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 3 questions so that we can close out the data for you/the doctor? THEN ASK QUESTIONS 1, 2, 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 Q50 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 in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title 5 of PL 107-347). 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 30 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: This study asks about ambulatory care, that is, care for patients receiving health services without admission to a hospital or other facility.

Read Q2: Does Dr. __ (Do you) directly care for any ambulatory patients in his/her (your) work? (IF "YES," CONTINUE TO QUESTION 4) (IF "NO" OR "NO LONGER IN PRACTICE" CLOSE THE SURVEY (GO TO **STEP 5**))

Read Q4: Does Dr. __ (Do you) see ambulatory patients in any of the following settings? I will read you a list of settings. Please answer yes or no for each. CHECK ALL THAT APPLY. READ RESPONSES ONE AT A TIME. PROGRAMMER CHANGE:
1. (OPTION 3): Community Health Center [IF NEEDED: FEDERALLY QUALIFIED HEALTH CENTER, FEDERALLY FUNDED CLINICS OR LOOK-ALIKE CLINICS]
2. (OPTION 5): Non-federal government clinic [IF NEEDED: STATE, COUNTY, CITY, MATERNAL AND CHILD HEALTH, ETC.]
3. (OPTION 7): Health maintenance organization or other prepaid practice [IF NEEDED: SUCH AS KAISER PERMANENTE]
4. CHANGE OPTION 10 "NONE OF THE ABOVE" TO ALL CAPS FOR INTERVIEWER TO READ ONLY AS NEEDED.

IF THEY ANSWERED ONLY HOSPITAL EMERGENCY, HOSPITAL OUTPATIENT DEPARTMENT OR NONE OF THE ABOVE IN Q4, CLOSE THE SURVEY (GO TO STEP 5).
IF THEY SELECTED ANY OF THE BOXES 1-8 IN Q4, CONTINUE TO Q1.

Read Q1 – We have the doctor's (your) specialty as _____. Is that correct?

(IF NO ASK THE FOLLOWING 2 QUESTIONS:)
1) What is the doctor's (your) specialty? ENTER FULL DESCRIPTION IN THE SPACE PROVIDED
2) Does the doctor's (your) practice focus on a specific area of treatment? [REVIEW SPECIALTY LIST TO GET SPECIFIC SUB-SPECIALTY. ENTER NONE IF NO SUB-SPECIALTY]

TRANSITION STATEMENT: The next set of questions asks about a **normal week.** We define a normal week as a week with a normal case load, with no holidays, vacations, or conferences.

Read Q3: Overall, at how many office locations, excluding hospital emergency and hospital outpatient departments does Dr. __ (do you) see ambulatory patients in a normal week? IF RANGE IS PROVIDED, PROMPT IF MIDPOINT IS ACCURATE e.g. "Would you say X# is accurate?"

QUESTION 5 NOTE: IF MULTIPLE ANSWERS TO SETTING WERE PROVIDED IN Q4, REPHRASE Q4 TO INCLUDE ALL CHECKED RESPONSES. EXAMPLE: (You mentioned that Dr. __ sees patients at (list locations)) IF ONLY ONE LOCATION THEN SKIP Q5

Read Q5: At which of these settings does Dr. __ (do you) see the most ambulatory patients? (LIST OPTIONS FROM Q4 AND INSTRUCT RESPONDENT TO SELECT ONLY ONE)

TRANSITION STATEMENT: The next questions are about the setting where Dr. __ sees (you see) most patients. The location you stated is _____ (FROM Q4). For the remainder of the survey, this location will be referred to as the reporting location.

Read Q6: What are the county, state, zip code and telephone number of the <u>reporting location</u>?

Read Q7: How many physicians, including the doctor (you), work at this practice, including physicians at the reporting location and physicians at any other locations of the practice? (READ LIST OPTIONS 1-6 AND INSTRUCT RESPONDENT TO SELECT ONLY ONE)

Read Q8: How many physicians, including the doctor (you), work at the reporting location? IF ASKED: Please do not include mid-level providers (nurse practitioners, physician assistants, and nurse midwives)

[NOTE: PROGRAM SHOWS WARNING IF NUMBER OF PHYSICIANS AT REPORTING LOCATION (Q8) IS GREATER THAN THE NUMBER OF PHYSICIANS AT THIS PRACTICE (Q7)]

Read Q9: How many mid-level providers, such as nurse practitioners, physician assistants, and nurse midwives are associated with the reporting location? IF RANGE IS PROVIDED, PROMPT IF MIDPOINT IS ACCURATE e.g. "Would you say X# is accurate?"

Read Q10: Is the reporting location a single- or multi-specialty group practice?

Read Q11: At the reporting location, is Dr.__(are you) currently accepting new patients? IF YES, ASK Q12, IF NO OR DK GO TO Q13

Read Q12: For Dr.____'s (your) new patients, do you accept the following types of payment: READ RESPONSES ONE AT A TIME AND CHECK ONE BOX PER ROW. Select "Yes," "No" OR "Don't know."

Read Q13: Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know."

Read Q14: What percent of your patients are insured by Medicaid? IF RANGE IS PROVIDED, PROMPT IF MIDPOINT IS ACCURATE e.g. "Would you say X# is accurate?"

Read Q15: Does Dr.__ (you) treat patients insured by Medicare? Select "Yes," "No" or "Don't know."

Read Q16: Which of the following owns this reporting location? READ EACH OPTION BUT ONLY SELECT ONE.

Read Q17: Do you or your reporting location currently participate in any one of the following activities or programs? Check all that apply. READ THE OPTIONS AND CHOOSE ONE. Select "Patient Centered Medical Home (PCMH)," "Accountable Care Organization (ACO) arrangement

with public or private insurers," "Pay-for-Performance arrangement (P4P)," OR "Medicaid EHR Incentive Program (e.g., Meaningful Use Program)."

Read Q18: Do you participate or plan to participate in the following Medicare programs?   Check all that apply. READ AS NEEDED: 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. READ THE OPTIONS AND CHOOSE ONE. Select "Merit-Based Incentive Payment System," "Advanced Alternative Payment Models," OR "Not applicable."

Read Q19: Does this reporting location use an electronic health record (EHR) system? Do not include billing record systems. READ THE OPTIONS "Yes," "No" or "Don't know." IF YES, ASK Q20. IF "NO" OR "DON'T KNOW" GO TO Q23.

PROGRAMMER NOTE: IF Q19 IS "NO" OR "DON'T KNOW" SKIP TO Q23

Read Q20: What is the name of your current EHR system? CHECK ONLY ONE ANSWER. READ RESPONSES IF NEEDED. IF ANSWER IS OTHER, PROBE FOR THE NAME OF THE SYSTEM AND CONFIRM THAT THE NAME IS NOT ALREADY LISTED.

(OTHER SYSTEM NAME IS ASKED AS A SEPARATE QUESTION).

IF RESPONDENT CANNOT RECALL NAME, READ RESPONSES.

Read Q21: Overall, how satisfied or dissatisfied are yo with your EHR system? READ EACH OPTION BUT ONLY SELECT ONE.

Read Q22: Does your EHR system meet meaningful use criteria (certified EHR) as defined by the Department of Health and Human Services? SELECT "Yes," "No" OR "Don't know."

Read Q23. Please consider whether the reporting location has each of the following computerized capabilities and how often these capabilities are used. READ THE OPTIONS "Yes," "No" or "Don't know." READ QUESTION AND READ OPTIONS UNTIL RESPONDENT UNDERSTANDS PATTERN OF RESPONSE OPTIONS.

PROGRAMMER NOTES
   • IF Q23C "NO" OR "DON'T KNOW" SKIP TO Q23D

PROGRAMMER: If 'YES' FOR C, **REMOVE "IF"** FROM STATEMENTS
        Q23C: "**IF** COMPUTERIZED ORDERS FOR PRESCRIPTIONS ARE …;"

Read Q24: How frequently do you use template-based notes in your EHR system?
READ AS NEEDED: Template-based notes are generated through forms or pre-filled text in an EHR rather than free text alone. READ THE OPTIONS AND CHOOSE ONE. SELECT "Often," "Sometimes" "Rarely" or "Never," "Don't know" OR "Not Applicable." IF "OFTEN," OR "SOMETIMES" GO TO Q24a. HOWEVER, IF "RARELY" OR "NEVER," "DON'T KNOW," OR "NOT APPLICABLE" GO TO Q25.

PROGRAMMER NOTE: IF "OFTEN," OR "SOMETIMES" GO TO Q24a. HOWEVER, IF "RARELY" OR "NEVER," "DON'T KNOW," OR "NOT APPLICABLE" GO TO Q25.

Read Q24a: To what extent do you customize your templates? READ THE OPTIONS AND CHOOSE ONE. Select "A great extent," "Somewhat," "Very little or not at all," or "Don't know."

Read Q24b: How easy or difficult is it to location information in template-based notes? READ THE OPTIONS AND CHOOSE ONE. Select "Very easy," "Somewhat easy," "Somewhat difficult," or "Very difficult."

Read Q24c. How easy or difficult is it to located information in free-text notes? READ THE OPTIONS AND CHOOSE ONE. Select "Very easy," "Somewhat easy," "Somewhat difficult," or "Very difficult."

TRANSITION STATEMENT: The next set of questions asks about patient engagement.

Read Q25: Does your practice use telemedicine technology (e.g., audio with video, web videoconference) for patient visits? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," "Don't know."

Read Q26: Does your EHR allow patients to... READ QUESTION AND READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know."

TRANSITION STATEMENT: The next set of questions asks about prescribing controlled substances.

Read Q27: How frequently does Dr. ____ (do you) prescribe controlled substances?
READ THE OPTIONS AND CHOOSE ONE. SELECT "Often," "Sometimes" "Rarely," "Never," "Don't know." IF "NEVER," OR "DON'T KNOW" GO TO Q30.

PROGRAMMER NOTE: IF "NEVER," OR "DON'T KNOW" GO TO Q30.

Read Q28: How frequently are prescriptions for controlled substances sent electronically to the pharmacy?
READ THE OPTIONS AND CHOOSE ONE. SELECT "Often," "Sometimes," "Rarely or Never," "Don't know."

Read Q29: How frequently does Dr. ____ (do you) or designated staff check your state's prescription drug monitoring system (PDMP) prior to prescribing a controlled substance to a patient for the first time?
READ THE OPTIONS AND CHOOSE ONE. SELECT "Often," "Sometimes," "Rarely," "Never," or "Don't know." IF "OFTEN," "SOMETIMES" OR "RARELY" GO TO Q29a. HOWEVER, IF "NEVER," OR "DON'T KNOW" GO TO Q30.

PROGRAMMER NOTE: IF "OFTEN," "SOMETIMES" OR "RARELY" GO TO Q29a. HOWEVER, IF "NEVER," OR "DON'T KNOW" GO TO Q30.

Read Q29a: How does Dr. ___ (do you) or your designated staff check your state's PDMP? READ THE OPTIONS AND CHOOSE ONE. SELECT "Use EHR system," "Use system outside of EHR (e.g., PDMP portal or secure website)" OR "Don't know."

Read Q29b: How easy or difficult is it to use your state's PDMP to find your patient's information? READ THE OPTIONS AND CHOOSE ONE. SELECT "Very easy," "Somewhat easy," "Somewhat difficult," "Very difficult," OR "Don't know."

Read Q29c: When checking your state's PDMP, does Dr. ___ (do you) or designated staff typically request to view PDMP data from other states prior to prescribing a controlled substance for the first time? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," OR "Don't know."

Read Q29d: Have Dr. ___ (you) done any of the following as a result of using the PDMP? Check all that apply. READ THE OPTIONS AND CHOOSE ALL THAT APPLY. SELECT
"Reduced or eliminated controlled substance prescriptions for a patient,"
"Changed controlled substance prescriptions to non-opiod pharmacologic (e.g., NSAIDS or acetaminophen) or non-pharmacologic therapy (e.g., exercise/physical therapy or CBT) ,"
"Prescribe naloxone,"
"Refer additional treatment (e.g., substance abuse treatment, psychiatric or pain management),"
"Confirm patients' misuse of prescriptions (e.g., engage in doctor shopping),"
"Confirm appropriateness of treatment"
"Assess pain and function of patient (e.g., PEG),""Consult with other prescribers listed in PDMP report,"
OR "Consult and/or coordinate with other members of the care team."

TRANSITION STATEMENT: The next set of questions asks about electronic exchange of patient health information.

Read Q30: Does Dr. ___ (Do you) ONLY send and receive patient health information through paper-based methods including fax, eFax, or mail? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," OR "Don't know." IF "YES" GO TO Q37. HOWEVER, IF "NO" OR "DON'T KNOW" GO TO Q31.

PROGRAMMER NOTE: IF Q30 IS "YES" SKIP TO Q37. HOWEVER, IF "NO" OR "DON'T KNOW" GO TO Q31.

Read Q31: Does Dr. ___ (Do you) electronically send patient health information to other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know." IF "YES" GO TO Q32. HOWEVER, IF "NO" OR "DON'T KNOW" GO TO Q33.

**PROGRAMMER NOTE: IF Q31 IS "YES" SKIP TO Q32. HOWEVER, IF "NO" OR "DON'T KNOW" GO TO Q33. **

Read Q32: Does Dr. ____ (Do you) send patient health information to any of the following providers electronically? Electronically does not include scanned or PDF documents from fax, eFax, or mail. READ OPTIONS ONE BY ONE AND CHECK ONE RESPONSE PER ROW. SELECT "Yes," "No," "Don't know," OR "Not applicable."

Read Q33: Does Dr. ____ (Do you) electronically receive patient health information from other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," OR "Don't know." IF "NO" OR "DON'T KNOW" GO TO Q35.

PROGRAMMER NOTE: IF Q33 IS "NO" OR "DON'T KNOW" GO TO Q35

Read Q34: Does Dr. ____ (Do you) receive patient health information from the following providers electronically? Electronically does not include scanned or pdf documents from fax, eFax, or mail. READ OPTIONS ONE BY ONE AND CHECK ONE RESPONSE PER ROW. SELECT "Yes," "No," "Don't know," OR "Not applicable."

Read Q35: Does Dr. ____ (Do you) 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. SELECT "Yes," "No," "Don't know," OR "Not applicable." IF "NO," "DON'T KNOW" OR "NOT APPLICABLE" GO TO Q36.

PROGRAMMER NOTE: IF Q35 IS "NO," "DON'T KNOW" OR "NOT APPLICABLE" GO TO Q36.

Read Q35a: What types of information does Dr. ____ (Do you) electronically send or receive? Check all that apply. READ OPTIONS ONE BY ONE AND CHECK ALL THAT APPLY. SELECT "Syndromic surveillance data," "Case reporting of reportable conditions," "Immunization data," OR "Public health registry data (e.g., cancer)."

Read Q36: For the following questions, please indicate if Dr. ____ (you) regularly electronically send or receive certain types of patient health information to or from providers outside of your medical organization. READ TYPES OF INFORMATION ONE BY ONE AND CHECK ONE RESPONSE PER ROW.

> Q36a: Does Dr. ____ (Do you) regularly electronically send Progress/Consultation notes to providers outside your medical organization? Do you receive Progress/Consultation notes from outside providers?

> Q36b: Does Dr. ____ (Do you) regularly electronically send Clinical registry data to providers outside your medical organization? Do you receive Clinical registry data from outside providers?

> **PROGRAMMER REPEAT PATTERN ABOVE FOR Q36c-Q36d.**

Read Q37: When seeing a new patient or a patient who has previously seen another provider, does Dr. ____ (Do you) electronically search or query for your patient's health information from sources outside of your medical organization? READ AS NEEDED: This could include via remote or view only access to other facilities' EHR or health information exchange organization. READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," OR "Don't know." IF "YES" GO TO Q37a. HOWEVER, IF "NO" OR "DON'T KNOW" GO TO Q38.

**PROGRAMMER NOTE: IF Q37 IS "YES" GO TO Q37a. HOWEVER, IF "NO" OR "DON'T KNOW" GO TO Q38. **

Read Q37a: Does Dr. ____ (Do you) electronically search for the following patient health information from sources outside your medical organization? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No" OR "Don't know."

Read Q38: Does your EHR integrate any other type of patient health information received electronically (not e-fax) without special effort like manual entry or scanning? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," "Don't know," OR "Not applicable." IF "YES" GO TO Q38a. HOWEVER, IF "NO," "DON'T KNOW" OR "NOT APPLICABLE" GO TO Q39.

**PROGRAMMER NOTE: IF Q38 IS "YES" GO TO Q38a. HOWEVER, IF "NO," "DON'T KNOW" OR "NOT APPLICABLE" GO TO Q39. **

Read Q38a: Does your EHR integrate summary of care records received electronically (not e-fax) without special effort like manual entry or scanning? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," "Don't know," OR "Not applicable."

Read Q39: Do you reconcile the following types of clinical information electronically received from providers outside of your medical organization? Reconciling involves comparing a patient's information from another provider with your practice's clinical information.? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes," "No," "Don't know," OR "Not applicable."

TRANSITION STATEMENT: The next set of questions asks about the availability and use of electronic health information.

Read Q40: 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. READ THE OPTIONS AND CHOOSE ONE. SELECT "Often," "Sometimes," "Rarely," "Never," "Don't know" OR "I do not see patients outside my medical organization."

Read Q41: How frequently do you use patient health information electronically (not eFax) received from providers or sources outside your organization when treating a patient? READ THE OPTIONS AND CHOOSE ONE. SELECT "Often," "Sometimes" "Rarely," "Never," OR "Don't know." IF "OFTEN," "SOMETIMES," OR "DON'T KNOW" GO TO Q42.

PROGRAMMER NOTE: IF Q41 IS "OFTEN," "SOMETIMES," OR "DON'T KNOW" SKIP TO Q42

Read Q41a: If rarely or never used, please indicate the reason(s) why. READ THE OPTIONS AND CHECK ALL THAT APPLY.

TRANSITION STATEMENT: The next set of questions asks about the benefits and barriers to exchange of electronic health information.

Read Q42: For the following questions, please indicate level of agreement with each of the following statements. READ OPTIONS ONE BY ONE AND CHECK ONE RESPONSE PER ROW.

> Q42a: Electronically exchanging clinical information with other providers outside my medical organization….. improves my practice's quality of care. Would you say "strongly agree," "somewhat agree," "somewhat disagree," "strongly disagree," or "not applicable?"
>
> Q41b: Electronically exchanging clinical information with other providers outside my medical organization…. increases my practice's efficiency. Would you say "strongly agree," "somewhat agree," "somewhat disagree," "strongly disagree," or "not applicable?"
>
> **PROGRAMMER REPEAT PATTERN ABOVE FOR Q42c-Q42e.**

Read Q43: For the following questions, please indicate whether these issues are barriers to electronic information exchange <u>with providers outside your medical organization</u>. Note: Information exchange refers to electronically sending, receiving, finding or integrating patient health information. READ OPTIONS ONE BY ONE AND CHECK ONE RESPONSE PER ROW.

> Q43a: Providers in our referral network lack the capability to electronically exchange (e.g., no EHR or HIE connection). Would you say yes, no, don't know or not applicable?
>
> Q43b: We have limited or no IT staff. Would you say yes, no, don't know or not applicable?
>
> **PROGRAMMER REPEAT PATTERN ABOVE FOR Q43c-Q43h.**

TRANSITION STATEMENT: The next set of questions asks about documentation and burden associated with medical record systems. For the next questions, medical record system includes paper-based and EHR systems.

Read Q43: On average, how many hours per day do you spend outside of normal office hours documenting in your medical record system? READ THE OPTIONS AND CHOOSE ONE. SELECT "None," "Less than 1 hour" "1 to 2 hours," "Greater than 2 hours to 4 hours," OR "More than 4 hours."

Read Q45: Do you have staff support (e.g., scribe) to assist you with documenting clinical care in your medical record system? READ THE OPTIONS AND CHOOSE ONE. SELECT "Yes" or "No."

Read Q46: How easy or difficult is it to document clinical care using your medical record system? READ THE OPTIONS AND CHOOSE ONE. SELECT "Very easy," "Somewhat easy," "Somewhat difficult," "Very difficult," or "Not applicable."

Read Q47: Please indicate whether you agree or disagree with the following statements about using your medical record system. READ OPTIONS ONE BY ONE AND CHECK ONE RESPSONSE PER ROW.

> Q47a: The amount of time I spend documenting clinical care is appropriate. Would you say "strongly agree", "somewhat agree," "somewhat disagree", "strongly disagree" or "not applicable?"

> Q47b: The amount of time I spend documenting clinical care does not reduce the time I spend with patients. Would you say "strongly agree", "somewhat agree," "somewhat disagree", "strongly disagree" or "not applicable?"

> Q47c: Additional documentation required solely for billing but not clinical purposes increases the overall amount of time I spend documenting clinical care. Would you say "strongly agree", "somewhat agree," "somewhat disagree", "strongly disagree" or "not applicable?"

Read Q48: Clincal care documentation requirements for private insurers generally align with Medicare requirements. READ THE OPTIONS AND CHOOSE ONE. Would you say "strongly agree", "somewhat agree," "somewhat disagree", "strongly disagree" or "not applicable?"

Read Q49: 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!