National Electronic Health Records Survey

National Electronic Health Records Survey 2024

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.

1. **We have your specialty as:**
   Is that correct?

   ☐1 Yes
   ☐2 No ⟶ What is your specialty?

   _____

   *This survey asks about **outpatient or office-based care**, that is, care for patients receiving health services without admission to a hospital or other facility.*

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

   ☐1 Yes ⟶ Go to Question 3

   ☐2 No

   ☐3 I am no longer in practice.

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

   *The next question asks about a **normal week**.*
   We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.

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

   ☐☐ Locations

4. **Do you see outpatient or 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

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

   ☐12 Hospital emergency departments
   ☐13 None of the above

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

5. **At which of the outpatient or office-based settings (1-11) in <u>Question 4</u> do you see the most patients?**
   WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.

   ☐☐ (For the rest of the survey, we will refer to this as the "reporting location.")

   For the remaining questions, please answer regarding the reporting location indicated in Question 5 even if it is not the location where this survey was sent.

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6. What are the county, state, and zip code of the _reporting location_? What is the email address of the physician to whom this survey was mailed?

Country   USA   County _____   State _____

Zip Code _____   Email address _____

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

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

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

☐1 Yes   ☐2 No   ☐3 Don't know

9. Do you treat patients insured by Medicaid?

☐1 Yes   ☐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?

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

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

☐1 Yes   ☐2 No   ☐3 Don't know

11. Who owns the reporting location? CHECK ONE.

☐1 Physician or physician group
☐2 Insurance company, health plan, or HMO
☐3 Community health center
☐4 Medical/academic health center
☐5 Other hospital
☐6 Other health care corporation
☐7 Other

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

☐1 Yes   ☐2 No (Skip to 19)   ☐3 Don't know (Skip to 19)

13. Is your EHR system certified to meet U.S. Department of Health and Human Services requirements? _Certified EHRs are necessary to meet the objectives of Meaningful Use/Promoting Interoperability Program. If unsure, see if your system is listed here:_ https://chpl.healthit.gov/#/search

☐1 Yes   ☐2 No   ☐3 Don't know

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

☐1 Allscripts   ☐5 Epic   ☐9 Practice Fusion
☐2 athenahealth   ☐6 Meditech   ☐10 Greenway
☐3 Cerner   ☐7 Modernizing Medicine   ☐11 Other, specify: _____
☐4 eClinical Works   ☐8 NextGen   ☐12 Unknown

15. Overall, how satisfied or dissatisfied are you with your EHR system?

☐1 Very satisfied   ☐2 Somewhat satisfied   ☐3 Neither satisfied nor dissatisfied
☐4 Somewhat dissatisfied   ☐5 Very dissatisfied   ☐6 Not applicable

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)?					

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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?					

Telemedicine

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

   ☐1 Yes (Go to 19a)   ☐2 No (Skip to 20)   ☐3 Don't know (Skip to 20)

   19a. What type(s) of telemedicine tools did you use for patient visits? CHECK ALL THAT APPLY.
   ☐1 Telephone audio
   ☐2 Videoconference software with audio (e.g., Zoom, WebEx, FaceTime)
   ☐3 Telemedicine platform NOT integrated with EHR (e.g., Doxy.me)
   ☐4 Telemedicine platform integrated with EHR (e.g., update clinical documentation during telemedicine visit)
   ☐5 Other tools _____

Electronic Exchange of Patient Health Information

20. **How often do you electronically <u>send</u> patient health information to other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)?**
   ☐1 Often   ☐2 Sometimes   ☐3 Rarely   ☐4 Never   ☐5 Don't know

21. **How often do you electronically <u>receive</u> patient health information from other providers outside your medical organization using an EHR system (not eFax) or a Web Portal (separate from EHR)?**
   ☐1 Often   ☐2 Sometimes   ☐3 Rarely   ☐4 Never   ☐5 Don't know

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)

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

24. **Does your EHR system integrate any type of patient health information received electronically (not eFax) without special effort like manual entry or scanning?**
   ☐1 Yes   ☐2 No   ☐3 Don't know   ☐4 Not applicable

25. **When treating patients seen by providers outside your medical organization, how often do you or your staff have clinical information from those outside encounters electronically available at the point of care?**
   Electronically available does not include scanned or PDF documents.
   ☐1 Often   ☐2 Sometimes   ☐3 Rarely   ☐4 Never   ☐5 Don't know
   ☐6 I do not see patients outside my medical organization.

26. **How frequently do you <u>use</u> patient health information electronically (not eFax) received from providers or sources outside your organization when treating a patient?**
   ☐1 Often   ☐2 Sometimes   ☐3 Rarely   ☐4 Never   ☐5 Don't know

27. **When you access clinical information from outside your organization (e.g. referrals, consult notes, discharge summaries, patient records) through any means (e.g. fax, phone, EHR, etc.), how easy is it to use the information to effectively care for your patients?**
   ☐1Very   ☐2 Somewhat   ☐3 Not at all   ☐4 Not applicable   ☐5 Don't Know

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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				

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.				

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					

33. **Who completed this survey? CHECK ALL THAT APPLY**

☐1 The physician to whom it was addressed　　☐2 Office staff　　☐3 Other

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced the envelope, please send the survey to	Box for Admin Use