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Physician Workflow Supplement Year 2013

The purpose of the Physician Workflow study is to collect information about the experiences office-based physicians are having with and without **electronic health records (EHR)**. Your participation is greatly appreciated and voluntary. Your answers are completely confidential. If you have questions or comments about this survey, please call 866-966-1473.

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

DRAFT

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

- 1 Yes →
- 2 No
- 3 I am no longer in practice

} Continue to Question 2. Please stop here and return the questionnaire in the envelope provided. Thank you for your time.

2. For this question, please think about a normal week—that is, a week with a normal caseload, with no holidays, vacations, or conferences. Overall, at how many office locations do you see ambulatory patients in a normal week? (Please exclude hospital emergency or outpatient departments)?

_____ locations

3. 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 treat patients referred to an academic medical center)
- 9 Hospital emergency or outpatient departments
- 10 None of the above

If you answered **only hospital emergency department** or **none of the above** in question 3, skip to **question 40**. If you marked **boxes 1-8** in question 3, continue to **question 4**.

4. At which of the settings in **question 3** do you see the most ambulatory patients? WRITE THE NUMBER NEXT TO THE BOX YOU CHECKED.

For the remaining questions, please answer regarding the **reporting location indicated in question 4** even if it is not the location where this survey was sent.

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

Country USA

County _____

State _____

Zip Code _____

Telephone () - _____

6a. How many physicians, including you, work at the reporting location? WRITE BELOW.

6b. How many physicians, including you, work at this practice (including physicians at the reporting location, and physicians at any other locations of the practice)?

- 1 1 physician
- 2 2-3 physicians
- 3 4-10 physicians
- 4 11-50 physicians
- 5 51-100 physicians
- 6 More than 100 physicians

7. How many of the following types of staff are associated with the reporting location? *If none, mark box provided.*

- ___ Number of midlevel providers (NP, PA) None
- ___ Number of clinical staff (RN, MA) None
- ___ Number of administrative/non-clinical staff None

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

- 1 Single
- 2 Multi-specialty

9. Are you a full or part owner, employee, or an independent contractor at the reporting location?

- 1 Owner
- 2 Employee
- 3 Contractor

10. Who owns the reporting location? CHECK ONE.

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

11. Does the reporting location receive any additional compensation beyond routine visit fees for offering *Patient-Centered Medical Home* (PCMH) type services or does the reporting location participate in a certified PCMH arrangement?

PCMHs are certified by the National Committee for Quality Assurance, Joint Commission, URAC, Bridges to Excellence, or some other state or national group.

- 1 Yes, we participate
- 2 No, but we plan to participate
- 3 No, and we don't plan to participate
- 4 Uncertain

12. Does the reporting location participate in a *Pay-for-performance* arrangement in which you can receive financial bonuses based on your Performance?

- 1 Yes, we participate
- 2 No, but we plan to participate
- 3 No, and we don't plan to participate
- 4 Uncertain

13. Does the reporting location participate in an *Accountable Care Organization* or similar arrangement by which you may share savings with insurers (including private insurance, Medicare, Medicaid, and other public options)?

- 1 Yes, we participate
- 2 No, but we plan to participate
- 3 No, and we don't plan to participate
- 4 Uncertain

The next questions are related to your general experiences with practicing medicine.

14. Overall, how satisfied or dissatisfied are you with practicing medicine?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

15. Please consider the following statement:

"I am able to provide high quality care to most of my patients at the reporting location."

Would you say you...

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

The next questions are about electronic health records (EHR) systems.

- ◆ EHRs may include multiple modules and capabilities such as computerized order entry and clinical decision support.
- ◆ EHRs do not include faxing, photocopying, or printing the medical information from an external website, and then including the information in a paper-based record

16. Which of the following best describes the reporting location's current EHR adoption status?

- 1 We are actively using an EHR system that was installed more than 12 months ago. (skip to 17)
- 2 We are actively using an EHR system that was installed within the past 12 months. (skip to 17)
- 3 We **are not actively using an EHR system** but have one installed. (skip to 17)
- 4 We **do not have an EHR system**. (go to 16a)

16a. Do you plan to ever implement an EHR system?

- 1 Yes (skip to 17)
- 2 No (go to 16b)
- 3 Uncertain (go to 16b)

16b. Why do you not plan on implementing an EHR system? CHECK ALL THAT APPLY.

- 1 No systems fit with my specialty
- 2 Plan to retire soon
- 3 Lack of time
- 4 Lack of staff
- 5 Lack of financial resources
- 6 Privacy/security concerns
- 7 Other, specify: _____

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?

- 1 Yes, we already applied (Skip to 18)
- 2 Yes, we intend to apply (Skip to 18)
- 3 No, we will not apply (Go to 17a)
- 4 Uncertain if we will apply (Go to 17a)

17a. Please indicate the reasons for not applying for incentives. CHECK ALL THAT APPLY.

- 1 Not qualified as an "eligible provider"
- 2 The process to apply is difficult
- 3 Not familiar with the incentive program
- 4 Unsure that incentives will actually be paid
- 5 My EHR system does not exchange health information electronically with other providers (e.g., EHR systems "don't talk to each other")
- 6 Not prepared to implement electronic prescribing
- 7 Other reason for not applying:

Please specify:

18. Has the reporting location received any type of assistance from a Regional Extension Center?

- 1 Yes
- 2 No
- 3 Uncertain
- 4 I am not familiar with the term regional extension center

19. Please answer the 3 questions to the right of this box about the following clinical workflow tasks for the reporting location.	How important is the task to delivering better patient care?			How often is the task performed at this location?			Is this task computerized?	
	Very important	Somewhat important	Not important	Often	Sometimes	Never	Yes	No
Population management:								
a. Create a list of patients by particular diagnosis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to b)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Create a list of patients by particular lab result	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to c)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Create a list of patients by particular vital signs (e.g., high blood pressure)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to d)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Create a list of patients who are due for tests or preventive care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to e)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Provide patient reminders for preventive or follow-up care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to f)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Quality improvement:								
f. Create reports on clinical care measures for patients with specific chronic conditions (e.g., H1AC for diabetic patients)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to g)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Create reports on clinical care measures by patient demographic characteristics (e.g., age, sex, race)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to h)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Submit clinical care measures to public and private insurers (e.g., blood pressure control, Hb1AC, smoking status)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to i)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Patient communication/access to health data:								
i. Provide patients with a copy of their health information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to j)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Record a patient advanced directive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to k)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Provide patients with a clinical summary for each visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to l)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Coordination of care:								
l. Receive patient clinical information from other physicians treating your patient (e.g., referral summaries)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to m)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Receive information needed to continue managing a patient post-hospital discharge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (skip to n)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
n. Share patient clinical information with other providers treating your patient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> (Go to 19)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

20. Please indicate whether you agree or disagree with the following statements about using an EHR system:	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. Overall, my practice would function more efficiently with an EHR system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The amount of time spent to plan, review, order, and document care would increase.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of time spent responding to pharmacy calls would increase.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Overall, an EHR would save me time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Sending prescriptions electronically would save me time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. The number of weekly office visits would increase.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. My practice would receive lab results faster.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. My practice would save on costs associated with managing and storing paper records.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Billing for services would be less complete.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. An EHR would produce financial benefits for my practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. An EHR would produce clinical benefits for my practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. An EHR would allow me to deliver better patient care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. An EHR would make records more readily available at the point of care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. An EHR disrupts the way I would interact with my patients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. An EHR would be an asset when recruiting physicians to join the practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. An EHR would enhance patient data confidentiality.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. Health information would be less secure in an EHR system than a paper-based system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r. An EHR would reduce transcription costs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
s. Clinical summaries from my EHR would contain unnecessary information.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
t. Clinical summaries from my EHR would contain too much information.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
u. Overall, the benefits of having an EHR would outweigh its purchase and maintenance costs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

21. How much of an influence do you think the following would have on your decision to adopt an EHR System?	Major Influence to Adopt	Minor Influence to Adopt	Not an Influence
a. Government incentive payments for EHR use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Proposed financial penalties for not using an EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Availability of government-certified products	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Assistance with selecting an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Technical assistance with EHR implementation in my practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. EHR systems being used by trusted colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Capability of exchanging information electronically within my referral network	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Requirement to use an EHR for maintenance of board certification	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**If you have an EHR system (see Question 16), answer Questions 22 to 31.
Otherwise, skip to Question 33.**

22. This question is about the ways that an EHR system might affect your reporting location. Has your EHR system:	Yes, within the past 30 days	Yes, but not within the past 30 days	Not at all	Not Applicable
a. Alerted you to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Led to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Alerted you to critical lab values?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Led to less effective communication during patient visits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Reminded you to provide preventive care (e.g., vaccine, cancer screening)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Reminded you to provide care that meets clinical guidelines for patients with chronic conditions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Helped you identify needed lab tests (such as HbA1c or LDL)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Helped you order fewer tests due to better availability of lab results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Helped you order more on-formulary drugs (as opposed to off-formulary drugs)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Facilitated direct communication with a patient (e.g., email or secure messaging)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Facilitated direct communication with other providers that are part of my patient care team?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Helped you access a patient's chart remotely (e.g., to work from home)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Helped you access a patient's chart through your personal device (e.g., smart phone, tablet)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Alerted you that you received a patient summary from another provider?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Helped you order a referral?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. Helped you follow-up a referral?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. Inadvertently led you to select the wrong medication or lab order from a list?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r. Led you to overlook something important because you received too many alerts?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
s. Been accessed by an unauthorized outside entity?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
t. Enhanced overall patient care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

- 1 Very satisfied
 2 Somewhat satisfied
 3 Somewhat dissatisfied

4 Very dissatisfied

24. Would you purchase this EHR again?

- 1 Yes
 2 No

3 Uncertain

25. In which year did you install your EHR system?

Year (YYYY): / / / 2 Unknown26. What is the name of the current EHR system?
CHECK ONLY ONE BOX.

- 1 Allscripts 2 Amazing Charts 3 Athenahealth
 4 Cerner 5 eClinicalWorks 6 e-MDs
 7 Epic 8 GE/Centricity 9 Greenway Medical
 10 NextGen 11 Practice Fusion 12 McKesson/
 13 Sage/Vitera Practice Partner
 14 Other → please specify _____ 15 Unknown

27. Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services (HHS)?

- 1 Yes (Skip to 28)
 2 No (Go to 27a)
 3 Uncertain (Go to 27a)

27a. Are there plans to upgrade your system to meet meaningful use criteria?

- 1 Yes
 2 No
 3 Uncertain

28. Which of the following best represents your EHR system?

- 1 **Stand-alone** (Client server) – A self-contained system, where data and application functionality are delivered onsite.
 2 **Web-based design** (Cloud system or Application Service Provider (ASP)) – Service provider hosts the EHR system and stores data. Practice accesses the system and data through the internet.

29. How many hours, on average, did clinical staff spend in training to use your practice's EHR?

- 1 1 to 8 hours 2 9 to 40 hours 3 41 to 80 hours
 4 Over 80 hours 5 Did not receive training

30. How many hours, on average, did non-clinical staff spend in training to use your practice's EHR?

- 1 1 to 8 hours 2 9 to 40 hours 3 41 to 80 hours
 4 Over 80 hours 5 Did not receive training

31. As a result of implementing an EHR, did you experience any changes in clinical staff (e.g., other MDs, RNs, MAs) at the reporting location? CHECK ALL THAT APPLY.

- 1 Yes, overall clinical staff increased
 2 Yes, overall clinical staff decreased
 3 Yes, shift in responsibilities among existing staff
 4 No clinical staff changes
 5 Uncertain

32. As a result of implementing an EHR, did you experience any changes in non-clinical/administrative staff at the reporting location? CHECK ALL THAT APPLY.

- 1 Yes, overall administrative staff increased
 2 Yes, overall administrative staff decreased
 3 Yes, shift in responsibilities among existing staff
 4 No administrative staff changes
 5 Uncertain

Over the past year, has the following increased, decreased, or stayed about the same for the reporting location?

33. Practice revenue has...

- 1 increased
 2 decreased
 3 stayed about the same
 4 Uncertain (Go to 34)
- Was this due, in part, to the EHR?
 1 Yes
 2 No
 3 Uncertain

34. Number of office visits has...

- 1 increased
 2 decreased
 3 stayed about the same
 4 Uncertain (Go to 35)
- Was this due, in part, to the EHR?
 1 Yes
 2 No
 3 Uncertain

35. Can patients seen at the reporting location do any of the following online activities? CHECK ALL THAT APPLY.

- 1 View test results online
 2 Request referrals online
 3 Request refills for prescriptions online
 4 Request appointments online
 5 Incorporate patient generated/device data (e.g. blood glucose)
 6 My patients cannot do any of the above activities
 7 Uncertain

36. At the reporting location, are there plans for installing a new EHR system within the next 12 months?

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

37. Who completed this survey?

- 1 The physician to whom it was addressed
- 2 Office staff
- 3 Other

Please add your comments in the box below.

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

Boxes for Admin Use

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