

Attachment B – Changes to 2016 NEHRS

Questions deleted

14. In which year did you install your current EHR system?

Year: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Allscripts | <input type="checkbox"/> 6 e-MDs | <input type="checkbox"/> 11 Practice Fusion |
| <input type="checkbox"/> 2 Community Computer Service, Inc. | <input type="checkbox"/> 7 Epic | <input type="checkbox"/> 12 Sage/Vitera/ Greenway |
| <input type="checkbox"/> 3 athenahealth | <input type="checkbox"/> 8 GE/Centricity | <input type="checkbox"/> 13 Other, specify _____ |
| <input type="checkbox"/> 4 Cerner | <input type="checkbox"/> 9 Eyefinity/ Officemate | |
| <input type="checkbox"/> 5 eClinical Works | <input type="checkbox"/> 10 NextGen | <input type="checkbox"/> 14 Unknown |

18. 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 Unknown

20. Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT.” Have you ever applied for Meaningful Use Incentive Program payments?

- 1 Yes, at the reporting location
2 Yes, not at the reporting location
3 No
4 Unknown

21. Do you plan to apply for Meaningful Use Incentive Program payments in the future?

- 1 Yes 2 No 3 Unknown

25. 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 Unknown

39. How do you search patient health information from outside sources? CHECK ALL THAT APPLY.

- 1 EHR
- 2 Web portal
- 3 Other_____

| 22. Indicate whether the reporting location has each of the computerized capabilities listed below and how often these capabilities are used. CHECK NO MORE THAN ONE BOX PER ROW. | Yes, Used Routinely | Yes, But Not Used Routinely | No | Unknown |
|---|----------------------------|-----------------------------|----------------------------|----------------------------|
| c. Recording and charting vital signs? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. Recording patient smoking status? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| j1. Are orders sent electronically? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| k1. Can the EHR automatically graph a specific patient's lab results over time? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| o. Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| r. Electronic reporting to immunization registries? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Questions modified (questions in 2015 survey are in red; 2016 are in black)

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

- 1 Yes 2 No 3 Unknown

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)

13. Does the reporting location use an electronic health record (EHR) system? Do not include billing record systems.

- 1 Yes, all electronic
2 Yes, part paper and part electronic
3 No
4 Unknown
- } Go to Question 14
} Skip to Question 19

20. Does the reporting location use an EHR system?

- 1 Yes
2 No (Skip to 22)
3 Don't know (Skip to 22)

15. Does your current EHR system meet meaningful use criteria as defined by the Department of Health and Human Services?

- 1 Yes 2 No 3 Unknown

21. 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

16. Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system? Do not include eFaxing.

1 Yes 2 No 3 Unknown

- **Items below** amends 2015 Q16 above to assess the sending to or receiving of patient health information from another provider whose EHR system is different from the reporting location.

28. Do you electronically send patient health information to another provider whose EHR system is different from your own?

1 Yes
2 No
3 Don't know

29. Do you electronically receive patient health information from another provider whose EHR system is different from your own?

1 Yes
2 No
3 Don't know

| 22. Indicate whether the reporting location has each of the computerized capabilities listed below and how often these capabilities are used. CHECK NO MORE THAN ONE BOX PER ROW. | Yes, Used Routinely | Yes, But Not Used Routinely | No | Unknown |
|---|----------------------------|-----------------------------|--|--|
| a. Recording patient history and demographic information? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. Recording patient problem lists? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. Recording clinical notes? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f. Recording patients' medications and allergies? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| g. Reconciling lists of patient medications to identify the most accurate list? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| h. Providing reminders for guideline-based interventions or screening tests? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| i. Ordering prescriptions? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <i>Skip to j</i> | <input type="checkbox"/> 4 <i>Skip to j</i> |
| Are prescriptions sent electronically to the pharmacy? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Are warnings of drug interactions or contraindications provided? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| j. Ordering lab tests? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <i>Skip to k</i> | <input type="checkbox"/> 4 <i>Skip to k</i> |
| k. Viewing lab results? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <i>Skip to l</i> | <input type="checkbox"/> 4 <i>Skip to l</i> |
| l. Ordering radiology tests? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| m. Viewing imaging results? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| n. Identifying educational resources for patients' specific conditions? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| p. Identifying patients due for preventive or follow-up care in order to send patients reminders? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| q. Generating lists of patients with particular health conditions? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| s. Providing patients with clinical summaries for each visit? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| t. Exchanging secure messages with patients? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Amended 2016 computerized capabilities items below - use the 2015 original questions above: the computerized capabilities questions were grouped into categories: 1) basic computerized capabilities; 2) safety; 3) patient engagement; and 4) population management. The response categories were refined into "Yes", "No" or "Don't Know".

- **Item below** amends 2015 Q22 above to assess whether the reporting location uses each of the computerized capabilities listed.

| 23. Indicate whether the reporting location uses each of the computerized capabilities listed below. CHECK NO MORE THAN ONE BOX PER ROW. Does the reporting location use a computerized system to: | | Yes | No | Don't know |
|---|---|--------------------------|--------------------------|--------------------------|
| <u>BASIC COMPUTERIZED CAPABILITIES</u> | Record patient history & demographic information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Record patient problem list? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Record patients' allergies and medications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Record clinical notes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | View lab results? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | View imaging reports? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>SAFETY</u> | Order prescriptions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Are prescriptions sent electronically to the pharmacy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Are warnings of drug interactions or contraindications provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Order lab tests? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Order radiology tests? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Provide reminders for guideline-based interventions or screening tests? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Reconcile lists of patient medications to identify the most accurate list? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>PATIENT ENGAGEMENT</u> | Provide patients with clinical summaries for each visit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Exchange secure messages with patients? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>POPULATION MANAGEMENT</u> | Identifying patients due for preventive or follow-up care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Providing data to generate lists of patients with particular health conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Providing data to create reports on clinical care measures for patients with specific chronic conditions (e.g., HbA1c for diabetics)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. **Has your reporting location been recognized as a Patient Centered Medical Home (PCMH) by a state, a commercial health plan, or a national organization, such as the National Committee for Quality Assurance (NCQA), the Joint Commission, URAC, or the Accreditation Association for Ambulatory Health Care (AAAHC)?**

1 Yes 2 No 3 Unknown

17. **Has your reporting location been recognized as a Patient Centered Medical Home (PCMH) by a state, a commercial health plan, or a national organization, such as the National Committee for Quality Assurance (NCQA), the Joint Commission, URAC, or the Accreditation Association for Ambulatory Health Care (AAAHC)?**

1 Yes 2 No 3 Don't know

24. **Does the reporting location participate in an Accountable Care Organization (ACO) arrangement with Medicare or private insurers?** An ACO is an entity typically composed of primary care physicians, specialists, and hospitals, and held financially accountable for the cost and quality of care delivered to a defined group of patients.

1 Yes 2 No 3 Unknown

18. **Does the reporting location participate in an Accountable Care Organization (ACO) arrangement with Medicare or private insurers?** An ACO is an entity typically composed of primary care physicians, specialists, and hospitals, and held financially accountable for the cost and quality of care delivered to a defined group of patients.

1 Yes 2 No 3 Don't know

27. **Roughly, what percent of your patients are insured by Medicaid?**

_____ %

13. **What percent of your patients are insured by Medicaid?**

_____ %

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

1 Yes 2 No 3 Unknown

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

1 Yes 2 No 3 Don't know

2015 NEHRS HIE items on referring patients and HIE.

| 29. Do you send patient health information to other providers and public health agencies outside your medical organization using the following methods of data transmission? | Yes | No | Uncertain |
|---|----------------------------|----------------------------|----------------------------|
| Paper-based method (e.g., mail, fax) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| eFax | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| EHR (not eFax) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Web Portal (separate from EHR) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

| 30. Do you receive patient health information from other providers and public health agencies outside your medical organization using the following methods of data transmission? | Yes | No | Uncertain |
|--|----------------------------|----------------------------|----------------------------|
| Paper-based method (e.g., mail, fax) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| eFax | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| EHR (not eFax) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Web Portal (separate from EHR) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

- **Item below** amends 2015 Qs-29 and 30 *above* to assess how patient health data is shared with other providers. Patient health information sharing was refined into two separate questions without listing each type of data transmission in 2016: send and receive through paper-based methods; send or receive patient health information electronically.

26. Do you ONLY send and receive patient health information through paper-based methods including fax, eFax, or mail?

- 1 Yes (Skip to 32)
- 2 No
- 3 Don't know

27. Do you send or receive patient health information electronically? Electronically does not include scanned or pdf documents from fax, eFax, or mail.

- 1 Yes
- 2 No (Skip to 32)
- 3 Don't know (Skip to 32)

| 31. Do you refer patients to the following types of providers? If yes, how often do you send patient health information electronically through either your EHR or web portal? Do NOT include eFax, fax, or other paper-based methods. | | | | | | |
|--|----------------------------|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | No | Yes | Often | Sometimes | Rarely | Never |
| Ambulatory care providers outside your organization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Ambulatory care providers within your organization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Hospitals unaffiliated with your organization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Hospitals affiliated with your organization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Behavioral Health providers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Long-term care providers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

- **Item below** amends 2015 Q31 *above* to assess how patient health data is sent to referrals.

| 24. Do you refer patients to the following providers? If so, how do you send patient health information to them? Electronic does not include fax, eFax, or mail. | No | Yes, we send patient health information electronically (EHR, webportal or online registries) | Yes, we send patient health information via paper-based methods (Fax, eFax, or mail) | Yes, we send patient health information both electronically and via paper based methods | Yes, we do not send patient health information to the provider |
|--|--------------------------|---|---|--|---|
| Ambulatory care providers outside your organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ambulatory care providers within your organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitals unaffiliated with your organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitals affiliated with your organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavioral Health providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long-term care providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 32. Do you see patients that have received care from the following types of providers? If yes, how often do you receive patient health information electronically through either your EHR or web portal? Do NOT include eFax, fax, or other paper-based methods. | | | | | | |
|---|----------------------------|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | No | Yes | Often | Sometimes | Rarely | Never |
| Ambulatory care providers outside your organization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Ambulatory care providers within your organization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Hospitals unaffiliated with your organization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Hospitals affiliated with your organization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Behavioral Health providers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Long-term care providers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 → | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

- **Item below** amends 2015 Q32 above to assess how patient health data is received from patients at the reporting location.

| 25. Do you see patients from the following providers? If so, how do you receive patient health information from them? Electronic does not include fax, eFax, or mail. | No | Yes, we receive patient health information electronically (EHR, webportal or online registries) | Yes, we receive patient health information via paper-based methods (Fax, eFax, or mail) | Yes, we receive patient health information both electronically and via paper based methods | Yes, we do not receive patient health information from the provider |
|--|--------------------------|---|---|--|---|
| Ambulatory care providers outside your organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ambulatory care providers within your organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitals unaffiliated with your organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitals affiliated with your organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavioral Health providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long-term care providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

35. 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 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 Uncertain 6 I do not see patients outside my medical organization

34. 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 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

36. Do you have the capability to 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 (*Skip to 40*)
- 3 Uncertain (*Skip to 40*)

35. 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 (*Go to 36*)
- 2 No (*Skip to 41*) 3 Don't Know (*Skip to 41*)

37. What type of patient health information do you routinely search for from sources outside your medical organization? CHECK ALL THAT APPLY.

- 1 Lab results
- 2 Patient problem lists
- 3 Imaging reports
- 4 Medication lists
- 5 Medication allergy lists
- 6 Discharge summaries
- 7 Other_____

| 37. Do you routinely search for the following patient health information from sources outside your medical organization? | Yes | No |
|--|--------------------------|--------------------------|
| Lab results | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient problem lists | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging reports | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication lists | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication allergy list | <input type="checkbox"/> | <input type="checkbox"/> |
| Discharge summaries | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaccination history | <input type="checkbox"/> | <input type="checkbox"/> |
| Advance directives | <input type="checkbox"/> | <input type="checkbox"/> |
| Care plans | <input type="checkbox"/> | <input type="checkbox"/> |

38. How often do you electronically search for health information from sources outside of your medical organization when seeing a new patient or an existing patient who has received services from other providers?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never (*Skip to 40*)

36. How often do you electronically search for health information from sources outside of your medical organization when seeing a new patient or an existing patient who has received services from other providers?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

Questions added

Content below in red was approved and asked on the 2015 NEHRS (Q33), and black is new content proposed on the 2016 NEHRS.

| 30. For providers outside of your medical organization, do you 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 |
|--|--------------------------------------|----------------------------|-----------------------------|---------------------------------------|
| Medication lists | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Patient problem lists | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Medication allergy lists | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Imaging reports | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Laboratory results | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Public health registry data (e.g., immunizations, cancer) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Clinical registries | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Hospital discharge summaries | | | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Emergency Department notifications | | | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Summary of care records for transitions of care or referrals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Patient-generated data (e.g. data from self-monitoring devices or mobile health applications) | | | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Content below in red was approved and asked on the 2015 NEHRS (Q34), and black is new content proposed on the 2016 NEHRS.

| 30. When electronically receiving information from other providers, do you integrate the following types of patient health information into your EHR without special effort like manual entry or scanning? | Yes | No | Don't know | Not Applicable |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Medication lists | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Patient problem lists | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Medication allergy lists | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Imaging reports | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Laboratory results | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Public health registry data (e.g., immunizations, cancer) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Referrals (e.g., referral requests or reports) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Hospital discharge summaries | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Emergency Department notifications | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

| | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Summary of care records for transitions of care or referrals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Patient-generated data (e.g. data from self-monitoring devices or mobile health applications) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Content below in red was approved and asked on the 2015 NEHRS (Q22 u, v, w), and black is new content proposed on the 2016 NEHRS.

| 32. Can patients seen at the reporting location do the following online activities? Can patients... | Yes | No | Don't Know |
|---|----------------------------|----------------------------|----------------------------|
| View their medical record online? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Download health information from their electronic medical record to their personal files? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Transmit health information from their electronic medical record to a designated third party of their choice (e.g. another provider)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Request corrections to their electronic medical record? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Enter their health information online (e.g., weight, symptoms)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Upload their data from self-monitoring devices (e.g., blood glucose readings)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

Content below in red was approved and asked on the 2015 NEHRS (Q40), and black is new content proposed on the 2016 NEHRS.

| 41. To what extent do you agree or disagree with the following statements. | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | Not Applicable |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Electronic information exchange with providers outside my organization gives me access to the patient health information I need. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electronically sending clinical information to providers outside my organization is easy to do using my EHR. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electronically receiving clinical information from other providers is easy to do using my EHR | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electronic information exchange with providers outside my organization improves my ability to coordinate care for my patients. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electronic information exchange with other providers reduces duplicate test ordering. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electronic information exchange with providers outside my organization is cumbersome to do with our EHR. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electronic information exchange with providers outside my organization prevents medication errors. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electronic information exchange with providers outside my organization is difficult because providers in my referral network do not have the capability to exchange data electronically. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electronic information exchange with providers outside my organization provides me with clinical information that I can trust. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electronic information exchange with providers outside my organization increases my practice's vendor costs. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

NEW CONTENT: Below was not asked prior NEHRS questionnaire. These questions are important to the goal of ONC.

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

- 1 Yes 2 No 3 Don't know

19. Estimate the approximate number of years you have used any electronic health record (EHR) system? Do not include billing record systems.

- Never used an EHR system
 Under 1 year
 _____year(s)

| 33. Within the last 30 days has your EHR system... | Yes | No | Not Applicable |
|---|----------------------------|----------------------------|----------------------------|
| Alerted you to a potential medication error? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Led to a potential medication error? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Inadvertently led you to select the wrong medication or lab order from a list? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Led to less effective communication during patient visits? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Made it difficult for you to find clinical content needed for medical decision making? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Sent you too many alerts, causing you to overlook something important? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Alerted you to critical lab values? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Reminded you to provide preventive care (e.g., vaccine, cancer screening)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Reminded you to provide care that meets clinical guidelines for patients with chronic conditions? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Facilitated direct communication with a patient (e.g., email or secure messaging)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Facilitated direct communication with other providers who are part of your patient care team? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Enhanced overall patient care? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

38. How often do you use electronically received patient health information from outside of your medical organization to manage your patient population?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Don't know

39. Do you prescribe controlled substances?

- 1 Yes
- 2 No (Skip to 41)
- 3 Don't Know (Skip to 41)

40. Are prescriptions for controlled substances sent electronically to the pharmacy?

- 1 Yes
- 2 No
- 3 Don't Know