Form A Screener Questionnaire Administered on Paper

This study seeks to understand challenges with adopting and using EHRs and the help that practices that provide primary care services, like yours, have received to meet those challenges. The survey should be completed by the person most familiar with EHR selection, implementation, and use in your practice. This may be you, another clinician, practice manager, nurse, Information Technology staff, or another employee.

It should take you about 5 minutes to answer these questions. All the information you provide will be kept confidential.

Please answer each question as best you can by placing a check mark or an X to the left of the answer you choose. Sometimes you will be asked to skip a question. When this happens, an arrow to the right of the answer choice will tell you what question to skip to.

For example:

_____ Yes → **Go to Question 3**
_____ No → **Go to Question 3**

Please Turn to the Other Side ➡

1. Does this practice use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.
   a) _____ Yes, all electronic → **Go to Question 2**
   b) _____ Yes, part paper and part electronic → **Go to Question 2**
   c) _____ No → **Go to Question 3**
   d) _____ Uncertain → **Go to Question 3**

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

   __ __ __ __ Year (YYYY) → **Go to Question 5**
   _____ Uncertain → **Go to Question 5**

3. At this practice, are there plans for installing a new EHR system within the next 12 months?
   a) _____ Yes, currently in process of installing an EHR → **Go to Question 5**
   b) _____ Yes, there are plans to install an EHR within the next 12 months → **Go to Question 5**
   c) _____ No, there are no plans to install an EHR within the next 12 months → **Go to Question 4**
   d) _____ Maybe → **Go to Question 4**
   e) _____ Unknown → **Go to Question 4**

4. If you do not have an EHR system, why would your practice <u>not</u> plan on purchasing and installing an EHR system in the next 12 months? *(Check all that apply).*
   a) _____ Physician(s) plan to retire soon
   b) _____ Lack of time
   c) _____ Lack of staff
   d) _____ Lack of financial resources
   e) _____ Privacy/security concerns
   f) _____ No interest in doing so
   g) _____ Don't see enough patients to justify purchasing and installing an EHR system
   h) _____ Other. Please specify:_____

5. Which of the following would you classify your practice as? *(Circle only **one** response for each item.)*

		<u>Yes</u>	<u>No</u>
a)	Private office-based solo or group practice?...Y		N
b)	Freestanding clinic/urgicenter (not part of a hospital outpatient department)?.......................................Y		N
c)	Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally-funded clinic or "look-alike" clinic)?..................Y		N
d)	Mental Health Center?...Y		N
e)	Non-federal government clinic (e.g., state, county, city, maternal-child health, etc.)?...Y		N
f)	Family planning clinic (including Planned Parenthood)?...........................Y		N
g)	Health maintenance organization or other pre-paid practice			

Please Continue ➡

(e.g., Kaiser Permanente)?...Y   N

    h)   Faculty practice plan (an organized group of physicians that

         treat patients referred to an academic medical center)?.........................Y   N

    i)   Hospital emergency department?...Y   N

6. How many of the following types of staff are working at this practice, including yourself? If none, please write 0.

    a)   ____Number of physicians (MD, DO)

    b)   ____Number of nurse practitioners (NP), certified nurse midwives, and physician assistants (PA)

    c)   ____Number of nurses

    d)   ____Number of medical assistants (MA) and other clinical staff (e.g., laboratory technician)

    e)   ____Number of Information Technology (IT) staff

    f)   ____Number of other administrative/other non-clinical staff (e.g., executives, practice managers, billing specialists, front office staff)

7. Roughly, what percent of the patients treated at this practice are:

    a)   Insured by Medicare? ____%

    b)   Insured by Medicaid? ____%

    c)   Uninsured? ____%

8. We may call to hear more about your practice's experiences with EHR systems.

We would like to speak with the person most familiar with EHR selection, implementation, and use in your practice. This may be you, a clinician, a practice manager, a nurse, Information Technology staff, or some other employee. Who is the person most familiar with EHR selection, implementation, and use in your practice?

       What is the name of this person? *(Please print name)*

       _____

       First Name   Last Name

       What is the best time and day(s) of the week to call him/her?

       _____

       Day(s)   Time(s)

       What is the best work number to reach him/her?

       (_____) _____

       Area Code   Phone Number

Thank you very much for completing this survey. We appreciate your time.

Please return this survey in the enclosed envelope (no postage is necessary).