

Attachment B - Changes to 2015 NEHRS

Questions deleted

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

- 1 Yes 2 No 3 Unknown

Questions modified (questions in 2014 survey are in red; 2015 are in black)

12b Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

- 1 Yes 2 No 3 Unknown

12b Does your current EHR system meet meaningful use criteria as defined by the Department of Health and Human Services?

- 1 Yes (Go to 12b1)
2 No (skip to 12c)
3 Unknown(skip to 12c)

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

12c. 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"/> 6 e-MDs | <input type="checkbox"/> 11 Practice Fusion |
| <input type="checkbox"/> 2 Community Computer Service, Inc | <input type="checkbox"/> 7 Epic | <input type="checkbox"/> 12 Sage/Vitera/Greenway |
| <input type="checkbox"/> 3 athenahealth | <input type="checkbox"/> 8 GE/Centricity | <input type="checkbox"/> 13 Other, specify |
| <input type="checkbox"/> 4 Cerner | <input type="checkbox"/> 9 Eyefinity/
Officemate | _____ |
| <input type="checkbox"/> 5 eClinicalWorks | <input type="checkbox"/> 10 NextGen | <input type="checkbox"/> 14 Unknown |

13. **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

13d. **At the reporting location, are there plans to purchase a new EHR system within the next 18 months?**

- 1 Yes, with the same EHR vendor
2 Yes, with a different EHR vendor
3 Yes, first-time purchase of EHR system
4 No
5 Unknown

14. **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?**

- 1 Yes, we already applied → *Go to Question 14a*
2 Yes, we intend to apply
3 Uncertain if we will apply } *Skip to Question 15*
4 No, we will not apply

14. **Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT.” Has your reporting location applied for Meaningful Use incentive payments?**

- 1Yes 2No 3Unknown

14a **Are there plans to apply for Stage 2 incentive payments?**

- 1 Yes 2 No 3 Maybe 4 Unknown

15. **Does your reporting location plan to apply for Meaningful Use Incentive Program payments in the future?**

- 1Yes 2No 3Unknown

15.Indicate whether the 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
15u 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

16.Indicate whether the 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	No	Unknown
16u Ability for patients to electronically view their online medical record?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 5

16v Ability for patients to download their online medical record?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16w Ability for patients to electronically send their online medical record to a third party (e.g., another provider, Patient Health Records)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2014 NEHRS HIE items on referring patients and HIE.

<p>16. Do you refer any of your patients to providers outside of your office or group? <input type="checkbox"/>1 Yes → Go to Question 16a → <input type="checkbox"/>2 No ↓ Skip to Question 17</p>	<p>16a Do you send the patient's clinical information to the other providers? <input type="checkbox"/>1 Yes, routinely <input type="checkbox"/>2 Yes, but not routinely <input type="checkbox"/>3 No → Skip to Question 17</p>	<p>16b Do you send it electronically (not fax)? <input type="checkbox"/>1 Yes, routinely <input type="checkbox"/>2 Yes, but not routinely <input type="checkbox"/>3 No</p>
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<p>19. Do you share any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs? <input type="checkbox"/>1 Yes → Go to Question 19a <input type="checkbox"/>2 No → Skip to Question 20</p>
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<p>19a How do you electronically share patient health information? CHECK ALL THAT APPLY. <input type="checkbox"/>1 EHR/EMR <input type="checkbox"/>2 Web portal (separate from EHR/EMR) <input type="checkbox"/>3 Other electronic method (not fax) _____</p>

<p>19c With what types of providers do you electronically share patient health information? CHECK ALL THAT APPLY. <input type="checkbox"/>1 Ambulatory providers inside your office/group <input type="checkbox"/>5 Behavioral health providers <input type="checkbox"/>2 Ambulatory providers outside your office/group <input type="checkbox"/>6 Long-term care providers <input type="checkbox"/>3 Hospitals with which you are affiliated <input type="checkbox"/>7 Home health providers <input type="checkbox"/>4 Hospitals with which you are not affiliated <input type="checkbox"/>8 None of the above apply</p>
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Amended 2015 HIE items below - use the 2014 original questions above: referring patient (Q16)s, frequency of sending information electronically(16b), mode of sharing health information (19a), and health information exchange (Q19), patient health information was expanded (Q19). Sharing was refined into **sending and receiving** as separate activities in 2015. Settings for sharing patient information (19c) was also used.

- Item below amends 2014 Qs-**16,19,19a,19c above** to assess how patient health data is sent to referrals.

25. Do you refer patients to the following providers? If yes, how often do you send patient health information electronically through either your EHR or web portal? Do NOT include eFax, fax, or other paper-based methods.						
	Yes	No	Often	Sometimes	Rarely	Never
a. Ambulatory care providers outside organization	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19b	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Ambulatory care providers within organization	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19c	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

c. Unaffiliated hospitals	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19d	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Affiliated hospitals	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19e	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Behavioral Health providers	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 19f	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Long-term care providers	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- **Item below:** Amends 2014 item 16b (frequency of sending electronically), 19a (how do share patient information) above to assess the frequency for sending by each type of transmission.

23. How often is patient health information sent to sources (e.g., other providers, public health agencies) outside your medical organization using the following methods of data transmission?	Often	Sometimes	Rarely	Never	Uncertain
a. Paper-based method (e.g. mail, fax)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. eFax	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. EHR (not eFax)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Web Portal (separate from EHR)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

17. Do you see any patients referred to you by providers outside of your office or group? <input type="checkbox"/> 1 Yes → Go to Question 17a → <input type="checkbox"/> 2 No ↓ Skip to Question 18	17a Do you send a consultation report with clinical information to the other providers? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No → Skip to Question 18	17b Do you send it electronically (not fax)? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No
	18. Do you take care of patients after they are discharged from an inpatient setting? <input type="checkbox"/> 1 Yes → Go to Question 18a → <input type="checkbox"/> 2 No ↓ Skip to Question 19	18a Do you receive a discharge summary with clinical information from the hospital? <input type="checkbox"/> 1 Yes, routinely <input type="checkbox"/> 2 Yes, but not routinely <input type="checkbox"/> 3 No → Skip to Question 19
18c Can you automatically incorporate the received information into your EHR system without manually entering the data? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not applicable, I do not have an EHR system		
19. Do you share any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs? <input type="checkbox"/> 1 Yes → Go to Question 19a <input type="checkbox"/> 2 No → Skip to Question 20		

19a How do you electronically share patient health information? CHECK ALL THAT APPLY.

- 1 EHR/EMR
- 2 Web portal (separate from EHR/EMR)
- 3 Other electronic method (not fax) _____

19c With what types of providers do you electronically share patient health information? CHECK ALL THAT APPLY.

- 1 Ambulatory providers inside your office/group
- 2 Ambulatory providers outside your office/group
- 3 Hospitals with which you are affiliated
- 4 Hospitals with which you are not affiliated
- 5 Behavioral health providers
- 6 Long-term care providers
- 7 Home health providers
- 8 None of the above apply

- **Item below** amends 2014 Qs-**17,19,19a,19c above** to assess how patient health data is received from patients at the reporting location.

26. Do you see patients that have received care from the following providers? If yes, how often do you receive patient health information electronically through either your EHR or web portal? Do NOT include eFax, fax, or other paper-based methods.

	Yes	No	Often	Sometimes	Rarely	Never
a. Ambulatory care providers outside organization	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20b	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Ambulatory care providers within organization	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20c	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Unaffiliated hospitals	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20d	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Affiliated hospitals	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20e	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Behavioral Health providers	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 20f	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Long-term care providers	1 <input type="checkbox"/>	2 <input type="checkbox"/> Skip to 21	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- **Item below:** Amends 2014 item 18b (frequency of receiving electronically), 19a (how do share patient information) above to assess the frequency of receiving patient data for each type of transmission.

24. How often do you <u>receive</u> patient health information from sources (e.g., other providers, public health agencies) <u>outside your medical organization</u> using the following methods of data transmission?	Often	Sometimes	Rarely	Never	Uncertain
a. Paper-based method (e.g. mail, fax)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. eFax	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. EHR (not eFax)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Web Portal (separate from EHR)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

- **Item below** amends 2014 item 19 which defined “patient health information”, and ability to send and receive, send only, or receive only information electronically.

27. Do you electronically <u>send and receive, send only, or receive only</u> the following types of patient health information to and from sources outside your medical organization (e.g., other providers, public health agencies)? <i>Electronically <u>does not</u> include eFax, fax, or paper-based methods.</i>	Both send and receive electronically	Send electronically only	Receive electronically only	Do not send or receive electronically
Medication lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Patient problem lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Medication allergies lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Imaging reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Laboratory results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Registry data (e.g. immunizations, cancer)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Transition of care summary or a summary of care record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Hospital discharge summaries			3 <input type="checkbox"/>	4 <input type="checkbox"/>
Emergency Department notifications			3 <input type="checkbox"/>	4 <input type="checkbox"/>

- **Item below** amends 2014 item 19 which defined “patient health information”, and ability to integrate that information.

28. Are you able to integrate the following types of patient health information that you electronically receive into your EHR without special effort (e.g., manual entry or scanning)?	Yes	No	Uncertain	NA: Do not receive information electronically
Medication lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Patient problem lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Medication allergies lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Imaging reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Laboratory results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Registry data (e.g. immunizations, cancer)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Transition of care summary or a summary of care record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Hospital discharge summaries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Emergency Department notifications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Questions added

Content below in red was approved and asked on the extended 2014 NEHRS, and black is new content proposed on the HIE.

14. To what extent do you agree or disagree with the following statements about electronic information exchange (exchange refers to electronically sending, receiving, or finding patient health information)? <i>“Electronically exchanging clinical information with other sources outside my medical organization...”</i>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	NA: Do not electronically exchange data
a. ...improves my practice’s quality of care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b....increases my practice’s efficiency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. ...reduces duplicate test ordering	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. ...prevents medical/medication errors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. ...is cumbersome to do with our EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. ...is limited;providers in my referral network do not have the electronic capability to exchange data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. ... provides me with complete clinical information, both current and historical, from sources outside my medical organization.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. ... provides me with clinical information that I can trust.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Below was asked on the 2014 expanded NEHRS and we would ask this content on the regular 2015 NEHRS.

26. Does the reporting location receive additional compensation beyond routine visit fees for providing Patient Centered Medical Home (PCMH) type services or for participating in a certified PCMH arrangement?

1 Yes 2 No 3 Uncertain

15. Has your reporting location been recognized as a Patient Centered Medical Home (PCMH) by a state, a commercial health plan, or a national organization, such as the National Committee for Quality Assurance (NCQA), the Joint Commission, URAC, or the Accreditation Association of Health Care Practice?

1Yes 2No 3Unknown

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

1 Yes 2 No 3 Uncertain

16. Does the reporting location participate in an Accountable Care Organization arrangement with Medicare or private insurers? An ACO is an entity typically composed of primary care physicians, specialists, and hospitals, and held financially accountable for the cost and quality of care delivered to a defined group of patients.

1Yes 2No 3Unknown

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

1 Yes 2 No 3 Uncertain

17. Does the reporting location participate in a Pay-for-Performance arrangement, where you can receive financial bonuses based on your performance?

1Yes 2No 3Unknown

NEW CONTENT: Below was not asked prior NEHRS questionnaire. The concept of panel size is often difficult to obtain, for Health information exchange, it's helpful to know the number of patients that would fall under the capabilities of specific providers. We don't collect panel size, this would have implications for understanding the impact of that specific physician.

10. How many patients do you currently take care of at the reporting location?

_____ Number of patients

- **Item below** ask about electronically searching, finding, or querying patient health information from sources outside your medical organization. These questions are important to the goal of ONC.

30. Do you or your staff have the capability to electronically search for your patient's health information from sources outside of your medical organization (e.g. remote access to other facility, health information exchange organization)?

- 1 Yes (Go to 30a)
- 2 No (Skip to 31)
- 3 Uncertain (Skip to 31)

30a. What type of patient health information do you or your staff routinely search for from sources outside your medical organization? Check all that apply.

- 1 Lab results
- 2 Patient problem lists
- 3 Imaging reports
- 4 Medication lists
- 5 Medication allergy lists
- 6 Discharge summary
- 7 Other _____

30b. How often do you or your staff electronically search for health information from sources outside of your medical organization when seeing a new patient or an existing patient who has received services from other providers?

- 1 Always (Go to 30b1))
- 2 Often (Go to 30b1))
- 3 Sometimes (Go to 30b1))
- 4 Rarely (Go to 30b1)
- 5 Never (Skip to 31)

30b1. How do you or your staff search patient health information from outside sources? Check all that apply.

- 1 EHR
- 2 Web portal
- 3 Other _____