National Electronic Health Records Survey 2013

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 ☐
   - 2 No ☐
   - 3 I am no longer in practice  

   **Continue to Question 3.**

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 ask about a **normal week**. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.

4. **Overall, at how many office locations do you see ambulatory patients in a normal week? (Please exclude hospital emergency or outpatient departments.)**
   - ________ 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 or hospital outpatient department ☐
   - 10 None of the above ☐

   **If you only answered hospital emergency or outpatient department or none of the above in question 6, skip to question 27.**

   **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”).
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. How many physicians, including you, work at the reporting location?

___________

10a 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 physician □ 4 11-50 physicians
□ 2 2-3 physicians □ 5 51-100 physicians
□ 3 4-10 physicians □ 6 More than 100 physicians

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 □ 3 Unknown

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Private insurance capitated</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>2 Private insurance non-capitated</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>3 Medicare</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>4 Medicaid/CHIP</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>5 Workers’ compensation</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>6 Self pay</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>7 No charge</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
</tbody>
</table>

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
□ 2 Yes, part paper and part electronic
□ 3 No
□ 4 Unknown

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

Year: ______________

15b Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

□ 1 Yes □ 2 No □ 3 Unknown

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

□ 1 Allscripts □ 6 e-MDs □ 11 NextGen
□ 2 Amazing Charts □ 7 Epic □ 12 Practice Fusion
□ 3 athenahealth □ 8 GE/Centricity □ 13 Sage/Vitera
□ 4 Cerner □ 9 Greenway Medical □ 14 Other, specify
□ 5 eClinicalWorks □ 10 McKesson/Practice Partner □ 15 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 □ 2 No □ 3 Maybe □ 4 Unknown

17a When did you first apply or when do you first intend to apply?

□ 1 Yes, we already applied □ 4 2014 or later
□ 2 Yes, we intend to apply □ 5 Unknown
□ 3 Uncertain if we will apply □ 3 2013
□ 4 No, we will not apply

17b Go to Question 15a

18. Go to Question 15a
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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes, used routinely</th>
<th>Yes, but not used routinely</th>
<th>Yes, but turned off or not used</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>18a Recording patient history and demographic information?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3 Skip to 18b</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18a1 Does this include a patient problem list?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18b Recording and charting vital signs?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18c Recording patient smoking status?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18d Recording clinical notes?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3 Skip to 18e</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18d1 Do the notes include a list of the patient's medications and allergies?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18e Reconciling lists of patient medications to identify the most accurate list?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18f Ordering prescriptions?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3 Skip to 18g</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18f1 Are prescriptions sent electronically to the pharmacy?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18f2 Are warnings of drug interactions or contraindications provided?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18g Providing reminders for guideline-based interventions or screening tests?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18h Ordering lab tests?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3 Skip to 18i</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18h1 Are orders sent electronically?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18i Viewing lab results?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3 Skip to 18j</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18i1 Can the EHR/EMR automatically graph a specific patient's lab results over time?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18j Viewing imaging results?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18k Identifying educational resources for patients' specific conditions?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18l Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18m Generating lists of patients with particular health conditions?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18n Electronic reporting to immunization registries?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18o Providing patients with clinical summaries for each visit?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18p Exchanging secure messages with patients?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18q Providing patients with an electronic copy of their health information?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>18r Providing patients the ability to view online, download or transmit information from their medical record?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Type of Health Data</th>
<th>Hospitals with which you are affiliated</th>
<th>Ambulatory providers inside your office/group</th>
<th>Hospitals with which you are not affiliated</th>
<th>Ambulatory providers outside your office/group</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a Lab results</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>20b Imaging reports</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>20c Patient problem lists</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>20d Medication lists</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>20e Medication allergy lists</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

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. Do you refer any of your patients to providers outside of your office or group?

- □ 1 Yes  →  Go to Question 21a
- □ 2 No  →  Skip to Question 22

21a Do you receive a report back from the other provider with results of the consultation?

- □ 1 Yes, routinely
- □ 2 Yes, but not routinely
- □ 3 No  →  Skip to Question 22

21b Do you receive it electronically (not fax)?

- □ 1 Yes, routinely
- □ 2 Yes, but not routinely
- □ 3 No

22. Do you see any patients referred to you by providers outside of your office or group?

- □ 1 Yes  →  Go to Question 22a
- □ 2 No  →  Skip to Question 23

22a Do you receive notification of both the patient’s history and reason for consultation?

- □ 1 Yes, routinely
- □ 2 Yes, but not routinely
- □ 3 No  →  Skip to Question 22

22b Do you receive them electronically (not fax)?

- □ 1 Yes, routinely
- □ 2 Yes, but not routinely
- □ 3 No

23. Do you take care of patients after they are discharged from an inpatient setting?

- □ 1 Yes  →  Go to Question 23a
- □ 2 No  →  Skip to Question 24

23a Do you receive all of the information you need to continue managing the patient?

- □ 1 Yes, routinely
- □ 2 Yes, but not routinely
- □ 3 No  →  Skip to Question 24

23b Is the information available when needed?

- □ 1 Yes, routinely
- □ 2 Yes, but not routinely
- □ 3 No  →  Skip to Question 24

23c Do you receive it electronically (not fax)?

- □ 1 Yes, routinely
- □ 2 Yes, but not routinely
- □ 3 No

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 patients are insured by Medicaid?

- _____________%

26. Do you treat patients insured by Medicare?

- □ 1 Yes
- □ 2 No
- □ 3 Unknown

27. 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