

Att D – Proposed Changes to the NEHRS Instrument

The 2019 or 2021 National Electronic Health Records Survey (NEHRS) version are in black; revisions are in red. All new questions have either been used on previous: NEHRS data collections, American Board of Family Medicine physician surveys or the American Hospital Association survey.

Changes to the Assurance of Confidentiality language in the 2021 NEHRS (previously approved language is in black, updated language is in red).

2021 NEHRS version

NOTICE – CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920- 1015).

Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment 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 (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

- Due to changes to the confidentiality language, there have been modifications to the Assurance of Confidentiality. Please see the modifications below which include additions and deletions.

Modified version

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In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complied with the Federal Cybersecurity Enhancement Act of

2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

Questions deleted

- The questions below were removed because the content is no longer a research priority or due to lack of space. We want to maintain the 4-page questionnaire length used in 2021.

12. Do you or your reporting location currently participate in any of the following activities or 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 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)
- 5 Merit-Based Incentive Payment System
- 6 Advanced Alternative Payment Model
- 7 Do not participate in any of the above activities or programs
- 8 Don't know

17. Does the reporting location use an EHR to...? (CHECK ONE BOX PER ROW):

	Yes	No	Don't Know
Record social determinants of health (e.g., employment, education)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Record behavioral determinants of health (e.g., tobacco use, physical activity, alcohol use)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Order prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Are prescriptions sent electronically to the pharmacy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

18a. Since March 2020, what percentage of your patient visits were through telemedicine technology?

- 1 None
- 2 Less than 25%
- 3 25% to 49%
- 4 50% to 74%
- 5 75% or more
- 6 Don't know

18c. What, if any, issues affected your use of telemedicine? CHECK ALL THAT APPLY.

- 1 Limited internet access and/or speed issues
- 2 Telemedicine platform not easy to use or did not meet our needs
- 3 Telemedicine isn't appropriate for my specialty/type of patients
- 4 Improved reimbursement and relaxation of rules related to use of telemedicine visits
- 5 Limitations in patients' access to technology (e.g., smartphone, computer, tablet, Internet)
- 6 Patients' difficulty using technology/telemedicine platform

18d. To what extent are you able to provide similar quality of care during telemedicine visits as you do during in-person visits?

- 1 Fully
- 2 To a great extent
- 3 To some extent
- 4 To a small extent
- 5 Not at all

18e. Please rate your overall satisfaction with using telemedicine technology for patient visits?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied

18f. Do you plan to continue using telemedicine visits (in addition to in-person visits) when appropriate once the coronavirus disease (COVID-19) pandemic is over?

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

Prescribing Controlled Substances

19. How frequently do you prescribe controlled substances?

- 1 Often 2 Sometimes 3 Rarely 4 Never (Skip to 22)
 5 Don't know (Skip to 22)

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

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

21. 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 21a) 2 Sometimes (Go to 21a) 3 Rarely (Go to 21a) 4 Never (Skip to 22)
 5 Don't know (Skip to 22)

21a. 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

21b. 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

21c. 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 coordinated with other members of the care team

Documentation and Burden Associated with Medical Record Systems (both paper-based and EHR systems)

28. On average, how many hours per day do you spend outside of normal office hours 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

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

- 1 Yes 2 No

30. 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

31. Please indicate whether you agree or disagree with the following statement about using your medical record system. The amount of time I spend documenting clinical care is appropriate.

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

Modification to the Introduction

- We plan to expand the outpatient, office-based settings to include hospital outpatient departments as eligible settings. Hospital outpatient departments, while outpatient may not be office-based. Therefore, we will modify the term “outpatient, office-based” to “outpatient or office-based”.

2021 NEHRS version

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 outpatient, office-based 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.

Proposed Modification

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 outpatient **or** office-based 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.

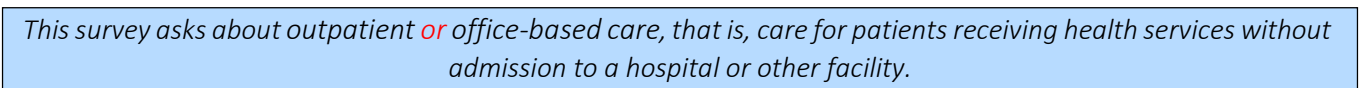
Modification to Question 2 and its help text

2021 NEHRS version



2. Do you directly provide outpatient, office-based care?

Proposed Modification



2. Do you directly provide outpatient **or** office-based care?

Modification to Question 3

- We plan to expand the outpatient, office-based settings to include hospital outpatient departments as eligible settings. Therefore, we will modify Question 3 to exclude only hospital emergency departments and changing “outpatient, office-based” to “outpatient or office-based”.

2021 NEHRS version

3. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see outpatient, office-based patients in a normal week?

Proposed Modification

3. Overall, at how many office locations (excluding hospital emergency ~~or hospital outpatient~~ departments) do you see outpatient ~~or~~ office-based patients in a normal week?

Modification to Question 4

2021 NEHRS version

4. Do you see outpatient, office-based patients in any of the following settings? CHECK ALL THAT APPLY.

Proposed Modification

4. Do you see outpatient ~~or~~ office-based patients in any of the following settings? CHECK ALL THAT APPLY.

Modification to Question 5

- We plan to expand the outpatient, office-based settings collected on the questionnaire. Question 5 is updated to include two new categories, Indian Health Service, and Rural Health Clinic. Additionally, it will include hospital outpatient departments as an eligible setting. Note that the new settings are added to Question 4 and are listed in the “Additions” section of this document.

2021 NEHRS version

5. At which of the outpatient, office-based settings (1-8) in Question 4 do you see the most patients?

Proposed Modification

5. At which of the outpatient ~~or~~ office-based settings (1-11) in Question 4 do you see the most patients?

Modification to Question 14

- Office of the National Coordinator for Health Information Technology (ONC) updated the electronic health record system vendor list to reflect the top vendors being used for outpatient or office-based care. As a result we removed e-MDs and added Meditech.

2021 NEHRS version

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

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 Allscripts | <input type="checkbox"/> 5 e-MDs | <input type="checkbox"/> 9 Practice Fusion |
| <input type="checkbox"/> 2 athenahealth | <input type="checkbox"/> 6 Epic | <input type="checkbox"/> 10 Greenway |
| <input type="checkbox"/> 3 Cerner | <input type="checkbox"/> 7 Modernizing Medicine | <input type="checkbox"/> 11 Other, specify: _____ |
| <input type="checkbox"/> 4 eClinical Works | <input type="checkbox"/> 8 NextGen | <input type="checkbox"/> 12 Unknown |

Proposed Modification

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

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 Allscripts | <input type="checkbox"/> 5 Epic | <input type="checkbox"/> 9 Practice Fusion |
| <input type="checkbox"/> 2 athenahealth | <input checked="" type="checkbox"/> 6 Meditech | <input type="checkbox"/> 10 Greenway |
| <input type="checkbox"/> 3 Cerner | <input type="checkbox"/> 7 Modernizing Medicine | <input type="checkbox"/> 11 Other, specify: _____ |
| <input type="checkbox"/> 4 eClinical Works | <input type="checkbox"/> 8 NextGen | <input type="checkbox"/> 12 Unknown |

Modification to Questions 20, 21 & 23

- Three interoperability questions were modified from asking if the physician sends, receives, searches or queries patient health information to ask how often the physician sends, receives, searches or queries patient health information. The changes will allow us to better understand the frequency with which office-based physicians send, receive, search or query patient health information.

2021 NEHRS version

Electronic Exchange of Patient Health Information

22. 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)?

- 1 Yes 2 No 3 Don't know

23. Do you electronically receive 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 2 No 3 Don't know

24. 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 2 No 3 Don't know

Proposed Modification

Electronic Exchange of Patient Health Information

20. How often 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)?

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

21. How often do you electronically receive patient health information from other providers outside your medical organization using an EHR system (not eFax) or a Web Portal (separate from EHR)?

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

23. When seeing a new patient or a patient who has previously seen another provider, how often 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 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know

Additions to Question 4

- New outpatient, office-based settings were added to capture physicians who work at Indian Health Service or Rural Health Clinic sites in Question 4. Hospital outpatient departments are now classified as eligible settings to better understand physicians who work in these outpatient settings. The data will be collected so that analysis can still be done using the original eligible settings for trend analyses. In previous NEHRS collections, hospital outpatient departments and hospital emergency departments were classified as one category that was ineligible. Hospital emergency departments remain ineligible.

2021 NEHRS version

4. Do you see outpatient, office-based 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 Government clinic that is not federally funded (e.g., state, county, city, maternal and child health, etc.)
- 6 Family planning clinic (including Planned Parenthood)
- 7 Integrated Delivery System, 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)
- 9 Hospital emergency or hospital outpatient departments
- 10 None of the above

*If you see patients in **any** of these settings, go to Question 5*

*If you select **only** 9 or 10, go to Question 32*

Proposed Addition

4. Do you see outpatient, office-based 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 Government clinic that is not federally funded (e.g., state, county, city, maternal and child health, etc.)
- 6 Family planning clinic (including Planned Parenthood)
- 7 Integrated Delivery System, 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)
- 9 Indian Health Service
- 10 Rural Health Clinic (Federally Qualified)
- 11 Hospital outpatient departments
- 12 Hospital emergency departments
- 13 None of the above

*If you see patients in **any** of these settings, go to Question 5*

*If you select **only** 12 or 13, go to Question 33*

Additions to Questions 9 & 10

- The two new questions about whether the physician accepts Medicaid or Medicare insurance for new patients were added back to the questionnaire in Questions 9 & 10. These questions provide valuable data for a Congressional Report produced by the Medicaid Payment Advisory Commission. These questions were last asked on the OMB approved 2019 NEHRS.

2021 NEHRS version

9. Do you treat patients insured by Medicaid?

1 Yes 2 No 3 Don't know

10. Do you treat patients insured by Medicare?

1 Yes 2 No 3 Don't know

2019 NEHRS version

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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Medicare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Medicaid/CHIP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Workers' compensation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Self-pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. No charge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Addition

9. Do you treat patients insured by Medicaid?

1Yes 2 No (Skip to 10) 3 Don't know (Skip to 10)

9a. Do you accept Medicaid insurance for new patients?

1 Yes 2 No 3 Don't know

10. Do you treat patients insured by Medicare?

1Yes 2 No (Skip to 11) 3Don't know (Skip to 11)

10a. Do you accept Medicare insurance for new patients?

1Yes 2 No 3 Don't know

Addition of Questions 16, 17 & 18

- Questions 16, 17, and 18 are new questions about social needs often referred to as the social determinants of health (SDOH). They provide information important to ONC about the level of standardization in the recording of social needs data. ONC's work^{1,2} in this domain covers supporting standards development, the development of a toolkit to support the development of infrastructure to capture SDOH-based data as well as the implementation of tools to support the secondary use of SDOH data, such as for clinical decision support. ONC has used data and published³ on the existing question on the NEHRS related to the recording of SDOH; however, it doesn't provide granular enough information on the level of standardization of such data, which is needed for secondary use of the data (e.g., research, public health) and for electronic exchange of the information to other health care providers. ONC needs to know the extent to which such data is recorded in clinical notes (unstandardized) versus in a standardized manner via a check box/button or via a coding system such as ICD-10-CM. These questions were previously used on the American Hospital Association Annual Survey Information

¹ ONC Health IT Framework for Advancing SDOH Data Use and Interoperability Blog Post <https://www.healthit.gov/buzz-blog/interoperability/onc-health-it-framework-for-advancing-sdoh-data-use-and-interoperability>

² Social Determinants of Health <https://www.healthit.gov/topic/health-it-health-care-settings/social-determinants-health>

³ Richwine C., Dustin, C., & Patel, V. (August 2022). Electronic Public Health Reporting & Recording of Social & Behavioral Determinants of Health Among Office-Based Physicians, 2019. ONC Data Brief, no.60. Office of the National Coordinator for Health Information Technology: Washington DC. <https://www.healthit.gov/data/data-briefs/electronic-public-health-reporting-recording-social-behavioral-determinants-health>

Technology Supplement survey⁴. We have modified the questions so that they are applicable for the outpatient and office-based settings of NEHRS or to improve clarity. Question 18 includes a new response option that is relevant to our audience. We are leveraging these questions for the NEHRS to apply it to a nationally representative sample of physicians.

2020 & 2021 American Hospital Association Information Technology Supplement Survey version

3. Does your hospital routinely collect data on individual patients' health related social needs (often referred to as social determinants of health) such as transportation, housing, food insecurity or other?

- a. Yes, routinely b. Yes, but not routinely c. No (go to 6)
 d. Don't know (go to 6)

4a. How are data on individual patient's health related social needs recorded at your hospital? Check all that apply.

1. Structured electronic screening tool (including 'keying in' information from a paper form) (go to 4b)
 2. Free text note (go to 5)
 3. Diagnosis codes (e.g., ICD-10-CM Z codes) (go to 5)
 4. Non-electronic methods (including those that are scanned into the EHR) (go to 5)

5. How does your hospital use data on patients' health related social needs documented at your hospital?

Check all that apply

- a. For referrals to social service organizations
 b. For population health analytics
 c. For quality management
 d. To inform community needs assessment or other equity initiatives
 e. To inform clinical decision making
 f. To inform discharge planning
 g. Other, please list:

Proposed Additions

16. Does your reporting location routinely collect data on individual patients' health-related social needs (often referred to as social determinants of health) such as transportation access, housing instability, or food insecurity?

- 1 Yes, routinely 2 Yes, but not routinely 3 No (skip to 19) 4 Don't know (Skip to 19)

17. How often do you or designated staff document individual patients' health-related social needs using...	Often	Sometimes	Rarely	Never	Don't know
A screening tool in your EHR (e.g., that is entered from a paper form or by checking a box/button)?					
Free text note written in EHR?					
Diagnosis codes entered in EHR (i.e. ICD-10-CM Z codes)?					
Non-electronic methods (including paper forms scanned into the EHR)?					

⁴ 2020 American Hospital Association Annual Survey Information Technology Supplement: Public health and COVID-19 Focus. https://www.ahadata.com/system/files/media/file/2021/12/2020_AHAIT_Survey-Dec092021_0.pdf

18. How often do you or designated staff use individual patients' health-related social needs data <u>at your reporting location</u> for...	Often	Sometimes	Rarely	Never	Don't know
Referrals to services (e.g., social service organizations)?					
Clinical decision making?					

Addition of Questions 22 & 22a

- In light of the 2019 novel coronavirus disease (COVID-19) pandemic data on public health reporting was useful in understanding the exchange of information. NEHRS is one of the only data collections with data on this topic pre-pandemic. ONC has published⁵ and presented on these findings in various national meetings such as AcademyHealth and the American Medical Informatics Association (AMIA) and provided briefings with the Centers for Disease Control and Prevention (CDC). We are planning to add this question back to the survey so we can assess changes in electronic public health reporting levels across physicians prior to the pandemic. We have placed it with the interoperability send and receive questions as it was originally presented so that the same context is presented to the respondents. It was last asked in the OMB approved 2019 NEHRS; we are not revising the question or responses except to update the skip pattern instructions as appropriate.

2019 NEHRS version

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)

Proposed Addition

22. 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 22a)
 2 No (Skip to 23)
 3 Don't know (Skip to 23)
 4 Not applicable (Skip to 23)

22a. 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)

Addition of Questions 28 & 29

- We have added questions that relate to the method used to access electronic health information from outside sources because ONC needs to better understand the degree to which information is available within the EHR as structured, standardized data versus available outside the EHR or as a scanned

⁵ Richwine C., Dustin, C., & Patel, V. (August 2022). Electronic Public Health Reporting & Recording of Social & Behavioral Determinants of Health Among Office-Based Physicians, 2019. ONC Data Brief, no.60. Office of the National Coordinator for Health Information Technology: Washington DC. <https://www.healthit.gov/data/data-briefs/electronic-public-health-reporting-recording-social-behavioral-determinants-health>

document. ONC’s work on improving interoperability focuses on the electronic exchange of information used structured or standardized formats. ONC curates^{6,7} the United States Core Data for Interoperability (USCDI), a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange, and incorporates the exchange of data using USCDI into certified EHR technology. ONC also wants to better understand the extent to which physicians encounter issues when trying to make use of information received from outside sources, to identify key barriers that physicians may be facing and to develop technical or policy solutions to address those barriers. The questions below are new and come from the American Board of Family Medicine physician survey (which are limited to family physicians). The American Board of Family Physicians survey preliminary analyses of over 2,000 respondents indicates that the level of “don’t know” responses range from 2-8% for the methods items (scanned, electronic portal vs. integrated information in EHR). Placing them in the NEHRS would allow ONC to better understand the extent to which data is available as structured data within EHRs for specialists as well as for primary care physicians.

American Board of Family Physicians Survey version

When you access clinical information about your patients from outside your organization (e.g. referrals, consult notes, discharge summaries, patient records), how often is it...

	Never 1	Rarely 2	Sometimes 3	Often 4	Don't Know 5
available as a scanned document?					
in an electronic portal (e.g. to a health information exchange) separate from your EHR?					
from within your EHR in any integrated format (as opposed to a PDF)?					

When looking for or using clinical information from outside your organization, to what extent do the following occur:

	Not at All 1	To Some Extent 2	To a Great Extent 3	Not Applicable 4
Entire record is not available				
Key information within record is missing/not available				
Information is not integrated within my EHR				
Difficulty finding important information due to a large amount of low-value information				
Difficulty finding necessary information within the record for other reasons				

⁶ United States Core Data for Interoperability (USCDI) <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>

⁷ Thinking Outside the Box: The USCDI+ Initiative Blog Post <https://www.healthit.gov/buzz-blog/health-it/thinking-outside-the-box-the-uscdi-initiative>

Proposed Addition

28. When you access clinical information about your patients from outside your organization (e.g. referrals, consult notes, discharge summaries, patient records), how often is it...	Often	Some-times	Rarely	Never	Don't Know
available as a scanned document?					
in an electronic portal (e.g. to a health information exchange) separate from your EHR?					
integrated within your EHR (as opposed to a PDF)?					
29. When looking for or using clinical information from outside your organization, to what extent do the following occur:	To a Great Extent	To Some Extent	Not at All	Not Applicable	
Entire record is not available					
Key information within record is missing/not available					
Difficulty finding important information due to a large amount of low-value information					
Difficulty finding necessary information within the record for other reasons					

Addition of Questions 30 & 31

- These questions were initially asked in the OMB approved 2019 NEHRS. We are adding them back with no modifications.

2019 NEHRS version

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."	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
"...increases my practice's efficiency."	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
"...prevents medication errors."	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
"...enhances care coordination."	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
"...reduces duplicate test ordering."	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

	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).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We have limited or no IT staff.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Electronic exchange involves incurring additional costs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Electronic exchange involves using multiple systems or portals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Proposed Additions

30. 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."					
"...increases my practice's efficiency."					
"...prevents medication errors."					
"...enhances care coordination."					
"...reduces duplicate test ordering."					

31. Please indicate whether these issues are barriers to electronic information exchange with providers outside your medical organization.	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).				
We have limited or no IT staff				
Electronic exchange involves incurring additional costs.				
Electronic exchange involves using multiple systems or portals.				

Addition of Question 32

- This question comes from the 2020 and 2021 American Hospital Associations’ IT Supplement Survey⁸. Examining the level of automation in public health reporting is important to ONC and CDC’s efforts to increase electronic public health reporting and reduce provider burden involved in doing so. Electronic reporting may involve some manual processes (depending upon the level of standardization of the data and workflow processes) and thus we are asking this additional question. This will allow us to report on the extent to which physicians who are engaging in electronic public health reporting (based upon the earlier question) is conducted using fully or primarily automated process (vs. mix or manual processes). Based upon analyses of the 2020 data, about 1-5% of those who electronically reported indicated “don’t know,” across the different reporting types and 1-3% missing rates across the different types of public health reporting.

2020 & 2021 American Hospital Association Information Technology Supplement Survey version

21d. For each type of public health reporting, please indicate whether your hospital uses automated (e.g. EHR generated data sent electronically/automatically to the public health agency), manual (e.g. chart abstraction with data faxed or re-input into a portal), or a mix of both types of processes (e.g. files electronically generated from the EHR but manual steps required to transmit to public health agency) to transmit the data.

	(1) Fully or primarily automated	(2) Mix of automated and manual process	(3) Fully or primarily manual	(4) Don't know/NA
1. Syndromic surveillance reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Immunization registry reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Electronic case reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Public health registry reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁸ 2020 American Hospital Association Annual Survey Information Technology Supplement: Public health and COVID-19 Focus. https://www.ahadata.com/system/files/media/file/2021/12/2020_AHAIT_Survey-Dec092021_0.pdf

Proposed Addition

Public Health Exchange

32. For each type of public health reporting, please indicate whether your reporting location uses automated, manual or a mix of both types of processes to transmit the data. *Automated refers to EHR generated data sent electronically or automatically to the public health agency. Manual refers to chart abstraction with data faxed or re-input into a portal. A mix of both types of processes refers to files electronically generated from the EHR but manual steps required to transmit to public health agency.*

	Fully or primarily automated	Mix of automated and manual process	Fully or primarily manual	We do not report this type of information	Don't Know
Syndromic surveillance reporting					
Case reporting of reportable conditions					
Immunization registry reporting					
Public health registry reporting					