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Physician Workflow Supplement Year 2013

The purpose of the Physician Workflow study is to collect information about the experiences office-based physicians are having with and without **electronic health records (EHR)**. Your participation is greatly appreciated and voluntary. Your answers are completely confidential. If you have questions or comments about this survey, please call 866-966-1473.

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

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

Yes → Continue to Question 2.

No
 I am no longer in practice } Please stop here and return the questionnaire in the envelope provided. Thank you for your time.

2. In a typical week, at how many office locations do you see ambulatory patients? (Please exclude hospital emergency or outpatient departments)

_____ locations

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

- Private solo or group practice
- Freestanding clinic/urgicenter (not part of a hospital outpatient department)
- Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or "look-alike" clinics)
- Mental health center
- Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)
- Family planning clinic (including Planned Parenthood)
- Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)
- Faculty practice plan (An organized group of physicians that treat patients referred to an academic medical center)
- Hospital emergency or hospital outpatient departments
- None of the above

If you see patients in any of these settings, go to Q4

If you select only 9 or 10, go to Q36

4. At which of the settings in question 3 do you see the most ambulatory patients? WRITE THE NUMBER NEXT TO THE BOX YOU CHECKED _____

For the remaining questions, please answer regarding the **reporting location indicated in question 4** even if it is not the location where this survey was sent.

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

Country USA

County _____

State _____

Zip Code _____

Telephone (____) _____

6. How many physicians, including you, work at the reporting location? WRITE BELOW.

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 physician

2-3 physicians

4-10 physicians

11-50 physicians

51-100 physicians

More than 100 physicians

8. How many of the following types of staff are associated with the reporting location? If none, mark box provided.

- ___ Number of midlevel providers (NP, PA) None
- ___ Number of clinical staff (RN, MA) None
- ___ Number of administrative/non-clinical staff None

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

- 1 Single
- 2 Multi-specialty

10. Are you a full or part owner, employee, or an independent contractor at the reporting location?

- 1 Owner
- 2 Employee
- 3 Contractor

11. 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

12. Does the reporting location receive any additional compensation beyond routine visit fees for offering *Patient-Centered Medical Home (PCMH)* type services or does the reporting location participate in a certified PCMH arrangement?

PCMHs are certified by the National Committee for Quality Assurance, Joint Commission, URAC, Bridges to Excellence, or some other state or national group.

- 1 Yes (Skip to 13)
- 2 No (Go to 12a)
- 3 Uncertain (Go to 12a)

12a. Do you plan to participate in a PCMH arrangement?

- 1 Yes
- 2 No
- 3 Uncertain

13. Does the reporting location participate in a Pay-for-performance arrangement in which you can receive financial bonuses based on your performance?

- 1 Yes (Skip to 14)
- 2 No (Go to 13a)
- 3 Uncertain (Go to 13a)

13a. Do you plan to participate in a Pay-for-performance arrangement?

- 1 Yes
- 2 No
- 3 Uncertain

14. Does the reporting location participate in an *Accountable Care Organization* or similar arrangement by which you may share savings with insurers (including private insurance, Medicare, Medicaid, and other public options)?

- 1 Yes (Skip to 15)
- 2 No (Go to 14a)
- 3 Uncertain (Go to 14a)

14a. Do you plan to participate in an *Accountable Care Organization* or similar arrangement?

- 1 Yes
- 2 No
- 3 Uncertain

The next questions are related to your general experiences with practicing medicine.

15. Overall, how satisfied or dissatisfied are you with practicing medicine?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

16. Please consider the following statement:

"I am able to provide high quality care to most of my patients at the reporting location."

Would you say you...

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

The next questions are about electronic health records (EHR) systems.

- ◆ EHRs may include multiple modules and capabilities such as computerized order entry and clinical decision support.
- ◆ EHRs do not include faxing, photocopying, or printing the medical information from an external website, and then including the information in a paper-based record.

17. Which of the following best describes the reporting location's current EHR adoption status?

- We are actively using an EHR system that was installed more than 12 months ago. (Skip to 18)
- We are actively using an EHR system that was installed within the past 12 months. (Skip to 18)
- We **are not actively using an EHR system** but have one installed. (Skip to 18)
- We **do not have an EHR system**. (Go to 17a)

17a. Do you ever plan to implement an EHR system?

- Yes (Skip to 18)
- No (Go to 17b)
- Uncertain because I'm not involved in the decision process (Skip to 18)
- Uncertain because I'm undecided (Go to 17b)

17b. Why do you not plan on implementing an EHR system? CHECK ALL THAT APPLY.

- No systems fit with my specialty
- Plan to retire soon
- Lack of time
- Lack of staff
- Lack of financial resources
- Privacy/security concerns
- Other, specify:

18. 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?

- Yes, we already applied (Skip to 19)
- Yes, we intend to apply (Skip to 19)
- No, we will not apply (Go to 18a)
- Uncertain if we will apply because I'm not involved in the decision process (Skip to 19)
- Uncertain if we will apply because I'm undecided (Go to 18a)

18a. Please indicate the reasons for not applying for incentives. CHECK ALL THAT APPLY.

- Not qualified as an "eligible provider"
- The process to apply is difficult
- Not familiar with the incentive program
- Unsure that incentives will actually be paid
- My EHR system does not exchange health information electronically with other providers (e.g., EHR systems "don't talk to each other")
- Not prepared to implement electronic prescribing
- Other reason for not applying.

Please specify:

19. Has the reporting location received any type of assistance from a Regional Extension Center?

- Yes
- No
- Uncertain
- I am not familiar with the term regional extension center.

| 20. Please answer the 3 questions to the right of this box about the following clinical workflow tasks for the reporting location. | How important is the task to delivering better patient care? | | | How often is this task usually performed at this location? | | | | Is this task computerized? | |
|--|--|----------------------------|----------------------------|--|----------------------------|----------------------------|---|----------------------------|----------------------------|
| | Very important | Somewhat important | Not important | More than weekly | More than monthly | Less than monthly | Never | Yes | No |
| Population management: | | | | | | | | | |
| a. Create a list of patients by particular diagnosis | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to b</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Create a list of patients by particular lab result | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to c</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Create a list of patients by particular vital signs (e.g., high blood pressure) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to d</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Create a list of patients who are due for tests or preventive care | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to e</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Provide patient reminders for preventive or follow-up care | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to f</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Quality improvement: | | | | | | | | | |
| f. Create reports on clinical care measures for patients with specific chronic conditions (e.g., HbA1c for diabetic patients) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to g</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Create reports on clinical care measures by patient demographic characteristics (e.g., age, sex, race) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to h</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Submit clinical care measures to public and private insurers (e.g., blood pressure control, HbA1c, smoking status) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to i</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Patient communication/access to health data: | | | | | | | | | |
| i. Provide patients with a copy of their health information | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to j</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j. Record a patient advanced directive | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to k</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| k. Provide patients with a clinical summary for each visit | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to l</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Coordination of care: | | | | | | | | | |
| l. Receive patient clinical information from other physicians treating your patient (e.g., referral summaries) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to m</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| m. Receive information needed to continue managing a patient post-hospital discharge | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to n</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| n. Share patient clinical information with other providers treating your patient | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> <i>Skip to 21</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

If you do not have an EHR system or are not actively using an EHR system skip to Question 31 (page 8).

If you are not sure about your EHR status, please refer to your answer in Question 17.

| 21. Please indicate whether you agree or disagree with the following statements <u>about using your EHR system</u> : | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Overall, my practice has functioned 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 has increased. | 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 increased. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Overall, my EHR saves me time. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Sending prescriptions electronically saves me time. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. The number of weekly office visits increased. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. My practice receives lab results faster. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. My practice saves 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"/> |
| i. Billing for services is less complete. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. My EHR produces financial benefits for my practice. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. My EHR produces clinical benefits for my practice. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. My EHR allows me to deliver better patient care. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. My EHR makes 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"/> |
| n. My EHR disrupts the way I interact with my patients. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| o. My EHR is 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"/> |
| p. My EHR enhances patient data confidentiality. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| q. Health information is less secure in my EHR system than a paper-based system. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| r. My EHR reduces transcription costs. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| s. Summary of care documents received electronically from other providers contain unnecessary information. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| t. Summary of care documents received electronically from other providers contain too much information. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| u. Overall, the benefits of having an EHR outweigh its purchase and maintenance costs. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

| 22. This question is about the ways that an EHR system might affect your reporting location. Has your EHR system: | Yes, within the past 30 days | Yes, but not within the past 30 days | Not at all | Not Applicable |
|---|------------------------------|--------------------------------------|----------------------------|----------------------------|
| a. Alerted you to a potential medication error? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Led to a potential medication error? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Alerted you to critical lab values? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Led to less effective communication during patient visits? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Reminded 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"/> |
| f. Reminded 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"/> |
| g. Helped 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"/> |
| h. Helped 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"/> |
| i. Helped 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"/> |
| j. Facilitated 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"/> |
| k. Facilitated direct communication with other providers that are part of your patient care team? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. Helped 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"/> |
| m. Helped you access a patient's chart through your personal device (e.g., smart phone, tablet)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| n. Alerted you that you received a patient summary from another provider? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| o. Helped you order a referral? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| p. Helped you follow-up on a referral? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| q. Inadvertently led you to select the wrong medication or lab order from a list? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| r. Led you to overlook something important because you received too many alerts? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| s. Been accessed by an unauthorized outside entity? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| t. Enhanced overall patient care? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

| 23. To what extent have you experienced the following as a barrier to using your reporting location's EHR system? | Major Barrier | Minor Barrier | Not a Barrier |
|---|----------------------------|----------------------------|----------------------------|
| a. Annual cost of maintaining an EHR system | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Loss of productivity | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Adequacy of training for you and your staff | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Adequacy of EHR technical support | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Reliability of the system (e.g., EHR down or unavailable when needed) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. Templates customized to your specialty or specific patient conditions | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. Resistance of your practice to change work habits | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| h. Ability to encrypt information to securely send information to other providers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| i. Ability to keep patient data private and secure | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| j. Efficiency of performing tasks (e.g., too many clicks ("click fatigue")) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| k. Ability to access patient records (e.g., log in) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

| 24. Do you share any patient health information <u>electronically</u> (not fax) with other providers, including hospitals, ambulatory providers, or labs? | | | | | |
|--|----------------------------|--|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> Yes (Go to 24a) | | 2 <input type="checkbox"/> No (Skip to 25) | | | |
| ↓ | | | | | |
| 24a. To what extent do you agree or disagree with the following statements about electronic information exchange. <i>"Electronically exchanging clinical information with other providers..."</i> | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | Uncertain |
| a. ...improves my practice's quality of care. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. ...increases my practice's efficiency. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. ...increases my practice's vendor costs. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. ...requires multiple systems or portals. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. ...increases my practice's liability due to other providers lacking adequate privacy/security safeguards. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. ...decreases my ability to separate sensitive health information from other data being exchanged. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

25. Overall, how satisfied or dissatisfied are you with your EHR system?

- 1 Very satisfied
 2 Somewhat satisfied
 3 Somewhat dissatisfied
 4 Very dissatisfied

26. Would you purchase this EHR again?

- 1 Yes
 2 No
 3 Uncertain

