

The next questions ask about electronic health records (EHRs). For the purpose of this survey, EHRs are an electronic version of a patient's medical history that is maintained by the provider over time, and may include all of the key clinical data relevant to that person's care under a particular provider.

1. Does your facility use an EHR system? Do not include billing record systems.

- 1 Yes, we exclusively use an EHR system. No paper charts.
- 2 Yes, we use a combination of an EHR system and paper charts.
- 3 No, but we plan to implement an EHR system → **SKIP TO QUESTION 13, PAGE 4**
- 4 No, and we have no plan to implement an EHR system → **SKIP TO QUESTION 14, PAGE 4**

1a. If your facility is part of a larger organization, please indicate whether EHRs are used across all or some facilities within your organization.

- 1 All of the facilities within this organization use EHRs.
- 2 Some of the facilities within this organization use EHRs.
- 3 Don't know if other facilities within the organization use EHRs.
- 4 This is the only facility in this organization.

2. Please indicate the name of this facility's EHR system vendor(s).

SELECT ALL THAT APPLY

- | | |
|--|---|
| 1 <input type="checkbox"/> Accumedic | 15 <input type="checkbox"/> Netsmart (MyAvatar, MyEvolv) |
| 2 <input type="checkbox"/> AMS | 16 <input type="checkbox"/> NextGen |
| 3 <input type="checkbox"/> Cerner | 17 <input type="checkbox"/> Precision Care |
| 4 <input type="checkbox"/> CCP (Co-Centrix) | 18 <input type="checkbox"/> Qualifacts/Credible (CareLogic EHR) |
| 5 <input type="checkbox"/> Core Solutions | 19 <input type="checkbox"/> Smart Management |
| 6 <input type="checkbox"/> Echo Group | 20 <input type="checkbox"/> SAMMS |
| 7 <input type="checkbox"/> E-Clinical Works (ECW) | 21 <input type="checkbox"/> Ten Eleven |
| 8 <input type="checkbox"/> EPIC | 22 <input type="checkbox"/> Tower Systems |
| 9 <input type="checkbox"/> Foothold | 23 <input type="checkbox"/> Valant |
| 10 <input type="checkbox"/> HiNext | 24 <input type="checkbox"/> Welligent |
| 11 <input type="checkbox"/> IMA | 25 <input type="checkbox"/> Other |
| 12 <input type="checkbox"/> Methasoft (Netalytics) | _____ |
| 13 <input type="checkbox"/> Meditech | d <input type="checkbox"/> Don't know |
| 14 <input type="checkbox"/> Methware | |

3. Does this facility's EHR integrate or incorporate any type of clinical information (e.g. medications, lab test results) that is received electronically from providers outside your organization without the need for manual entry?

- This refers to the ability to add or incorporate the information into the EHR without special effort (this does not refer to automatically adding data without provider review). This could be done using software to convert scanned documents into indexed, discrete data that can be integrated/included in the EHR.
- Electronic does not refer to e-Fax or scanned documents.
- Please consider all organizations outside of your network.

- 1 Yes
- 0 No

4. Do external organization(s) provide this facility with “read only” access to EHR clinical information?

- *This means that appropriate staff have the ability to view patient health information in a third party's EHR in accordance with HIPAA and 42CFR but not modify the record.*

1 Yes 0 No d Don't know

5. How often do staff at this facility electronically search or query for clients' health information (e.g., medications, outside encounters) from other providers or external sources outside this facility?

- *Electronic does not refer to e-Fax or scanned documents.*

1 Almost every day
2 At least once a week
3 At least once a month
4 Less than once a month
5 Never
6 Staff don't have capability to search or query

6. Please indicate if this facility participates in a state, regional, and/or local Health Information Exchange Organization (HIO).

- *A Health Information Exchange Organization (HIO) is an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.*

1 HIO is available in my area and we are actively exchanging data in at least one HIO → **SKIP TO Q.7 (BELOW)**
2 HIO is available in my area but we are not participating
3 HIO is not available in my area
4 Not familiar with an HIO
d Don't know if this facility participates in an HIO

6a. Why does this facility not participate in the HIO?

7. When treating a patient previously seen by another health provider/organization, how often does your facility have the patient health information (e.g. medication, labs) electronically available from that provider/organization?

1 Always or often
2 Sometimes
3 Rarely
4 Never

8. Does this facility use your EHR to:

	MARK ONE PER ROW		
	YES	NO	NOT APPLICABLE
a. Record patient history	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
b. Record patient demographic information	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
c. Record social determinants of health (employment, housing)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
d. Record patients' medications	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
e. Record patients' allergies	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
f. Record diagnoses	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
g. Record problem lists	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
h. Record behavioral health screenings or tools	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
i. Record clinical or progress notes	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
j. Record treatment plans	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
k. Monitor client progress	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
l. Electronically send prescriptions to the pharmacy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
m. Review warnings or alerts of medication allergies, drug-drug interactions or contraindications	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
n. Reconcile medications when admitting, discharging, and/or transitioning clients between care settings	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
o. Order lab tests	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
p. View lab results	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
q. Record referrals	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
r. Record discharge plans	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
s. Check state's prescription drug monitoring program (PDMP) prior to prescribing a controlled substance	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>

9. Does this facility have an Opioid Treatment Program (OTP)? (Y/N/ N/A)

If yes, does this facility track dispensed medications in its EHR (Y/N)

10. Does this facility's EHR allow clients to...

	MARK ONE PER ROW		
	YES	NO	NOT APPLICABLE
a. Exchange secure messages with their clinicians, counselors or other medical staff?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
b. View their medical record (e.g. health and behavioral health information) online?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
c. Download their medical record?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>

11. Are there any other functionalities that are missing from your EHR system that would be useful to serving your clients?

1 Yes IF YES, PLEASE SPECIFY BELOW: ↴

0 No

12. 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

SKIP TO Q.15 (NEXT PAGE)

13. When does this facility plan to implement an EHR system?

- 1 Within the next 6 months
- 2 6 months to 1 year
- 3 1 to 2 years
- 4 More than 2 years

SKIP TO Q.15 (NEXT PAGE)

14. Why does this facility not plan to implement an EHR system?

15. **Who was primarily responsible for completing this form?** *This information will only be used if we need to contact you about your responses. It will not be published.*

MARK ONE ONLY

1 Ms 2 Mrs 3 Mr 4 Dr 5 Other (*specify*) _____

Name: _____

Title: _____

Phone Number: (|_|_|_|_|) |_|_|_|_|_| - |_|_|_|_|_|

Ext. |_|_|_|_|_|

Fax Number: (|_|_|_|_|) |_|_|_|_|_| - |_|_|_|_|_|

Email Address: _____

Facility Email Address: _____