Attachment A: 2016 NHAMCS EHR Questions changes

2015 EHR Questions		2016 EHR Questions	
EBILLRECE/O/A	Now I would like to ask you some questions about your <DEPT>. If <ESAs/clinics/ASLs> within the <DEPT> vary with respect to their use of the EHR/EMR systems, then ask these questions of the clinic with the largest number of expected visits during the reporting period. Does your <DEPT> submit any CLAIMS electronically (electronic billing)?	EBILLRECE/O/A	Now I would like to ask you some questions about your <DEPT>. If <ESAs/clinics/ASLs> within the <DEPT> vary with respect to their use of the electronic HEALTH record (EHR) or electronic MEDICAL record (EMR) systems, then ask these questions of the clinic with the largest number of expected visits during the reporting period. Does your <DEPT> submit any CLAIMS electronically (electronic billing)?
1	Yes	1	Yes
2	No	2	No
3	Unknown	3	Unknown
EMEDRECE/O/A	Does your <DEPT> use an electronic HEALTH record (EHR) or electronic MEDICAL record (EMR) system? Do not include billing record systems.	EMEDRECE/O/A	Does your <DEPT> use an EHR/EMR system? Do not include billing record systems.
1	Yes, all electronic	1	Yes, all electronic
2	Yes, part paper and part electronic	2	Yes, part paper and part electronic
3	No	3	No
4	Unknown	4	Unknown
EHRINSYRE/O/A	In which year did your OPD install the current EHR/EMR system?	EHRINSYRE/O/A	In which year did your OPD install the current EHR/EMR system?
HHSMUE/O/A	Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?	HHSMUE/O/A	Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?
EHRNAME/O/A13	What is the name of your current EHR/EMR system?	EHRNAME/O/A16	What is the name of your current EHR/EMR system?
1	Allscripts	1	Allscripts
2	Amazing Charts	2	Amazing Charts
3	athenahealth	3	athenahealth
4	Cerner	4	Cerner
5	eClinicalWorks	5	eClinicalWorks
6	e-MDs	6	e-MDs
7	Epic	7	Epic
8	GE/Centricity	8	GE/Centricity

9	Greenway Medical	9	Greenway Medical
10	McKesson / Practice Partner	10	McKesson / Practice Partner
11	NextGen	11	NextGen
12	Practice Fusion	12	Practice Fusion
13	Sage/Vitera	13	Sage/Vitera
14	Other - Specify	14	Other - Specify
15	Unknown	15	Unknown
EHRNAMOTHE/O/A	**Enter name of EHR/EMR system**	**EHRNAMOTHE/O/A**	**Enter name of EHR/EMR system**
SECURCHCKE/O/A	**Has your hospital made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This would help identify privacy or security related issues that may need to be corrected.**		
1	Yes		
2	No		
3	Unknown		
DIFFEHRE/O/A	**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		
EHRINSE/O/A	**Does your <DEPT> have plans for installing a new EHR/EMR system within the next 18 months?**	**EHRINSE/O/A**	**Does your <DEPT> have plans for installing a new EHR/EMR system within the next 18 months?**
1	Yes	1	Yes
2	No	2	No
3	Maybe	3	Maybe
4	Unknown	4	Unknown

EDEMOGE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.
	   Recording patient history and demographic information?**
		EDEMOGE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities.
			   Recording patient history and demographic information?**

1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		

EPROLSTE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Recording patient problem list?**	**EPROLSTE/O/A**	**Indicate whether your <DEPT> has each of the following computerized capabilities. Recording patient problem list?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
EVITALE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Recording and charting vital signs?**		
1	Yes, used routinely		
2	Yes, but not used routinely		
3	Yes, but turned off or not used		
4	No		
5	Unknown		
ESMOKEE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Recording patient smoking status?**		
1	Yes, used routinely		
2	Yes, but not used routinely		
3	Yes, but turned off or not used		
4	No		
5	Unknown		
EPNOTESE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Recording clinical notes?**	**EPNOTESE/O/A**	**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Recording clinical notes?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
EMEDALGE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and**	**EMEDALGE/O/A**	**Indicate whether your <DEPT> has each of the following computerized capabilities and**

	how often these capabilities are used. **Recording patient's medications and allergies?**		**how often these capabilities are used.** **Recording patient's medications and allergies?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
EMEDIDE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Reconciling lists of patient medications to identify the most accurate list?**	**EMEDIDE/O/A**	**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Reconciling lists of patient medications to identify the most accurate list?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
EREMINDE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Providing reminders for guideline-based interventions or screening tests?**	**EREMINDE/O/A**	**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Providing reminders for guideline-based interventions or screening tests?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
ECPOEE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Ordering prescriptions?**	**ECPOEE/O/A** (main level)	**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Ordering prescriptions?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
ESCRIPE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and**	**ESCRIPE/O/A** (subQ to ECPOEE/O/A)	**Indicate whether your <DEPT> has each of the following computerized capabilities.**

		how often these capabilities are used. **Are prescriptions sent electronically to the pharmacy?**			**Are prescriptions sent electronically to the pharmacy?**
	1	Yes, used routinely		1	Yes
	2	Yes, but not used routinely		2	No
	3	Yes, but turned off or not used		3	Unknown
	4	No			
	5	Unknown			
EWARNE/O/A		**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Are warnings of drug interactions or contraindications provided?**	**EWARNE/O/A** *(subQ to ECPOEE/O/A)*		**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Are warnings of drug interactions or contraindications provided?**
	1	Yes, used routinely		1	Yes
	2	Yes, but not used routinely		2	No
	3	Yes, but turned off or not used		3	Unknown
	4	No			
	5	Unknown			
			ECONTRSUBE/O/A *(main level)*		**Do you prescribe controlled substances?**
				1	Yes (go to ECONTRSUBSE/O/A)
				2	No (skip to ECTOEE/O/A)
				3	Unknown (Skip to ECTOEE/O/A)
			ECONTRSUBSE/O/A *(subQ to ECONTRSUBE/O/A)*		**Are prescriptions for controlled substances sent electronically to the pharmacy?**
				1	Yes
				2	No
				3	Unknown
EFORMULAE/O/A		**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Are drug formulary checks performed?**			
	1	Yes, used routinely			
	2	Yes, but not used routinely			
	3	Yes, but turned off or not used			
	4	No			
	5	Unknown			
ECTOEE/O/A		**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Ordering lab tests?**	**ECTOEE/O/A**		**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Ordering lab tests?**

1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
EORDERE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Are orders sent electronically?**		
1	Yes, used routinely		
2	Yes, but not used routinely		
3	Yes, but turned off or not used		
4	No		
5	Unknown		
ERESULTE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Viewing lab results?**	**ERESULTE/O/A**	**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Viewing lab results?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
EGRAPHE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Can the EHR/EMR automatically graph a specific patient's lab results over time?**		
1	Yes, used routinely		
2	Yes, but not used routinely		
3	Yes, but turned off or not used		
4	No		
5	Unknown		
ERADIE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used. Ordering radiology tests?**	**ERADIE/O/A**	**Indicate whether your <DEPT> has each of the following computerized capabilities. Ordering radiology tests?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		

5	Unknown		
EIMGRESE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Viewing imaging results?**	EIMGRESE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Viewing imaging results?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
EPTEDUE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Identifying educational resources for patients' specific conditions?**		
1	Yes, used routinely		
2	Yes, but not used routinely		
3	Yes, but turned off or not used		
4	No		
5	Unknown		
ECQME/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?**		
1	Yes, used routinely		
2	Yes, but not used routinely		
3	Yes, but turned off or not used		
4	No		
5	Unknown		
EIDPTE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Identifying patients due for preventive or follow-up care in order to send patients reminders?**	EIDPTE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Identifying patients due for preventive or follow-up care in order to send patients reminders?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No

3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		

EGENLISTE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.**
	     Generating lists of patients with particular health conditions?
		EGENLISTE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities.**
			     Generating lists of patients with particular health conditions?

1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
EIMMREGE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Electronic reporting to immunization registries?**		
1	Yes, used routinely		
2	Yes, but not used routinely		
3	Yes, but turned off or not used		
4	No		
5	Unknown		
		EDATAREPE/O/A	**Providing data to create reports on clinical care measures for patients with specific chronic conditions (e.g., HbA1C for diabetes)**
		1	Yes
		2	No
		3	Unknown

ESUME/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.**
	     Providing patients with clinical summaries for each visit?
		ESUME/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.**
			     Providing patients with clinical summaries for each visit?

1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		

EMSGE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Exchanging secure messages with patients?**	**EMSGE/O/A**	**Indicate whether your <DEPT> has each of the following computerized capabilities.** **Exchanging secure messages with patients?**
1	Yes, used routinely	1	Yes
2	Yes, but not used routinely	2	No
3	Yes, but turned off or not used	3	Unknown
4	No		
5	Unknown		
EPTRECE/O/A	**Indicate whether your <DEPT> has each of the following computerized capabilities and how often these capabilities are used.** **Providing patients the ability to view online, download or transmit information from their medical record?**		
1	Yes, used routinely		
2	Yes, but not used routinely		
3	Yes, but turned off or not used		
4	No		
5	Unknown		
REFOUTO **(only in OPD)**	**Do you refer any patients to providers outside of your clinic?**	**REFOUTO** (only in OPD Main level)	**Do you refer patients to providers outside of your hospital?**
1	Yes	1	Yes (go to REFOUTHOWO)
2	No	2	No (skip to REFINO)
		REFOUTHOWO (only in OPD subQ to REFOUTO)	**How do you send patient health information to them? Mark all that apply.**
		1	Electronically (EHR, web portal, or online registries)
		2	Via paper-based methods (Fax, eFax, or mail)
		3	We do not send any patient health information to providers outside of our hospital
REFOUTSO **(only in OPD)**	**Do you send the patient's clinical information to the other providers?**		
1	Yes, routinely		
2	Yes, but not routinely		
3	No		
REFOUTSEO **(only in OPD)**	**Do you send it electronically (not fax)?**		
1	Yes, routinely		

2	Yes, but not routinely		
3	No		
REFINO (only in OPD)	**Do you see any patients referred by providers outside of your clinic?**	**REFINO** (only in OPD Main level)	**Do you see patients from providers outside of your hospital?**
1	Yes	1	Yes (got o REFINHOWO)
2	No	2	No (skip to ESHAREE)
		REFINHOWO (only in OPD SubQ to REFINO)	**How do you receive patient health information from them? Mark all that apply.**
		1	Electronically (EHR, web portal, or online registries)
		2	Via paper-based methods (Fax, eFax, or mail)
		3	We do not receive any patient health information from providers outside our hospital
REFINSO (only in OPD)	**Do you send a consultation report with clinical information to the other providers?**		
1	Yes, routinely		
2	Yes, but not routinely		
3	No		
REFINSEO (only in OPD)	**Do you send it electronically (not fax)?**		
1	Yes, routinely		
2	Yes, but not routinely		
3	No		
INPTCAREO (only in OPD)	**Does your clinic take care of patients after they are discharged from an inpatient setting?**		
1	Yes		
2	No		
DISSUMO (only in OPD)	**Do you receive a discharge summary with clinical information from the hospital?**		
1	Yes, routinely		
2	Yes, but not routinely		
3	No		
DISSUMEO (only in OPD)	**Do you receive it electronically (not fax)?**		
1	Yes, routinely		
2	Yes, but not routinely		
3	No		
INCORINFOO (only in OPD)	**Can you automatically incorporate the received information into your EHR**		

	system without manually entering the data?		
1	Yes		
2	No		
3	Not applicable, do not have an EHR system		
ESHAREE/O/A	The next questions are about sharing (either sending or receiving) patient health information. Does your <DEPT> share any patient health information electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs?	ESHAREE/O/A	Do you send or receive patient health information electronically? Electronically does not include scanned or pdf documents from fax, eFax, or mail.
1	Yes	1	Yes (go to ESHARESE/O/A)
2	No	2	No (Skip to EDISCHSRE/O/A)
		3	Unknown (skip to EDISCHSRE/O/A)
		ESHARESE/O/A *(subQ to ESHAREE/O/A)*	Do you electronically send patient health information to another provider whose EHR system is <u>different</u> from your own?
		1	Yes
		2	No
		3	Unknown
		ESHARERE/O/A *(subQ to ESHAREE/O/A)*	Do you electronically receive patient health information to another provider whose EHR system is <u>different</u> from your own?
		1	Yes
		2	No
		3	Unknown

ESHAREHOWE/O/A	How does your <DEPT> electronically share patient health information?
	     Read answer categories
	     Enter all that apply, separate with commas		

1	EHR/EMR		
2	Web portal (separate from EHR/EMR)		
3	Other electronic method (not fax)		
ESHAREHOWOTHE/O/A	Specify other electronic method		
EHRTOEHRE/O/A	Is the patient health information that you share electronically sent		

		directly from your EHR system to another EHR system?		
	1	Yes, routinely		
	2	Yes, but not routinely		
	3	No		
	4	Unknown		
ESHAREPROVE/O/A		**With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)?** **Enter all that apply.**		
	1	Ambulatory providers inside your hospital		
	2	Ambulatory providers outside your hospital		
	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		
EOUTINFOE/O/A		**Are you/your staff able to electronically find health information (e.g., medications, outside encounters) from sources outside of the hospital for your patients?**		
	1	Yes, routinely		
	2	Yes, but not routinely		
	3	No		
	4	Unknown		
EOUTHOWE/O/A		**How do you look up patient health information from sources outside your hospital?** **Enter all that apply.**		
	1	Through your EHR/EMR		
	2	Web portal (separate from EHR/EMR)		
	3	View only or restricted access to other providers' EHR system		
	4	Other electronic method (not fax)		
EOUTOSPE/O/A		**How do you look up patient health information from sources outside your hospital?** **Other, please specify.**		
EOUTYPE/O/A		**What types of information do you routinely look up?**		

	Enter all that apply.		
1	Lab results		
2	Imaging reports		
3	Patient problem lists		
4	Medication lists		
5	Other		
EOUTYPSPE/O/A	**What types of information do you routinely look up? Other; please specify.**		
EOUTINCORPE/O/A	**Does you or your staff routinely incorporate the information you look up into your EHR?**		
1	Yes, via manual entry or scanned copy		
2	Yes, automatically able to incorporate without manual entry or scanning		
3	No, we do not routinely incorporate into our EHR		
		EDISCHSRE/O/A	**Do you electronically send or receive hospital discharge summaries to or from providers outside of your medical organization? Check all that apply.**
		1	Send electronically
		2	Receive electronically
		3	Do not send or receive
		EEDSRE/O/A	**Do you electronically send or receive <DEPT> notifications to or from providers outside of your medical organization? Check all that apply.**
		1	Send electronically
		2	Receive electronically
		3	Do not send or receive
		ESUMCSRE/O/A	**Do you electronically send or receive summary of care records for transitions of car or referrals to or from providers outside of your medical organization? Check all that apply.**
		1	Send electronically
		2	Receive electronically
		3	Do not send or receive
		PTONLINEE/O/A	**Can patients seen at the reporting location do the following online activities? Check all that apply.**
		1	View their medical record online

			2	Download and transmit health information in the electronic medical record to their personal files
			3	Request corrections to their electronic medical record
			4	Enter their health information online (e.g. weight, symptoms)?
			5	Upload their data from self-monitoring devices (e.g. blood glucose readings)?