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MATHEMATICA
Policy Research

Electronic Health Records Demonstration

Office Systems Survey

Spring 2011

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Thank you for participating in the Centers for Medicare & Medicaid Services (CMS) Office Systems Survey (OSS). This survey is being conducted as part of the Electronic Health Records Demonstration (EHRD) and its evaluation. The goal of this demonstration is to unite technology and clinical practice in the physician office setting. The evaluation of the EHRD will help CMS develop additional programs that can assist physicians in moving toward the common goal of improving care. This is a unique opportunity for your practice to contribute to a large-scale effort to improve the quality of ambulatory health care.

The survey asks about three types of health information technology (HIT) that you may be using in your practice to help manage your patients' health needs. The survey will first ask if your practice is currently using or is in the process of obtaining:

- An Electronic Health Record (EHR) system
- A stand-alone electronic patient registry
- A stand-alone electronic prescribing system

The survey will then collect information about the **functions** of the systems you are currently using.

Please note: Use of a stand-alone electronic patient registry or a stand-alone electronic prescribing system will count toward the systems payment only if they are linked to a certified EHR.

Please complete all sections of the survey unless directed within it to skip a section. The person most knowledgeable about the practice's use of the EHR and its functionalities should complete the survey. *If you are not aware of how all the providers in the practice are using the functions asked about in the survey, please consult with them prior to answering the questions.*

For practices that have a demonstration practice ID associated with more than one practice location, please provide responses that reflect all practice locations combined, and associated providers and patients. Again, we thank you for taking the time to fill out this important survey.

SECTION 1: GENERAL INFORMATION - PRACTICE

Please review your practice information below for accuracy.

1.3. Legal Name of Practice: _____

1.4. Primary Address: _____

1.5. Location City: _____ 1.6. Location State: _____ 1.7. Location Zip Code: _____

1.8. Telephone No.: _____

1.9. Fax No.: _____

1.11. Federal Tax ID for this Practice: _____

If any of the above information is not correct, please click on the link below and provide the correct information to CMS' EHR demonstration mail box: EHR_Demo@cms.hhs.gov. Please be sure to include your practice's EHR Demo identification number in the email. Then return to the survey to continue.

1.13a Is your practice owned by a larger health care organization?

- 1 Yes
- 0 No → **GO TO Q1.13c**

1.13b Please indicate the type of health care organization that owns your practice:

- 1 Medical group
- 2 Hospital
- 3 Health system
- 4 Other (*Please specify*)

1.13c Is your practice affiliated with (but not owned by) an Independent Practice Association (IPA), Physician Hospital Organization (PHO) or other larger organization?

- 1 Yes
- 0 No → **GO TO Q1.15**

1.14 Please indicate which type(s) of organization(s) your practice is affiliated with:

- 1 IPA (*Please specify*) _____
- 2 PHO (*Please specify*) _____
- 3 Other (*Please specify*) _____

1.15 Is your practice **currently** participating in any of the following programs?

MARK ALL THAT APPLY

- 1 Physician Quality Reporting System (PQRS; formerly PQRI)
- 2 Bridges to Excellence (BTE)
- 3 State or regional public reporting group
- 4 Other private sector electronic health records (EHR) demonstrations or initiatives (*Please name, and include the sponsoring insurer or employer*):

- 5 Other federal quality improvement initiatives including pay-for-performance (*Please name*)

- 6 State or other publicly funded quality improvement initiatives including pay-for-performance or Medicaid IT initiatives (*Please name*)

- 7 Private quality improvement initiatives including pay-for-performance (*Please name*)

- 8 Federal e-prescribing incentive program
- 9 Medicare & Medicaid EHR incentive program (meaningful use)
- 10 Medical home programs
- 11 Other similar programs (*Please name*)

- 12 None of the above
- d Do not know

SECTION 2: PROVIDER PROFILE

The following information comes from the most recent practice information you provided for the EHR demonstration. Please review the information below for accuracy and **make any corrections or additions by email to CMS' EHR demonstration mail box: EHR_Demo@cms.hhs.gov.**

Please note that provider identifiers are being requested in this survey to ensure that the correct information is associated with the practice. The information you provide will be used by CMS internally, only for the purposes of the EHRD and its evaluation. This information will not be shared or disseminated outside of the project staff.

2.0a The number of providers currently participating in the demonstration is _____. Is that correct?

By providers we mean primary care physicians, medical subspecialists (e.g., cardiologists, endocrinologists) whose practice is predominantly primary care, and physician assistants and nurse practitioners practicing primary care who bill Medicare independently.

Yes → *Please proceed to instructions in bold below*

No
↓

2.0b What is the correct number of participating providers?

____|____| PARTICIPATING PROVIDERS

Please verify the information below for each primary care provider participating in the demonstration who works at this practice. Include all participating providers from all alternate locations combined that are part of this practice.

(By primary care providers we mean: primary care physicians, specialty physicians practicing primary care, and physician assistants and nurse practitioners practicing primary care who bill Medicare independently, as enumerated in 2.0a or 2.0b).

Please note whether a previously mentioned provider has left the practice and the date of that departure, or a new provider has joined the practice and is participating in the demonstration and the date the provider joined the practice.

2.1 First Name	2.2 MI	2.3 Last Name
2.4 Individual (NPI) National Provider Identification Number		
2.5 Credentials (MD, DO, NP, PA)	2.6 Specialty ¹ 2.7 If other, please specify	2.8 Language(s) spoken (other than English) ³
2.9 Provider's Primary Practice Location ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	2.10 PIN # (Individual Medicare Billing Number) ³	
<p>If any of the above information is not correct, please click on the link below and provide updates or corrections to the above information for any of your participating providers to CMS' EHR demonstration mail box: EHR_Demo@cms.hhs.gov. Please be sure to include your practice's EHR Demo identification number in the email. Then return to the survey to continue</p>		

Footnotes:

- 1 Please use the following codes to indicate specialty: Cardiology (C); Endocrinology (E); Family Practice (F); Geriatrics (G); Internal Medicine (I); Other (please specify)
- 2 Please indicate whether the provider listed primarily practices at this office location (that is, sees 50% or more of his or her patients primarily at this location).
- 3 Please provide the Individual Medicare Billing Number (PIN) that is assigned by the Medicare Carrier in your state for use by this provider at this practice location only. (HCFA 1500 form field 24K or 33).

2.12 What is the total number of providers currently working at this practice?

|_|_| TOTAL NUMBER OF PROVIDERS

(Please include all primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives, including those who are participating in the demonstration, as well as those who are not eligible for or not participating in the demonstration. Please exclude residents and fellows.)

PLEASE NOTE THAT THE REMAINDER OF THE SURVEY PERTAINS TO THE TOTAL NUMBER OF PROVIDERS, NOT JUST THOSE PARTICIPATING IN THE DEMONSTRATION, AND TO ALL PATIENTS SEEN BY THOSE PROVIDERS (NOT JUST THOSE ON MEDICARE).

SECTION 3: USE OR PLANNED USE OF ELECTRONIC HEALTH RECORDS, AN ELECTRONIC PATIENT REGISTRY, OR AN ELECTRONIC PRESCRIBING SYSTEM

A. Electronic Health Records

An Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. This record may include patient demographics (for example, age or sex), diagnoses, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and imaging reports.

An EHR system has the capability of generating a complete record of a clinical patient encounter, as well as supporting other care-related activities, such as evidence-based decision support, quality management, and outcomes reporting. (*The EHR covers all conditions that the patient might have, as distinct from a registry that covers a specific disease or a limited set of diseases*). A practice management or billing system is not an EHR system.

Implementation of specific functions within an EHR system may vary based on the goals set by a practice and could include: entering progress notes; providing decision support within the patient encounter; and utilizing computerized physician order entry for laboratory tests and prescriptions.

This subsection (A) asks about the use (or planned use) of an EHR system. (Subsection B will ask about electronic patient registries, and Subsection C will ask about electronic prescribing.)

3.1 Has your practice implemented an EHR?

By “implemented” we mean an EHR has been purchased, installed, and tested, and is currently being used. By “use” we mean use for purposes *related to patient care*. If the system is used solely for practice management or billing, please respond “no.”

1 Yes → **GO TO Q3.3**

0 No

3.2 When do you plan to implement an EHR at this practice?

1 0-6 months

2 7-12 months

3 13-24 months

4 Other (*Please specify*)

IF YOU ANSWERED NO TO Q3.1, PLEASE PROCEED TO SUBSECTION B, TITLED “ELECTRONIC PATIENT REGISTRY”

IF YOU ANSWERED “YES” TO Q3.1, PLEASE ANSWER Q3.3-Q3.5:

3.3 When did the practice begin using the current EHR?

____/____
Month Year

3.4 The following menu lists the vendor name, product name, and version of many available EHR systems, in alphabetical order by vendor. Please select your practice's EHR from the following menu. If your practice's specific EHR does not appear in the menu, please select "Other" at the bottom of the menu and type in a response.

It is critical that your answer to this question be accurate for proper scoring. Please double-check your response before continuing to the next page.

3.5 Did the EHR system have a valid certification for some or all of the period from June 1, 2009 to the present?

By certification, we mean certification by the Certification Commission for Healthcare Information Technology (CCHIT), or by another certification body authorized by The Office of the National Coordinator for Health Information Technology to certify EHRs under the new "meaningful use" standards.

Certification may include certification under either the old CCHIT certification standards or the new "meaningful use" standards.

The list of authorized certification bodies is found here:

<http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3120>

- 1 Yes
- 0 No
- 4 Don't know

3.7 How many of the providers in this practice *currently use* the practice's EHR system?

By "use" we mean using for any purpose or functions.

□□□

The total number of providers includes primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives including those who are participating in the demonstration, as well as those who are not eligible for or are not participating in the demonstration as enumerated in Q2.12.

3.8 Have you received any technical assistance on the adoption or better use of the EHR system or other health information technology (HIT)?

- 1 Yes
- 0 No → **GO TO SUBSECTION B**

3.8a (IF YES) Where did you receive this technical assistance from?

MARK ALL THAT APPLY

- 1 A regional extension center
- 2 Quality Improvement Organization (QIO)
- 3 EHR vendor (*Please specify*)

- 4 Private consultant
- 5 IT staff of a larger organization that owns or is affiliated with this practice
- 6 Other (*Please name the type of organization*)

B. Electronic Patient Registry

For purposes of this survey, an electronic patient registry is defined as an electronic system, either a component of an EHR or a stand-alone system that is designed to: identify patients with specific diagnoses or medications; identify patients overdue for specific therapies; facilitate prompt ordering of specific laboratory tests or recommended drugs; and facilitate prompt communication with patients requiring follow-up. A stand-alone registry is a separate electronic system from an EHR system. (It may also be referred to as a patient e-registry.)

For example, a practice may use a registry for its diabetes patients to document care at visits, and to create reports that indicate which patients are due for certain blood tests, or are not meeting specific treatment goals for diabetes. A registry may also be used to ensure all suggested preventive screenings take place.

These next questions ask about the use of electronic registries in your practice.

- 3.9a Has your practice implemented an EHR (rather than a stand-alone patient registry) to perform registry functions, such as tracking patients who have a specific chronic illness, or receive preventive care (that is, immunizations, mammography and other cancer screening) for at least one condition?

By “implemented” we mean an EHR has been purchased, installed, and tested, and is currently being used. By “use” we mean use for purposes *related to patient care*. If the system is used solely for practice management or billing, please respond “no.”

Yes → **GO TO Q3.13**

No



- 3.9b Has your practice implemented a stand-alone patient registry to track patients who have a specific chronic illness, or receive preventive care (that is, immunizations, mammography and other cancer screening) for at least one condition?

By “implemented” we mean a stand-alone patient registry has been purchased, installed, and tested, and is currently being used. By “use” we mean use for purposes *related to patient care*. If the system is used solely for practice management or billing, please respond “no.”

Yes → *Please proceed to Q3.9c if answer at Q3.1 = Yes
Proceed to Q3.10 if answer at Q3.1 = No*

No → **GO TO Q3.14**

- 3.9c Is this stand-alone patient registry linked with your EHR system? That is, do you electronically update the registry from the EHR system?

An electronic update may include regularly running a program to transfer data from the EHR to the registry.

Yes

No

- 3.10 When did the practice purchase the current stand-alone patient registry from the vendor?

____/____
Month Year

3.13 For which of the following conditions is your EHR system (or stand-alone patient registry) being used to manage patient care?

By “manage patient care” we mean using the electronic system to help improve care for patients with a specific diagnosis or condition. This often occurs, for example, through the use of electronic clinical reminders or other informational or decision supports within the EHR or registry, or by the EHR or registry’s making it possible to do targeted outreach to patients with the condition.

	MARK YES OR NO ON EACH ROW	
	Yes	No
a. Diabetes	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Coronary Artery Disease	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Hypertension	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Congestive Heart Failure.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Preventive Care.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Adult Asthma	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Depression	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Anticoagulation.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Other (<i>Please specify</i>) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

PLEASE PROCEED TO Q3.14 IF YOU ANSWERED NO TO Q3.9b. OTHERWISE, PLEASE PROCEED TO NEXT SECTION TITLED, “SUBSECTION C, ELECTRONIC PRESCRIBING SYSTEM.”

3.14 When do you plan to implement a patient registry system, either within an EHR or as a stand-alone system, at this practice?

- 1 Do not plan to implement one
- 2 0-6 months
- 3 7-12 months
- 4 13-24 months
- 5 Other (*Please specify*)

C. Electronic Prescribing System

Electronic prescribing tools are designed to generate prescriptions and to conduct other functions related to medication prescribing. They may either be components of an EHR or stand-alone system and sometimes include hand-held devices.

The next series of questions ask to what extent your practice uses an electronic prescribing tool and whether that tool is a stand-alone or part of your EHR.

3.15a Has your practice implemented an EHR to generate prescriptions?

By “implemented” we mean an EHR has been purchased, installed, and tested, and is currently being used. By “use” we mean use for purposes *related to patient care*. If the system is used solely for practice management or billing, please respond “no.”

Yes → **GO TO SECTION 4**

No

3.15b Has your practice implemented a stand-alone electronic prescribing system to generate prescriptions?

By “implemented” we mean a stand-alone electronic prescribing system has been purchased, installed, and tested, and is currently being used. By “use” we mean use for purposes *related to patient care*. If the system is used solely for practice management or billing, please respond “no.”

Yes → *Please proceed to Q3.15c if answer at Q3.1 = Yes
Proceed to Q3.16 if answer at Q3.1 = No*

No → **GO TO Q3.19**

3.15c Is this stand-alone prescription system linked with your EHR system? That is, do you electronically update the prescription system from the EHR system as well as update the EHR system from the e-prescribing system?

An electronic update may include regularly running a program to transfer data from the EHR to the e-prescribing system.

Yes

No

3.16 When did the practice purchase the current stand-alone prescribing system?

____/____
Month Year

PROCEED TO Q3.19 IF ANSWERED NO TO Q3.15b. OTHERWISE, PROCEED TO SECTION 4, TITLED “ELECTRONIC HEALTH RECORD, PATIENT REGISTRY AND PRESCRIBING SYSTEM FUNCTIONS.”

3.19 When do you plan to implement an electronic prescribing system, either within an EHR or a free-standing system?

1 Do not plan to implement one

2 0-6 months

3 7-12 months

4 13-24 months

5 Other (*Please specify*)

SECTION 4: ELECTRONIC HEALTH RECORD, PATIENT REGISTRY, AND PRESCRIBING SYSTEM FUNCTIONS

An EHR system has the capability of generating a complete record of a clinical patient encounter, as well as supporting other care-related activities, such as evidence-based decision support, quality management, and outcomes reporting. An EHR system can have many functions such as: entering progress notes; providing decision support within the patient encounter; and utilizing computerized physician order entry for laboratory and prescriptions. Electronic patient registries and electronic prescribing systems may perform some of these functions.

Domain 1. Completeness of Information

4.1 Please estimate the proportion of...

PROPORTION OF PAPER RECORDS/CHARTS

	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
4.1a Paper records that have been transitioned to the EHR system. By "transitioned" we mean either scanned documents in full into the EHR or keyed in data items by hand (such as patient demographics, medical history, blood pressure readings, test results).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.1b Paper charts that were pulled for scheduled patient visits over the past month	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

4.1c What method did you predominantly use to transition your paper records to the EHR system? Was it to scan documents in full into the system, key in the data items by hand, a combination of both, or some other method?

- 1 Scan documents in full
- 2 Key in data items by hand
- 3 Combination of scanning and keying in items
- 4 Other (*Please specify*)

Domain 1. Completeness of Information

* This section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for maintaining different types of patient data.

When responding please refer to patients seen **over the past month** by ALL providers in this practice, or by other office staff acting on behalf of those providers. When the item is about using a function for a subset of patients—such as those needing imaging studies—please refer to the proportion of *relevant* patients.

By “all providers” we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice including those who are participating in the demonstration, as well as those who are not eligible for or are not participating in the demonstration as enumerated in Q2.12.

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice use the EHR, including any integrated or linked electronic patient registry, or electronic prescribing system, for each of the following functions (as opposed to relying on paper charts).

Functions	PROPORTION OF PATIENTS				
	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
4.1d Clinical notes for individual patients <i>Refers to using the electronic system to create, update, store and display clinical notes.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.1e Allergy lists for individual patients <i>Refers to using the electronic system to create, update, store and display a list of medications or other agents (food, environmental) to which patient has a known allergy or adverse reaction.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.1f Problem or diagnosis lists for individual patients <i>Refers to using the electronic system to create, update, store and display a list of problems or diagnoses for a patient.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.1g Patient demographics (for example, age or sex) <i>Methods of entry include scanning, direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.1h Patient medical histories	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.1i Recording (or entering) laboratory orders into electronic system <i>Methods of entry include scanning, direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.</i> <i>Includes orders for lab tests conducted by external providers and the practice itself.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PROPORTION OF PATIENTS

Functions	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
<p>4.1j Receiving laboratory results by fax or mail and scanning or keyboard entry of the results into electronic system.....</p> <p><i>Refers to converting the image or text from paper into a digital image or text that is saved in the electronic system.</i></p> <p><i>Includes results from lab tests conducted by external providers and the practice itself.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.1k Reviewing laboratory test results electronically.....</p> <p><i>Refers to (1) system tracking that results have been received and (2) physician examining screens with displays of results stored in the system.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.1l Recording (or entering) imaging orders into electronic system.....</p> <p><i>Methods of entry include scanning, direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.</i></p> <p><i>Includes orders for imaging conducted by external providers and the practice itself.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.1m Receiving reports of imaging results by fax or mail and scanning paper versions into electronic system.....</p> <p><i>Refers to converting the image or text from paper into a digital image or text that is saved in the electronic system.</i></p> <p><i>Includes results from imaging conducted by external providers and the practice itself.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.1n Reviewing reports of imaging results electronically.....</p> <p><i>Refers to (1) system tracking that results have been received and (2) physician examining screens with displays of results stored in the system.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.1o Recording that instructions or educational information were given to patients</p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.1p Recording (or entering) prescription medications (new prescriptions and refills) into electronic system.....</p> <p><i>Methods of entry include scanning, direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Domain 2. Communication of Care Outside the Practice

* This section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for communication with providers outside the practice. Providers outside the practice include those that are part of a larger organization or network with which the practice is affiliated.

When responding, please refer to all patients seen over the past month with certain conditions by ALL providers in this practice, or by other office staff acting on behalf of those providers.

By “all providers” we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice including those who are participating in the demonstration, as well as those who are not eligible for or are not participating in the demonstration as enumerated in Q2.12.

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice use the EHR, including any integrated or linked electronic patient registry or electronic prescribing system, to perform each of the following functions (as opposed to relying on paper charts).

Functions	PROPORTION OF PATIENTS				
	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
Laboratory Orders					
<i>Items 4.2a -2b, and -2c form a hierarchy of laboratory ordering functions, ordered by degree of technological sophistication. Your responses to the three questions should represent the experience of all patients in your practice for whom laboratory work was ordered over the past month.</i>					
4.2a Print and fax laboratory orders to facilities outside the practice	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Order is first printed and then sent over a telephone line using a stand-alone fax machine.</i>					
4.2b Fax laboratory orders electronically from system, or order electronically through a portal maintained by facilities outside the practice	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Order is generated electronically, using a macro or template, and faxed directly through the electronic system to the laboratory or ordered directly without using any paper or a stand-alone fax machine.</i>					
4.2c Transmit laboratory orders electronically directly from system to facilities outside the practice that have the capability to receive such transmissions	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Order is sent as machine-readable data.</i>					

PROPORTION OF PATIENTS

Functions	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
Imaging Orders					
<i>Items 4.2d, -2e, and -2f form a hierarchy of imaging ordering functions, ordered by degree of technological sophistication. Your responses to the three questions should represent the experience of all patients in your practice for whom imaging was ordered over the past month.</i>					
4.2d Print and fax imaging orders to facilities outside the practice	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Order is first printed and then sent over a telephone line using a stand-alone fax machine.</i>					
4.2e Fax imaging orders electronically from system, or order electronically through a portal maintained by facilities outside the practice.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Order is generated electronically, using a macro or template, and faxed directly through the electronic system to the imaging facility without using any paper or a stand-alone fax machine.</i>					
4.2f Transmit imaging orders electronically directly from system to facilities outside the practice that have the capability to receive such transmissions	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Order is sent as machine-readable data.</i>					
Laboratory Results					
<i>Items 4.2g -2h and -2i form a hierarchy of inputting laboratory results into an EHR system, ordered by degree of technological sophistication. Your responses to the three questions should represent the experience of all patients in your practice for whom laboratory results were received over the past month.</i>					
4.2g Transfer electronic laboratory results (received in non-machine readable form, such as an e-fax) directly into system.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Refers to saving or attaching an electronic submission, such as an e-fax, that is not electronically searchable in the EHR system. (An e-fax is a transmission of the image of a document directly from a computer or multi-purpose printer without the use of stand-alone fax equipment to generate the paper-based image.)</i>					
4.2h Enter laboratory results manually into electronic system in a searchable field (whether received by fax, mail or phone)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Methods of entry include scanning, direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the electronic system and is searchable.</i>					

PROPORTION OF PATIENTS

Functions	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
<p>4.2i Receive electronically transmitted laboratory results directly into system from facilities that have the capability to send such transmissions</p> <p><i>Results are received electronically and do not need to be manually uploaded or posted into the system.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Imaging Results					
<i>Items 4.2j -2k, and -2l form a hierarchy of inputting imaging results into an EHR system, ordered by degree of technological sophistication. Your responses to the three questions should represent the experience of all patients in your practice for whom imaging results were received over the past month.</i>					
<p>4.2j Transfer electronic imaging results (received in non-machine readable form, such as an e-fax) directly into system.....</p> <p><i>Refers to saving or attaching an electronic submission, such as an e-fax, that is not electronically searchable into the EHR system. (An e-fax is a transmission of the image of a document directly from a computer or multi-purpose printer without the use of stand-alone fax equipment to generate the paper-based image.)</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.2k Enter imaging results manually into electronic system in a searchable field (whether received by fax, mail or phone)</p> <p><i>Methods of entry include scanning, direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the electronic system and is searchable.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.2l Receive electronically transmitted imaging results directly into system from facilities that have the capability to send such transmissions</p> <p><i>Results are received electronically and do not need to be manually uploaded or posted into the system.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Referral and Consultation Requests					
<p>4.2m Enter requests for referrals to or consultation with other providers (for example, specialists, sub-specialists, physical therapy, speech therapy, nutritionists).....</p> <p><i>Refers to recording physician or patient requests for referral/consultation, scheduling the referral/consultation, and tracking results of referral/consultation.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sharing Information with other Providers					
<p>4.2n Transmit medication lists or other medical information to other providers (for example, hospitals, home health agencies, or other physicians)</p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PROPORTION OF PATIENTS

Functions	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
<p>4.2o Transmit laboratory results to other providers (for example, hospitals, home health agencies, or other physicians).....</p> <p><i>Results are sent as machine-readable data.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.2p Transmit imaging results to other providers (for example, hospitals, home health agencies, or other physicians).....</p> <p><i>Results are sent as machine-readable data.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.2q Receive electronically transmitted reports directly into system, such as discharge summaries, from hospitals or other facilities that have the capability to send such transmissions</p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>Prescription Orders</p> <p><i>Items 4.2r -2s, and -2t form a hierarchy of sending prescriptions, ordered by degree of technological sophistication. Your responses to the three questions should represent the experience of all patients in your practice over the past month.</i></p> <p><i>Note that these questions <u>exclude</u> Schedule II-V drugs.</i></p>					
<p>4.2r Print prescriptions (new prescriptions and refills) on a computer printer and fax to pharmacy or hand to patient.....</p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.2s Fax prescription orders (new prescriptions and refills) electronically from electronic system</p> <p><i>The prescription is faxed without using any paper or a stand-alone fax machine.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.2t Transmit prescription orders (new prescriptions and refills) electronically directly from system to pharmacies that have the capability to receive such transmissions</p> <p><i>The prescription is sent and received without relying on a stand-alone fax machine at either the provider's office or the pharmacy.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Domain 3: Clinical Decision Support

* This section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for clinical decision support.

When responding please refer to patients seen **over the past month** by ALL providers in this practice, or by other office staff acting on behalf of those providers.

By “all providers” we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice including those who are participating in the demonstration, as well as those who are not eligible for or are not participating in the demonstration as enumerated in Q2.12.

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice use the EHR, including any integrated or linked electronic patient registry, or electronic prescribing system, to perform each of the following functions (as opposed to relying on paper charts).

Functions	PROPORTION OF PATIENTS				
	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
<p>4.3a Enter information from clinical notes into documentation templates</p> <p><i>Documentation templates are preset formats that determine what information will be displayed on each page and how it will be displayed. Templates usually allow information to be displayed as discrete data elements (that is, each element of data is stored in its own field or box.) For example, the clinical notes page can have separate boxes for entry of notes or data about a patient's height, weight, blood pressure, or other vital signs.</i></p> <p><i>Methods of entry include scanning, direct keyboard entry (typing); entering notes/data using templates, forms or drop-down menus; or dictation with the voice transcribed manually or via voice recognition into text that is later integrated into the system.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.3b View graphs of patient height or weight data over time.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.3c View graphs of patient vital signs data over time (such as blood pressure or heart rate)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.3d Flag incomplete or overdue test results	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>4.3e Highlight out of range test levels</p> <p><i>Refers to system comparing test results with guidelines or provider-determined goals for this patient.</i></p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.3f View graphs of laboratory or other test results over time for individual patients.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.3g Prompt clinicians to order necessary tests, studies, or other services	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PROPORTION OF PATIENTS

Functions	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
4.3h Review and act on reminders <u>at the time of a patient encounter</u> regarding interventions, screening, or follow-up office visits recommended by evidence-based practice guidelines for patients	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.3i Reference information on medications being prescribed..... <i>Electronic system displays information about medications stored in its e-prescribing module/ subsystem or offers providers links to Internet websites with such information.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.3j Reference guidelines and evidence-based recommendations when prescribing medication for a patient..... <i>Electronic system links to published diagnosis-specific guidelines or recommendations that includes appropriate medications for that diagnosis.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

* The next section asks about the extent to which your practice uses an EHR system (or an electronic patient registry or electronic prescribing system) for clinical decision support.

When responding please refer to this practice's experience **over the past year**.

For each type of report, please note the extent to which this practice used the EHR, including any integrated or linked electronic patient registry or electronic prescribing system, (as opposed to reviewing paper charts) to generate reports.

EXTENT OF USE DURING LAST YEAR

Report Types	Not used during last year	As needed basis or at least once	Regularly for full practice
4.3k Search for or generate a list of patients requiring a specific intervention (such as an immunization)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4.3l Search for or generate a list of patients on a specific medication (or on a specific dose of medication)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4.3m Search for or generate a list of patients who are due for a lab or other test in a specific time interval	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4.3n Search for or generate a list of patients who fit a set of criteria, such as age, diagnosis and clinical indicator value..... <i>For example, age less than 76, diagnosed with diabetes, and has an HbA1c greater than 9 percent.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Domain 4: Use of the System to Increase Patient Engagement/Adherence

* This section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for increasing patient engagement and adherence to their care plans.

When responding please refer to patients seen **over the past month** by ALL providers in this practice, or by other office staff acting on behalf of those providers.

By “all providers” we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice including those who are participating in the demonstration, as well as those who are not eligible for or are not participating in the demonstration as enumerated in Q2.12.

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice use the EHR, including any integrated or linked electronic patient registry, or electronic prescribing system, to perform each of the following functions (as opposed to relying on paper charts).

Functions	PROPORTION OF PATIENTS				
	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
4.4a Manage telephone calls..... <i>Refers to bringing up a patient's record whenever the patient calls or is called by the office and noting reason for the call.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4b Exchange secure messages with patients	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4c Allow patients to view their medical records online	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4d Allow patients to provide information online to update their records	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4e Allow patients to request appointments online.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4f Allow patients to request referrals online	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4g Produce hard copy or electronic reminders for <u>patients</u> about needed tests, studies, or other services (for example, immunizations)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4h Generate written or electronic educational information to help patients understand their condition or medication	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PROPORTION OF PATIENTS

Functions	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
4.4i Create written care plans (personalized to patient's condition or age/gender for preventive care) to help guide patients in self-management.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4j Prompt provider to review patient self-management plan (or patient-specific preventive care plan) with the patient during a visit.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4k Modify self-management plan (or patient specific preventive care plan) as needed following a patient visit.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.4l Identify generic or less expensive brand alternatives at the time of prescription entry	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Electronic system includes formularies that identify generic or less expensive alternatives to selected medication or offers providers links to Internet websites with such information.</i>					
4.4m Reference drug formularies of the patient's health plans/pharmacy benefit manager to recommend preferred drugs at time of prescribing.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>Preferred drugs refer to medicines that receive maximum coverage under the patient's health plan.</i>					

Domain 5: Medication Safety

* The next section asks about the extent to which your practice uses an EHR system, electronic patient registry, or electronic prescribing system for a variety of functions related to medication safety.

When responding please refer to patients seen **over the past month** by ALL providers in this practice, or by other office staff acting on behalf of those providers.

By “all providers” we mean all the primary care physicians, specialty physicians, physician assistants, nurse practitioners, and nurse midwives in this practice including those who are participating in the demonstration, as well as those who are not eligible for or are not participating in the demonstration as enumerated in Q2.12.

Please estimate the proportion of patients for which providers (or others acting on their behalf) at this practice use the EHR, including any integrated or linked electronic patient registry system, or electronic prescribing system, to perform each of the following functions (as opposed to relying on paper charts).

PROPORTION OF PATIENTS

Functions	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
4.5a Maintain medication list for individual patients <i>Refers to using the electronic system to create, update, store and display a list of all medications (prescription and non-prescription) that the patient is taking.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.5b Generate new prescriptions (that is, system prompts for common prescription details including medication type and name, strength, dosage, and quantity)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.5c Generate prescription refills (that is, system allows provider to reorder a prior prescription by revising original details associated with it, rather than requiring re-entry)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.5d Select individual medication for prescription (for example, from a drop-down list in the electronic system)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.5e Calculate appropriate dose and frequency, or suggest administration route based on patient parameters such as age, weight, or functional limitations	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.5f Screen prescriptions for drug allergies against the patient’s allergy information	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PROPORTION OF PATIENTS

Functions	None	Some, but less than 1/4	1/4 or more, but less than 1/2	1/2 or more, but less than 3/4	3/4 or more
4.5g Screen new prescriptions for drug-drug interactions against the patient's list of current medications	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.5h Check for drug-laboratory interaction . <i>Such as to alert provider that patient is due for a certain laboratory or other diagnostic study to monitor for therapeutic or adverse effects of the medication or to alert provider that patient is at increased risk for adverse effects.</i> <i>Electronic system may either store this information or link to Internet websites with such information.</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4.5i Check for drug-disease interaction	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION 5: ARRA FUNDING EXPERIENCE

As you may know, the American Recovery and Reinvestment Act of 2009, also known as ARRA or “the federal stimulus package” (and specifically, the HITECH Act within it), will provide financial incentives through the Medicare and Medicaid programs to encourage physicians to adopt and use electronic health records (EHRs) in a meaningful way beginning in 2011. Some states may also be making loans available to practices for EHR purchase using ARRA funds, and Medicaid programs may be defraying a portion of the cost of EHRs for physicians serving many Medicaid beneficiaries. The following questions concern funding related to ARRA.

5.1 Did the announcement of the availability of ARRA/stimulus funding change the decision of this practice to adopt an EHR system, or change the pace at which the practice physicians (in general) are beginning to use various capabilities of its EHR?

- 1 Yes, it did change the decision to adopt or change the pace of adoption
 - 0 No, we were aware of the funding, but it did not change the decision or pace of adoption
 - 2 No, we were not aware of the funding for EHR adoption and use
- GO TO Q5.2

5.1a If yes, how?

Please choose the response that best characterizes your practice.

- 1 Accelerated adoption of an EHR system → GO TO Q5.2
- 2 Accelerated use of more functions of an existing EHR system
- 3 Delayed adoption of an EHR system → GO TO Q5.2
- 4 Delayed physicians from more fully using an EHR system

5.1b For about how many physicians in the practice did the announcement of this funding accelerate (or delay) more fully using an EHR?

- 1 Fewer than half
- 2 Around half
- 3 More than half

5.2 Did the policy of Medicare payment penalties beginning in 2015 for physicians who do not meet criteria for meaningful use of EHRs influence the decision of this practice to adopt an EHR system, or change the pace at which practice physicians are planning to use the various capabilities of the EHR?

- 1 Yes, it did change the decision to adopt or change the pace of adoption
- 2 No, we were aware of the penalties, but it did not change the decision or pace of adoption
- 0 No, we were not aware of the penalties

5.3 Medicare criteria for the meaningful use of EHR systems (Stage 1) were published in July of 2010. When do you expect most or all the physicians in the practice to meet the Stage 1 Medicare meaningful use criteria?

Please choose the response that best characterizes your practice.

- 1 We have already met the Stage 1 Medicare meaningful use criteria
- 2 We expect to meet the criteria by |_|_|_|_|_|_|_|_| (Please enter your best estimate of the year)
- 3 We do not expect to meet the Stage 1 Medicare meaningful use criteria in the foreseeable future
- 4 We are not familiar enough with the Stage 1 Medicare meaningful use criteria to provide an estimate at this time

5.4 In total, how much Medicare or Medicaid meaningful use incentive money do all the practice physicians combined expect to receive **over all the years it is available?**

\$ |_|_|_|, |_|_|_|_|_|, |_|_|_|_|_| Please fill in your best estimate of the amount.

PLEASE CHECK HERE IF UNABLE TO ESTIMATE → GO TO Q5.6

5.5 How does the anticipated Medicare or Medicaid meaningful use incentive money noted in your response to Q5.4 compare to the anticipated funding to be provided by the Electronic Health Records Demonstration (EHRD) over the course of the demonstration (that is, between 2009 and 2014)?

- 1 About the same (or only a little different)
- 2 Medicare or Medicaid meaningful use dollars substantially larger
- 3 EHRD dollars substantially larger
- 4 Have not estimated EHRD dollars

5.6 Other than through the EHRD or funding related to Medicare or Medicaid meaningful use of EHRs, has the practice **received** funding from **other** sources for the purchase or use of an EHR system since June 2009?

(IF YES) Please fill in your best estimate of the total amounts.

- 1 Yes – as a grant or subsidy Amount received: \$ _____
- 2 Yes – as a bonus or incentive Amount received: \$ _____
- 3 Yes – as a loan Amount received: \$ _____
- 0 No – have not received significant funding from other sources

5.7 Other than through the EHRD or funding related to Medicare or Medicaid meaningful use, does the practice **expect** to obtain funding from **other** sources for the purchase or use of an EHR system between now and 2016?

(IF YES) Please fill in your best estimate of the total amounts.

- 1 Yes – as a grant or subsidy Amount expected: \$ _____
- 2 Yes – as a bonus or incentive Amount expected: \$ _____
- 3 Yes – as a loan Amount expected: \$ _____
- 0 No – do not expect funding from other sources

SECTION 6: DATA ATTESTATION

Please review your responses to the survey. If any are incorrect, you may go back and correct them. Responses to questions in sections 3 and 4 of the survey are important for determining your practices' overall payment score. Please review these carefully before proceeding. If any of these questions are left blank, we will interpret the response to mean "none" for purposes of computing the score.

WARNING: You will be unable to make changes to your responses once you have completed this section. Failure to fully complete the survey may result in receiving a reduced incentive payment, no incentive payment at all, and/or termination from the demonstration.

6.1 I have reviewed the data submitted in this survey and agree that it is a correct assessment of this practice. I understand and acknowledge that my survey responses are accurate to the best of my knowledge and may be subject to validation. (Practices that knowingly make false attestations could lose any incentive payments that were made based on false data).

- 1 Agree
- 2 Disagree

6.2 Name: _____

6.3 Title: _____

6.4 E-mail Address: _____

Please enter the address where we should send a copy of your OSS responses.

6.5 Comments? Please add any comments about the survey here.

Thank you for completing this survey.