Physician Experience with EHRs Survey 2017

The Physician Experience with EHRs 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 866-966-1473.

1. We have your specialty as:

Is that correct?

☐1   Yes

☐2   No ⟶ What is your specialty?

_____

*This survey asks about **ambulatory care**, that is, care for patients receiving health services without admission to a hospital or other facility.*

2. Do you directly care for any ambulatory patients in your work?

☐1   Yes ⟶ *Continue to Question 3*

☐2   No   *Please stop here and return the questionnaire in the*

*The next question asks about a **normal week**.*
We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.

3. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see ambulatory patients in a normal week?

_____ Locations

4. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.

1☐   Private solo or group practice

2☐   Freestanding clinic or Urgent Care Center

3☐   Community Health Center (e.g., Federally Qualified Health Center [FQHC], federally funded clinics or "look-alike" clinics)

4☐   Mental health center

5☐   Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)

6☐   Family planning clinic (including Planned Parenthood)

7☐   Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)

8☐   Faculty practice plan (an organized group of physicians that treats patients referred to an academic medical center)

*If you see patients in **any** of these settings, go to Question 5*

9☐   Hospital emergency or hospital outpatient departments

10☐   None of the above

*If you select **only** 9 or 10, go to Question 26*

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.

_____ (For the rest of the survey, we will refer to this as the "reporting location.")

> *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.*

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

   Country   ___   <u>USA</u>   County   _____   State ___

   Address   ___

   Zip Code   ___   Telephone   _(   )_____

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7. **How many physicians, including you, work at <u>this practice</u> (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. **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

9. **Does the reporting location <u>use</u> an EHR system?** Do not include billing record systems.

   ☐1 Yes   ☐2 No (Skip to 18)   ☐3 Don't know (Skip to 18)

10. **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

11. **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

12. Do you <u>electronically send or receive</u> 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)?

☐1 Send only   ☐2 Receive only   ☐3 Send and Receive   ☐4 Neither Send nor Receive (skip to 18)

13. Do you integrate 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

14. 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

15. 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

16. 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 <u>electronically</u> 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 Do not see patients outside my organization

17. **How frequently do you use patient health information <u>electronically</u> received from providers outside your medical organization when treating a patient?** Electronically available does not include scanned or PDF documents.

☐1 Often   ☐2 Sometimes   ☐3 Rarely   ☐4 Never   ☐5 Don't Know

17a. **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_____

18. 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

19. **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

20. **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

21. **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

22. **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

23. 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 Q25)   ☐3 Uncertain (Skip to Q25)

24. 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

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

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

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

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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