**National Electronic Health Records Survey**

# National Electronic Health Records Survey 2019

The National Electronic Health Records Survey is affiliated with the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about the adoption and use of electronic health records (EHRs) and electronic exchange of health information in ambulatory care settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. There are no penalties for nonparticipation. If you have questions or comments about this survey, please call xxx-xxx-xxxx.

**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 ⟶ Go to Question 3

☐2 No

☐3 I am no longer in practice

} *Please stop here and return the questionnaire in the envelope provided. Thank you for your time.*

*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, health system 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 50*

**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.")

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> *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.*

**6.   What are the county, state, zip code, and telephone number of the _reporting location_?**

Country _____ USA _____    County _____    State _____

Zip Code _____    Telephone _____

**7.   How many physicians, including you, work at this practice (including physicians at the reporting location, and physicians at any other locations of the practice)?**

☐1  1 physician         ☐4  11-50 physicians
☐2  2-3 physicians      ☐5  51-100 physicians
☐3  4-10 physicians     ☐6  More than 100 physicians

**8.   How many physicians, including you, work at the reporting location?** _____

**9.   How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with the reporting location?**

_____ Mid-level providers

**10.  Is the reporting location a single- or multi-specialty (group) practice?**

☐1 Single       ☐2 Multi

**11.  At the reporting location, are you currently accepting new patients?**

☐1 Yes   ☐2 No (Skip to 13)   ☐3 Don't know (Skip to 13)

**12.  If yes, which of the following types of payment do you accept from those new patients?**

|  | Yes | No | Don't Know |
|---|---|---|---|
| 1.  Private insurance | ☐1 | ☐2 | ☐3 |
| 2.  Medicare | ☐1 | ☐2 | ☐3 |
| 3.  Medicaid/CHIP | ☐1 | ☐2 | ☐3 |
| 4.  Workers' compensation | ☐1 | ☐2 | ☐3 |
| 5.  Self-pay | ☐1 | ☐2 | ☐3 |
| 6.  No charge | ☐1 | ☐2 | ☐3 |

**13.  Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)?**

☐1 Yes       ☐2 No       ☐3 Don't know

**14.  What percent of your patients are insured by Medicaid?** _____%

**15.  Do you treat patients insured by Medicare?**

☐1 Yes       ☐2 No       ☐3 Don't know

**16.  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

**17.  Do you or your reporting location currently participate in any of the following activities or programs? CHECK ALL THAT APPLY.**

☐1 Patient Centered Medical Home (PCMH)
☐2 Accountable Care Organization (ACO) arrangement with public or private insurers
☐3 Pay-for-Performance arrangement (P4P)
☐4 Medicaid EHR Incentive Program (e.g., Meaningful Use also called Promoting Interoperability Program)

**18.  Do you participate or plan to participate in the following Medicare programs? CHECK ALL THAT APPLY.**

*Merit-Based Incentive Payment System will adjust payment based on performance. Advanced Alternative Payment Models are new approaches to paying for medical care that incentivize quality and value.*

☐1 Merit-Based Incentive Payment System
☐2 Advanced Alternative Payment Model
☐3 Not applicable
☐4 Don't know

**19.  Does the reporting location use an EHR system? Do not include billing record systems.**

☐1 Yes   ☐2 No (Skip to 24)   ☐3 Don't know (Skip to 24)

**20. What is the name of your primary EHR system? CHECK ONLY ONE BOX.  IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.**

☐1 Allscripts          ☐6 e-MDs               ☐11 Practice Fusion

☐2 Amazing Charts      ☐7 Epic                ☐12 Sage/Vitera/Greenway

☐3 athenahealth        ☐8 GE/Centricity       ☐13 Other, specify: _____

☐4 Cerner              ☐9 Modernizing Medicine ☐14 Unknown

☐5 eClinical Works     ☐10 NextGen

**21. 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

**22. Does your EHR system meet meaningful use criteria, also called promoting interoperability (certified EHR), as defined by the Department of Health and Human Services?**

☐1 Yes                 ☐2 No                  ☐3 Don't know

**23. How frequently do you use template-based notes in your EHR system?**

*Template-based notes are generated through forms or pre-filled text in an EHR rather than free text alone.*

☐1 Often (Go to 23a)   ☐2 Sometimes (Go to 23a)  ☐3 Rarely (Go to 23a)   ☐4 Never (Skip to 24)

☐5 Don't know (Skip to 24)  ☐6 Not applicable (Skip to 24)

    **23a. To what extent do you customize your templates?**

        ☐1 A great extent    ☐2 Somewhat    ☐3 Very little or not at all    ☐4 Don't know

    **23b. How easy or difficult is it to locate information in template-based notes?**

        ☐1 Very easy    ☐2 Somewhat easy    ☐3 Somewhat difficult    ☐4 Very difficult

    **23c. How easy or difficult is it to locate information in free-text notes?**

        ☐1 Very easy    ☐2 Somewhat easy    ☐3 Somewhat difficult    ☐4 Very difficult

| **24. Does the reporting location use a computerized system to (CHECK NO MORE THAN ONE BOX PER ROW):** | | **Yes** | **No** | **Don't Know** |
|---|---|---|---|---|
| **RECORDING INFORMATION** | Record social determinants of health (e.g., employment, education)? | ☐1 | ☐2 | ☐3 |
| | Record behavioral determinants of health (e.g., tobacco use, physical activity, alcohol use)? | ☐1 | ☐2 | ☐3 |
| **SAFETY** | Order prescriptions? | ☐1 | ☐2 | ☐3 |
| | Are prescriptions sent electronically to the pharmacy? | ☐1 | ☐2 | ☐3 |
| | Are warnings of drug interactions or contraindications provided? | ☐1 | ☐2 | ☐3 |
| | Order lab tests? | ☐1 | ☐2 | ☐3 |
| | Order radiology tests? | ☐1 | ☐2 | ☐3 |
| | Provide reminders for guideline-based interventions or screening tests? | ☐1 | ☐2 | ☐3 |
| **PATIENT ENGAGEMENT** | Create educational resources tailored to the patients' specific conditions? | ☐1 | ☐2 | ☐3 |
| | Exchange secure messages with patients? | ☐1 | ☐2 | ☐3 |
| **POPULATION MANAGEMENT** | Generate lists of patients with particular health conditions? | ☐1 | ☐2 | ☐3 |
| | Create reports on clinical care measures for patients with specific chronic conditions (e.g., HbA1c for diabetics)? | ☐1 | ☐2 | ☐3 |
| | Create shared care plans that are available across the clinical care team? | ☐1 | ☐2 | ☐3 |
| **QUALITY MEASUREMENT** | Send clinical quality measures to public and private insurers (e.g., blood pressure control, HbA1c, smoking status)? | ☐1 | ☐2 | ☐3 |

## Patient Engagement

**25. Does your practice use telemedicine technology (e.g., audio with video, web videoconference) for patient visits?**

☐1 Yes             ☐2 No             ☐3 Don't know

| 26. **Does your EHR system allow patients to…** | Yes | No | Don't Know | Not Applicable |
|---|---|---|---|---|
| View their online medical record? | ☐1 | ☐2 | ☐3 | ☐4 |
| Download their online medical record to their personal files? | ☐1 | ☐2 | ☐3 | ☐4 |
| Send their online medical record to a third party (e.g., another provider, personal health record)? | ☐1 | ☐2 | ☐3 | ☐4 |
| Upload their health information from devices or apps (e.g., blood glucose meter, Fitbit, questionnaires)? | ☐1 | ☐2 | ☐3 | ☐4 |

## Prescribing Controlled Substances

**27. How frequently do you prescribe controlled substances?**

☐1 Often             ☐2 Sometimes             ☐3 Rarely             ☐4 Never (Skip to 30)
☐5 Don't know (Skip to 30)

**28. How frequently are prescriptions for controlled substances sent electronically to the pharmacy?**

☐1 Often             ☐2 Sometimes             ☐3 Rarely or Never             ☐4 Don't know

**29. How frequently do you or designated staff check your state's prescription drug monitoring program (PDMP) prior to prescribing a controlled substance to a patient for the first time?**

☐1 Often (Go to 29a)     ☐2 Sometimes (Go to 29a)     ☐3 Rarely (Go to 29a)     ☐4 Never (Skip to 30)
☐5 Don't know (Skip to 30)

**29a. How do you or your designated staff check your state's PDMP?**

☐1 Use EHR system    ☐2 Use system outside of EHR (e.g., PDMP portal or secure website)
☐3 Don't know

**29b. How easy or difficult is it to use your state's PDMP to find your patient's information?**

☐1 Very easy     ☐2 Somewhat easy  ☐3 Somewhat difficult   ☐4 Very difficult     ☐5 Don't know

**29c. When checking your state's PDMP, do you or designated staff typically request to view PDMP data from other states prior to prescribing a controlled substance for the first time?**

☐1 Yes             ☐2 No             ☐3 Don't know

**29d. Have you done any of the following as a result of using the PDMP?  CHECK ALL THAT APPLY.**

☐1 Reduced or eliminated controlled substance prescriptions for a patient
☐2 Changed controlled substance prescriptions to non-opioid pharmacologic (e.g., NSAIDS or acetaminophen) or non-pharmacologic therapy (e.g., exercise/physical therapy or CBT).
☐3 Prescribed naloxone
☐4 Referred additional treatment (e.g., substance abuse treatment, psychiatric or pain management)
☐5 Confirmed patients' misuse of prescriptions (e.g., engage in doctor shopping)
☐6 Confirmed appropriateness of treatment
☐7 Assessed pain and function of patient (e.g., PEG)
☐8 Consulted with other prescribers listed in PDMP report
☐9 Consulted and/or coordinate with other members of the care team

**Electronic Exchange of Patient Health Information**

30. **Do you ONLY send <u>and</u> receive patient health information through paper-based methods including fax, eFax, or mail?**

    ☐1 Yes (Skip to 37)        ☐2 No (Go to 31)        ☐3 Don't know (Go to 31)

31. **Do you electronically <u>send</u> patient health information to other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)?**

    ☐1 Yes (Go to 32)        ☐2 No (Skip to 33)        ☐3 Don't know (Skip to 33)

| 32. **Do you <u>send</u> patient health information to any of the following providers electronically?** Electronically does not include scanned or PDF documents, fax, or eFax. | **Yes** | **No** | **Don't Know** | **Not Applicable** |
|---|---|---|---|---|
| Ambulatory care providers outside your organization | ☐1 | ☐2 | ☐3 | ☐4 |
| Hospitals unaffiliated with your organization | ☐1 | ☐2 | ☐3 | ☐4 |
| Behavioral health providers | ☐1 | ☐2 | ☐3 | ☐4 |
| Long-term care providers | ☐1 | ☐2 | ☐3 | ☐4 |

33. **Do you electronically <u>receive</u> patient health information from other providers outside your medical organization using an EHR system (not eFax) or a Web Portal (separate from EHR)?**

    ☐1 Yes (Go to 34)        ☐2 No (Skip to 35)        ☐3 Don't know (Skip to 35)

| 34. **Do you <u>receive</u> patient health information from the following providers electronically?** Electronically does not include scanned or PDF documents, fax, or eFax. | **Yes** | **No** | **Don't Know** | **Not Applicable** |
|---|---|---|---|---|
| Ambulatory care providers outside your organization | ☐1 | ☐2 | ☐3 | ☐4 |
| Hospitals unaffiliated with your organization | ☐1 | ☐2 | ☐3 | ☐4 |
| Behavioral health providers | ☐1 | ☐2 | ☐3 | ☐4 |
| Long-term care providers | ☐1 | ☐2 | ☐3 | ☐4 |

35. **Does your reporting location electronically send or receive patient health information with public health agencies?** *Public health agencies can include the CDC, state or local public health authorities.*

    ☐1 Yes (Go to 35a)        ☐2 No (Skip to 36)        ☐3 Don't know (Skip to 36)
    ☐4 Not applicable (Skip to 36)

    **35a. What types of information do you electronically send or receive? CHECK ALL THAT APPLY.**

    ☐1 Syndromic surveillance data
    ☐2 Case reporting of reportable conditions
    ☐3 Immunization data
    ☐4 Public health registry data (e.g., cancer)

| 36. For providers outside your medical organization, do you regularly electronically <u>send and receive</u>, <u>send only</u>, or <u>receive only</u> the following types of patient health information? | Both Send and Receive Electronically | Send Electronically Only | Receive Electronically Only | Do not Send or Receive Electronically | Not Applicable |
|---|---|---|---|---|---|
| Progress/consultation notes | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| Clinical registry data | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| Emergency Department notifications | N/A | N/A | ☐3 | ☐4 | ☐5 |
| Summary of care records for transitions of care or referrals | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

37. **When seeing a new patient or a patient who has previously seen another provider, do you electronically search or query for your patient's health information from sources outside of your medical organization?** *This could include via remote or view only access to other facilities' EHR or health information exchange organization.*

☐1 Yes (Go to 37a)  ☐2 No (Skip to 38)  ☐3 Don't know (Skip to 38)

| 37a. Do you electronically search for the following patient health information from sources outside your medical organization? | Yes | No | Don't Know | Not Applicable |
|---|---|---|---|---|
| Progress/consultation notes | ☐1 | ☐2 | ☐3 | ☐4 |
| Vaccination/Immunization history | ☐1 | ☐2 | ☐3 | ☐4 |
| Summary of care record | ☐1 | ☐2 | ☐3 | ☐4 |

38. **Does your EHR system integrate any type of patient health information received electronically (not eFax) without special effort like manual entry or scanning?**

☐1 Yes (Go to 38a)  ☐2 No (Skip to 39)  ☐3 Don't know (Skip to 39)  ☐4 Not applicable (Skip to 39)

   38a. **Does your EHR system integrate summary of care records received electronically (not eFax) without special effort like manual entry or scanning?**

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

| 39. Do you reconcile the following types of clinical information electronically received from providers outside your medical organization? Reconciling involves comparing a patient's information from another provider with your practice's clinical information. | Yes | No | Don't Know | Not Applicable |
|---|---|---|---|---|
| Medication lists | ☐1 | ☐2 | ☐3 | ☐4 |
| Medication allergy lists | ☐1 | ☐2 | ☐3 | ☐4 |
| Problem lists | ☐1 | ☐2 | ☐3 | ☐4 |

## Availability and Use of Electronic Health Information

40. **When treating patients seen by providers outside your medical organization, how often do you or your staff have clinical information from those outside encounters electronically 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 I do not see patients outside my medical organization

41. **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?**

☐1 Often (Skip to 42)  ☐2 Sometimes (Skip to 42)  ☐3 Rarely (Go to 41a)  ☐4 Never (Go to 41a)
☐5 Don't know (Skip to 42)

> 41a.   **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, missing)
> ☐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

## Benefits and Barriers to Exchange of Electronic Health Information
*Information exchange refers to electronically sending, receiving, finding or integrating patient health information.*

42. **Please indicate your level of agreement with each of the following statements.**

| Electronically exchanging clinical information with other providers outside my medical organization_____. | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|---|
| "…improves my practice's quality of care." | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| "…increases my practice's efficiency." | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| "…prevents medication errors." | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| "…enhances care coordination." | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| "…reduces duplicate test ordering." | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

43. **Please indicate whether these issues are barriers to electronic information exchange <u>with providers outside your medical organization.</u>**

| | Yes | No | Don't know | Not Applicable |
|---|---|---|---|---|
| Providers in our referral network lack the capability to electronically exchange (e.g., no EHR system or health information exchange connection). | ☐1 | ☐2 | ☐3 | ☐4 |
| We have limited or no IT staff. | ☐1 | ☐2 | ☐3 | ☐4 |
| Electronic exchange involves incurring additional costs. | ☐1 | ☐2 | ☐3 | ☐4 |
| Electronic exchange involves using multiple systems or portals. | ☐1 | ☐2 | ☐3 | ☐4 |
| Electronic exchange with providers using a different EHR vendor is challenging. | ☐1 | ☐2 | ☐3 | ☐4 |
| The information that is electronically exchanged is not useful. | ☐1 | ☐2 | ☐3 | ☐4 |
| It is difficult to locate the electronic address of providers. | ☐1 | ☐2 | ☐3 | ☐4 |
| My practice may lose patients to other providers if we exchange information. | ☐1 | ☐2 | ☐3 | ☐4 |

## Documentation and Burden Associated with Medical Record Systems

*For the next questions, medical record system includes paper-based and EHR systems.*

**44. On average, how many hours <u>per day</u> do you spend <u>outside of normal office hours</u> documenting clinical care in your medical record system?**

☐1 None      ☐2 Less than 1 hour      ☐3 1 to 2 hours      ☐4 More than 2 hours to 4 hours      ☐5 More than 4 hours

**45. Do you have staff support (e.g., scribe) to assist you with documenting clinical care in your medical record system?**

☐1 Yes      ☐2 No

**46. How easy or difficult is it to document clinical care using your medical record system?**

☐1 Very easy      ☐2 Somewhat easy      ☐3 Somewhat difficult      ☐4 Very difficult      ☐5 Not applicable

**47. Please indicate whether you agree or disagree with the following statements about using your medical record system.**

|  | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|---|
| The amount of time I spend documenting clinical care is appropriate. | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| The amount of time I spend documenting clinical care does not reduce the time I spend with patients. | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |
| Additional documentation required solely for billing but not clinical purposes increases the overall amount of time I spend documenting clinical care. | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 |

**48. Clinical care documentation requirements for private insurers generally align with Medicare requirements.**

☐1 Strongly agree      ☐2 Somewhat agree      ☐3 Somewhat disagree      ☐4 Strongly disagree      ☐5 Not applicable

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

_____

**50. 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:**

**RTI International**
**Attn: Data Capture (0215517.005.000.001)**
**5265 Capital Boulevard**
**Raleigh, NC 27690-1653**

Boxes for Admin Use