

NOTICE - Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-1015).

Assurance of Confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

National Electronic Health Records Survey 2016

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 any of these settings, go to Question 5</i></p> <p><i>If you select only 9 or 10, go to Question 43</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 } Please stop here and return the questionnaire in the envelope provided. Thank you for your time.</p> <p><input type="checkbox"/> 3 I am no longer in practice</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>	

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.

_____ (For the rest of the survey, we will refer to this as the "reporting location.")

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.

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

Country _____ USA _____ County _____ State _____

Zip Code _____ Telephone _____ () _____

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

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

- 1 Single
- 2 Multi

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

_____ Mid-level providers

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

- 1 Yes
- 2 No (Skip to 13)
- 3 Don't know (Skip to 13)

12. 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

13. What percent of your patients are insured by Medicaid?

_____ %

14. Do you treat patients insured by Medicare?

- 1 Yes
- 2 No
- 3 Don't know

15. Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)?

- 1 Yes
- 2 No
- 3 Don't know

16. 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

17. 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 for Ambulatory Health Care (AAAH)?

- 1 Yes
- 2 No
- 3 Don't know

18. Does the reporting location participate in an Accountable Care Organization (ACO) 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.

- 1 Yes
- 2 No
- 3 Don't know

19. Estimate the approximate number of years you have used any electronic health record (EHR) system? Do not include billing record systems.

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

20. Does the reporting location use an EHR system?

- 1 Yes
- 2 No (Skip to 22)
- 3 Don't know (Skip to 22)

21. Does your EHR system meet meaningful use criteria (certified EHR) as defined by the Department of Health and Human Services?

- 1 Yes
- 2 No
- 3 Don't know

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

- 1 Yes
- 2 No
- 3 Don't know

23. Indicate whether the reporting location uses each of the computerized capabilities listed below. CHECK NO MORE THAN ONE BOX PER ROW. Does the reporting location use a computerized system to:		Yes	No	Don't know
<u>BASIC COMPUTERIZED CAPABILITIES</u>	Record patient history & demographic information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Record patient problem list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Record patients' allergies and medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Record clinical notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	View lab results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	View imaging reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>SAFETY</u>	Order prescriptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are prescriptions sent electronically to the pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are warnings of drug interactions or contraindications provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Order lab tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Order radiology tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provide reminders for guideline-based interventions or screening tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PATIENT ENGAGEMENT</u>	Reconcile lists of patient medications to identify the most accurate list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provide patients with clinical summaries for each visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>POPULATION MANAGEMENT</u>	Exchange secure messages with patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Identifying patients due for preventive or follow-up care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Providing data to generate lists of patients with particular health conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Providing data to create reports on clinical care measures for patients with specific chronic conditions (e.g., HbA1c for diabetics)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Do you refer patients to the following providers? If so, how do you send patient health information to them? Electronic does not include fax, eFax, or mail.	No	Yes, we send patient health information electronically (EHR, webportal or online registries)	Yes, we send patient health information via paper-based methods (Fax, eFax, or mail)	Yes, we send patient health information both electronically and via paper based methods	Yes, we do not send patient health information to the provider
Ambulatory care providers outside your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory care providers within your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals unaffiliated with your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals affiliated with your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Do you see patients from the following providers? If so, how do you receive patient health information from them? Electronic does not include fax, eFax, or mail.	No	Yes, we receive patient health information electronically (EHR, webportal or online registries)	Yes, we receive patient health information via paper-based methods (Fax, eFax, or mail)	Yes, we receive patient health information both electronically and via paper based methods	Yes, we do not receive patient health information from the provider
Ambulatory care providers outside your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory care providers within your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals unaffiliated with your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals affiliated with your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Do you ONLY send and receive patient health information through paper-based methods including fax, eFax, or mail?

- 1 Yes (Skip to 32)
 2 No
 3 Don't know

27. Do you send or receive patient health information electronically? Electronically does not include scanned or pdf documents from fax, eFax, or mail.

- 1 Yes
 2 No (Skip to 32)
 3 Don't know (Skip to 32)

28. Do you electronically send patient health information to another provider whose EHR system is different from your own?

- 1 Yes
 2 No
 3 Don't know

29. Do you electronically receive patient health information from another provider whose EHR system is different from your own?

- 1 Yes
 2 No
 3 Don't know

30. For providers outside of your medical organization, do you electronically <u>send and receive</u>, <u>send only</u>, or <u>receive only</u> the following types of patient health information?	Both Send and Receive Electronically	Send Electronically Only	Receive Electronically Only	Do not Send or Receive Electronically
Medication lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient problem lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Medication allergy lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Imaging reports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Laboratory results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Public health registry data (e.g., immunizations, cancer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Clinical registries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hospital discharge summaries			<input type="checkbox"/> 3	<input type="checkbox"/> 4
Emergency Department notifications			<input type="checkbox"/> 3	<input type="checkbox"/> 4
Summary of care records for transitions of care or referrals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient-generated data (e.g. data from self-monitoring devices or mobile health applications)			<input type="checkbox"/> 3	<input type="checkbox"/> 4

31. When electronically receiving information from other providers, do you integrate the following types of patient health information into your EHR without special effort like manual entry or scanning?	Yes	No	Don't know	Not Applicable
Medication lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient problem lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Medication allergy lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Imaging reports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Laboratory results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Public health registry data (e.g., immunizations, cancer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Referrals (e.g., referral requests or reports)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hospital discharge summaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Emergency Department notifications	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Summary of care records for transitions of care or referrals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient-generated data (e.g. data from self-monitoring devices or mobile health applications)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

32. Can patients seen at the reporting location do the following online activities? Can patients...	Yes	No	Don't Know
View their medical record online?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Download health information from their electronic medical record to their personal files?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Transmit health information from their electronic medical record to a designated third party of their choice (e.g. another provider)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Request corrections to their electronic medical record?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Enter their health information online (e.g., weight, symptoms)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Upload their data from self-monitoring devices (e.g., blood glucose readings)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

33. Within the last 30 days has your EHR system...	Yes	No	Not Applicable
Alerted you to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Led to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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"/>
Led to less effective communication during patient visits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Made it difficult for you to find clinical content needed for medical decision making?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sent you too many alerts, causing you to overlook something important?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Alerted you to critical lab values?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Reminded you to provide preventive care (e.g., vaccine, cancer screening)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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"/>
Facilitated direct communication with a patient (e.g., email or secure messaging)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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"/>
Enhanced overall patient care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

34. When treating patients seen by other providers outside your medical organization, how often do you or your staff have clinical information from those outside encounters electronically available at the point of care? Electronically available does not include scanned or PDF documents.

1 Often
 2 Sometimes
 3 Rarely
 4 Never
5 Don't Know
 6 I do not see patients outside my medical organization

These questions ask about electronically searching, finding, or querying patient health information from sources outside your medical organization.

<p>35. Do you 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)?</p> <p><input type="checkbox"/>1 Yes (<i>Go to 36</i>)</p> <p><input type="checkbox"/>2 No (<i>Skip to 41</i>) <input type="checkbox"/>3 Don’t Know (<i>Skip to 41</i>)</p> <p>36. How often do you 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?</p> <p><input type="checkbox"/>1 Always</p> <p><input type="checkbox"/>2 Often</p> <p><input type="checkbox"/>3 Sometimes</p> <p><input type="checkbox"/>4 Rarely</p> <p><input type="checkbox"/>5 Never</p>	<p>37. Do you routinely search for the following patient health information from sources outside your medical organization?</p>	Yes	No
	Lab results	<input type="checkbox"/>	<input type="checkbox"/>
	Patient problem lists	<input type="checkbox"/>	<input type="checkbox"/>
	Imaging reports	<input type="checkbox"/>	<input type="checkbox"/>
	Medication lists	<input type="checkbox"/>	<input type="checkbox"/>
	Medication allergy list	<input type="checkbox"/>	<input type="checkbox"/>
	Discharge summaries	<input type="checkbox"/>	<input type="checkbox"/>
	Vaccination history	<input type="checkbox"/>	<input type="checkbox"/>
	Advance directives	<input type="checkbox"/>	<input type="checkbox"/>
	Care plans	<input type="checkbox"/>	<input type="checkbox"/>

<p>38. How often do you use electronically received patient health information from outside of your medical organization to manage your patient population?</p> <p><input type="checkbox"/>1 Often</p> <p><input type="checkbox"/>2 Sometimes</p> <p><input type="checkbox"/>3 Rarely</p> <p><input type="checkbox"/>4 Never</p> <p><input type="checkbox"/>5 Don’t know</p>	<p>39. Do you prescribe controlled substances?</p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No (<i>Skip to 41</i>)</p> <p><input type="checkbox"/>3 Don’t Know (<i>Skip to 41</i>)</p> <p>40. Are prescriptions for controlled substances sent electronically to the pharmacy?</p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No</p> <p><input type="checkbox"/>3 Don’t Know</p>
---	--

41. To what extent do you agree or disagree with the following statements.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Applicable
Electronic information exchange with providers outside my organization gives me access to the patient health information I need.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Electronically sending clinical information to providers outside my organization is easy to do using my EHR.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Electronically receiving clinical information from other providers is easy to do using my EHR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Electronic information exchange with providers outside my organization improves my ability to coordinate care for my patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Electronic information exchange with other providers reduces duplicate test ordering.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Electronic information exchange with providers outside my organization is cumbersome to do with our EHR.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Electronic information exchange with providers outside my organization prevents medication errors.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Electronic information exchange with providers outside my organization is difficult because providers in my referral network do not have the capability to exchange data electronically.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Electronic information exchange with providers outside my organization provides me with clinical information that I can trust.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Electronic information exchange with providers outside my organization increases my practice's vendor costs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

43. Who completed this survey?

1 The physician to whom it was addressed
 2 Office staff
 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.

--	--	--	--

Boxes for Admin Use