

Health Resources and Services Administration

HIV/AIDS Bureau (HRSA – HAB)

2016 CAREWare Customer Satisfaction and Usage Survey

Survey to be administered via the web. Questionnaire section headers, bolded instructions and question numbers will not appear on screen. All rated questions will include a “Don’t Know/Not Applicable” option.

E-Mail Invitation

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is conducting a survey of provider and grantee use of and satisfaction with CAREWare. As you complete this survey, please reflect on your experiences with CAREWare with particular attention to the past 12 months. HAB’s goal is to use the information that you provide here to help us improve the software as well as the type and level of technical support.

The survey will take approximately 10-20 minutes to complete. CFI Group, an independent research and consulting firm, is conducting this survey. The survey is hosted via a secure server and your responses will remain anonymous. If you have any questions, please contact surveyhelp@cfgroup.com.

This information will be vital for HAB to improve our operations and guide our future actions in this area and we hope you can take the time to complete the questionnaire. Thank you in advance for your participation!

Sincerely,
Laura Cheever, MD
Acting Associate Administrator, HIV/AIDS Bureau

Survey Introduction

As the Health Resources and Service Administration (HRSA) HIV/AIDS Bureau (HAB) plans future support for and development of CAREWare, we are requesting your feedback on how you use the software, and how well it is meeting your data collection, reporting, and quality management needs. The survey is hosted via a secure server and your responses will remain anonymous. This survey is authorized by Office of Management and Budget Control No. 1090-0007 (May 31, 2018).

We strongly recommend that the individual most familiar with CAREWare and data management issues at your agency be the one to answer these questions. Please also solicit input from other CAREWare users within your agency.

Thank you in advance for completing the survey. If you experience any technical difficulties while taking the survey, please write surveyhelp@cfgroup.com.

Please click on the “Next” button below to begin.

Background Questions

First, we would like to obtain a little information about what kind of agency you are and your source(s) of CARE act funding.

Q1. Please select your type(s) of Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) grant: (Select all that apply.)

- a. Part A Eligible Metropolitan Area/Transitional Grant Area
- b. Part B States
- c. Part B AIDS Drug Assistance Program
- d. Part C Early Intervention Services
- e. Part D Women, Infants, Children, and Youth
- f. None **[TERMINATE]**

Q2. Please indicate which option best describes your agency:

- a. Recipient
- b. Recipient/Provider
- c. Provider

Q3. How many individuals use CAREWare (for any reason) at your agency? [INSERT DROPDOWN LIST FOR VALUES 1-50] : _____

Q4. How regularly is CAREWare used (for any reason) at your agency?

- a. Daily
- b. Weekly
- c. Monthly
- d. Only a few times a year, primarily when reports are due

Q5. How long has your agency been using CAREWare?

- a. Less than one year
- b. 1-2 years
- c. 3-5 years
- d. More than 5 years

Q6. In addition to CAREWare, do you use any other software application(s) to manage any of your clients' clinical support service information?

- a. Yes
- b. No
- c. Don't know

Q7. **[IF Q6=Yes]** How is that other software application(s) used (Please select all that apply):

- a. Manage clinical information
- b. Manage financial information/billing
- c. Manage appointments/scheduling
- d. Other (Please specify):

Q8. Why did you elect to use CAREWare? (Please select all that apply)

- a. Produces the RSR
- b. Produces the AIDS Drug Assistance Program Drug Report (ADR)
- c. Produces other reports (e.g., custom reports, financial, HOPWA)
- d. Quality management/HIV performance measures
- e. The software and technical support are free
- f. It has other features that are/were not available in the other software that we use/used
Other (Please specify)

General Use

Now, think about your organization’s general experience with CAREWare over the past year.

Q9. Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please indicate how effective CAREWare is in enabling you to produce your HRSA-required reports?

Q10. Have you used the following CAREWare features in the past 12 months? **(IF NONE ARE CHOSEN AS “Yes” SKIP TO Q11)**

CAREWare Features	
a. ADAP Module	Yes No
b. Clinical encounter module to track medications, labs, etc.	Yes No
c. Crosstab Wizard	Yes No
d. Custom reports	Yes No
e. Form Designer	Yes No
f. HL7 Lab import function	Yes No
g. Orders module	Yes No
h. Performance Measures Module	Yes No
i. Pharmacy module	Yes No
j. Produce client-level RSR export	Yes No
k. Provider data import (PDI)	Yes No
l. Visit Scheduler	Yes No

Q10b. Using a scale from 1 to 10 where 1 is *Very Dissatisfied* and 10 is *Very Satisfied*, please rate your overall satisfaction using each of these CAREWare features. **(ONLY DISPLAY FEATURES CHOSEN “Yes” IN Q10)**

CAREWare Features
a. ADAP Module
b. Clinical encounter module to track medications, labs, etc.
c. Crosstab Wizard
d. Custom reports
e. Form Designer
f. HL7 Lab import function
g. Orders module
h. Performance Measures Module
i. Pharmacy module
j. Produce client-level RSR export
k. Provider data import (PDI)
l. Visit Scheduler

CAREWare Configuration

Q11. Do you run CAREWare on a Wide Area Network (or the Internet) with multiple provider agencies connected to a central server?

- a. Yes
- b. No
- c. Don't know

Q12 Does your agency or IT department currently run CAREWare in the cloud, i.e. housed and managed offsite on an external server?

- a. QYes
- b. No
- c. Don't know

Outpatient Ambulatory Medical Services Funded Providers (ASK THIS SECTION ONLY IF Q2= B or C (Provider))

Q14. Please indicate which of the following functions of an electronic health information system you use CAREWare on a *regular/daily* basis in the management of HIV care in your clinic.

(Please select all that apply)

- a. To print out clinical encounter reports
- b. To enter data in real time
- c. To view clinical histories in real time
- d. To run performance measure reports
- e. Other: (Please specify)
- f. None of the above

Q15. Does your agency import any clinical or service information electronically into CAREWare from an Electronic Health or Medical Record (EHR/EMR)?

- a. Yes (Please specify the system)
- b. No

Q16. Does your agency import laboratory test information electronically into CAREWare?

- a. Yes
- b. No

Q17. Do you have to hand-enter any of the same data into two different systems, such as CAREWare and EHR?

- a. Yes
- b. No

Technical Assistance and Support

Q29. Now, think about specific functions in CAREWare. Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate how easy it is to perform each of the following functions:

- a. Install new builds
- b. Data entry/find fields
- c. Build custom reports
- d. Run the Performance Measure Module
- e. Use the form designer
- f. Create custom fields
- g. Creating contracts and defining subservices
- h. Provider/user manager

Q31. Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate the CAREWare helpdesk support your organization received on the following:

- a. Professionalism
- b. Courteousness
- c. Knowledge of the staff who assisted you
- d. Usefulness of answers provided to your organization
- e. Timeliness of responses

Q34. Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate of the quality of the following aspects of technical support and assistance for CAREWare. **If you have not used an option, please select DK/NA.**

- a. FAQs
- b. Listserv
- c. User guides
- d. Webcasts
- e. On-site support

Q35. What additional forms of support would you like to see implemented? (Please select all that apply)

- a. More webcast trainings
- b. Expanded helpdesk hours and support
- c. More user guides
- d. No additional forms of support are needed
- e. Other: (Please specify)

ACSI BENCHMARK QUESTIONS

Q37. Please consider all of the experiences and interactions you have had with CAREWare this past year. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with CAREWare?

Q38. Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, how does CAREWare compare to your expectations?

Q39. Imagine an ideal application for managing clients' clinical or support service data. How close is CAREWare to that ideal application? Please use a 10-point scale on which 1 means *Not Very Close to Ideal* and 10 means *Very Close to Ideal*.

Outcome Measures

Q40. On a scale from 1 to 10 where 1 is *Not at all likely* and 10 is *Very likely*, how likely is your agency to be using CAREWare one year from now?

Q41. All things considered, using the same scale from 1 to 10 where 1 means *Not at all Likely* and 10 means *Very Likely*, how likely would you be to recommend CAREWare to a colleague or another agency?

Q42. Are there any other features that you would like to see implemented in CAREWare that would improve your agency's capacity to produce HRSA required reports or perform other functions? **[OPTIONAL] [CAPTURE VERBATIM]**

Thank you for your time. The HRSA's HIV/AIDS Bureau appreciates your input. If you have any questions or comments about Ryan White HIV/AIDS Program management (including CAREWare) at any time, please contact us at HABreview@hrsa.gov.