

**Form C Shortened Survey Administered on Paper for Non-Responders of Telephone Survey**

This survey 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 10 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**

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 Question 2**
  - b)  No → **End survey. Thank you for your time, no other action is required from you at this point. Please return this survey in the enclosed envelope.**
  - c)  Uncertain → **End survey. Thank you for your time, no other action is required from you at this point. Please return this survey in the enclosed envelope.**
  
2. Did your practice transition from using paper charts to an EHR?
  - 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)  \_\_\_ \_\_\_ \_\_\_ \_\_\_ (YYYY)
  - b)  Uncertain

**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.

4. Is your current EHR system certified to meet **meaningful use** as defined by the Department of Health and Human Services?
  - a)  Yes → **Go to Question 5**
  - b)  No → **Go to Question 6**
  - c)  Uncertain → **Go to Question 6**
  
5. To meet the **meaningful use** certification standards, did you have to: (Select only **one** response.)
  - a)  Upgrade our EHR software → **Go to Question 7**
  - b)  Install a different EHR system → **Go to Question 7**
  - c)  Neither upgrade our EHR system nor install a different EHR system → **Go to**

**Please Turn to the Other Side**



**Question 7**

- d)  Uncertain → **Go to Question 7**
6. To meet the meaningful use certification standards, do you plan: (Select only **one** response.)
- a)  To upgrade our EHR software to a new version → **Go to Question 7**
- b)  To install an entirely new EHR system → **Go to Question 7**
- c)  Neither to upgrade our EHR system nor install a different EHR system → **Go to Question 7**
- d)  Uncertain → **Go to Question 7**
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 Question 9**
- b)  No → **Go to Question 8**
- c)  Uncertain → **Go to Question 8**
8. Have you applied for the Medicaid incentive program?
- a)  Yes → **Go to Question 9**
- b)  No → **Go to Question 12**
- c)  Uncertain → **Go to Question 12**
9. In what year did you first apply for an EHR incentive program? (Select only **one** response.)
- 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?
- a)  Extremely easy → **Go to Question 14**
- b)  Somewhat easy → **Go to Question 14**
- c)  Somewhat difficult → **Go to Question 11**
- d)  Extremely difficult → **Go to Question 11**
- e)  Uncertain → **Go to Question 14**
11. Did you receive help or assistance to address this difficulty?
- a)  Yes → **Go to Question 14**
- b)  No → **Go to Question 14**

**Please Turn to the Other Side**



12. Do you intend to apply for an EHR incentive program?
- a)  Yes, I intend to apply → **Go to Question 14**
  - b)  No, I do not intend to apply → **Go to Question 13**
  - c)  Uncertain if I will apply → **Go to Question 13**

13. Which of the following are reasons you have for not applying for an EHR incentive program? (Circle only **one** response for each item.)

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

14. Please indicate whether you agree or disagree with the following statements about your practice’s EHR. (Circle only **one** response for each item.)

	<u>Strongly agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly disagree</u>	<u>Uncertain</u>
a) Your EHR provides financial benefits for your practice.....SA	A	D	SD	U	
b) Overall, your practice 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	

15. Overall, how satisfied or dissatisfied are you with your EHR system?

- a)  Very satisfied
- b)  Satisfied
- c)  Dissatisfied
- d)  Very dissatisfied

16. How likely are you to recommend your EHR system to others?

- a) \_\_\_\_ 10 (Extremely likely)
- b) \_\_\_\_ 9
- c) \_\_\_\_ 8
- d) \_\_\_\_ 7
- e) \_\_\_\_ 6
- f) \_\_\_\_ 5
- g) \_\_\_\_ 4
- h) \_\_\_\_ 3
- i) \_\_\_\_ 2
- j) \_\_\_\_ 1
- k) \_\_\_\_ 0 (Not at all likely)

17. The following are 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.)

	Extremely <u>difficult</u>	Somewhat <u>difficult</u>	<u>Neither</u>	Somewhat <u>easy</u>	Extremely <u>easy</u>
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) Design or redesign your practice’s workflow to accommodate your current EHR system?.....	ED	SD	N	SE	EE
f) Implement the workflow design or redesign that accommodates your current EHR system?.....	ED	SD	N	SE	EE
g) Initially train staff to use your current EHR system?.....	ED	SD	N	SE	EE
h) Protect the privacy and security of electronic health information?.....	ED	SD	N	SE	EE

**Please Turn to the Other Side**



18. Please indicate if you have received help from any of the following organizations with adopting and implementing your current EHR system. (Circle only **one** response for each item.)

	<u>Yes</u>	<u>No</u>
a) EHR vendor or the company that sold you your EHR?.....	Y	N
b) Local Regional Extension Center or affiliate?.....	Y	N
c) Professional association (e.g., the American Association of Family Physicians)?.....	Y	N
d) Local hospital or health system?.....	Y	N
e) Payer/Insurance company?.....	Y	N
f) Other?.....	Y	N

19. Please indicate if your practice currently participates in any of the following care transformation programs. (Circle only **one** response for each item.)

	<u>Yes</u>	<u>No</u>
a) Patient-Centered Medical Home (PCMH) arrangement.....	Y	N
b) Pay-for-Performance or bundled payment arrangement in which you can receive financial bonuses based on your performance.....	Y	N
c) Accountable Care Organization or other similar arrangement by which you may share savings with insurers (including private insurance, Medicare, Medicaid, and other public options).....	Y	N

20. What is your main job function or role? (Select only **one** response.)

- 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: \_\_\_\_\_

21. Is this practice or clinic a single- or multi-specialty (group) practice?

- a)  Single
- b)  Multi-specialty

**Please Turn to the Other Side**

