Script 1: Used to identify the correct physician's office and introduce purpose of call
Hello, my name is _____. Is this the office for Dr. ___? I was hoping to speak with the doctor or an office manager. Is either available?

IF INCORRECT DR, DISPOSITION AS "WRONG NUMBER"
IF INCORRECT DR AND GIVEN NEW NUMBER, DISPOSITION AS "WRONG NUMBER" AND ADD "VERIFY NEW NUMBER" IN COMMENTS.

Once the physician or office manager is on the phone:
I'm calling on behalf of the National Center for Health Statistics (NCHS) regarding a study we contacted the doctor (you) about. The study ends soon, and we wanted to be sure to include your office's information in the research data. Do you have about 30 minutes to answer a few general practice questions? AS NEEDED: IF R SEEMS CONFUSED OR WANTS MORE INFO ON WHAT THE CALL IS ABOUT, THEN OK TO ADD ABOUT EHR-RELATED/PURPOSE SUCH AS WE'RE COLLECTING DATA ON ER USE AND ELECTRONIC RECORD/INFORMATION EXCHANGE.

IF YES, SKIP TO STEP 1.

IF YES, BUT NO TIME NOW, FIND BETTER TIME TO CALL / SCHEDULE APPOINTMENT.

IF NO TO SURVEY – May I ask 4 questions so that we can close out the data for you/the doctor? THEN ASK QUESTIONS 1, 2, 3, AND 4, AND ENTER REFUSAL REASON WHEN PROMPTED.

Script 2: Used when leaving a voice message (Voicemail):
Hello, my name is _____ and I'm calling on behalf of the NCHS (National Center for Health Statistics) regarding a letter that we sent to Dr. _____. Since our follow-up period is coming to a close soon, we would like to speak with Dr. ___ or a member of his staff for a few minutes. Please call xxx-xxx-xxxx. Again, that number is xxx-xxx-xxxx. Thank you.

STEP 1 – CONFIRM PERSON YOU ARE SPEAKING WITH

Great, let's get started.

CONFIRM PERSON YOU ARE SPEAKING WITH (RECORDED IN Q22 OF PAPER SURVEY)

>   WHO AM I SPEAKING WITH?
>   THE PHYSICIAN TO WHOM THE SURVEY WAS ADDRESSED
>   OFFICE STAFF
>   OTHER

STEP 2 - NEED INFORMED CONSENT?
Do you recall receiving a letter from the NCHS (National Center for Health Statistics), CDC (Centers for Disease Control and Prevention) asking you to participate in a study on the use of electronic health records and how it affects the delivery of health care in the United States?
-    IF NO, SEND TO STEP 3

- IF YES, ASK IF HE/SHE HAS ANY QUESTIONS OR CONCERNS ABOUT THE LETTER OR SURVEY. ANSWER QUESTIONS AND **GO TO Step 4** –Begin Survey.

STEP 3 – INFORMED CONSENT

You have been randomly selected to participate in a brief survey on the use of electronic health records in office-based practices. Results from the National Electronic Health Records Survey, which is affiliated with the National Ambulatory Medical Care Survey (NAMCS), will be used to inform health services researchers and policy makers, as well as those in the private sector, about the use of electronic health records and how it affects the delivery of health care in the United States.

The NCHS Research Ethics Review Board has approved this research survey. We take your privacy very seriously. We are required to keep your survey data confidential. The information you give us will be used for statistical research only. Your participation is voluntary. You may discontinue your participation at any time. There will be no loss of benefits for not participating or discontinuing participation.

The burden for this survey is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

If you have any questions or comments regarding this study, you may call the study coordinator at 1-XXX-XXX-XXXX. If you have questions about your rights as a research participant, please call the Research Ethics Review Board at the National Center for Health Statistics at (800) 223-8118.

Do you have any questions or concerns about the survey? ANSWER QUESTIONS then CONTINUE TO STEP 4.

STEP 4 -- BEGIN QUESTIONNAIRE

TRANSITION STATEMENT: Thank you so much for your contribution in tracking the adoption of electronic health records (EHRs) in office-based practices through your recent participation in the National Electronic Health Records Survey (NEHRS). Based, in part, on your responses to the prior survey, you have been selected to participate in an important supplemental study to learn more about physicians' experience with adopting electronic health records. For the following questions, please provide information related to the location in Q1, which is where you previously indicated that you saw the most ambulatory care patients.

Read Q1: Does Dr. __ (Do you) still work at the location listed below? READ THE ADDRESS.
(IF "YES," CONTINUE TO QUESTION 2) (IF "NO" CLOSE THE SURVEY (GO TO **STEP 5**))

Read Q2: Overall, how satisfied or dissatisfied is Dr. __ (Are you) with his/her (your) EHR system? READ THE OPTIONS "Very satisfied," "Somewhat satisfied," "Neither satisfied nor dissatisfied," "Somewhat dissatisfied," "Very Dissatisfied," OR "Not applicable."

Read Q3: Has your reporting location changed EHR system vendor within the last 6 months? READ THE OPTIONS "Yes," "No," OR "Don't know." (IF "YES," CONTINUE TO QUESTION 4) (IF "NO" OR "DON'T KNOW" GO TO QUESTION 5)

Read Q4: Does your EHR system meet meaningful use criteria as defined by the Department of Health and Human Services? READ THE OPTIONS "Yes," "No," OR "Don't know."

Read Q5: Does the reporting location use an EHR system to do the following things?
      READ.....Send immunization data to immunization registries? Would you say, "Yes," "No," "Don't know," OR "Not applicable."

      READ.....Send syndromic surveillance data to public health agency? Would you say, "Yes," "No," "Don't know," OR "Not applicable."

      READ.....Send case reporting of reportable conditions (e.g. measles, tuberculosis, ebola) to public health agency? Would you say, "Yes," "No," "Don't know," OR "Not applicable."

      READ..... Send clinical quality measures to public and private insurers (e.g., blood pressure control, Hb1AC, smoking status)? Would you say, "Yes," "No," "Don't know," OR "Not applicable."

      READ..... Review your practice's performance on clinical quality measures? Would you say, "Yes," "No," "Don't know," OR "Not applicable."

      READ..... Create educational resources tailored to the patients' specific conditions? Would you say, "Yes," "No," "Don't know," OR "Not applicable."

      READ..... Create shared care plans that are available across clinical care team? Would you say, "Yes," "No," "Don't know," OR "Not applicable."

      READ..... Identify high risk patients that may require follow-up and services? Would you say, "Yes," "No," "Don't know," OR "Not applicable."

TRANSITION STATEMENT: The next set of questions asks about patient access to their medical records at the reporting location.

Read Q6: Does your EHR have the computerized capability to allow patients to view their online medical record? READ THE OPTIONS "Yes," "No," OR "Don't know."

Does your EHR have the computerized capability to allow patients to to download their online medical record to their personal files? READ THE OPTIONS "Yes," "No," OR "Don't know."

Does your EHR have the computerized capability to allow patients to to send their online medical record to a third party (e.g. another provider, personal? READ THE OPTIONS "Yes," "No," OR "Don't know."

Does your EHR have the computerized capability to allow patients to to upload their health information from devices or apps (e.g., blood glucose meter, Fitbit, questionnaires)? READ THE OPTIONS "Yes," "No," OR "Don't know."

TRANSITION STATEMENT: The next set of questions asks about privacy and security at the reporting location.

Read Q8: Has your practice made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? AS NEEDED: This assessment would help identify privacy- or security-related issues that may need to be corrected. READ THE OPTIONS "Yes," "No," "Don't know," OR "Not applicable."

Read Q9: Are you required to use <u>more than one</u> 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. READ THE OPTIONS "Yes," "No," "Don't know," OR "Not applicable."

Read Q10: Does your practice generally obtain written authorization from patients to electronically exchange information for treatment purposes?   AS NEEDED: HIPAA generally permits providers to electronically share patient health information for treatment of patients they have in common without written authorization from the patient. READ THE OPTIONS "Yes," "No," "Don't know," OR "Not applicable."

TRANSITION STATEMENT: The next set of questions asks about the reporting location's participation in programs offered by the Center for Medicare & Medicaid's (CMS).

Read Q11: Do you participate or plan to participate in the Medicaid EHR Incentive Program (e.g. Meaningful Use Program)? READ THE OPTIONS AND CHOOSE ONE. Select "Yes," "No," "Don't know," OR "Not applicable."

Read Q12: Do you participate or plan to participate in the CMS Merit-Based Incentive Payment System? READ AS NEEDED: 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"). READ THE OPTIONS AND CHOOSE ONE. Select "Yes," "No," "Don't know," OR "Not applicable."

Read Q13: Do you participate or plan to participate in the CMS Alternative Payment Model? READ AS NEEDED: 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. READ THE OPTIONS AND CHOOSE ONE. Select "Yes," "No," "Don't know," OR "Not applicable."

TRANSITION STATEMENT: The next set of questions are about how Dr.__(you) exchange health information. Throughout this survey, the term "electronically" does NOT include scanned or pdf documents, nor does it include fax, eFax, or e-mail. IF NEEDED: By medical organization we mean the organization that employs you and other physicians who work together and may share staff, patient medical records, and profits.

Read Q14: When you refer patients to providers outside your organization, does your practice typically send the patient's clinical information to these providers electronically?   READ THE OPTIONS AND CHOOSE ONE. Select "Yes," "No," "Don't know," OR "Not applicable."

Read Q15: Does your practice typically receive referral results electronically from providers outside your organization?   READ THE OPTIONS AND CHOOSE ONE. Select "Yes," "No," "Don't know," OR "Not applicable."

Read Q16: Please indicate whether these issues are barriers to electronic information exchange with providers outside your organization? AS NEEDED: When we say information exchange, it refers to electronically sending, receiving, finding or integrating patient health information. Please tell me if you would say, "Yes," "No," or "Don't know," or tell me if it does not apply to you:

> READ..... Providers outside of my organization cannot electronically exchange data with me.
>
> READ..... My practice would have to pay additional costs to electronically exchange data with providers outside my medical organization.
>
> READ..... It is cumbersome to use my EHR to electronically exchange data with providers outside my medicial organization.
>
> READ..... I have to use multiple systems or portals to electronically exchange data with providers outside my medical organization.
>
> READ..... It is challenging to electronically exchange data with other providers who use a different EHR vendor.
>
> READ..... It is difficult to locate the address of the provider to electronically send patient health information.
>
> READ..... My practice is concerned about the privacy and security of health information that is electronically exchanged.
>
> READ..... The information that is electronically exchanged is not useful.

Read Q17: To what extent do you agree or disagree with the following statements? When we say information exchange, it refers to electronically sending, receiving, finding or integrating patient health information. Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements, or tell me if it does not apply to you:

> READ..... Electronically exchanging clinical information with other providers outside my medical organization improves my practice's quality of care.
>
> READ..... Electronically exchanging clinical information with other providers outside my medical organization increases my practice's efficiency.
>
> READ..... Electronically exchanging clinical information with other providers outside my medical organization prevents medication errors.
>
> READ..... Electronically exchanging clinical information with other providers outside my medical organization reduces duplicate test ordering.
>
> READ..... Electronically exchanging clinical information with other providers outside my medical organization provides me with clinical information that I can trust.

Read Q18: To what extent do you agree or disagree with the following statements? Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements, or tell me if it does not apply to you:

> READ..... Electronically reviewing quality meaures from my EHR helps me to identify areas for improvement.
>
> READ..... Clinical information that I need from outside sources is readily available within my EHR.
>
> READ..... My EHR allows me to follow-up with patients who have not filled their prescriptions.
>
> READ..... Electronic access to recent laboratory results from other providers saves me from ordering the same test.
>
> READ..... Electronic access to recent images from other providers saves me from ordering the same image.
>
> READ..... Electronically receiving notifications of ED visits or hospital admission enables me to follow-up with patients.
>
> READ..... Reconciling medication data electronically received from outside my medical organization increases patient safety.

READ….. Electronically exchanging care summaries with providers outside my medical organization enhances care coordination.

Read Q19: 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? READ THE OPTIONS AND CHOOSE ONE. Select "Yes," "No," OR "Uncertain."
IF "NO," OR "UNCERTAIN" GO TO Q21.

PROGRAMMER NOTE: IF Q19 IS "NO," OR "UNCERTAIN" SKIP TO Q21

Read Q20: 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? READ THE OPTIONS AND CHOOSE ONE. Select "Yes, my EHR system will be able to produce such documents," "Yes, I will need to verify with administrative staff," "No," OR "Don't know."

Read Q21: What is a reliable E-mail address for you (for the doctor)? BE SURE TO READ THE EMAIL BACK TO THE RESPONDENT.

STEP 5 -- CLOSE THE SURVEY. Thank you very much for your time. That completes the survey. Have a great day!