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National Electronic Health Records Survey 2014

The National Electronic Health Records Survey is affiliated with the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about the adoption of electronic health records/electronic medical records (EHRs/EMRs) in ambulatory care settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

<p>1. We have your specialty as:</p> <p>Is that correct?</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No → What is your specialty? _____</p>	<p>4. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.</p> <p><input type="checkbox"/> 1 Private solo or group practice</p> <p><input type="checkbox"/> 2 Freestanding clinic/urgicenter (not part of a hospital outpatient department)</p> <p><input type="checkbox"/> 3 Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or "look-alike" clinics)</p> <p><input type="checkbox"/> 4 Mental health center</p> <p><input type="checkbox"/> 5 Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)</p> <p><input type="checkbox"/> 6 Family planning clinic (including Planned Parenthood)</p> <p><input type="checkbox"/> 7 Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)</p> <p><input type="checkbox"/> 8 Faculty practice plan (An organized group of physicians that treats patients referred to an academic medical center)</p> <p><input type="checkbox"/> 9 Hospital emergency or hospital outpatient departments</p> <p><input type="checkbox"/> 10 None of the above</p> <p><i>If you see patients in <u>any</u> of these settings, go to question 5</i></p> <p><i>If you select <u>only</u> 9 or 10, go to Q40</i></p>
<p><i>This survey asks about ambulatory care, that is, care for patients receiving health services without admission to a hospital or other facility.</i></p>	
<p>2. Do you directly care for any ambulatory patients in your work?</p> <p><input type="checkbox"/> 1 Yes → Continue to Question 3</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 3 I am no longer in practice</p> <p><i>Please stop here and return the questionnaire in the envelope provided. Thank you for your time.</i></p>	
<p><i>The next question asks about a normal week. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.</i></p>	
<p>3. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see ambulatory patients in a normal week?</p> <p>_____ locations</p>	

For the remaining questions, please answer regarding the reporting location indicated in question 5 even if it is not the location where this survey was sent.

<p>5. At which of the settings (1-8) in question 4 do you see the most ambulatory patients? WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.</p> <p>_____ (For the rest of the survey, we will refer to this as the "reporting location.")</p>
<p>6. What are the county, state, zip code, and telephone number of the <u>reporting location</u>?</p> <p>Country _____ USA _____ County _____ State _____</p> <p>Zip Code _____ Telephone (____) _____</p>

7. How many physicians, including you, work at the reporting location? _____

7a 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

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

- 1 Single
- 2 Multi

9. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with the reporting location?

_____ mid-level providers

10. At the reporting location, are you currently accepting new patients?

- 1 Yes → Go to Question 10a
- 2 No
- 3 Unknown } Skip to Question 11

10a If yes, from those new patients, which of the following types of payment do you accept?

	Yes	No	Unknown
1. Private insurance capitated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Private insurance non-capitated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Medicare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Medicaid/CHIP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Workers' compensation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Self pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. No charge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

- 1 Yes
- 2 No
- 3 Unknown

12. 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 } Go to Question 12a
- 2 Yes, part paper and part electronic } Go to Question 12a
- 3 No } Skip to Question 13
- 4 Unknown } Skip to Question 13

12a In which year did you install your current EHR/EMR system?

Year: _____

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

12c What is the name of your current EHR/EMR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.

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

12d Has your practice made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This assessment would help identify privacy or security related issues that may need to be corrected.

- 1 Yes
- 2 No
- 3 Unknown

12e Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?

- 1 Yes
- 2 No
- 3 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

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 } Skip to Question 15

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

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

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
15a 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
15b Recording patient problem list?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15c 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
15d Recording patient smoking status?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15e Recording clinical notes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15f 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
15g 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
15h 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
15i Ordering prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to 15j</i>	<input type="checkbox"/> 4 <i>Skip to 15j</i>	<input type="checkbox"/> 5 <i>Skip to 15j</i>
15i1 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
15i2 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
15i3 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
15j Ordering lab tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to 15k</i>	<input type="checkbox"/> 4 <i>Skip to 15k</i>	<input type="checkbox"/> 5 <i>Skip to 15k</i>
15j1 Are orders sent electronically?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15k Viewing lab results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to 15l</i>	<input type="checkbox"/> 4 <i>Skip to 15l</i>	<input type="checkbox"/> 5 <i>Skip to 15l</i>
15k1 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
15l Ordering radiology tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15m Viewing imaging results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15n Identifying educational 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
15o 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
15p 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
15q 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
15r 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
15s 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
15t 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
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

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

<p>16. 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 16a →</p> <p><input type="checkbox"/>2 No ↓ Skip to Question 17</p>	<p>16a Do you send the patient’s clinical information to the other providers?</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 17</p>	<p>16b 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>17. 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 17a →</p> <p><input type="checkbox"/>2 No ↓ Skip to Question 18</p>	<p>17a Do you send a consultation report with clinical information to the other providers?</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 18</p>	<p>17b 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>18. Do you take care of patients after they are discharged from an inpatient setting?</p> <p><input type="checkbox"/>1 Yes → Go to Question 18a →</p> <p><input type="checkbox"/>2 No ↓ Skip to Question 19</p>	<p>18a Do you <u>receive</u> a discharge summary with clinical information from the hospital?</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 19</p>	<p>18b 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 19</p>			
	<p>18c 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>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?</p> <p><input type="checkbox"/>1 Yes → Go to Question 19a <input type="checkbox"/>2 No → Skip to Question 20</p>					
<p>19a 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>					
<p>19b Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?</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 Unknown</p>					
<p>19c With what types of providers do you electronically share patient health information? 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>					
<p>19d To what extent do you agree or disagree with the following statements about electronic information exchange.</p> <p>“Electronically exchanging clinical information with other providers...”</p>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Uncertain
<p>a. ...improves my practice’s quality of care.</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>b. ...increases my practice’s efficiency.</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>c. ...increases my practice’s vendor costs.</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>d. ...requires multiple systems or portals.</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>e. ...increases my practice’s liability due to other providers lacking adequate safeguards.</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>f. ...decreases my ability to separate sensitive health information from other data being exchanged.</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

<p>20. Who owns the reporting location? CHECK ONE.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/>1 Physician or physician group</td> <td style="width: 50%; border: none;"><input type="checkbox"/>4 Medical/academic health center</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/>2 Insurance company, health plan, or HMO</td> <td style="border: none;"><input type="checkbox"/>5 Other hospital</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/>3 Community health center</td> <td style="border: none;"><input type="checkbox"/>6 Other health care corporation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/>7 Other</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> 1 Physician or physician group	<input type="checkbox"/> 4 Medical/academic health center	<input type="checkbox"/> 2 Insurance company, health plan, or HMO	<input type="checkbox"/> 5 Other hospital	<input type="checkbox"/> 3 Community health center	<input type="checkbox"/> 6 Other health care corporation	<input type="checkbox"/> 7 Other		<p>21. Roughly, what percent of your patients are insured by Medicaid?</p> <p style="text-align: center;">_____ %</p> <p>22. Do you treat patients insured by Medicare?</p> <p style="text-align: center;"><input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Unknown</p>
<input type="checkbox"/> 1 Physician or physician group	<input type="checkbox"/> 4 Medical/academic health center								
<input type="checkbox"/> 2 Insurance company, health plan, or HMO	<input type="checkbox"/> 5 Other hospital								
<input type="checkbox"/> 3 Community health center	<input type="checkbox"/> 6 Other health care corporation								
<input type="checkbox"/> 7 Other									

<p>23. Over the past year at the reporting location, has practice revenue...</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;"><input type="checkbox"/>1 Increased</td> <td rowspan="4" style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</td> <td style="width: 30%; border: none;">Was this due, in part, to the EHR?</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/>2 Decreased</td> <td style="border: none;"><input type="checkbox"/>1 Yes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/>3 Stayed about the same</td> <td style="border: none;"><input type="checkbox"/>2 No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/>4 Uncertain (Go to 24)</td> <td style="border: none;"><input type="checkbox"/>3 Uncertain</td> </tr> <tr> <td style="border: none;"></td> <td></td> <td style="border: none;"><input type="checkbox"/>4 N/A</td> </tr> </table>	<input type="checkbox"/> 1 Increased	}	Was this due, in part, to the EHR?	<input type="checkbox"/> 2 Decreased	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Stayed about the same	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Uncertain (Go to 24)	<input type="checkbox"/> 3 Uncertain			<input type="checkbox"/> 4 N/A	<p>24. Over the past year at the reporting location, have practice office visits...</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;"><input type="checkbox"/>1 Increased</td> <td rowspan="4" style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</td> <td style="width: 30%; border: none;">Was this due, in part, to the EHR?</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/>2 Decreased</td> <td style="border: none;"><input type="checkbox"/>1 Yes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/>3 Stayed about the same</td> <td style="border: none;"><input type="checkbox"/>2 No</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/>4 Uncertain (Go to 25)</td> <td style="border: none;"><input type="checkbox"/>3 Uncertain</td> </tr> <tr> <td style="border: none;"></td> <td></td> <td style="border: none;"><input type="checkbox"/>4 N/A</td> </tr> </table>	<input type="checkbox"/> 1 Increased	}	Was this due, in part, to the EHR?	<input type="checkbox"/> 2 Decreased	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 Stayed about the same	<input type="checkbox"/> 2 No	<input type="checkbox"/> 4 Uncertain (Go to 25)	<input type="checkbox"/> 3 Uncertain			<input type="checkbox"/> 4 N/A
<input type="checkbox"/> 1 Increased	}		Was this due, in part, to the EHR?																						
<input type="checkbox"/> 2 Decreased			<input type="checkbox"/> 1 Yes																						
<input type="checkbox"/> 3 Stayed about the same			<input type="checkbox"/> 2 No																						
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		<input type="checkbox"/> 4 N/A																							
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<input type="checkbox"/> 3 Stayed about the same		<input type="checkbox"/> 2 No																							
<input type="checkbox"/> 4 Uncertain (Go to 25)		<input type="checkbox"/> 3 Uncertain																							
		<input type="checkbox"/> 4 N/A																							

25. 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

26. 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

27. 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

28. Can patients seen at the reporting location do any of the following online activities?	Yes	No	Uncertain
a. View test results online	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Request referrals online	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Request refills for prescriptions online	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Request appointments online	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Enter health information online (e.g., weight, symptoms)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Ask the provider questions online	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Upload data from self-monitoring devices (e.g., blood glucose readings)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

29. Estimate the approximate number of years you have used any EHR system.

1 Never used an EHR system 2 Under 1 year 3 _____ year(s)

If you USE an EHR system continue to Question 30.

If you DO NOT USE an EHR system skip ahead to Question 39.

30. EHR systems can support administrative and clinical needs. Does your practice use more than one EHR system to meet its clinical needs?

1 Yes, we use more than one EHR system

2 No, we do not use more than one EHR system

31. To what extent do you agree or disagree that your current EHR system(s) meet(s) your practice's clinical needs?

- 1 Strongly Agree
2 Somewhat Agree
3 Somewhat Disagree
4 Strongly Disagree

32. Estimate the approximate number of EHR systems (i.e., not system updates) your practice has used over the past 10 years.

- 1 1 EHR system
2 2 EHR systems
3 3 to 5 EHR systems
4 6 or more EHR systems
5 Uncertain

33. Has your practice had to decide between buying necessary medical equipment and buying your EHR system?

- 1 Yes
2 No
3 Uncertain

34. Indicate the level of ease or difficulty for each of the following tasks. If the EHR does not have the function, mark Not Applicable. How easy or difficult is it to use your EHR for...	Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult	Not Applicable
a. Identifying patients due for preventive or follow-up care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Providing data to generate 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"/>
c. Providing data to create reports on clinical care measures for patients with specific chronic conditions (e.g., HbA1c for diabetics)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Exchanging secure messages with patients?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Providing patient summaries for each visit?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Providing patients the ability to view their medical information?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Electronically (not fax) receiving clinical information from other providers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Electronically (not fax) receiving discharge summaries from the hospital?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Electronically (not fax) sending patient health information to another provider treating your patient?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

35. Indicate the extent to which you agree or disagree with the following statements <u>about using your EHR system</u> :	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. Overall, my practice has optimized the use of its EHR system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The time spent ordering medical services has increased.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. My practice receives lab results faster.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The time spent reviewing patient information has increased.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My EHR produces clinical benefits for my practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Overall, my EHR saves me time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The time spent documenting patient care has increased.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Overall, my practice functions more efficiently with an EHR system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. My EHR disrupts the way I interact with my patients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. My EHR allows me to deliver better patient care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Health information is less secure in my EHR system than a paper-based system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. My EHR enhances patient data confidentiality.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. My EHR produces financial benefits for my practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Use of my EHR results in incomplete billing for services.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Overall, the benefits of having an EHR outweighs its cost.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

36. This question is about the ways that an EHR system might have affected 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 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"/>
h. Helped you order more on-formulary drugs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. 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"/>
j. Facilitated direct communication with other providers who are part of your patient care team?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. 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"/>
l. 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"/>
m. 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"/>
n. Sent you too many alerts, causing you to overlook something important?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Enhanced overall patient care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

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

38. Would you purchase this EHR again?

- 1 Yes
- 2 No
- 3 Uncertain

39. What is a reliable E-mail address for the physician to whom this survey was mailed?			
	@		
40. 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		

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

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Boxes for Admin Use