

Behavioral Health IT and Interoperability Survey

May 2018

The next questions ask about electronic health records (EHRs). For the purpose of this survey, EHRs are an electronic version of a patient's medical history that is maintained by the provider over time, and may include all of the key clinical data relevant to that person's care under a particular provider.

1. Does your facility use an EHR system? *Do not include billing record systems.*

- 1 Yes, we exclusively use an EHR system. No paper charts.
- 2 Yes, we use a combination of an EHR system and paper charts.
- 3 No, but we plan to implement an EHR system → **SKIP TO QUESTION 12, PAGE 4**
- 4 No, and we have no plan to implement an EHR system → **SKIP TO QUESTION 13, PAGE 4**

1a. If your facility is part of a larger organization, please indicate whether EHRs are used across all or some facilities within your organization.

- 1 All of the facilities within this organization use EHRs.
- 2 Some of the facilities within this organization use EHRs.
- 3 Don't know if other facilities within the organization use EHRs.
- 4 This is the only facility in this organization.

2. Please indicate the name of this facility's EHR system vendor(s).

SELECT ALL THAT APPLY

- | | |
|--|--|
| 1 <input type="checkbox"/> Accumedic | 15 <input type="checkbox"/> Netanalytics |
| 2 <input type="checkbox"/> AMS | 16 <input type="checkbox"/> Netsmart |
| 3 <input type="checkbox"/> Askesis | 17 <input type="checkbox"/> NextGen |
| 4 <input type="checkbox"/> Cerner | 18 <input type="checkbox"/> Profiler |
| 5 <input type="checkbox"/> Co-Centrix | 19 <input type="checkbox"/> Qualifacts |
| 6 <input type="checkbox"/> E-Clinical Works | 20 <input type="checkbox"/> Smart Management |
| 7 <input type="checkbox"/> Core Solutions | 21 <input type="checkbox"/> SAMS |
| 8 <input type="checkbox"/> Credible Behavioral Healthcare Software | 22 <input type="checkbox"/> Tower Systems |
| 9 <input type="checkbox"/> Echo Group | 23 <input type="checkbox"/> Valant |
| 10 <input type="checkbox"/> EPIC | 24 <input type="checkbox"/> Welligent |
| 11 <input type="checkbox"/> GE | 25 <input type="checkbox"/> Other |
| 12 <input type="checkbox"/> Methasoft | |
| 13 <input type="checkbox"/> Meditech | d <input type="checkbox"/> Don't know |
| 14 <input type="checkbox"/> Methware | |

3. Does this facility's EHR integrate or incorporate any type of clinical information (e.g. medications, lab test results) that is received electronically from providers outside your organization without the need for manual entry?

- *Electronic does not refer to e-Fax or scanned documents.*
- *Please consider all organizations outside of your network.*

- 1 Yes
- 0 No

8. Does this facility use your EHR to:

	MARK ONE PER ROW		
	YES	NO	NOT APPLICABLE
a. Conduct an intake assessment	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
b. Record patient history	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
c. Record patient demographic information	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
d. Record social determinants of health (employment, housing)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
e. Record patients' medications	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
f. Record patients' allergies	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
g. Record diagnoses	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
h. Record problem lists	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
i. Conduct behavioral health screenings or tools	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
j. Record clinical notes	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
k. Record treatment plans	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
l. Monitor client progress	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
m. Record prescription orders	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
n. Electronically send prescriptions to the pharmacy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
o. Review warnings of medication allergies, drug-drug interactions or contraindications	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
p. Reconcile medications when admitting, discharging, and/or transitioning clients between care settings	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
q. Order lab tests	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
r. View lab results	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
s. Record referrals	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
t. Record discharge plans	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>

9. Does this facility's EHR allow clients to...

	MARK ONE PER ROW		
	YES	NO	NOT APPLICABLE
a. Exchange secure messages with their clinicians, counselors or other medical staff?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
b. View their medical record (e.g. health and behavioral health information) online?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
c. Download their medical record?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>

10. Are there any other functionalities that are missing from your EHR system that would be useful to serving your clients?

1 Yes IF YES, PLEASE SPECIFY BELOW: ↴

0 No

11. 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

SKIP TO Q.14 (NEXT PAGE)

12. When does this facility plan to implement an EHR system?

- 1 Within the next 6 months
- 2 6 months to 1 year
- 3 1 to 2 years
- 4 More than 2 years

SKIP TO Q.14 (NEXT PAGE)

13. Why does this facility not plan to implement an EHR system?

14. **Who was primarily responsible for completing this form?** *This information will only be used if we need to contact you about your responses. It will not be published.*

MARK ONE ONLY

1 Ms 2 Mrs 3 Mr 4 Dr 5 Other (specify) _____

Name: _____

Title: _____

Phone Number: (|_|_|_|_|) |_|_|_|_|_| - |_|_|_|_|_|_|_|_|

Ext. |_|_|_|_|_|_|_|_|

Fax Number: (|_|_|_|_|) |_|_|_|_|_| - |_|_|_|_|_|_|_|_|

Email Address: _____

Facility Email Address: _____

Thank you for your collaboration in this study!
Your feedback will be very useful in improving our surveys!