PHYSICIAN SURVEY: BASELINE

Health Information Technology Exchange of Connecticut: UCHC Evaluation

I. Practice Characteristics

1. At approximately how many practice sites do you encounter, communicate with, or treat patients?
   - [ ] None
   - [ ] One
   - [ ] Two
   - [ ] Three (or more, please fill in number: ________)

   The following questions refer to characteristics of your main practice site, with your main practice site being the location at which you see the majority of your patients.

2. At what location do you see the majority of your patients?
   - [ ] Hospital or medical center
   - [ ] Long-term care facility (nursing homes, specialty care hospitals, specialized rehabilitation units)
   - [ ] Outpatient (primary care clinics, subspecialty clinics, medical and surgical specialties)
   - [ ] Outpatient laboratories, radiological services and ancillary services
   - [ ] Other: _______________________________________________

3. What type of practice is your main practice site?
   - [ ] Single specialty group or partnership
   - [ ] Multi-specialty group or partnership
   - [ ] Solo practice
   - [ ] Other
4. Approximately, what percent of your patient visits occur at your main practice site?
   _______ (percent)

5. How many physicians, including you, are based within this practice site?
   _______

6. What type of setting characterizes the location of your main practice site?
   - [ ] Urban
   - [ ] Rural
   - [ ] Neither urban nor rural

7. Are you or your practice affiliated with the VA system?
   - [ ] Yes
     (Please explain)
     _______________________________________________________
     _______________________________________________________
     _______________________________________________________
   - [ ] No

8. During your last full week of work, approximately how many patient visits took place at your main practice site?
   ____________________________.

9. How much experience do you have with computers?
   - [ ] A lot
   - [ ] Some
   - [ ] A little
   - [ ] None
10. Does your main practice site have a computerized system for any of the following? Please indicate whether the feature is available to you, and if the feature is unavailable, please skip the “use” portion of the question.

<table>
<thead>
<tr>
<th>Availability</th>
<th>Use</th>
<th>Not applicable to my practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a) Patient demographics</td>
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<td>b) Patient problem lists</td>
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<td>c) Orders for prescriptions</td>
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<tr>
<td>e) If yes, are prescriptions sent electronically to the pharmacy?</td>
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<td>f) Orders for laboratory tests?</td>
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<td>g) If yes, are orders sent electronically?</td>
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<tr>
<td>i) If yes, are orders sent electronically?</td>
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<td>j) Viewing lab results?</td>
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<td>l) Viewing imaging results?</td>
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<tr>
<td>n) Clinical notes?</td>
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<td>o) If yes, do they include medical history and follow up notes?</td>
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<td>p) Electronic lists of what medications each patient takes?</td>
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<tr>
<td>q) Reminders for guideline-based interventions and/or screening tests?</td>
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<td>r) Public health reporting?</td>
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<tr>
<td>s) If yes, are notifiable diseases sent electronically?</td>
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<tr>
<td>t) Generating Continuity of Care Documents (CCD)?</td>
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<td>u) Receiving CCD?</td>
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<tr>
<td>v) Generating Continuity of Care Records (CCR)?</td>
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<tr>
<td>w) Receiving CCR?</td>
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</tbody>
</table>
11. Does the practice submit claims electronically (electronic billing)?
   - ☐ Yes, all electronic
   - ☐ Yes, part paper and part electronic
   - ☐ No
   - ☐ Unknown

II. Acquisition and Implementation of an EHR System

12. Describe how your health records system stores information for the majority of patients served by your practice. If your organization uses multiple technologies, choose the system used for the majority of patient health/medical records.
   - ☐ Paper medical records/charts filed in record cabinet
   - ☐ Computer-based system in which paper records/charts are scanned and scanned documents are filed electronically (DIMS)
   - ☐ An EHR system that stores patient medical and demographic information in a computer database that is accessed by computer terminals or other electronic means
   - ☐ Other: ____________________________________________

13. Currently, what is your degree of electronic health record acquisition or implementation at your main practice site?
   - ☐ We have acquired an EHR system, but have not implemented it (go to Question 14)
   - ☐ Our EHR implementation is in process (go to Question 14)
   - ☐ We have fully implemented our EHR system (go to Question 15)
   - ☐ We plan to acquire an EHR system in the next 12 months (go to Question 22)
   - ☐ We plan to acquire an EHR system in the next 13-24 months (go to Question 22)
   - ☐ We have no plans to acquire an EHR system (go to Question 22)

14. If you have purchased and are in the process of implementing an EHR system, within how many months do you expect to have completed implementation?
   _____ months
If your main practice site uses paper records or is in the process of transitioning to an EHR system, please continue to Question 22. If your main practice site uses electronic health records, please continue to question 15.

III. Experience with Electronic Health Records

15. How many years have you been using an EHR in your main practice site?

☐ Less than one year
☐ One year
☐ Two years
☐ Three years
☐ Four years
☐ Five years
☐ More than five years

16. Please choose which word best describes the implementation of the EHR in your practice:

☐ Phased ☐ All at once ☐ Neither phased nor all at once

17. To what extent has the EHR system affected the following areas at your main practice site?

<table>
<thead>
<tr>
<th>Area</th>
<th>Major positive impact</th>
<th>Positive impact</th>
<th>No impact</th>
<th>Negative impact</th>
<th>Major negative impact</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The quality of clinical decisions</td>
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<td>b) Communication with other providers</td>
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<tr>
<td>c) Communication with your patients</td>
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<tr>
<td>d) Prescription refills</td>
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<td>e) Timely access to medical records</td>
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<td>f) Avoiding medication errors</td>
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<td>g) Delivery of preventative care that meets guidelines</td>
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<tr>
<td>h) Delivery of chronic illness care that meets guidelines</td>
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</tbody>
</table>
18. Overall, please rate your level of satisfaction with the EHR system at your main practice:

Very unsatisfied  Unsatisfied  Neutral  Satisfied  Very satisfied

Comment:

19. Is the electronic health record system at your main practice site integrated with a hospital system?

☐ Yes
☐ No
☐ Don’t know

20. If you use an electronic health record system, does it meet federal certification standards?

☐ Yes
☐ No
☐ Don’t know

21. What is the name of your current EHR system?

☐ Allscripts  ☐ Epic  ☐ eClinicalWorks
☐ Eclipsys  ☐ NextGen  ☐ CHARTCARE
☐ HealthPort  ☐ Meditech  ☐ Sage
☐ Cerner  ☐ eMDs  ☐ GE
☐ MED3000  ☐ Unknown  ☐ Other:_________

22. How familiar are you with the Connecticut Health Information Exchange (HIE) Initiative?

☐ Very familiar
☐ Somewhat familiar
☐ A little familiar
☐ Not familiar at all
23. Overall, please rate your level of satisfaction with the Connecticut Health Information Exchange (HIE) Initiative:

<table>
<thead>
<tr>
<th>Very unsatisfied</th>
<th>Unsatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very satisfied</th>
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</table>

Comment: ____________________________________________________________

24. Would you support the widespread adoption of the personal health record (PHR) for your patients?

☐ Yes

☐ No

☐ Not sure

25. If yes, please describe why:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

26. If no, please describe why not:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
IV. Barriers to EHR Adoption

27. Please answer the following questions regardless of whether your main practice site has an established EHR system or not.

<table>
<thead>
<tr>
<th>Major barrier</th>
<th>Minor barrier</th>
<th>Not a barrier</th>
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</thead>
<tbody>
<tr>
<td><strong>FINANCIAL BARRIERS</strong></td>
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</tr>
<tr>
<td>a) The amount of capital needed to acquire/implement EHR</td>
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<tr>
<td>b) Uncertainty about the return on investment</td>
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<tr>
<td><strong>ORGANIZATIONAL BARRIERS</strong></td>
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<tr>
<td>c) Resistance to adoption among physicians</td>
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<tr>
<td>d) Capacity to select, contract, install, and implement an EHR</td>
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<td>e) Concern about the loss of productivity during transition to the EHR</td>
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<tr>
<td><strong>LEGAL OR REGULATORY BARRIERS</strong></td>
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<tr>
<td>f) Concerns about inappropriate disclosure of patient information</td>
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<td>g) Concerns about illegal record tampering</td>
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<td>h) Concerns about the legality of accepting an EHR that is donated from a hospital</td>
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<tr>
<td>i) Concerns about physicians’ legal liability if patients have more access to information in their medical records</td>
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<tr>
<td><strong>STATE OF THE TECHNOLOGY</strong></td>
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<tr>
<td>j) Finding an EHR system that meets providers’ needs</td>
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<tr>
<td>k) Concerns that the system will become obsolete</td>
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</table>

V. Incentives for EHR Adoption

28. Please rate the impact that the following policy changes would have on your decision to adopt an EHR system. If your main practice has previously implemented an EHR system, please rate the impact of these possible policy changes for physicians in general.

<table>
<thead>
<tr>
<th>Major positive impact</th>
<th>Minor positive impact</th>
<th>No impact</th>
<th>Minor negative impact</th>
<th>Major negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEGAL OR REGULATORY INCENTIVES</strong></td>
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<tr>
<td>a) Change the law to protect physicians from personal liability for record tampering by external parties or for privacy and security breaches</td>
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<tr>
<td>b) Legal liability as a result of NOT using the latest technology</td>
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<tr>
<td><strong>STATE OF THE TECHNOLOGY</strong></td>
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<tr>
<td>c) Published certification standards that indicate whether an EHR has the necessary capabilities and functions</td>
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<tr>
<td><strong>FINANCIAL INCENTIVES</strong></td>
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<tr>
<td>d) Incentives for the adoption of an EHR</td>
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<tr>
<td>e) Additional payment for the use of an EHR</td>
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</tbody>
</table>
VI. Practice Characteristics

29. What is the year of your birth?

19_____

30. What is your gender?

☐ Male

☐ Female

31. What is your ethnicity?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

32. What is your race?

☐ White

☐ Black/African American

☐ Asian

☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaska Native

33. In what area are you board certified?

________________________________________________________

34. In what year did you first practice medicine, after completing residency or fellowship?

19_____

35. Roughly, what percentage of your patient revenue comes from the following? (Percentage should total 100%).

___ Medicare

___ Medicaid (including Husky A, SAGA Medicaid LIA and Title 19)

___ Private Insurance

___ Patient payments

___ Other: ____________________
36. What type of internet access does your organization have?

☐ No internet access

☐ Dial-up/non-broadband

☐ T-1

☐ Broadband – cable or digital subscriber line (DSL)

☐ Broadband – satellite

☐ Other

37. Does your organization need additional high speed internet access at any of its locations?

☐ Yes

☐ No

☐ Unsure

38. Who completed this survey?

☐ The physician to whom it was addressed

☐ Office staff

☐ Other: ________________________