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The Cybersecurity Act of 2015 permits monitoring information systems for the purpose of protecting a network from hacking, denial of service attacks and other security vulnerabilities.<sup>1</sup> The software used for monitoring may scan information that is transiting, stored on, or processed by the system. If the information triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats. The Cybersecurity Act specifies that the cyber threat indicator or defensive measure taken to remove the threat may be shared with others only after any information not directly related to a cybersecurity threat has been removed, including removal of personal information of a specific individual or information that identifies a specific individual. Monitoring under the Cybersecurity Act may be done by a system owner or another entity the system owner allows to monitor its network and operate defensive measures on its behalf.

<sup>1</sup> "Monitor" means "to acquire, identify, or scan, or to possess, information that is stored on, processed by, or transiting an information system"; "information system" means "a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination or disposition of information"; "cyber threat indicator" means "information that is necessary to describe or identify security vulnerabilities of an information system, enable the exploitation of a security vulnerability, or unauthorized remote access or use of an information system".

## National Electronic Health Records Survey 2017

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 xxx-xxx-xxxx.

<p><b>1. We have your specialty as:</b></p> <p><b>Is that correct?</b></p> <p><input type="checkbox"/>1 Yes</p> <p><input type="checkbox"/>2 No → What is your specialty?</p> <p>_____</p> <p style="text-align: center;"><i>This survey asks about <b>ambulatory care</b>, that is, care for patients receiving health services without admission to a hospital or other facility.</i></p> <p><b>2. Do you directly care for any ambulatory patients in your work?</b></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 style="text-align: center;"><i>The next question asks about a <b>normal week</b>. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.</i></p> <p><b>3. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see ambulatory patients in a normal week?</b></p> <p>_____ Locations</p>	<p><b>4. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.</b></p> <p><input type="checkbox"/>1 Private solo or group practice</p> <p><input type="checkbox"/>2 Freestanding clinic or Urgent Care Center</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 style="text-align: right;">} If you see patients in <u>any</u> of these settings, go to Question 5</p> <p style="text-align: right;">} If you select <u>only</u> 9 or 10, go to Question 41</p>
<p><b>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.</b></p> <p>_____ (For the rest of the survey, we will refer to this as the "reporting location.")</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.

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

Country USA County \_\_\_\_\_ State \_\_\_\_\_  
 Address \_\_\_\_\_  
 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. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with the reporting location?

\_\_\_\_\_ Mid-level providers

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

- 1 Single
- 2 Multi

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	Don't know
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. 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

16. 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)

17. Does the reporting location use an EHR system? Do not include billing record systems.

- 1 Yes
- 2 No (Skip to 19)
- 3 Don't know (Skip to 19)

18. 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

19. 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"/>
	Reconcile lists of patient medications to identify the most accurate list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PATIENT ENGAGEMENT</u>	Provide patients with clinical summaries for each visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exchange secure messages with patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>POPULATION MANAGEMENT</u>	Identify patients due for preventive or follow-up care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provide data to generate lists of patients with particular health conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provide 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"/>

20. Has your reporting location been recognized as a Patient Centered Medical Home (PCMH) by a state, a commercial health plan, or a national organization?

- 1 Yes  
2 No  
3 Don't know

21. Does the reporting location participate in an Accountable Care Organization (ACO) arrangement with Medicare or private insurers?

- 1 Yes  
2 No  
3 Don't know

22. 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 Don't know

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

- 1 Yes  
2 No  
3 Don't know

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

- 1 Yes (Skip to 36)  
2 No  
3 Don't know

25. Do you electronically send patient health information to other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)?

- 1 Yes  
2 No (Skip to 28)  
3 Don't know

26. Do you <u>send</u> patient health information to any of the following providers electronically? Electronically does not include scanned or pdf documents from fax, eFax, or mail.	Yes	No	Don't know	Not Applicable
Ambulatory care providers outside your organization	<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"/>
Hospitals affiliated with your organization	<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"/>
Long-term care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Do you electronically receive patient health information from other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)?

- 1 Yes
- 2 No (Skip to 31)
- 3 Don't know

28. Do you <u>receive</u> patient health information from the following providers electronically? Electronically does not include scanned or pdf documents from fax, eFax, or mail.	Yes	No	Don't know	Not Applicable
Ambulatory care providers outside your organization	<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"/>
Hospitals affiliated with your organization	<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"/>
Long-term care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. How frequently do you use patient health information electronically (not eFax) received from providers or sources outside your organization when treating a patient?

- Often
- Sometimes
- Rarely
- Never
- Don't know



29a. If rarely or never used, please indicate the reason(s) why. Check all that apply.

1.  Information not always available when needed (e.g. not timely)
2.  Do not trust accuracy of information
3.  Difficult to integrate information in EHR
4.  Information not available to view in EHR as part of clinicians' workflow
5.  Information not useful (e.g. redundant or unnecessary information)
6.  Difficult to find necessary information
7.  Other \_\_\_\_\_

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	N/A	N/A	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Emergency Department notifications	N/A	N/A	<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)	N/A	N/A	<input type="checkbox"/> 3	<input type="checkbox"/> 4

31. Do you integrate summary of care records into your EHR without special effort like manual entry or scanning?

- 1 Yes  
2 No  
3 Don't know  
4 Not applicable

32. Do you integrate any other type of patient health information into your EHR without special effort like manual entry or scanning?

- 1 Yes  
2 No  
3 Don't know  
4 Not applicable

33. Does your EHR have the computerized capability to allow patients to...	Yes	No	Don't Know
Electronically view their health information (e.g. test results).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Request refills for prescriptions online.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Enter health information (e.g. weight, symptoms) online.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

34. 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"/>
Increased the time spent documenting patient care?	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"/>
Uploaded patient health data from self-monitoring devices (e.g., blood glucose readings)?	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Enhanced overall patient care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

35. **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

36. **Do you prescribe controlled substances?**

- 1 Yes  
 2 No (Skip to 39)  
 3 Don't know (Skip to 39)

37. **Are prescriptions for controlled substances sent electronically to the pharmacy?**

- 1 Yes  
 2 No  
 3 Don't know

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

**38. 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)?**

- 1 Yes  
2 No  
3 Don't know

39. Do you search for the following patient health information from sources outside your medical organization?	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"/>

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

\_\_\_\_\_

**41. Who completed this survey? (Check all that apply)**

- 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:**

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Boxes for Admin Use