminders?

19b. 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

19c. With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)? CHECK ALL THAT APPLY.

- | | |
|---|--|
| <input type="checkbox"/> 1 Ambulatory providers inside your office/group | <input type="checkbox"/> 5 Behavioral health providers |
| <input type="checkbox"/> 2 Ambulatory providers outside your office/group | <input type="checkbox"/> 6 Long-term care providers |
| <input type="checkbox"/> 3 Hospitals with which you are affiliated | <input type="checkbox"/> 7 Home health providers |
| <input type="checkbox"/> 4 Hospitals with which you are not affiliated | |

23. What is a reliable E-mail address for the physician to whom this survey was mailed?

_____@_____