

**Script 1: Used to identify the correct physician’s office and introduce purpose of call**

Hello, my name is \_\_\_\_\_. Is this the office for Dr. \_\_\_\_? I was hoping to speak with the doctor or an office manager. Is either available?

IF INCORRECT DR, DISPOSITION AS “WRONG NUMBER”

IF INCORRECT DR AND GIVEN NEW NUMBER, DISPOSITION AS “WRONG NUMBER” AND ADD “VERIFY NEW NUMBER” IN COMMENTS.

*Once the physician or office manager is on the phone:*

I’m calling on behalf of the National Center for Health Statistics (NCHS) regarding a study we contacted the doctor (you) about. The study ends soon, and we wanted to be sure to include your office’s information in the research data. Do you have about 30 minutes to answer a few general practice questions? AS NEEDED: IF R SEEMS CONFUSED OR WANTS MORE INFO ON WHAT THE CALL IS ABOUT, THEN OK TO ADD ABOUT EHR-RELATED/PURPOSE SUCH AS WE’RE COLLECTING DATA ON ER USE AND ELECTRONIC RECORD/INFORMATION EXCHANGE.

IF YES, SKIP TO STEP 1.

IF YES, BUT NO TIME NOW, FIND BETTER TIME TO CALL / SCHEDULE APPOINTMENT.

IF NO TO SURVEY – May I ask 3 questions so that we can close out the data for you/the doctor? THEN ASK QUESTIONS 1, 2, AND 4, AND ENTER REFUSAL REASON WHEN PROMPTED.

**Script 2: Used when leaving a voice message (Voicemail):**

Hello, my name is \_\_\_\_\_ and I’m calling on behalf of the NCHS (National Center for Health Statistics) regarding a letter that we sent to Dr. \_\_\_\_\_. Since our follow-up period is coming to a close soon, we would like to speak with Dr. \_\_\_\_ or a member of his staff for a few minutes. Please call xxx-xxx-xxxx. Again, that number is xxx-xxx-xxxx. Thank you.

**STEP 1 – CONFIRM PERSON YOU ARE SPEAKING WITH**

Great, let’s get started.

CONFIRM PERSON YOU ARE SPEAKING WITH (RECORDED IN Q26 OF PAPER SURVEY)

- WHO AM I SPEAKING WITH?
- THE PHYSICIAN TO WHOM THE SURVEY WAS ADDRESSED
- OFFICE STAFF
- OTHER

**STEP 2 - NEED INFORMED CONSENT?**

Do you recall receiving a letter from the NCHS (National Center for Health Statistics), CDC (Centers for Disease Control and Prevention) asking you to participate in a study on the use of electronic health records and how it affects the delivery of health care in the United States?

- IF NO, SEND TO STEP 3

- IF YES, ASK IF HE/SHE HAS ANY QUESTIONS OR CONCERNS ABOUT THE LETTER OR SURVEY. ANSWER QUESTIONS AND **GO TO Step 4** -Begin Survey.

**STEP 3 - INFORMED CONSENT**

You have been randomly selected to participate in a brief survey on the use of electronic health records in office-based practices. Results from the National Electronic Health Records Survey, which is affiliated with the National Ambulatory Medical Care Survey (NAMCS), will be used to inform health services researchers and policy makers, as well as those in the private sector, about the use of electronic health records and how it affects the delivery of health care in the United States.

The NCHS Research Ethics Review Board has approved this research survey. We take your privacy very seriously. We are required to keep your survey data confidential. The information you give us will be used for statistical research only. Your participation is voluntary. You may discontinue your participation at any time. There will be no loss of benefits for not participating or discontinuing participation.

The burden for this survey is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

If you have any questions or comments regarding this study, you may call the study coordinator at 1-XXX-XXX-XXXX. If you have questions about your rights as a research participant, please call the Research Ethics Review Board at the National Center for Health Statistics at (800) 223-8118.

**Do you have any questions or concerns about the survey? ANSWER QUESTIONS then CONTINUE TO STEP 4.**

**STEP 4 -- BEGIN QUESTIONNAIRE**

TRANSITION STATEMENT: This study asks about ambulatory care, that is, care for patients receiving health services without admission to a hospital or other facility.

Read Q2: Does Dr. \_\_ (Do you) directly care for any ambulatory patients in his/her (your) work? (IF "YES," CONTINUE TO QUESTION 4) (IF "NO" OR "NO LONGER IN PRACTICE" CLOSE THE SURVEY (GO TO **STEP 5**))

Read Q4: Does Dr. \_\_ (Do you) see ambulatory patients in any of the following settings? I will read you a list of settings. Please answer yes or no for each. CHECK ALL THAT APPLY. READ RESPONSES ONE AT A TIME. PROGRAMMER CHANGE:

1. (OPTION 3): Community Health Center [ IF NEEDED: FEDERALLY QUALIFIED HEALTH CENTER, FEDERALLY FUNDED CLINICS OR LOOK-ALIKE CLINICS ]
2. (OPTION 5): Non-federal government clinic [ IF NEEDED: STATE, COUNTY, CITY, MATERNAL AND CHILD HEALTH, ETC. ]
3. (OPTION 7): Health maintenance organization or other prepaid practice [ IF NEEDED: SUCH AS KAISER PERMANENTE ]

**Attachment K3 – Supp Phone Script (Non-Respondents)- nonresp**

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4. CHANGE OPTION 10 “NONE OF THE ABOVE” TO ALL CAPS FOR INTERVIEWER TO READ ONLY AS NEEDED.

IF THEY ANSWERED ONLY HOSPITAL EMERGENCY, HOSPITAL OUTPATIENT DEPARTMENT OR NONE OF THE ABOVE IN Q4, CLOSE THE SURVEY (GO TO STEP 5).

IF THEY SELECTED ANY OF THE BOXES 1-8 IN Q4, CONTINUE TO Q1.

Read Q1 – We have the doctor’s (your) specialty as \_\_\_\_\_. Is that correct?

(IF NO ASK THE FOLLOWING 2 QUESTIONS:)

- 1) What is the doctor’s (your) specialty? ENTER FULL DESCRIPTION IN THE SPACE PROVIDED
- 2) Does the doctor’s (your) practice focus on a specific area of treatment? [REVIEW SPECIALTY LIST TO GET SPECIFIC SUB-SPECIALTY. ENTER NONE IF NO SUB-SPECIALTY]

TRANSITION STATEMENT: The next set of questions asks about a **normal week**. We define a normal week as a week with a normal case load, with no holidays, vacations, or conferences.

Read Q3: Overall, at how many office locations, excluding hospital emergency and hospital outpatient departments does Dr. \_\_\_ (do you) see ambulatory patients in a normal week? IF RANGE IS PROVIDED, PROMPT IF MIDPOINT IS ACCURATE e.g. “Would you say X# is accurate?”

QUESTION 5 NOTE: IF MULTIPLE ANSWERS TO SETTING WERE PROVIDED IN Q4, REPHRASE Q4 TO INCLUDE ALL CHECKED RESPONSES. EXAMPLE: (You mentioned that Dr. \_\_\_ sees patients at (list locations)) IF ONLY ONE LOCATION THEN SKIP Q5

Read Q5: At which of these settings does Dr. \_\_\_ (do you) see the most ambulatory patients? (LIST OPTIONS FROM Q4 AND INSTRUCT RESPONDENT TO SELECT ONLY ONE)

TRANSITION STATEMENT: The next questions are about the setting where Dr. \_\_\_ sees (you see) most patients. The location you stated is \_\_\_\_\_ (FROM Q4). For the remainder of the survey, this location will be referred to as the reporting location.

Read Q6: What are the county, state, street address, zip code and telephone number of the reporting location?

Read Q7: How many physicians, including the doctor (you), work at this practice, including physicians at the reporting location and physicians at any other locations of the practice? (READ LIST OPTIONS 1-6 AND INSTRUCT RESPONDENT TO SELECT ONLY ONE)

Read Q8: Which of the following owns this reporting location? READ EACH OPTION BUT ONLY SELECT ONE.

Read Q9: Does this reporting location use an electronic health record (EHR) system? Do not include billing record systems. READ THE OPTIONS “Yes,” “No” or “Don’t know.” IF YES, ASK Q11. IF “NO” OR “DON’T KNOW” GO TO Q18.

\*\*PROGRAMMER NOTE: IF Q9 IS “NO” OR “DON’T KNOW” SKIP TO Q18\*\*

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Read Q10: Does your EHR system meet meaningful use criteria (certified EHR) as defined by the Department of Health and Human Services? SELECT "Yes," "No" OR "Don't know."

Read Q11: Do you participate in the Medicaid EHR Incentive Program (e.g. Meaningful Use Program)? READ THE OPTIONS "Yes," "No," "Don't know" or "Not applicable."

Read Q12: Does Dr. \_\_\_\_ (Do you) electronically send or receive patient health information (e.g., laboratory results, medications) from other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)? READ THE OPTIONS AND CHOOSE ONE. SELECT "Send only," "Receive only," "Send and Receive" OR "Neither Send nor Receive." IF "Neither Send nor Receive" GO TO Q18.

\*\* PROGRAMMER NOTE: IF Q12 IS "Neither Send nor Receive" SKIP TO Q18\*\*

Read Q13: Does Dr. \_\_\_\_ (Do you) integrate patient health information into your EHR without special effort like manual entry or scanning? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," "Don't know," OR "Not applicable."

Read Q14: Does Dr. \_\_\_\_ (Do you) integrate summary of care records into your EHR without special effort like manual entry or scanning? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," "Don't know," OR "Not applicable."

Read Q15: 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)? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know."

Read Q16: When treating patients seen by other providers outside your medical organization, how often does Dr.\_\_(you) or the (your) staff have clinical information from those outside encounters PAUSE electronically available at the point of care? Electronically available does not include scanned or PDF documents. Would you say it is available...

"Often,"

"Sometimes,"

"Rarely,"

"Never,"

"Don't know,"

Or you do not see patients outside your medical organization"

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Read Q17: How frequently do you use patient health information electronically (not eFax) received from providers or sources outside your organization when treating a patient? READ THE OPTIONS AND CHOOSE ONE. SELECT “Often,” “Sometimes” “Rarely,” “Never,” OR “Don’t know.” IF “OFTEN,” “SOMETIMES,” OR “DON’T KNOW” GO TO Q30.

\*\*PROGRAMMER NOTE: IF Q17 IS “OFTEN,” “SOMETIMES,” OR “DON’T KNOW” SKIP TO Q18\*\*

Read Q17a: If rarely or never used, please indicate the reason(s) why. READ THE OPTIONS AND CHECK ALL THAT APPLY.

Read Q18: Has your reporting location been recognized as a Patient Centered Medical Home or PCMH, by a state, a commercial health plan, or a national organization? READ THE OPTIONS AND CHOOSE ONE. Select “Yes,” “No” or “Don’t know.”

Read Q19: Does the reporting location participate in an Accountable Care Organization or ACO arrangement with Medicare or private insurers? READ THE OPTIONS AND CHOOSE ONE. Select “Yes,” “No” or “Don’t know.”

Read Q20: Does the reporting location participate in a Pay-for-Performance arrangement, where you can receive financial bonuses based on your performance? READ THE OPTIONS AND CHOOSE ONE. SELECT “Yes,” “No” OR “Don’t know.”

Read Q21: Do you participate or plan to participate in the Merit-Based Incentive Payment System? READ AS NEEDED: 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”). READ THE OPTIONS AND CHOOSE ONE. Select “Yes,” “No,” “Don’t know,” OR “Not applicable.”

Read Q22: Do you participate or plan to participate in the Alternative Payment Model? READ AS NEEDED: 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. READ THE OPTIONS AND CHOOSE ONE. Select “Yes,” “No,” “Don’t know,” OR “Not applicable.”

Read Q23: 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? READ THE OPTIONS AND CHOOSE ONE. Select “Yes,” “No,” OR “Uncertain.”  
IF “NO,” OR “UNCERTAIN” GO TO Q25.

\*\*PROGRAMMER NOTE: IF Q23 IS “NO,” OR “UNCERTAIN” SKIP TO Q25\*\*

Read Q24: 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? READ THE OPTIONS AND CHOOSE ONE. Select “Yes, my EHR system will be able to produce such documents,” “Yes, I will need to verify with administrative staff,” “No,” OR “Don’t know.”

Read Q25: What is a reliable E-mail address for you (for the doctor)? BE SURE TO READ THE EMAIL BACK TO THE RESPONDENT.

**STEP 5 -- CLOSE THE SURVEY.** Thank you very much for your time. That completes the survey. Have a great day!