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National Electronic Health Records Survey 2015

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.

<p>1. We have your specialty as:</p> <p>Is that correct?</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No → What is your specialty? _____</p>	<p>4. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.</p> <p><input type="checkbox"/> 1 Private solo or group practice</p> <p><input type="checkbox"/> 2 Freestanding clinic/urgicenter (not part of a hospital outpatient department)</p> <p><input type="checkbox"/> 3 Community Health Center (e.g., Federally Qualified Health Center [FQHC], federally funded clinics or "look-alike" clinics)</p> <p><input type="checkbox"/> 4 Mental health center</p> <p><input type="checkbox"/> 5 Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)</p> <p><input type="checkbox"/> 6 Family planning clinic (including Planned Parenthood)</p> <p><input type="checkbox"/> 7 Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)</p> <p><input type="checkbox"/> 8 Faculty practice plan (an organized group of physicians that treats patients referred to an academic medical center)</p> <p><input type="checkbox"/> 9 Hospital emergency or hospital outpatient departments</p> <p><input type="checkbox"/> 10 None of the above</p> <p><i>If you see patients in any of these settings, go to Question 5</i></p> <p><i>If you select only 9 or 10, go to Question 42</i></p>
<p><i>This survey asks about ambulatory care, that is, care for patients receiving health services without admission to a hospital or other facility.</i></p>	
<p>2. Do you directly care for any ambulatory patients in your work?</p> <p><input type="checkbox"/> 1 Yes → Continue to Question 3</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 3 I am no longer in practice</p> <p><i>Please stop here and return the questionnaire in the envelope provided. Thank you for your time.</i></p>	
<p><i>The next question asks about a normal week. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.</i></p>	
<p>3. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see ambulatory patients in a normal week?</p> <p>_____ Locations</p>	
<p>5. At which of the settings (1-8) in <u>question 4</u> do you see the most ambulatory patients? WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.</p> <p>_____ (For the rest of the survey, we will refer to this as the "reporting location.")</p>	
<p><i>For the remaining questions, please answer regarding the reporting location indicated in question 5 even if it is not the location where this survey was sent.</i></p>	
<p>6. What are the county, state, zip code, and telephone number of the <u>reporting location</u>?</p> <p>Country _____ USA _____ County _____ State _____</p> <p>Zip Code _____ Telephone (_____) _____</p>	

7. 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 1 physician
- 2 2-3 physicians
- 3 4-10 physicians
- 4 11-50 physicians
- 5 51-100 physicians
- 6 More than 100 physicians

8. How many physicians, including you, work at the reporting location? _____

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

_____ Mid-level providers

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

- 1 Single
- 2 Multi

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

- 1 Yes
- 2 No
- 3 Unknown

12. 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

13. Does the reporting location use an electronic health record (EHR) system? Do not include billing record systems.

- 1 Yes, all electronic
 - 2 Yes, part paper and part electronic
 - 3 No
 - 4 Unknown
- } *Go to Question 14*
- } *Skip to Question 19*

14. In which year did you install your current EHR system?

Year: _____

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

- 1 Yes
- 2 No
- 3 Unknown

16. Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system? Do not include eFaxing.

- 1 Yes
- 2 No
- 3 Unknown

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

- 1 Allscripts
- 2 Community Computer Service, Inc.
- 3 athenahealth
- 4 Cerner
- 5 eClinical Works
- 6 e-MDs
- 7 Epic
- 8 GE/Centricity
- 9 Eyefinity/Officemate
- 10 NextGen
- 11 Practice Fusion
- 12 Sage/Vitera/Greenway
- 13 Other, specify _____
- 14 Unknown

18. Has your practice made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This assessment would help identify privacy- or security-related issues that may need to be corrected.

- 1 Yes
- 2 No
- 3 Unknown

19. At the reporting location, are there plans to purchase a new EHR system within the next 18 months?

- 1 Yes, with the same EHR vendor
- 2 Yes, with a different EHR vendor
- 3 Yes, first-time purchase of EHR system
- 4 No
- 5 Unknown

20. Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT.” Have you ever applied for Meaningful Use Incentive Program payments?

- 1 Yes, at the reporting location
- 2 Yes, not at the reporting location
- 3 No
- 4 Unknown

21. Do you plan to apply for Meaningful Use Incentive Program payments in the future?

- 1 Yes
- 2 No
- 3 Unknown

22. Indicate whether the 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 Not Used Routinely	No	Unknown
a. Recording patient history and demographic information?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Recording patient problem lists?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Recording and charting vital signs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Recording patient smoking status?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Recording clinical notes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Recording patients' medications and allergies?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Reconciling lists of patient medications to identify the most accurate list?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Providing reminders for guideline-based interventions or screening tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Ordering prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to j</i>	<input type="checkbox"/> 4 <i>Skip to j</i>
Are prescriptions sent electronically to the pharmacy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Are warnings of drug interactions or contraindications provided?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Ordering lab tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to k</i>	<input type="checkbox"/> 4 <i>Skip to k</i>
Are orders sent electronically?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Viewing lab results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Skip to l</i>	<input type="checkbox"/> 4 <i>Skip to l</i>
Can the EHR automatically graph a specific patient's lab results over time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Ordering radiology tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Viewing imaging results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Identifying educational resources for patients' specific conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Identifying patients due for preventive or follow-up care in order to send patients reminders?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. Generating lists of patients with particular health conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. Electronic reporting to immunization registries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. Providing patients with clinical summaries for each visit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. Exchanging secure messages with patients?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
u. Ability for patients to electronically view their online medical record?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
v. Ability for patients to download their online medical record?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
w. Ability for patients to electronically send their online medical record to a third party (e.g., another provider, Personal Health Records)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<p>23. Has your reporting location been recognized as a Patient Centered Medical Home (PCMH) by a state, a commercial health plan, or a national organization, such as the National Committee for Quality Assurance (NCQA), the Joint Commission, URAC, or the Accreditation Association for Ambulatory Health Care (AAAHC)?</p> <p><input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Unknown</p> <p>24. Does the reporting location participate in an Accountable Care Organization (ACO) arrangement with Medicare or private insurers? An ACO is an entity typically composed of primary care physicians, specialists, and hospitals, and held financially accountable for the cost and quality of care delivered to a defined group of patients.</p> <p><input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Unknown</p> <p>25. Does the reporting location participate in a Pay-for-Performance arrangement, where you can receive financial bonuses based on your performance?</p> <p><input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Unknown</p>	<p>26. Who owns the reporting location? CHECK ONE.</p> <p><input type="checkbox"/>1 Physician or physician group</p> <p><input type="checkbox"/>2 Insurance company, health plan, or HMO</p> <p><input type="checkbox"/>3 Community health center</p> <p><input type="checkbox"/>4 Medical/academic health center</p> <p><input type="checkbox"/>5 Other hospital</p> <p><input type="checkbox"/>6 Other health care corporation</p> <p><input type="checkbox"/>7 Other</p> <p>27. Roughly, what percent of your patients are insured by Medicaid?</p> <p>_____ %</p> <p>28. Do you treat patients insured by Medicare?</p> <p><input type="checkbox"/>1 Yes <input type="checkbox"/>2 No <input type="checkbox"/>3 Unknown</p>
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The following questions are about how you and your medical organization send and receive patient health information. By medical organization we mean the organization that employs you and other physicians who work together and may share staff, patient medical records, and profits. This also includes solo practices and groups owned by a hospital. If you are employed by more than one organization, please answer for the organization where you see the most ambulatory patients. Patient health information includes information such as medication lists, problem lists, medication and allergy lists, imaging reports, laboratory results, registry data (e.g., immunizations, cancer), and referrals.

29. Do you <u>send</u> patient health information to other providers and public health agencies outside your medical organization using the following methods of data transmission?	Yes	No	Uncertain
Paper-based method (e.g., mail, fax)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
eFax	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
EHR (not eFax)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Web Portal (separate from EHR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

30. Do you <u>receive</u> patient health information from other providers and public health agencies outside your medical organization using the following methods of data transmission?	Yes	No	Uncertain
Paper-based method (e.g., mail, fax)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
eFax	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
EHR (not eFax)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Web Portal (separate from EHR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

31. Do you refer patients to the following types of providers? If yes, how often do you send patient health information electronically through either your EHR or web portal? Do NOT include eFax, fax, or other paper-based methods.

	No	Yes	Often	Sometimes	Rarely	Never
Ambulatory care providers outside your organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Ambulatory care providers within your organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hospitals unaffiliated with your organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hospitals affiliated with your organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Behavioral Health providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Long-term care providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

32. Do you see patients that have received care from the following types of providers? If yes, how often do you receive patient health information electronically through either your EHR or web portal? Do NOT include eFax, fax, or other paper-based methods.

	No	Yes	Often	Sometimes	Rarely	Never
Ambulatory care providers outside your organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Ambulatory care providers within your organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hospitals unaffiliated with your organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hospitals affiliated with your organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Behavioral Health providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Long-term care providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2 →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**If you do not have an EHR system, please skip to Question 35.
If you have an EHR system, continue to Question 33.**

33. For other providers outside of your medical organization including public health agencies, do you electronically <u>send and receive</u> , <u>send only</u> , or <u>receive only</u> the following types of patient health information? Electronically sending or receiving information does not include eFax, fax, or paper-based methods.	Both Send and Receive Electronically	Send Electronically Only	Receive Electronically Only	Do not Send or Receive Electronically
Medication lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient problem lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Medication allergy lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Imaging reports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Laboratory results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Registry data (e.g., immunizations, cancer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Referrals (e.g., referral requests or reports)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hospital discharge summaries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Emergency Department notifications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Summary of care records for transitions of care or referrals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

34. When electronically receiving information from other providers, are you able to integrate the following types of patient health information into your EHR without special effort like manual entry or scanning?	Yes	No	Uncertain	Not Applicable
Medication lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Patient problem lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Medication allergy lists	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Imaging reports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Laboratory results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Registry data (e.g., immunizations, cancer)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Referrals (e.g., referral requests or reports)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hospital discharge summaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Emergency Department notifications	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Summary of care records for transitions of care or referrals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

35. When treating patients seen by other providers outside your medical organization, how often do you or your staff have clinical information from those outside encounters electronically available at the point of care? Electronically available does not include scanned or PDF documents.

- 1 Often 2 Sometimes 3 Rarely 4 Never
- 5 Uncertain 6 I do not see patients outside my medical organization

These questions ask about electronically searching, finding, or querying patient health information from sources outside your medical organization.

36. Do you have the capability to electronically search for your patient's health information from sources outside of your medical organization (e.g. remote access to other facility, health information exchange organization)?

- 1 Yes
- 2 No (*Skip to 40*)
- 3 Uncertain (*Skip to 40*)

37. What type of patient health information do you routinely search for from sources outside your medical organization? CHECK ALL THAT APPLY.

- 1 Lab results
- 2 Patient problem lists
- 3 Imaging reports
- 4 Medication lists
- 5 Medication allergy lists
- 6 Discharge summaries
- 7 Other_____

38. How often do you electronically search for health information from sources outside of your medical organization when seeing a new patient or an existing patient who has received services from other providers?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never (*Skip to 40*)

39. How do you search patient health information from outside sources? CHECK ALL THAT APPLY.

- 1 EHR
- 2 Web portal
- 3 Other_____

<p>40. To what extent do you agree or disagree with the following statements about electronic information exchange? Exchange refers to electronically sending, receiving, or finding patient health information.</p> <p>Electronically exchanging clinical information with other sources outside my medical organization_____.</p>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Applicable
<p>"...improves my practice's quality of care."</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>"...increases my practice's efficiency."</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>"...reduces duplicate test ordering."</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>"...prevents medication errors."</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>"...is cumbersome to do with our EHR."</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>"...is limited. Providers in my referral network do not have the electronic capability to exchange data."</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>"...provides me with complete clinical information, both current and historical, from sources outside my medical organization."</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>"...provides me with clinical information that I can trust."</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

41. What is a reliable E-mail address for the physician to whom this survey was mailed?

42. 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 the envelope, please send the survey to: 2605 Meridian Parkway, Suite 200, Durham, NC 27713.

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Boxes for Admin Use