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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".

## Physician Experience with EHRs Survey 2017

The purpose of this survey is to collect information about physician perceptions about electronically sharing patient health information and your EHR more generally. 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.

1. Do you still work at the location listed below? 1 Yes 2 No (Skip to Q17)

<<Insert Address>>

**For the following questions, please provide information related to the location above, which is where you previously indicated that you saw the most ambulatory care patients.**

### EHR Satisfaction & Use

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

1 Yes 2 No (Skip to Q8) 3 Don't know (Skip to Q8)

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

1 Very satisfied 2 Somewhat satisfied 3 Neither satisfied nor dissatisfied  
4 Somewhat dissatisfied 5 Very Dissatisfied 6 Not applicable

**Patient Access to their Medical Records**

4. Does your EHR have the computerized capability to allow patients to...	Yes	No	Don't Know
View their online medical record?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Download their online medical record to their personal files?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Send their online medical record to a third party (e.g. another provider, personal)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Upload their health information from devices or apps (e.g., blood glucose meter, Fitbit, questionnaires)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Privacy & Security**

5. **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 Don't know      4 Not applicable

6. **Are you required to use more than one of the following methods to access your EHR system?** Methods to access your system might include: **username and password to login, security card or key, pin, biometric data**

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

7. Does the reporting location use an EHR system to:	Yes	No	Don't Know	Not applicable
<b>Public Health</b> Send immunization data to immunization registries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Send syndromic surveillance data to public health agency?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Send case reporting of reportable conditions (e.g. measles, tuberculosis, ebola) to public health agency?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Quality measurement</b> Send clinical quality measures to public and private insurers (e.g., blood pressure control, Hb1AC, smoking status)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Review your practice's performance on clinical quality measures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Patient engagement</b> Create educational resources tailored to the patients' specific conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Advanced Care Processes</b> Create shared care plans that are available across clinical care team?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Identify high risk patients that may require follow-up and services?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

8. **Does your practice use telemedicine technology (e.g. telephone, web videoconference) for patient visits?**

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

**Participation in Programs offered by the Center for Medicare & Medicaid’s (CMS)**

**9. Do you participate in the Medicaid EHR Incentive Program (e.g. Meaningful Use Program)?**

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

**10. Do you participate or plan to participate in the Merit-Based Incentive Payment System?** *Merit-Based Incentive Payment System, a new program for Medicare-participating physicians, will adjust payment based on performance and consolidate three programs: the Physician Quality Reporting System, the Physician Value-based Payment Modifier, and the Medicare EHR Incentive Program (“Meaningful Use”).*

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

**11. Do you participate or plan to participate in the Alternative Payment Model?** *Alternative Payment Models are new approaches to paying for medical care through Medicare that incentivize quality and value, including CMS Innovation Center model, Medicare Shared Savings Program, Health Care Quality Demonstration Program or Demonstration required by federal law.*

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

**Health Information Exchange**

*Note: Throughout this survey, the term “electronically” does NOT include scanned or pdf documents, nor does it include fax, eFax, or e-mail.*

**12. To what extent do you agree or disagree with the following statements?**

*Note: Information exchange refers to electronically sending, receiving, finding or integrating patient health information.*

Electronically exchanging clinical information with other providers outside my medical organization _____.	Strongly Agree	Somewhat agree	Somewhat disagree	Strongly disagree	Not applicable
“...would improve my practice’s quality of care.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
“...would increase my practice’s efficiency.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
“...would prevent medication errors.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
“...would reduce duplicate test ordering.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
“...would provide 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

**13. Please indicate whether these issues are barriers to electronic information exchange with providers outside your medical organization?**

*Note: Information exchange refers to electronically sending, receiving, finding or integrating patient health information.*

	Yes	No	Don't know	Not applicable
<b>My EHR does not have the capability to electronically exchange health information with providers outside my medical organization.</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>My practice would have to pay additional costs to electronically exchange data with providers outside my medical organization.</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>It is challenging to electronically exchange data with other providers who use a different EHR vendor.</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>Providers outside my medical organization cannot electronically exchange data with me.</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>It is cumbersome to use my EHR to electronically exchange data with providers outside my medical organization.</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>My practice is concerned about whether HIPAA permits electronic exchange of patient health information without patient consent.</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>My practice is concerned about the privacy and security of health information that is electronically exchanged.</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**14. Since 2016, the National Center for Health Statistics (NCHS) has had a public health reporting registry that collects data on patient visits from physicians for statistical purposes. Participation in this registry is recognized by CMS as fulfilling one of the Public Health Reporting measures for Meaningful Use and Merit-Based Incentive Payment System. **Would you be willing to have NCHS contact your practice to obtain electronic health record (EHR) data on patient visits for statistical purposes only?****

- 1 Yes      2 No (Skip to Q16)      3 Uncertain (Skip to Q16)

**15. Starting in 2018, a certified EHR system will have the capability to produce Health Level-7 Clinical Document Architecture (HL7 CDA) documents according to the National Health Care Surveys (NCHS) Implementation Guide. **Will your EHR system be able to produce HL7 CDA documents according to the NCHS Implementation Guide?****

- 1 Yes, my EHR system will be able to produce such documents  
2 Yes, I will need to verify with administrative staff  
3 No  
4 Don't know

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

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

- 1The physician to whom it was addressed      2Office staff      3Other

**Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced the envelope, please send the survey to:**

Boxes for Admin Use

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