National Electronic Health Records Survey 2014

The National Electronic Health Records Survey is affiliated with the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about the adoption of electronic health records/electronic medical records (EHRs/EMRs) in ambulatory care settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

1. We have your specialty as:

Is that correct?

☐1   Yes

☐2   No ⟶ What is your specialty?

_____

*This survey asks about **ambulatory care**, that is, care for patients receiving health services without admission to a hospital or other facility.*

2. Do you directly care for any ambulatory patients in your work?

☐1   Yes ⟶ *Continue to Question 3*

☐2   No

☐3   I am no longer in practice

Please stop here and return the questionnaire in the envelope provided. Thank you for your time.

*The next question asks about a **normal week**. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.*

3. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see ambulatory patients in a normal week?

_____ locations

4. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.

1☐   Private solo or group practice

2☐   Freestanding clinic/urgicenter (not part of a hospital outpatient department)

3☐   Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or "look-alike" clinics)

4☐   Mental health center

5☐   Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)

6☐   Family planning clinic (including Planned Parenthood)

7☐   Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)

8☐   Faculty practice plan (An organized group of physicians that treats patients referred to an academic medical center)

*If you see patients in **any** of these settings, go to question 5*

9☐   Hospital emergency or hospital outpatient departments

10☐   None of the above

*If you select **only** 9 or 10, go to Q24*

For the remaining questions, please answer regarding the reporting location indicated in question 5 even if it is not the location where this survey was sent.

5. At which of the settings (1-8) in <u>question 4</u> do you see the most ambulatory patients?
WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.
_____ (For the rest of the survey, we will refer to this as the "reporting location.")

6. What are the county, state, zip code, and telephone number of the *reporting location*?

Country _____USA_____   County _____   State _____

Zip Code _____   Telephone (_____) _____

7. How many physicians, including you, work at the reporting location? _____

7a How many physicians, including you, work at <u>this practice</u> (including physicians at the reporting location, and physicians at any other locations of the practice)?

☐1 1 physician   ☐4 11-50 physicians

☐2 2-3 physicians   ☐5 51-100 physicians

☐3 4-10 physicians   ☐6 More than 100 physicians

8. Is the reporting location a single- or multi-specialty (group) practice?

☐1 Single   ☐2 Multi

9. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with the reporting location?

_____ mid-level providers

10. At the reporting location, are you currently accepting new patients?

☐1 Yes ⟶ *Go to Question 10a*

☐2 No

☐3 Unknown   } *Skip to Question 11*

10a If yes, from those new patients, which of the following types of payment do you accept?

		Yes	No	Unknown
1.	Private insurance capitated	☐1	☐2	☐3
2.	Private insurance non-capitated	☐1	☐2	☐3
3.	Medicare	☐1	☐2	☐3
4.	Medicaid/CHIP	☐1	☐2	☐3
5.	Workers' compensation	☐1	☐2	☐3
6.	Self pay	☐1	☐2	☐3
7.	No charge	☐1	☐2	☐3

11. Does the reporting location submit any <u>claims</u> electronically *(electronic billing)*?

☐1 Yes   ☐2 No   ☐3 Unknown

12. Does the reporting location <u>use</u> an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.

☐1 Yes, all electronic

☐2 Yes, part paper and part electronic } *Go to Question 12a*

☐3 No

☐4 Unknown } *Skip to Question 13*

12a In which year did you install your current EHR/EMR system?

Year: _____

12b Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

☐1 Yes   ☐2 No   ☐3 Unknown

12c What is the name of your current EHR/EMR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.

☐1 Allscripts   ☐6 e-MDs   ☐11 NextGen

☐2 Amazing Charts   ☐7 Epic   ☐12 Practice Fusion

☐3 athenahealth   ☐8 GE/Centricity ☐13 Sage/Vitera

☐4 Cerner   ☐9 Greenway Medical ☐14 Other, specify

☐5 eClinicalWorks   ☐10 McKesson/ Practice Partner _____

☐15 Unknown

12d Has your practice made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This assessment 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

13. At the reporting location, are there plans for installing a new EHR/EMR system within the next 18 months?

☐1 Yes   ☐2 No   ☐3 Maybe   ☐4 Unknown

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 ⟶ *Go to Question 14a*

☐2 Yes, we intend to apply

☐3 Uncertain if we will apply

☐4 No, we will not apply   } *Skip to Question 15*

14a Are there plans to apply for Stage 2 incentive payments?

☐1 Yes   ☐2 No   ☐3 Maybe   ☐4 Unknown

15. 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.	Yes, used routinely	Yes, but not used routinely	Yes, but turned off or not used	No	Unknown
15a Recording patient history and demographic information?	☐1	☐2	☐3	☐4	☐5
15b Recording patient problem list?	☐1	☐2	☐3	☐4	☐5
15c Recording and charting vital signs?	☐1	☐2	☐3	☐4	☐5
15d Recording patient smoking status?	☐1	☐2	☐3	☐4	☐5
15e Recording clinical notes?	☐1	☐2	☐3	☐4	☐5
15f Recording patient's medications and allergies?	☐1	☐2	☐3	☐4	☐5
15g Reconciling lists of patient medications to identify the most accurate list?	☐1	☐2	☐3	☐4	☐5
15h Providing reminders for guideline-based interventions or screening tests?	☐1	☐2	☐3	☐4	☐5
15i Ordering prescriptions?	☐1	☐2	☐3 *Skip to 15j*	☐4 *Skip to 15j*	☐5 *Skip to 15j*
15i1 Are prescriptions sent electronically to the pharmacy?	☐1	☐2	☐3	☐4	☐5
15i2 Are warnings of drug interactions or contraindications provided?	☐1	☐2	☐3	☐4	☐5
15i3 Are drug formulary checks performed?	☐1	☐2	☐3	☐4	☐5
15j Ordering lab tests?	☐1	☐2	☐3 *Skip to 15k*	☐4 *Skip to 15k*	☐5 *Skip to 15k*
15j1 Are orders sent electronically?	☐1	☐2	☐3	☐4	☐5
15k Viewing lab results?	☐1	☐2	☐3 *Skip to 15l*	☐4 *Skip to 15l*	☐5 *Skip to 15l*
15k1 Can the EHR/EMR automatically graph a specific patient's lab results over time?	☐1	☐2	☐3	☐4	☐5
15l Ordering radiology tests?	☐1	☐2	☐3	☐4	☐5
15m Viewing imaging results?	☐1	☐2	☐3	☐4	☐5
15n Identifying educational resources for patients' specific conditions?	☐1	☐2	☐3	☐4	☐5
15o Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?	☐1	☐2	☐3	☐4	☐5
15p Identifying patients due for preventive or follow-up care in order to send patients reminders?	☐1	☐2	☐3	☐4	☐5
15q Generating lists of patients with particular health conditions?	☐1	☐2	☐3	☐4	☐5
15r Electronic reporting to immunization registries?	☐1	☐2	☐3	☐4	☐5
15s Providing patients with clinical summaries for each visit?	☐1	☐2	☐3	☐4	☐5
15t Exchanging secure messages with patients?	☐1	☐2	☐3	☐4	☐5
15u Providing patients the ability to view online, download or transmit information from their medical record?	☐1	☐2	☐3	☐4	☐5

The next questions are about sharing (either sending or receiving) patient health information.

16. Do you refer any of your patients to providers outside of your office or group? ☐1 Yes → *Go to Question 16a* → ☐2 No ↓ *Skip to Question 17*	16a Do you send the patient's clinical information to the other providers? ☐1 Yes, routinely ☐2 Yes, but not routinely ☐3 No → *Skip to Question 17*	16b Do you send it <u>electronically</u> (not fax)? ☐1 Yes, routinely ☐2 Yes, but not routinely ☐3 No
17. Do you see any patients referred to you by providers outside of your office or group? ☐1 Yes → *Go to Question 17a* → ☐2 No ↓ *Skip to Question 18*	17a Do you send a consultation report with clinical information to the other providers? ☐1 Yes, routinely ☐2 Yes, but not routinely ☐3 No → *Skip to Question 18*	17b Do you send it <u>electronically</u> (not fax)? ☐1 Yes, routinely ☐2 Yes, but not routinely ☐3 No
18. Do you take care of patients after they are discharged from an inpatient setting? ☐1 Yes → *Go to Question 18a* → ☐2 No ↓ *Skip to Question 19*	18a Do you <u>receive</u> a discharge summary with clinical information from the hospital? ☐1 Yes, routinely ☐2 Yes, but not routinely ☐3 No → *Skip to Question 19*	18b Do you receive it <u>electronically</u> (not fax)? ☐1 Yes, routinely ☐2 Yes, but not routinely ☐3 No → *Skip to Question 19*

18c 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

19. Do you share any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?

☐1 Yes → Go to Question 19a ☐2 No → Skip to Question 20

19a How do you electronically share patient health information? CHECK ALL THAT APPLY.

☐1 EHR/EMR ☐2 Web portal (separate from EHR/EMR)
☐3 Other electronic method (not fax) _____

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? CHECK ALL THAT APPLY.

☐1 Ambulatory providers inside your office/group ☐5 Behavioral health providers
☐2 Ambulatory providers outside your office/group ☐6 Long-term care providers
☐3 Hospitals with which you are affiliated ☐7 Home health providers
☐4 Hospitals with which you are not affiliated

20. Who owns the reporting location? CHECK ONE.

☐1 Physician or physician group ☐4 Medical/academic health center
☐2 Insurance company, health plan, or HMO ☐5 Other hospital
☐3 Community health center ☐6 Other health care corporation
☐7 Other

21. <u>Roughly</u>, what percent of your patients are insured by Medicaid? _____%

22. Do you treat patients insured by Medicare?
☐1 Yes ☐2 No ☐3 Unknown

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

24. Who completed this survey? ☐1 The physician to whom it was addressed ☐2 Office staff ☐3 Other

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced the envelope, please send the survey to: 2605 Meridian Parkway, Suite 200, Durham, NC 27713.

Boxes for Admin Use

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