National Ambulatory Medical Care Survey (NAMCS):

Electronic Medical Records Supplement 2010

The purpose of the National Study of Electronic Medical Records/Electronic Health Records (EMRs/EHRs) is to collect information about physician office practices and the adoption of electronic medical records 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? _____

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*The following questions ask about **ambulatory patients**. We define ambulatory patients as any patients coming to see you for personal health services who are not currently on the premises.*

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

   ☐1 Yes ────────→ *Continue 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.*

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

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

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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 patient visits did you have at __all locations__?**

   _____ visits

6. **During your last normal week of practice, about how many encounters of the following type did you make with patients?**

   1. Nursing home visits   _____
   2. Other home visits   _____
   3. Hospital visits   _____
   4. Telephone consults   _____
   5. Internet / e-mail consults   _____

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

☐1   Private 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

☐9   None of the above

PLEASE READ

- *If you answered **none of the above** in question 7, skip to **question 24**.*

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

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8.   At which of the settings in *question 7* do you see the most ambulatory patients? WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.

_____

*For the remaining questions, please answer regarding the **reporting location indicated in question 8** even if it is not the location where this survey was sent.*

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

Country	USA
County	
State	
Zip Code	
Telephone	( ) -

10. During your last *normal* week of practice, approximately how many office visits did you have at the *reporting location*? (A normal week would be one with a normal case load, no holidays, vacations or conferences.)
Note: Please only include visits where you personally saw the patient.

_____ office visits

11. 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 14**

☐2   Associated with others

12. How many physicians are associated with you at the reporting location?

_____ physicians

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

☐1   Single

☐2   Multi

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

_____ mid-level providers

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

☐1   Yes, all electronic

☐2   Yes, part paper and part electronic

☐3   No

☐4   Unknown

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

☐1   Yes, all electronic

☐2   Yes, part paper and part electronic

} *Go to Question 16a.*

☐3   No

☐4   Unknown

} *Skip to Question 17.*

16a. Which year did you install your EMR/EHR system?

_____

16b. What is the name of your current EMR/EHR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.

☐1 Allscripts   ☐5 Eclipsys   ☐9 Greenway Medical   ☐13 Meditech   ☐17 Unknown

☐2 Cerner   ☐6 Epic   ☐10 HealthPort   ☐14 NextGen

☐3 CHARTCARE   ☐7 eMDs   ☐11 McKesson   ☐15 Sage

☐4 eClinicalWorks ☐8 GE   ☐12 MED3000   ☐16 Other_____

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

☐1 Yes   ☐2 No   ☐3 Maybe   ☐4 Unknown

18. Please indicate whether the reporting location has each of the <u>computerized capabilities</u> listed below. CHECK NO MORE THAN ONE BOX PER ROW. Does the reporting location have a <u>computerized system</u> for:

	Yes	Yes, but turned off or not used	No	Unknown
18a. Patient history and demographic information?	1☐ *Go to 18a1*	2☐ *Skip to 18b*	3☐ *Skip to 18b*	4☐ *Skip to 18b*
18a1. If yes, does this include a patient problem list?	1☐	2☐	3☐	4☐
18b. Clinical notes?	1☐ *Go to 18b1*	2☐ *Skip to 18c*	3☐ *Skip to 18c*	4☐ *Skip to 18c*
18b1. If yes, do they include a list of medications that the patient is taking?	1☐	2☐	3☐	4☐
18b2. If yes, does this include a comprehensive list of the patient's allergies (including allergies to medication)?	1☐	2☐	3☐	4☐
18c. Orders for prescriptions?	1☐ *Go to 18c1*	2☐ *Skip to 18d*	3☐ *Skip to 18d*	4☐ *Skip to 18d*
18c1. If yes, are warnings of drug interactions or contraindications provided?	1☐	2☐	3☐	4☐
18c2. If yes, are prescriptions sent electronically to the pharmacy?	1☐	2☐	3☐	4☐
18d. Orders for lab tests?	1☐ *Go to 18d1*	2☐ *Skip to 18e*	3☐ *Skip to 18e*	4☐ *Skip to 18e*
18d1. If yes, are orders sent electronically?	1☐	2☐	3☐	4☐
18e. Viewing lab results?	1☐ *Go to 18e1*	2☐ *Skip to 18f*	3☐ *Skip to 18f*	4☐ *Skip to 18f*
18e1. If yes, are results incorporated into EMR/EHR?	1☐	2☐	3☐	4☐
18e2. If yes, are out of range levels highlighted?	1☐	2☐	3☐	4☐
18f. Orders for radiology tests?	1☐	2☐	3☐	4☐
18g. Viewing imaging results?	1☐	2☐	3☐	4☐
18h. Reminders for guideline-based interventions or screening tests?	1☐	2☐	3☐	4☐
18i. Electronic reporting to immunization registries?	1☐	2☐	3☐	4☐
18j. Public health reporting?	1☐ *Go to 18j1*	2☐ *Skip to 19*	3☐ *Skip to 19*	4☐ *Skip to 19*
18j1. If yes, are notifiable diseases sent electronically?	1☐	2☐	3☐	4☐

19. At the reporting location, if orders for prescriptions or lab tests are submitted electronically, who submits them? CHECK ALL THAT APPLY.

☐1 Prescribing practitioner

☐2 Other clinician (including RN)

☐3 Lab technician

☐4 Administrative personnel

☐5 Other

☐6 Prescriptions and lab test orders not submitted electronically

20. Beginning in 2011, Medicare and Medicaid will offer incentives to practices that have "meaningful use of Health IT". At the reporting location, are there plans to apply for Medicare or Medicaid incentive payments for meaningful use of Health IT?

☐1 Yes, we intend to apply ⟶ *Go to Question 20a.*

☐2 Uncertain whether we will apply

☐3 No, we will not apply

     } *Skip to Question 21.*

20a. What year do you expect to apply for the meaningful use payments?

☐1 2011

☐2 2012

☐3 After 2012

☐4 Unknown

20b. Which incentive payment do you plan to apply for? CHECK ONE.

☐1 Medicare

☐2 Medicaid

☐3 Unknown

21. Are you a full- or part-owner, employee, or independent contractor of the reporting location? CHECK ONE.

☐1 Owner (full or part)

☐2 Employee

☐3 Contractor

22. Who owns the reporting location? CHECK ONE.

☐1 Physician or physician group

☐2 HMO

☐3 Community health center

☐4 Medical/academic health center

☐5 Other hospital

☐6 Other health care corporation

☐7 Other

23. At the reporting location, what percent of your patient care revenue comes from the following?

1. Medicare   _____ %

2. Medicaid   _____ %

3. Private insurance   _____ %

4. Patient payments   _____ %

5. Other
(including charity, research, CHAMPUS, VA, etc.)   _____ %

               TOTAL   **100%**

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

☐1 Hospital emergency department

☐2 Hospital outpatient department

☐3 Ambulatory surgicenter

☐4 Institutional setting (school infirmary, nursing home, prison)

☐5 Industrial outpatient facility

☐6 Federal Government operated clinic (e.g., VA, military, etc.)

☐7 Laser vision surgery

25. 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 the EMR survey to the following address: 2605 Meridian Parkway, Suite 200, Durham, NC 27713

Boxes for Admin Use