## **Questions deleted**

| <b>ZZ.</b> | At t |         | Yes          | •      | No       | ere plans to purc<br>□3 Don't know    | hase a new EHR system within the next 18 months?   |
|------------|------|---------|--------------|--------|----------|---------------------------------------|--|
|            |      | ш       | res          | ⊔2     | NO       | □3 DOLLKHOW                           |  |
| 24.        | To v | what e  | extent do y  | ou agı | ree or d | disagree that you                     | ur practice has optimized the use of its EHR system?   |
|            | □1   | Stron   | gly Agree    |        |          |                                       |  |
|            | □2   | Some    | ewhat Agree  | :      |          |                                       |  |
|            | □3   | Some    | ewhat Disag  | ree    |          |                                       |  |
|            | □4   | Stron   | gly Disagree | )      |          |                                       |  |
|            |      | nically |              |        |          | disagree that you<br>e your organizat | a can trust the clinical information you receive ion?  |
|            | □2   | Some    | ewhat Agree  | :      |          |                                       |  |
|            | □3   | Some    | ewhat Disag  | ree    |          |                                       |  |
|            | □4   | Stron   | gly Disagree | )      |          |                                       |  |
| 36.        | org  |         | tion when s  |        |          |                                       | h information from sources outside of your medical isting patient who has received services from other |
|            | □1   | Alwa    | ys           |        |          |                                       |  |
|            | □2   | Ofter   | ı            |        |          |                                       |  |
|            | □3   | Som     | etimes       |        |          |                                       |  |
|            | □4   | Rare    | ly           |        |          |                                       |  |
|            | □5   | Never   |              |        |          |                                       |  |
| 38.        |      |         |              |        |          | cally received pa<br>tient population | tient health information from outside of your medical  |
|            | □1   | Ofte    | า            |        |          |                                       |  |
|            | □2   | Som     | etimes       |        |          |                                       |  |
|            | □3   | Rare    | ly           |        |          |                                       |  |
|            | □4   | Neve    | er           |        |          |                                       |  |
|            | □5   | Don't   | know         |        |          |                                       |  |

## <u>Changes to the Assurance of Confidentiality languages in the approved 2017 NEHRS, formerly the 2016 NEHRS (previously approved languages are in red; updated languages are in black)</u>

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(d)) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law requires the Federal government to protect its information by using computer security programs to identify cybersecurity risks against federal computer networks.

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.

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<sup>&</sup>lt;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".

# Questions modified (questions in approved 2017 NEHRS (previously ERB and OMB approved 2016 NEHRS) are in red; updated questions in the proposed 2017 NEHRS are in black)

|    | 2□ Freestanding                                       | clinic/urgicenter (not  | part of a hospital outpatient dep  | artment)   |  |
|----|---|---|--|--|--|
| 4. | Do you see aml  | oulatory patients i   | n any of the following setti   | ngs? CHECK                                       | ALL THAT APPLY.  |
|    | 2□ Freestanding                                       | clinic or Urgent Care   | Center   |  |  |
| 6. |   | ounty, state, zip co<br>USA   | de, and telephone number  County   | of the <u>reporti</u>                            | ng location?<br>State  |
|    |   |   |  |  |  |
|    | Zip Code  |   | Telephone (  | )  |  |
| 6. | Item below question to reporting local                | amends Q6 <i>above</i> to the responding that the responding that was identified the way in the way identified that was identified the was identified that was identified that was identified the was identified that was identified the was identified that was identified the was ide | to include a specific address, ondent's responses in the 20 ntified in the first NEHRS sur                                 | which will be<br>017 NEHRS folk<br>vey conducted | used as part of the screening ow-up survey is based on the in the first quarter of 2017. |
| 6. | Item below question to reporting loc  What are the co | amends Q6 <i>above</i> to the responding that the responding that was identify the contract of the  | to include a specific address, ondent's responses in the 20 ntified in the first NEHRS surede, and telephone number County | which will be on the control of the reportion    | used as part of the screening ow-up survey is based on the in the first quarter of 2017. |

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

|       |                                | Yes | No | Unknown |
|-------|--------------------------------|-----|----|---------|
| 1. Pr | rivate insurance capitated     | □1  | □2 | □3      |
| 2. Pr | rivate insurance non-capitated | □1  | □2 | □3      |
| 3. M  | edicare                        | □1  | □2 | □3      |
| 4. M  | edicaid/CHIP                   | □1  | □2 | □3      |
| 5. W  | orkers' compensation           | □1  | □2 | □3      |
| 6. Se | elf-pay                        | □1  | □2 | □3      |
| 7. No | o charge                       | □1  | □2 | □3      |

• **Item below** amends Q12 *above* to maintain consistent response choices throughout the survey; the response choice "Unknown" was changed to "Don't know".

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     | □1  | □2 | □3         |
| 2. | Private insurance non-capitated | □1  | □2 | □3         |
| 3. | Medicare                        | □1  | □2 | □3         |
| 4. | Medicaid/CHIP                   | □1  | □2 | □3         |
| 5. | Workers' compensation           | □1  | □2 | □3         |
| 6. | Self-pay                        | □1  | □2 | □3         |
| 7. | No charge                       | □1  | □2 | □3         |

| commercial health plan, or a national yes □ 1 Yes □ 2 No □ 3 Don't know   | onal<br>nmis  | organ<br>sion, l<br>Don't              | d as a Paization, sur URAC, o              | such as<br>or the Ac               |
|---|---------------|--|--|------------------------------------|
| 7. No charge  17. Has your reporting location been commercial health plan, or a natic Assurance (NCQA), the Joint Con Health Care (AAAHC)?  1 Yes  20. Has your reporting location been commercial health plan, or a natic 1 Yes  2 No  3 Don't know  18. Does the reporting location partic Medicare or private insurers? An specialists, and hospitals, and held  | recoonal nmis | ognizeorgan ssion, la Don't            | d as a Paization, suRAC, o                 | Patient Co<br>such as<br>or the Ac |
| 17. Has your reporting location been commercial health plan, or a national Assurance (NCQA), the Joint Commercial health Care (AAAHC)?  1 Yes  20. Has your reporting location been commercial health plan, or a national yes  1 Yes  2 No  3 Don't know  18. Does the reporting location particulation | reco          | ognize<br>organ<br>ssion, l<br>3 Don't | d as a Paization, suRAC, o                 | Patient Co<br>such as<br>or the Ac |
| commercial health plan, or a natic Assurance (NCQA), the Joint Con Health Care (AAAHC)?  1 Yes 2 No  20. Has your reporting location been commercial health plan, or a natic 1 Yes 2 No 3 Don't know  18. Does the reporting location partic Medicare or private insurers? An specialists, and hospitals, and held  | onal<br>nmis  | organ<br>sion, l<br>Don't              | ization, 9<br>URAC, o<br>know<br>d as a Pa | such as<br>or the Ac               |
| 20. Has your reporting location been commercial health plan, or a national yes □2 No □3 Don't know  18. Does the reporting location partice Medicare or private insurers? An specialists, and hospitals, and held   | reco          | ognize                                 | d as a Pa                                  |                                    |
| commercial health plan, or a national section of the section of t |               |  |  |                                    |
| commercial health plan, or a national section of the section of t |               |  |  |                                    |
| □2 No □3 Don't know  18. Does the reporting location partic Medicare or private insurers? An specialists, and hospitals, and held   |               |  |  |                                    |
| <ul><li>□3 Don't know</li><li>18. Does the reporting location partic Medicare or private insurers? An specialists, and hospitals, and held</li></ul>  |               |  |  |                                    |
| 18. Does the reporting location partic Medicare or private insurers? An specialists, and hospitals, and held  |               |  |  |                                    |
| Medicare or private insurers? An specialists, and hospitals, and held   |               |  |  |                                    |
| Medicare or private insurers? An specialists, and hospitals, and held   |               |  |  |                                    |
|   | ACO           | is an                                  | entity typ                                 | pically co                         |
| □1 Yes □2 No  | □3            | 3 Don't                                | know                                       |                                    |
| 21. Does the reporting location partic Medicare or private insurers?  | cipate        | e in ar                                | n Accour                                   | ıntable C                          |
| □1 Yes  |               |  |  |                                    |
| □2 No   |               |  |  |                                    |
| ☐3 Don't know   |               |  |  |                                    |

□1 Yes

□2 No (Skip to 32)

respondents.

□3 Don't know (Skip to 32)

scanned or pdf documents from fax, eFax, or mail.

| providers. Patient health information both send or receive in one question 2017: electronically send patient he   | n, with | out listing each typ   |   | ·   | •  |
|---|---------|--|---|---|--|
| 25. Do you electronically send patient herorganization using an EHR (not eFax)  □1 Yes □2 No (Skip to 28)   |         |  |   | e your medical  |  |
| ☐3 Don't know   |         |  |   |   |  |
|   |         |  |   |   |  |
| 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,<br>we send patient<br>health information<br>via paper-based<br>methods<br>(Fax, eFax, or mail) | Yes, we send patient health information both electronically and via paper based methods | Yes,<br>we do not<br>send patient<br>health<br>information<br>to the<br>provider |
| Ambulatory care providers outside your organization   |         |  |   |   |  |
| Ambulatory care providers within your organization  |         |  |   |   |  |
| Hospitals unaffiliated with your organization   |         |  |   |   |  |
| Hospitals affiliated with your organization   |         |  |   |   |  |
| Behavioral Health providers   |         |  |   |   |  |
| Long-term care providers  |         |  |   |   |  |
| Item below (Q26) amends Q24 above   | ve to a | ssess how patient  | health data is sent   | to different provid   | lers.  |

The response choices were modified and 5 out of 6 providers were retain to reduce burden on the

27. Do you send or receive patient health information electronically? Electronically does not include

• Item below (Q25) amends question above (Q27) to assess how patient health data is shared with other

| 26. Do you send 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  |     |    |            |                |
| Hospitals unaffiliated with your organization  |     |    |            |                |
| Hospitals affiliated with your organization  |     |    |            |                |
| Behavioral Health providers  |     |    |            |                |
| Long-term care providers   |     |    |            |                |

|    | nospitais amilated with your organization  |  |                   | Ш                    | Ш       |  |  |  |  |
|----|--|--|-------------------|----------------------|---------|--|--|--|--|
|    | Behavioral Health providers  |  |                   |                      |         |  |  |  |  |
|    | Long-term care providers   |  |                   |                      |         |  |  |  |  |
|    |  |  |                   |                      |         |  |  |  |  |
|    |  |  |                   |                      |         |  |  |  |  |
|    |  |  |                   |                      |         |  |  |  |  |
| 27 | 7. Do you send or receive patient health in<br>scanned or pdf documents from fax, eFax,  |  | onically? Electro | nically does not inc | clude   |  |  |  |  |
|    | □1 Yes   |  |                   |                      |         |  |  |  |  |
|    | □2 No (Skip to 32)   |  |                   |                      |         |  |  |  |  |
|    | □3 Don't know (Skip to 32)   |  |                   |                      |         |  |  |  |  |
|    | • <b>Item below</b> (Q27) amends question above (Q27) to assess how patient health data is shared with other providers. Patient health information sharing was refined into separate questions, rather than including both send or receive in one question, without listing each type of data transmission in the updated 2017: electronically receive patient health information. |  |                   |                      |         |  |  |  |  |
| 27 | <ol> <li>Do you electronically <u>receive</u> patient heat<br/>organization using an EHR (not eFax) or</li> </ol>  |  |                   |                      | medical |  |  |  |  |
|    | □1 Yes   |  |                   |                      |         |  |  |  |  |
|    | □2 No (Skip to 31)   |  |                   |                      |         |  |  |  |  |
|    | ☐3 Don't know  |  |                   |                      |         |  |  |  |  |
|    |  |  |                   |                      |         |  |  |  |  |
|    |  |  |                   |                      |         |  |  |  |  |

| 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,<br>we receive patient<br>health information<br>via paper-based<br>methods<br>(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   |    |   |  |  |   |
| Ambulatory care providers within your organization  |    |   |  |  |   |
| Hospitals unaffiliated with your organization   |    |   |  |  |   |
| Hospitals affiliated with your organization   |    |   |  |  |   |
| Behavioral Health providers   |    |   |  |  |   |
| Long-term care providers  |    |   |  |  |   |

• **Item below** (Q28) amends Q25 above to assess how patient health data is received from different providers. The response choices were modified and 5 out of 6 providers were retain to reduce burden on the respondents.

| 28. Do you receive 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  |     |    |            |                |
| Hospitals unaffiliated with your organization  |     |    |            |                |
| Hospitals affiliated with your organization  |     |    |            |                |
| Behavioral Health providers  |     |    |            |                |
| Long-term care providers   |     |    |            |                |

□3 Don't know□4 Not applicable

| 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<br>Applicab |
|---|-----------------|-----------------|----------------|-----------------|
| Medication lists  | □1              | □2              | □3             | □4              |
| Patient problem lists   | □1              | □2              | □3             | □4              |
| Medication allergy lists  | □1              | □2              | □3             | □4              |
| Imaging reports   | □1              | □2              | □3             | □4              |
| Laboratory results  | □1              | □2              | □3             | □4              |
| Public health registry data (e.g., immunizations, cancer)   | □1              | □2              | □3             | □4              |
| Referrals (e.g., referral requests or reports)  | □1              | □2              | □3             | □4              |
| Hospital discharge summaries  | □1              | □2              | □3             | □4              |
| Emergency Department notifications  | □1              | □2              | □3             | □4              |
| Summary of care records for transitions of care or referrals  | □1              | □2              | □3             | □4              |
| Patient-generated data (e.g. data from self-monitoring devices or mobile health applications)   | □1              | □2              | □3             | □4              |
| <ul> <li>Items below (Q31 and Q32) amend Q31 above to a integrated. Patient health information integration in the updated 2017.</li> <li>31. Do you integrate summary of care records into your scanning?</li> <li>         \[             \]         1 Yes     </li> </ul> | was refined and | d streamlined i | nto separate q | uestions        |
| □2 No   |                 |                 |                |                 |
| □3 Don't know   |                 |                 |                |                 |
| □4 Not applicable   |                 |                 |                |                 |
| <ul><li>32. Do you integrate any other type of patient health informanual entry or scanning?</li><li>□1 Yes</li><li>□2 No</li></ul>   | ormation into   | your EHR with   | out special ef | fort like       |

| 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□  | 2□ | 3□         |
| Download health information from their electronic medical record to their personal files?   | 1□  | 2□ | 3□         |
| Transmit health information from their electronic medical record to a designated third party of their choice (e.g. another provider)? | 1□  | 2□ | 3□         |
| Request corrections to their electronic medical record?   | 1□  | 2□ | 3□         |
| Enter their health information online (e.g., weight, symptoms)?   | 1□  | 2□ | 3□         |
| Upload their data from self-monitoring devices (e.g., blood glucose readings)?  | 1□  | 2□ | 3□         |

• **Item below** (Q33) amends Q32 above to streamline the computerized capabilities question to 3 out of 6 sub-questions.

| 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□  | 2□ | 3□         |
| Request refills for prescriptions online.                               | 1□  | 2□ | 3□         |
| Enter health information (e.g. weight, symptoms) online.                | 1 🗆 | 2□ | 3□         |

| 35. Within the last 30 days has your EHR system                        | Yes | No | Not<br>Applicable |
|--|-----|----|-------------------|
| Sent you too many alerts, causing you to overlook something important? | 1□  | 2□ | 3□                |

• **Item below** (Q34) amends Q35 above. It was approved for 2014 attitudinal question (Q36g) so we would like to retain this question for 2017 as part of the attitudinal measure.

| 34. Within the last 30 days has your EHR system    | Yes | No | Not<br>Applicable |
|--|-----|----|-------------------|
| Increased the time spent documenting patient care? | 1□  | 2□ | 3□                |

| 38. | How often do you use electronically received patient health information from outside of your medical organization to manage your patient population? |            |  |  |  |
|-----|--|------------|--|--|--|
|     | □1   | Often      |  |  |  |
|     | □2   | Sometimes  |  |  |  |
|     | □3   | Rarely     |  |  |  |
|     | □4   | Never      |  |  |  |
|     | □5   | Don't know |  |  |  |

| 41. To what extent do you agree or disagree with the following statements.   | Strongly<br>Agree | Somewhat<br>Agree | Somewhat<br>Disagree | Strongly<br>Disagree | Not<br>Applicable |
|--|-------------------|-------------------|----------------------|----------------------|-------------------|
| Electronic information exchange with providers outside my organization gives me access to the patient health information I need.   | □1                | □2                | □3                   | □4                   | □5                |
| Electronically sending clinical information to providers outside my organization is easy to do using my EHR.   | □1                | □2                | □3                   | □4                   | □5                |
| Electronically receiving clinical information from other providers is easy to do using my EHR  | □1                | □2                | □3                   | □4                   | □5                |
| Electronic information exchange with providers outside my organization improves my ability to coordinate care for my patients.   | □1                | □2                | □3                   | □4                   | □5                |
| Electronic information exchange with other providers reduces duplicate test ordering.  | □1                | □2                | □3                   | □4                   | □5                |
| Electronic information exchange with providers outside my organization is cumbersome to do with our EHR.   | □1                | □2                | □3                   | □4                   | □5                |
| Electronic information exchange with providers outside my organization prevents medication errors.   | □1                | □2                | □3                   | □4                   | □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. | □1                | □2                | □3                   | □4                   | □5                |
| Electronic information exchange with providers outside my organization provides me with clinical information that I can trust.   | □1                | □2                | □3                   | □4                   | □5                |
| Electronic information exchange with providers outside my organization increases my practice's vendor costs.   | □1                | □2                | □3                   | □4                   | □5                |

|       | refined   | and stre  | amlined i              | n the question                                  | below.                           |  |  |  |  |
|-------|---|---|------------------------|---|----------------------------------|--|--|--|--|
|       |   |   |                        |   |                                  | electronically (not eFax) received from reating a patient?   |  |  |  |
| [     | Often   | ☐ Sc  | metimes                | Rarely  | Never                            | ☐ Don't know   |  |  |  |
|       |   |   |                        | Ь,  |                                  |  |  |  |  |
| 29    | a. If rare  | ly or nev   | er used,               | please indica                                   | te the reason(                   | s) why. Check all that apply.  |  |  |  |
|       | 1. Information not always available when needed (e.g. not timely) |   |                        |   |                                  |  |  |  |  |
|       | 2.  | 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.  | 6. Difficult to find information necessary information                    |                        |   |                                  |  |  |  |  |
|       | 7. Other  |   |                        |   |                                  |  |  |  |  |
| Quest | NEHRS<br>added<br>Patient   | elow (Q2<br>, formerly<br>to the pro<br>: Centere                         | y 2016 NE<br>oposed 20 | HRS, when the<br>D17 NEHRS as i<br>I Home (PCMH | e OMB nonsubs<br>t has been part | EHRS but it was deleted from the approved 2017 stantive package was submitted. This question is t of the definition of delivery system reform (DSR) Care Organization (ACO) and Pay-for- |  |  |  |
|       | nancial b   |   | based on               | participate in<br>your perform<br>□3 Unknowr    | ance?                            | formance arrangement, where you can receive  |  |  |  |

• **Item below** (Q29 and Q29a) amends Q38 and Q41 above to assess attitudinal measures for not using patient health data from other providers when treating a patient. These attitudinal measures were