Physician Experience with EHRs Survey 2017

The purpose of this survey is to collect information about physician perceptions about electronically sharing patient health information and your EHR more generally. 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 xxx-xxx-xxxx.

1. **Do you still work at the location listed below?**   ☐1 Yes   ☐2 No *(Skip to Q17)*

<<Insert Address>>

> ***For the following questions, please provide information related to the location above, which is where you previously indicated that you saw the most ambulatory care patients.***

EHR Satisfaction & Use

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

☐1 Yes   ☐2 No *(Skip to Q8)*   ☐3 Don't know *(Skip to Q8)*

3. **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   ☐6 Not applicable

Physician Experience with EHRs Survey 2017   **OMB No.**

Patient Access to their Medical Records

4. Does your EHR have the computerized capability to allow patients to…	Yes	No	Don't Know
View their online medical record?	☐1	☐2	☐3
Download their online medical record to their personal files?	☐1	☐2	☐3
Send their online medical record to a third party (e.g. another provider, personal?	☐1	☐2	☐3
Upload their health information from devices or apps (e.g., blood glucose meter, Fitbit, questionnaires)?	☐1	☐2	☐3

Privacy & Security

5. **Has your practice made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months?** This assessment would help identify privacy- or security-related issues that may need to be corrected.

    ☐1 Yes   ☐2 No   ☐3 Don't know   ☐4 Not applicable

6. **Are you required to use more than one of the following methods to access your EHR system?** Methods to access your system might include: **username and password to login, security card or key, pin, biometric data)**

    ☐1 Yes   ☐2 No   ☐3 Don't know   ☐4 Not applicable

7. Does the reporting location use an EHR system to:	Yes	No	Don't Know	Not applicable
Public Health Send immunization data to immunization registries?	☐1	☐2	☐3	☐4
Send syndromic surveillance data to public health agency?	☐1	☐2	☐3	☐4
Send case reporting of reportable conditions (e.g. measles, tuberculosis, ebola) to public health agency?	☐1	☐2	☐3	☐4
Quality measurement Send clinical quality measures to public and private insurers (e.g., blood pressure control, Hb1AC, smoking status)?	☐1	☐2	☐3	☐4
Review your practice's performance on clinical quality measures?	☐1	☐2	☐3	☐4
Patient engagement Create educational resources tailored to the patients' specific conditions?	☐1	☐2	☐3	☐4
Advanced Care Processes Create shared care plans that are available across clinical care team?	☐1	☐2	☐3	☐4
Identify high risk patients that may require follow-up and services?	☐1	☐2	☐3	☐4

8. **Does your practice use telemedicine technology (e.g. telephone, web videoconference) for patient visits?**

    ☐1 Yes   ☐2 No   ☐3 Don't know   ☐4 Not applicable

Participation in Programs offered by the Center for Medicare & Medicaid's (CMS)

9. **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

10. **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

11. **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

Health Information Exchange

Note: Throughout this survey, the term "electronically" does NOT include scanned or pdf documents, nor does it include fax, eFax, or e-mail.

12. **To what extent do you agree or disagree with the following statements?**
    Note: Information exchange refers to electronically sending, receiving, finding or integrating patient health information.

Electronically exchanging clinical information with other providers outside my medical organization_____.	Strongly Agree	Somewhat agree	Somewhat disagree	Strongly disagree	Not applicable
"…would improve my practice's quality of care."	☐1	☐2	☐3	☐4	☐5
"…would increase my practice's efficiency."	☐1	☐2	☐3	☐4	☐5
"…would prevent medication errors."	☐1	☐2	☐3	☐4	☐5
"…would reduce duplicate test ordering."	☐1	☐2	☐3	☐4	☐5
"…would provide me with clinical information that I can trust."	☐1	☐2	☐3	☐4	☐5

13. **Please indicate whether these issues are barriers to electronic information exchange with providers outside your medical organization?**

Note: Information exchange refers to electronically sending, receiving, finding or integrating patient health information.

	Yes	No	Don't know	Not applicable
My EHR does not have the capability to electronically exchange health information with providers outside my medical organization.	☐1	☐2	☐3	☐4
My practice would have to pay additional costs to electronically exchange data with providers outside my medical organization.	☐1	☐2	☐3	☐4
It is challenging to electronically exchange data with other providers who use a different EHR vendor.	☐1	☐2	☐3	☐4
Providers outside my medical organization cannot electronically exchange data with me.	☐1	☐2	☐3	☐4
It is cumbersome to use my EHR to electronically exchange data with providers outside my medical organization.	☐1	☐2	☐3	☐4
My practice is concerned about whether HIPAA permits electronic exchange of patient health information without patient consent.	☐1	☐2	☐3	☐4
My practice is concerned about the privacy and security of health information that is electronically exchanged.	☐1	☐2	☐3	☐4

14. 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 Q16)　　　　　☐3 Uncertain (Skip to Q16)

15. 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

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

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

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

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