

# Attachment A2

## Changes to 2014 NAMCS-1 Electronic Health Record (EHR) Questions

Please note that the questions below were taken from our 2013 paper NAMCS induction form (used as an FR handout-not data actual collection). The 2013 questions can be used as a starting point to show the order and format of the 2014 computerized instrument. Also, the numbers used indicate skip patterns and are not present on the computerized instrument. The proposed changes are indicated in **RED**.

## 2013 NAMCS Electronic Health Record (EHR) Questions

The remaining questions are to be answered for the practice that is associated with the location where the physician has the most office visits. When defining this location, include only in-scope locations previously listed.					
26. Is it possible within your practice to access patient medical records 24-hours a day?	a <input type="checkbox"/> Yes – <b>Is this access available to physicians only, or is it also available to other non-physician clinicians?</b> 1 <input type="checkbox"/> Physicians (MD/DO) only 2 <input type="checkbox"/> All Physicians and Non-physician Clinicians 3 <input type="checkbox"/> Unknown b <input type="checkbox"/> No c <input type="checkbox"/> Unknown				
27. What is the primary method by which your practice receives information about patients in your practice when they have been seen in the emergency department or hospitalized? <i>Mark (X) all that apply.</i>	a <input type="checkbox"/> Electronic transmission (i.e., EHR or EMR) b <input type="checkbox"/> Fax c <input type="checkbox"/> Email – <i>If yes – Was this email sent over a secure network?</i> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown d <input type="checkbox"/> Telephone or in-person communication with provider e <input type="checkbox"/> Paper copy f <input type="checkbox"/> Other				
28. Is someone in your practice responsible for assisting patients to safely transition back to the community within 72 hours of being discharged from a hospital or nursing home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown				
29. Does your practice report any quality measures or quality indicators to either payers or to organizations that monitor health care quality?	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				
30. Do all other locations or offices associated with this practice use the same Federal Tax Identification Number, or do any locations or offices associated with this practice use a different Federal Tax Identification Number?	1 <input type="checkbox"/> All use the same Federal Tax ID 2 <input type="checkbox"/> Some use a different Federal Tax ID 3 <input type="checkbox"/> Unknown				
Answer ALL remaining questions for the in-scope location with the most visits.					
31. Does the reporting location submit any <u>claims</u> electronically (electronic billing)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown				
32a. Does the reporting location use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.	1 <input type="checkbox"/> Yes, all electronic 2 <input type="checkbox"/> Yes, part paper and part electronic 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Unknown <div style="float: right; font-size: small;">             } Go to Question 32b              } SKIP to Question 33 on page 14           </div>				
b. In which year did you install your EHR/EMR system?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year				
c. Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown				
d. What is the name of your current EHR/EMR system?  <i>Enter (X) only one box.</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">               1 <input type="checkbox"/> Allscripts                2 <input type="checkbox"/> Amazing Charts                3 <input type="checkbox"/> Athenahealth                4 <input type="checkbox"/> Cerner                5 <input type="checkbox"/> eClinicalWorks                6 <input type="checkbox"/> e-MDs                7 <input type="checkbox"/> Epic                8 <input type="checkbox"/> GE/Centricity             </td> <td style="width: 50%; vertical-align: top;">               9 <input type="checkbox"/> Greenway Medical                10 <input type="checkbox"/> McKesson/Practice Partner                11 <input type="checkbox"/> NextGen                12 <input type="checkbox"/> Practice Fusion                13 <input type="checkbox"/> Sage/Vitera                14 <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> </td> </tr> <tr> <td colspan="2" style="text-align: right; vertical-align: bottom;">15 <input type="checkbox"/> Unknown</td> </tr> </table>	1 <input type="checkbox"/> Allscripts 2 <input type="checkbox"/> Amazing Charts 3 <input type="checkbox"/> Athenahealth 4 <input type="checkbox"/> Cerner 5 <input type="checkbox"/> eClinicalWorks 6 <input type="checkbox"/> e-MDs 7 <input type="checkbox"/> Epic 8 <input type="checkbox"/> GE/Centricity	9 <input type="checkbox"/> Greenway Medical 10 <input type="checkbox"/> McKesson/Practice Partner 11 <input type="checkbox"/> NextGen 12 <input type="checkbox"/> Practice Fusion 13 <input type="checkbox"/> Sage/Vitera 14 <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>	15 <input type="checkbox"/> Unknown	
1 <input type="checkbox"/> Allscripts 2 <input type="checkbox"/> Amazing Charts 3 <input type="checkbox"/> Athenahealth 4 <input type="checkbox"/> Cerner 5 <input type="checkbox"/> eClinicalWorks 6 <input type="checkbox"/> e-MDs 7 <input type="checkbox"/> Epic 8 <input type="checkbox"/> GE/Centricity	9 <input type="checkbox"/> Greenway Medical 10 <input type="checkbox"/> McKesson/Practice Partner 11 <input type="checkbox"/> NextGen 12 <input type="checkbox"/> Practice Fusion 13 <input type="checkbox"/> Sage/Vitera 14 <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>				
15 <input type="checkbox"/> Unknown					

One question was added after 32d-  
 Slight text modification to 34a & 34b-  
 see 15d on page 5  
 see 17 & 17a on page 5

**Section II – INDUCTION INTERVIEW – Continued**

<b>33. At the reporting location, are there plans for installing a new EHR/EMR system within the next 18 months?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 4 <input type="checkbox"/> Unknown				
<b>34a. 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?</b>	1 <input type="checkbox"/> Yes, we already applied } <i>Go to 34b</i> 2 <input type="checkbox"/> Yes, we intend to apply } 3 <input type="checkbox"/> Uncertain if we will apply } <i>SKIP to Question 35</i> 4 <input type="checkbox"/> No, we will not apply }				
<b>b. When did you first apply or when do you first intend to apply?</b>	1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2012 3 <input type="checkbox"/> 2013 4 <input type="checkbox"/> 2014 or later 5 <input type="checkbox"/> Unknown				
<b>35. Give FLASHCARD C-1 (p.16 Flashcard booklet) and ask: Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used. Enter (X) only one per row.</b>	Yes, used routinely	Yes, but NOT used routinely	Yes, but turned off or not used	No	Unknown
<b>a. Recording patient history and demographic information? .....</b>  <i>If Yes, ask – (1) Does this include a patient problem list?</i>	1 <input type="checkbox"/> <i>Go to 35a(1)</i>	2 <input type="checkbox"/> <i>Go to 35a(1)</i>	3 <input type="checkbox"/> <i>Skip to 35b</i>	4 <input type="checkbox"/> <i>Skip to 35b</i>	5 <input type="checkbox"/> <i>Skip to 35b</i>
<b>b. Recording and charting vital signs? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c. Recording patient smoking status? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d. Recording clinical notes? .....</b>  <i>If Yes, ask – (1) Do the notes include a list of the patient's medications and allergies?</i>	1 <input type="checkbox"/> <i>Go to 35d(1)</i>	2 <input type="checkbox"/> <i>Go to 35d(1)</i>	3 <input type="checkbox"/> <i>Skip to 35e</i>	4 <input type="checkbox"/> <i>Skip to 35e</i>	5 <input type="checkbox"/> <i>Skip to 35e</i>
<b>e. Reconciling lists of patient medications to identify the most accurate list? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f. Ordering prescriptions? .....</b>  <i>If Yes, ask – (1) Are prescriptions sent electronically to the pharmacy?</i>	1 <input type="checkbox"/> <i>Go to 35f(1)</i>	2 <input type="checkbox"/> <i>Go to 35f(1)</i>	3 <input type="checkbox"/> <i>Skip to 35g</i>	4 <input type="checkbox"/> <i>Skip to 35g</i>	5 <input type="checkbox"/> <i>Skip to 35g</i>
<i>If Yes, ask – (2) Are warnings of drug interactions or contraindications provided?</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g. Providing reminders for guideline-based interventions or screening tests? .....</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h. Ordering lab tests? .....</b>  <i>If Yes, ask – (1) Are orders sent electronically?</i>	1 <input type="checkbox"/> <i>Go to 35h(1)</i>	2 <input type="checkbox"/> <i>Go to 35h(1)</i>	3 <input type="checkbox"/> <i>Skip to 35i</i>	4 <input type="checkbox"/> <i>Skip to 35i</i>	5 <input type="checkbox"/> <i>Skip to 35i</i>
<b>i. Viewing lab results? .....</b>  <i>If Yes, ask – (1) Can the EHR/EMR automatically graph a specific patient's lab results over time?</i>	1 <input type="checkbox"/> <i>Go to 35i(1)</i>	2 <input type="checkbox"/> <i>Go to 35i(1)</i>	3 <input type="checkbox"/> <i>Skip to 35j</i>	4 <input type="checkbox"/> <i>Skip to 35j</i>	5 <input type="checkbox"/> <i>Skip to 35j</i>
(Continuation of question i)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Section II – INDUCTION INTERVIEW – Continued**

35. Please indicate whether the ambulatory reporting location has each of the following computerized capabilities and how often these capabilities are used.	Yes, used routinely	Yes, but NOT used routinely	Yes, but turned off or not used	No	Unknown
<i>Enter (X) only one per row.</i>					
j. Viewing imaging results? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Identifying educational resources for patients' specific conditions? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Generating lists of patients with particular health conditions? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Electronic reporting to immunization registries? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Providing patients with clinical summaries for each visit? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. Exchanging secure messages with patients? ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. Providing patients with an electronic copy of their health information? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. Providing patients the ability to view online, download, or transmit information from their medical record? .....	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>The next questions are about sharing (either sending or receiving) patient health information.</b>					
<b>36a. Do you share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Question 38a on page 16				
<b>b. How do you electronically share patient health information?</b> <i>Enter (X) all that apply.</i>	1 <input type="checkbox"/> EHR/EMR 2 <input type="checkbox"/> Web portal (separate from EHR/EMR) 3 <input type="checkbox"/> Other electronic method – <i>Specify</i> <input type="checkbox"/> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>				
<b>37. Give FLASHCARD C-2 (p.17 Flashcard Booklet) and ask: Please indicate which types of health data you share electronically (not fax) with the health care providers listed.</b> <i>Enter all that apply.</i>	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	
a. Lab results? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
b. Imaging reports? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c. Patient problem lists .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
d. Medication lists .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
e. Medication allergy lists .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
<b>f. Do you share any of the previously mentioned types of information using a "Summary Care Record"?</b> [A Summary Care Record is an electronic file that contains the previously mentioned health data in a standardized format.]	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown				

Delete 35q

Delete 37

Section II - INDUCTION INTERVIEW - Continued	
<b>38a. Do you refer any of your patients to providers outside of your office or group?</b>	1 <input type="checkbox"/> Yes - Go to Question 38b 2 <input type="checkbox"/> No - SKIP to Question 39a
<b>b. Do you receive a report back from the other provider with results of the consultation?</b>	1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No - SKIP to Question 39a
<b>c. Do you receive it electronically (not fax)?</b>	1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No
<b>39a. Do you see any patients referred to you by providers outside of your office or group?</b>	1 <input type="checkbox"/> Yes - Go to Question 39b 2 <input type="checkbox"/> No - SKIP to Question 40a
<b>b. Do you receive notification of both the patient's history and reason for consultation?</b>	1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No - SKIP to Question 40a
<b>c. Do you receive them electronically (not fax)?</b>	1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No
<b>40a. Do you take care of patients after they are discharged from an inpatient setting?</b>	1 <input type="checkbox"/> Yes - Go to Question 40b 2 <input type="checkbox"/> No - SKIP to Question 41
<b>b. Do you receive all of the information you need to continue managing the patient?</b>	1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No - SKIP to Question 41
<b>c. Is the information available when needed?</b>	1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No - SKIP to Question 41
<b>d. Do you receive it electronically (not fax)?</b>	1 <input type="checkbox"/> Yes, routinely 2 <input type="checkbox"/> Yes, but not routinely 3 <input type="checkbox"/> No

Delete 38b

Delete 38c

Delete 39b

Delete 39c

Delete 40c

Slight re-working of 40b-see 21a on page 7

Please note that the questions below were taken from the prototype of the paper EHR mail survey; however, the wording is exactly the same as what is proposed for the computerized 2014

NAMCS instrument. The numbers used indicate skip patterns and are not present on the 2014 NAMCS computerized instrument. The proposed changes are indicated in **RED**.

2014 Proposed NAMCS Electronic Health Record Questions

**14. Does the reporting location submit any claims electronically (*electronic billing*)?**

- 1 Yes      2 No      3 Unknown

**15. Does the reporting location use 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  
3 No  
4 Unknown
- } Go to Question 15a  
 } Skip to Question 16

**15a. In which year did you install your current EHR/EMR system?**

Year: \_\_\_\_\_

**15b. Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?**

- 1 Yes      2 No      3 Unknown

**15c. What is the name of your current EHR/EMR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1 Allscripts                 | <input type="checkbox"/> 5 Sage/Vitera    | <input type="checkbox"/> 10 athenahealth     |
| <input type="checkbox"/> 2 Cerner                     | <input type="checkbox"/> 6 Amazing Charts | <input type="checkbox"/> 11 e-MD             |
| <input type="checkbox"/> 3 Epic                       | <input type="checkbox"/> 7 eClinicalWorks | <input type="checkbox"/> 12 Greenway Medical |
| <input type="checkbox"/> 4 McKesson/ Practice Partner | <input type="checkbox"/> 8 GE/Centricity  | <input type="checkbox"/> 13 Practice Fusion  |
|   | <input type="checkbox"/> 9 NextGen        | <input type="checkbox"/> 14 Unknown          |
| <input type="checkbox"/> 15 Other, specify _____      |   |  |

**New 15d. Has your practice conducted or reviewed a security risk analysis of your EHR system? This would help identify privacy or security related issues that may need to be corrected.**

- 1 Yes      2 No      3 Unknown

**16. 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

**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 Stage 1 of these incentive payments?**

**New references: Stage1 & Stage**

**17a. Are there plans to apply for Stage 2 incentive payments?**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> 1 Yes, we already applied    | → | <input type="checkbox"/> 1 Yes     |
| <input type="checkbox"/> 2 Yes, we intend to apply    |   | <input type="checkbox"/> 2 No      |
| <input type="checkbox"/> 3 Uncertain if we will apply |   | <input type="checkbox"/> 3 Maybe   |
| <input type="checkbox"/> 4 No, we will not apply      |   | <input type="checkbox"/> 4 Unknown |

**Responses Modified**

18. Please indicate whether the ambulatory 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
18a. Recording patient history and demographic information?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18b. Recording patient problem list?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18c. Recording and charting vital signs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18d. Recording patient smoking status?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18e. Recording clinical notes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18f. Recording patient's medications and allergies?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18g. Reconciling lists of patient medications to identify the most accurate list?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18h. Ordering prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to 18g</i>	<input type="checkbox"/> 4 <i>Skip to 18g</i>	<input type="checkbox"/> 5 <i>Skip to 18g</i>
18h1. If yes, are prescriptions sent electronically to the pharmacy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18h2. If yes, are warnings of drug interactions or contraindications provided?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>New</b> 18h3. If yes, are drug formulary checks performed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18i. Providing reminders for guideline-based interventions or screening tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18j. Ordering lab tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to 18i</i>	<input type="checkbox"/> 4 <i>Skip to 18i</i>	<input type="checkbox"/> 5 <i>Skip to 18i</i>
18j1. If yes, are orders sent electronically?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18k. Viewing lab results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to 18j</i>	<input type="checkbox"/> 4 <i>Skip to 18j</i>	<input type="checkbox"/> 5 <i>Skip to 18j</i>
18k1. If yes, can the EHR/EMR automatically graph a specific patient's lab results over time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>New</b> 18l. Ordering radiology tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18m. Viewing imaging results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18n. Identifying education resources for patients' specific conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18o. Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>New</b> 18p. Identifying patients due for preventive or follow-up care in order to send patients reminders?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18q. Generating lists of patients with particular health conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18r. Electronic reporting to immunization registries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18s. Providing patients with clinical summaries for each visit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18t. Exchanging secure messages with patients?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18u. Providing patients the ability to view online, download or transmit information from their medical record?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

<p>19. Do you refer any of your patients to providers outside of your office or group?</p> <p><input type="checkbox"/>1 Yes → Go to Question 19a →</p> <p><input type="checkbox"/>2 No ↓ Skip to Question 20</p>	<p><b>New</b> 19a Do you send the patient's clinical information sent to the other provider?</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 → Skip to Question 20</p>	<p><b>New</b> 19b 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>20. Do you see any patients referred to you by providers outside of your office or group?</p> <p><input type="checkbox"/>1 Yes → Go to Question 20a →</p> <p><input type="checkbox"/>2 No ↓ Skip to Question 21</p>	<p><b>New</b> 20a Do you send a consultation report with clinical information to the other provider?</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 → Skip to Question 21</p>	<p><b>New</b> 20b 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>21. Do you take care of patients after they are discharged from an inpatient setting?</p> <p><input type="checkbox"/>1 Yes → Go to Question 21a →</p> <p><input type="checkbox"/>2 No ↓ Skip to Question 22</p>	<p>21a Do you <u>receive</u> a discharge summary with clinical information from the hospital? <b>Re-worded</b></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 → Skip to Question 22</p>	<p>21b 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 → Skip to Question 22</p>
<p><b>New</b> 21c 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>		
<p>22. Do you share any patient health information electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?</p> <p><input type="checkbox"/>1 Yes → Go to Question 22a</p> <p><input type="checkbox"/>2 No → Skip to Question 23</p>	<p>22a. How do you electronically share patient health information? CHECK ALL THAT APPLY.</p> <p><input type="checkbox"/>1 EHR/EMR   <input type="checkbox"/>2 Web portal (separate from EHR/EMR)</p> <p><input type="checkbox"/>3 Other electronic method (not fax) _____</p>	
<b>New</b>	<p>22b. 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.</p> <p><input type="checkbox"/>1 Ambulatory providers inside your office/group   <input type="checkbox"/>5 Behavioral health providers</p> <p><input type="checkbox"/>2 Ambulatory providers outside your office/group   <input type="checkbox"/>6 Long-term care providers</p> <p><input type="checkbox"/>3 Hospitals with which you are affiliated   <input type="checkbox"/>7 Home health providers</p> <p><input type="checkbox"/>4 Hospitals with which you are not affiliated</p>	
<b>New</b>	<p>22c. Do you share patient health information electronically (not fax) that is automatically sent by your EHR?</p> <p><input type="checkbox"/>1 Yes, routinely   <input type="checkbox"/>2 Yes, but not routinely   <input type="checkbox"/>3 No   <input type="checkbox"/>4 Not applicable, I do not have an EHR system   <input type="checkbox"/>4 Unknown</p>	
<b>New</b>	<p>23. Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?</p> <p><input type="checkbox"/>1 Yes   <input type="checkbox"/>2 No   <input type="checkbox"/>3 Unknown   <input type="checkbox"/>4 Not applicable, I do not have an EHR system</p>	
<p>24. Who owns the reporting location? CHECK ONE.</p> <p><input type="checkbox"/>1 Physician or physician group   <input type="checkbox"/>4 Medical/academic health center</p> <p><input type="checkbox"/>2 Insurance company, health plan, or HMO   <input type="checkbox"/>5 Other hospital</p> <p><input type="checkbox"/>3 Community health center   <input type="checkbox"/>6 Other health care corporation</p> <p><input type="checkbox"/>7 Other</p>		<p>25. <u>Roughly</u>, what percent of your patients are insured by Medicaid?</p> <p>_____ %</p> <p>26. Do you treat patients insured by Medicare?</p> <p><input type="checkbox"/>1 Yes   <input type="checkbox"/>2 No   <input type="checkbox"/>3 Unknown</p>
<p>27. Who completed this survey?   <input type="checkbox"/>1 The physician to whom it was addressed   <input type="checkbox"/>2 Office staff   <input type="checkbox"/>3 Other</p>		