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Physician Workflow Supplement 2011

The purpose of the Physician Workflow study is to collect information about barriers and facilitators of **electronic health records (EHR)**. As a physician without an EHR system, your participation is greatly appreciated. Your answers are completely confidential, and your participation is voluntary. If you have any questions, please call 866-966-1473.

For the following questions, please respond about your intent to adopt or not adopt an EHR system at the location where you see the most **ambulatory patients**. Ambulatory patients are defined as any patients coming to see you for personal health services.

1. Which of the following best describes your practice's current EHR adoption status?

- 1 We do not intend to purchase an EHR system within 12 months.
 2 We are deciding on whether or not to purchase an EHR system within 12 months.
 3 We intend to purchase an EHR system in the next 12 months, but have not begun the selection process.
 4 We are in the process of selecting an EHR system.
 5 We have purchased but are not yet using an EHR system.
 6 We have purchased and are using an EHR system.

2. Have you ever used any EHR system?

- 1 Yes (Go to 2a)
 2 No (SKIP to 3)

2a. How many EHR systems have you used? _____ systems

3. Regardless of your plans, to what extent do you view the following as a barrier to adopting an EHR system?	Major Barrier	Minor Barrier	Not a Barrier
a. Reaching consensus within the practice to select an EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Finding an EHR system that meets your practice's needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Effort needed to select an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Cost of purchasing an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Ability to secure financing for an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Annual cost of maintaining an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Loss of productivity during the transition to an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Adequacy of training for you and your staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Adequacy of EHR technical support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Access to high speed Internet (e.g., broadband, cable)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Reliability of the system (e.g., EHR down or unavailable when needed)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Resistance of your practice to change work habits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

National Ambulatory Medical Care Survey

4. Please indicate whether you agree or disagree with the following statements about using an EHR system.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. Overall, my practice would function more efficiently with an EHR system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The amount of time spent to plan, review, order, and document care would increase.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of time spent responding to pharmacy calls would increase.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Sending prescriptions electronically would save me time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The number of weekly office visits would increase.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. My practice would receive lab results faster.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. My practice would save on costs associated with managing and storing paper records.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Billing for services would be less complete.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. An EHR would produce financial benefits for my practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. An EHR would produce clinical benefits for my practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. An EHR would allow me to deliver better patient care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. An EHR would make records more readily available at the point-of-care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. An EHR would disrupt the way I interact with my patients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. An EHR would be an asset when recruiting physicians to join the practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. An EHR would enhance patient data confidentiality.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

5. How much of an influence do you think the following would have on your decision to adopt an EHR system?	Major Influence to Adopt	Minor Influence to Adopt	Not an Influence
a. Government incentive payments for EHR use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Proposed financial penalties for not using an EHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Availability of government-certified products	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Assistance with selecting an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Technical assistance with EHR implementation in your practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. EHR systems being used by trusted colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Capability of exchanging information electronically within your referral network	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Requirement to use an EHR for maintenance of board certification	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

6. If your practice used an EHR system, how likely do you think it would be to:	Very Likely	Somewhat Likely	Not at all Likely	Not Applicable
a. Alert you to potential medication errors?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Alert you to critical lab values?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Remind you to provide preventive care (e.g., vaccine, cancer screening)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Remind you to provide care that meets clinical guidelines for patients with chronic conditions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Help you identify needed lab tests (such as HbA1c or LDL)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Help you order fewer tests due to better availability of lab results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Help you order more on-formulary drugs (as opposed to off-formulary drugs)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Facilitate direct communication with a patient (e.g., email or secure messaging)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Help you access a patient's chart remotely (e.g., to work from home)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Overall, if your practice used an EHR system, how likely do you think it would enhance patient care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

7. Please indicate how important the following features are to include in an EHR system. Also, in the far right column, select what you consider to be the THREE (max of 3) MOST IMPORTANT FEATURES.	Very Important	Somewhat Important	Not Important	Important Features (Max of 3)
a. Electronic billing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
b. Recording a patient problem list	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
c. Recording clinical notes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
d. Availability of the patient's medication and allergy lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
e. Ordering prescriptions electronically (sending a prescription directly to a pharmacy at the point-of-care)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
f. Clinical decision support (e.g., alerts for drug interactions or contraindications)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
g. Providing reminders for guideline-based interventions or screening tests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
h. Ordering lab tests electronically at point-of-care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
i. Providing standard order sets related to a particular condition or procedure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
j. Viewing lab results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
k. Viewing imaging reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
l. Viewing data on quality of care measures	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
m. Exchanging patient clinical summaries with other physicians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
n. Public health reporting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
o. Providing patients with clinical summaries for each visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>
p. Exchanging secure messages with patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>

8. Are you familiar with the following:	Not familiar	Familiar, but do not participate	Familiar and plan to participate	Participate in program
a. Incentive payments for the <i>meaningful use</i> of EHRs for Medicare physicians?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Incentive payments for the <i>meaningful use</i> of EHRs for Medicaid physicians?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Assistance available through regional extension centers on EHR selection, implementation, and use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

9. Do you plan on purchasing an EHR in the next 12 months?

- 1 Yes (Go to 9a.)
- 2 No (SKIP to 10)

9a. How do you plan on financing your EHR purchase? (CHECK ALL THAT APPLY)

- 1 Cash or operating expense
- 2 Commercial bank loan
- 3 Local grants
- 4 State grants
- 5 Federal grants
- 6 Foundation grants
- 7 Hospital/plan subsidized financing
- 8 Government incentives
- 9 Other (specify: _____)

10. Are you familiar with the proposed Medicare financial penalties for not using an EHR beginning in 2015?

- 1 Yes
- 2 No

11. Please estimate the total per physician purchase cost if your practice implemented an EHR system. Include software, hardware, cabling, telecommunication upgrades, building modifications, and training.

- 1 Under \$10,000
- 2 \$10,000 to \$19,999
- 3 \$20,000 to \$29,999
- 4 \$30,000 to \$39,999
- 5 \$40,000 to \$49,999
- 6 \$50,000 to \$59,999
- 7 \$60,000 and over

12. How many of the following support staff (FTE) work at this location?

- _____ Nurses (RN/LPN)
- _____ Medical Assistants (MA)
- _____ Administrative staff
- _____ IT staff
- _____ Other staff

The following are about the physician to whom this survey was addressed:

13. Please think about your experiences with new computer systems and software. Overall, how easy or difficult is it for you to use new technology?

- 1 Very difficult
- 2 Somewhat difficult
- 3 Neither difficult nor easy
- 4 Somewhat easy
- 5 Very Easy

14. In what year did you complete residency or fellowship? _____(YYYY)

15. What is your race? (CHECK ALL THAT APPLY)

- 1 White
- 2 Black/African American
- 3 Asian
- 4 Native Hawaiian/Other Pacific Islander
- 5 American Indian/Alaska Native

16. What is your ethnicity?

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

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

Boxes for Admin Use

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