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 Q41 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 30 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 practive [IF NEEDED: SUCH AS KAISER PERMANENTE]
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 3).
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, zip code and telephone number of the <u>reporting location</u>?

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: How many physicians, including the doctor (you), work at the reporting location? IF ASKED: Please do not include mid-level providers (nurse practitioners, physician assistants, and nurse midwives)

[NOTE: PROGRAM SHOWS WARNING IF NUMBER OF PHYSICIANS AT REPORTING LOCATION (Q8) IS GREATER THAN THE NUMBER OF PHYSICIANS AT THIS PRACTICE (Q7)]

Read Q9: How many mid-level providers, such as nurse practitioners, physician assistants, and nurse midwives are associated with the reporting location? IF RANGE IS PROVIDED, PROMPT IF MIDPOINT IS ACCURATE e.g. "Would you say X# is accurate?"

Read Q10: Is the reporting location a single- or multi-specialty group practice?

Read Q11: At the reporting location, is Dr.__(are you) currently accepting new patients? IF YES, ASK Q12, IF NO OR DK GO TO Q13

Read Q12: For Dr.___'s (your) new patients, do you accept the following types of payment: READ RESPONSES ONE AT A TIME AND CHECK ONE BOX PER ROW. Select "Yes," "No" OR "Don't know."

Read Q13: What percent of your patients are insured by Medicaid? IF RANGE IS PROVIDED, PROMPT IF MIDPOINT IS ACCURATE e.g. "Would you say X# is accurate?"

Read Q14: Does Dr.__ (you) treat patients insured by Medicare? Select "Yes," "No" or "Don't know."

Read Q15: Which of the following owns this reporting location? READ EACH OPTION BUT ONLY SELECT ONE.

Read Q16: Estimate the approximate number of years you have used any electronic health record (EHR) system? Do not include billing record systems. READ EACH OPTION BUT ONLY SELECT ONE.

Read Q17: 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 Q18. IF "NO" OR "DON'T KNOW" GO TO Q19.

PROGRAMMER NOTE: IF Q17 IS "NO" OR "DON'T KNOW" SKIP TO Q19

Read Q18: 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 Q19. Please consider whether the reporting location has each of the following computerized capabilities and how often these capabilities are used. READ THE OPTIONS "Yes," "No" or "Don't know." READ QUESTION AND READ OPTIONS UNTIL RESPONDENT UNDERSTANDS PATTERN OF RESPONSE OPTIONS.

PROGRAMMER NOTES
- IF Q19G "NO" OR "DON'T KNOW" SKIP TO Q19H

PROGRAMMER: If 'YES' FOR G, **REMOVE "IF"** FROM STATEMENTS
    Q19G: "**IF** COMPUTERIZED ORDERS FOR PRESCRIPTIONS ARE INCLUDED …;"

Read Q20: 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 Q21: 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 Q22: 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 Q23: Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know."

Read Q24: Does Dr. ___ (Do you) ONLY send and receive patient health information through paper-based methods including fax, eFax, or mail? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know." IF "YES" GO TO Q36.

PROGRAMMER NOTE: IF Q24 IS "YES" SKIP TO Q36

Read Q25: Does Dr. ___ (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)? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know." IF "NO" GO TO Q28.

PROGRAMMER NOTE: IF Q25 IS "NO" SKIP TO Q28

Read Q26: Does Dr. ___ (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. READ OPTIONS ONE BY ONE AND CHECK ONE RESPONSE PER ROW. SELECT "Yes," "No," "Don't know," OR "Not applicable."

Read Q27: Does Dr. ___ (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)? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know." IF "NO" GO TO Q31.

PROGRAMMER NOTE: IF Q27 IS "NO" SKIP TO Q31

Read Q28: Does Dr. ___ (Do you) receive patient health information from the following providers electronically? Electronically does not include scanned or pdf documents from fax, eFax, or mail. READ OPTIONS ONE BY ONE AND CHECK ONE RESPONSE PER ROW. SELECT "Yes," "No," "Don't know," OR "Not applicable."

Read Q29: How frequently do you <u>use</u> 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 Q28 IS "OFTEN," "SOMETIMES," OR "DON'T KNOW" SKIP TO Q30

Read Q29a: If rarely or never used, please indicate the reason(s) why. READ THE OPTIONS AND CHECK ALL THAT APPLY.

Read Q30: For the following questions, please indicate if you electronically send or receive certain types of patient health information to or from providers outside of your medical organization. READ TYPES OF INFORMATION ONE BY ONE AND CHECK ONE RESPONSE PER ROW.

   Q31a: Do you electronically send medication lists to providers outside your medical organization? Do you receive medications lists from outside providers?

   Q32b: Do you electronically send patient problem lists to providers outside your medical organization? Do you receive patient problem lists from outside providers?

   **PROGRAMMER REPEAT PATTERN ABOVE FOR Q30c-Q30k

Read Q31: 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 Q32: Does Dr. ___ (Do you) integrate any other type of 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 Q33: Does your EHR have the computerized capability to allow patients to electronically view their health information (e.g. test results)? Would you say yes, no, or don't know?
Does your EHR have the computerized capability to allow patients to request refills for prescriptions online? Would you say yes, no, or don't know?
Does your EHR have the computerized capability to allow patients to enter health information (e.g. weight, symptoms) online? Would you say yes, no, or don't know?
READ OPTIONS ONE BY ONE AND CHECK ONE RESPONSE PER ROW. SELECT "Yes," "No," OR "Don't know."

Read Q34: Within the last 30 days has your EHR system alerted you to a potential medication error? Would you say yes, no, or not applicable?
Within the last 30 days has your EHR system alerted you to a potential medication error? Would you say yes, no, or not applicable?

READ OPTIONS ONE BY ONE AND CHECK ONE RESPONSE PER ROW. SELECT "Yes," "No," OR "Not Applicable."

IF RESPONDENT SEEMS TO UNDERSTAND THE ROOT QUESTION "Within the last 30 days has your EHR system" INTERVIEWER MAY DROP THAT AND SIMPLY READ THE RESPONSES ALONG WITH RESPONSE STATEMENTS.

READ… *inadvertently led you to select the wrong medication or lab order from a list?*

READ… *led to less effective communication during patient visits?*

READ… *made it difficult for you to find clinical content needed for medical decision making?*

READ…. *increased the time spent documenting patient care?*

READ… *alerted you to critical lab values?*

READ… reminded you to provide preventive care (e.g., vaccine, cancer screening)?

READ… reminded you to provide care that meets clinical guidelines for patients with chronic conditions?

READ… facilitated direct communication with a patient (e.g., email or secure messaging)?

READ…. facilitated direct communication with other providers who are part of your patient care team?

READ… uploaded patient health data from self-monitoring devises (e.g., blood glucose readings)?

READ… enhanced overall patient care?

Read Q35: 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"
Read Q36: Does Dr. ___ (Do you) prescribe controlled substances? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know." IF "NO" OR "DON'T KNOW" GO TO Q39.

PROGRAMMER NOTE: IF Q35 IS "NO" OR "DON'T KNOW" SKIP TO Q39

Read Q37: Are perscriptions for controlled substances sent electronically to the pharmacy? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know."

TRANSITION STATEMENT: The next set of questions ask about electronically searching, finding, or querying patient health information from sources outside your medical organization.

Read Q38: 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 Q39: Do you search for the following patient health information from sources outside your medical organization? READ OPTIONS ONE BY ONE AND CHECK ONE RESPONSE PER ROW. SELECT "Yes," OR "No."

Read Q40: 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!