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## National Electronic Health Records Survey 2012

The National Electronic Health Records Survey is affiliated with the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about the adoption of electronic health records/electronic medical records (EHRs/EMRs) in ambulatory care settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

### 1. We have your specialty as

Is that correct? 1 Yes

2 No → What is your specialty? \_\_\_\_\_

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

### 2. Do you directly care for any ambulatory patients in your work?

1 Yes

*Continue to Question 3.*

2 No

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

3 I am no longer in practice

### 3. In a typical year, about how many weeks do you NOT see any ambulatory patients because of such events as conferences, vacations, illness, etc.?

\_\_\_\_\_ weeks

*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.*

### 4. Overall, at how many office locations do you see ambulatory patients in a normal week?

\_\_\_\_\_ locations

### 5. During your last normal week of practice how many office visits did you have at all locations?

\_\_\_\_\_ office visits

### 6. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.

1 Private office-based solo or group practice

2 Freestanding clinic/urgicenter (not part of a hospital outpatient department)

3 Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally-funded clinics or "look-alike" clinics)

4 Mental health center

5 Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)

6 Family planning clinic (including Planned Parenthood)

7 Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)

8 Faculty practice plan (An organized group of physicians that treat patients referred to an academic medical center)

9 Hospital emergency department

10 None of the above

*If you only answered **hospital emergency department or none of the above** in question 6, skip to question 26.*

*If you checked **any of the boxes 1-8** in question 6, continue to question 7.*

### 7. At which of the settings (1-8) in question 6 do you see the most ambulatory 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 7** even if it is not the location where this survey was sent.

**8. What are the county, state, zip code and telephone number of the reporting location?**

Country USA

County \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**9. During your last normal week of practice, approximately how many office visits did you have at the reporting location? Note: Please only include visits where you personally saw the patient.**  
 \_\_\_\_\_ office visits

**10. Is the reporting location a solo practice or are you associated with other physicians in a partnership, in a group practice or in some other way?**

- 1 Solo → Skip to Question 12
- 2 Associated with other physicians

10a. How many? \_\_\_\_\_ excluding yourself

**11. Is the reporting location a single- or multi-specialty (group) practice?**

- 1 Single      2 Multi

**12. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with the reporting location?**

\_\_\_\_\_ mid-level providers

**13. At the reporting location, are you currently accepting new patients?**

- 1 Yes
- 2 No      } Skip to Question 14
- 3 Unknown

**13a. If yes, from those new patients, which of the following types of payment do you accept?**

	Yes	No	Unknown
1. Private insurance capitated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Private insurance non-capitated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Medicare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Medicaid/CHIP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Workers compensation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Self pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. No charge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**14. Does the reporting location submit any claims electronically (electronic billing)?**

- 1 Yes      2 No      3 Unknown

**15. Does the reporting location use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.**

- 1 Yes, all electronic      } Go to Question 15a
- 2 Yes, part paper and part electronic      }
- 3 No      } Skip to Question 16
- 4 Unknown

**15a. In which year did you install your current EHR/EMR system?**

Year: \_\_\_\_\_

**15b. What is the name of your current EHR/EMR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.**

- 1 Allscripts      2 Cerner      3 eClinicalWorks
- 4 Epic      5 GE/Centricity      6 Greenway Medical
- 7 McKesson/ Practice Partner      8 NextGen      9 Sage/Vitera
- 10 Other, specify \_\_\_\_\_      11 Unknown

**16. At the reporting location, are there plans for installing a new EHR/EMR system within the next 18 months?**

- 1 Yes      2 No      3 Maybe      4 Unknown

**17. Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT.” At the reporting location, are there plans to apply for these incentive payments?**

- 1 Yes, we already applied
- ▶ When did you first apply?
- 1 2011      2 2012      3 Unknown
- 2 Yes, we intend to apply
- ▶ When do you intend to first apply?
- 1 2012      2 2013 or later      3 Unknown
- 3 Uncertain if we will apply
- 4 No, we will not apply

18. Please indicate whether the ambulatory reporting location has each of the computerized capabilities listed below and how often these capabilities are used. **CHECK NO MORE THAN ONE BOX PER ROW.**

	Yes, used routinely	Yes, but <u>not</u> used routinely	Yes, but turned off or not used	No	Unknown
<b>18a. Recording patient history and demographic information?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> <i>Skip to 18b</i>	4 <input type="checkbox"/> <i>Skip to 18b</i>	5 <input type="checkbox"/> <i>Skip to 18b</i>
<b>18a1.</b> If yes, does this include a patient problem list?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18b. Recording and charting vital signs?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18c. Recording patient smoking status?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18d. Recording clinical notes?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> <i>Skip to 18e</i>	4 <input type="checkbox"/> <i>Skip to 18e</i>	5 <input type="checkbox"/> <i>Skip to 18e</i>
<b>18d1.</b> If yes, do the notes include a list of the patient's medications and allergies?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18e. Ordering prescriptions?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> <i>Skip to 18f</i>	4 <input type="checkbox"/> <i>Skip to 18f</i>	5 <input type="checkbox"/> <i>Skip to 18f</i>
<b>18e1.</b> If yes, are prescriptions sent electronically to the pharmacy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18e2.</b> If yes, are warnings of drug interactions or contraindications provided?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18f. Providing reminders for guideline-based interventions or screening tests?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18g. Providing standard order sets related to a particular condition or procedure?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18h. Ordering lab tests?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> <i>Skip to 18i</i>	4 <input type="checkbox"/> <i>Skip to 18i</i>	5 <input type="checkbox"/> <i>Skip to 18i</i>
<b>18h1.</b> If yes, are orders sent electronically?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18i. Viewing lab results?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> <i>Skip to 18j</i>	4 <input type="checkbox"/> <i>Skip to 18j</i>	5 <input type="checkbox"/> <i>Skip to 18j</i>
<b>18i1.</b> If yes, can the EHR/EMR automatically graph a specific patient's lab results over time?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18j. Viewing imaging results?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18k. Viewing data on quality of care measures?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18l. Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18m. Generating lists of patients with particular health conditions?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18n. Electronic reporting to immunization registries?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> <i>Skip to 18o</i>	4 <input type="checkbox"/> <i>Skip to 18o</i>	5 <input type="checkbox"/> <i>Skip to 18o</i>
<b>18n1.</b> If yes, reported in standards specified by Meaningful Use criteria?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18o. Providing patients with clinical summaries for each visit?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18p. Exchanging secure messages with patients?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>18q. Providing patients with an electronic copy of their health information?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

*The next questions are about sharing (either sending or receiving) patient health information.*

**19. Do you share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?**

1 Yes → Go to Question 19a

2 No → Skip to Question 21

**19a. How do you electronically share patient health information? CHECK ALL THAT APPLY.**

1 EHR/EMR

2 Web portal (separate from EHR/EMR)

3 Other electronic method \_\_\_\_\_

**20. Please indicate which types of health data you share electronically (not fax) with the health care providers listed to the right. CHECK ALL THAT APPLY.**

	Hospitals with which you are affiliated	Ambulatory providers inside your office/group	Hospitals with which you are not affiliated	Ambulatory providers outside your office/group
20a. Lab results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20b. Imaging reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20c. Patient problem lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20d. Medication lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20e. Medication allergy lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

20f. Do you share any of the above types of information using a "Summary Care Record"? [A Summary Care Record is an electronic file that contains the above health data in a standardized format.]

1  Yes 2  No 3  Unknown

**21. When you refer your patient to a provider outside of your office or group:**

	Yes, routinely	Yes, but not routinely	No	Does not apply
21a. Do you receive a report back from the other provider with results of the consultation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21b. Do you receive it <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**22. When you see a patient referred to you by a provider outside of your office or group:**

	Yes, routinely	Yes, but not routinely	No	Does not apply
22a. Do you receive notification of both the patient's history and reason for consultation?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22b. Do you receive them <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**23. When your patient is discharged from an inpatient setting:**

	Yes, routinely	Yes, but not routinely	No	Does not apply
23a. Do you receive all of the information you need to continue managing the patient?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23b. Is the information available when needed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23c. Do you receive it <u>electronically</u> (not fax)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**24. 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

**25. Roughly, what percent of your patient care revenue at the reporting location comes from the following?**

- 1. Medicare \_\_\_\_\_ %
  - 2. Medicaid/CHIP \_\_\_\_\_ %
  - 3. Private insurance \_\_\_\_\_ %
  - 4. All other sources \_\_\_\_\_ %
- Roughly, the total should sum to: 100%*

**26. Who completed this survey?**

- 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 this envelope, please send survey to: 2605 Meridian Parkway, Suite 200, Durham, NC 27713**

Boxes for Admin Use

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