Physician Survey - Follow-Up

Through a contract with the state Department of Public Health, the University of Connecticut is responsible for evaluating the ongoing development and implementation of a statewide Health Information Exchange. A central component of this evaluation is the assessment of stakeholder views. This evaluation will depend on the responses of consumers, physicians, laboratories, and pharmacies to surveys administered by the evaluation team. As an integral member of the Connecticut health care system, your views are of great importance to this evaluation.

The surveys that comprise this research will be administered across the state of Connecticut. The surveys attempt to measure current information technology functions of health care organizations as well as overall opinions about health information technology within the state of Connecticut. The survey has been approved by our Institutional Review Board, should take approximately 15-20 minutes of your time, and will be of great value to the leaders in health information technology within the state of Connecticut. Additionally, if you agree to participate in a follow-up survey, we will contact you again next year to complete the survey. Since these surveys will be administered repeatedly over time, our evaluation would benefit most from your willingness to participate in the follow-up survey.

Your participation in this survey is voluntary. You are free to share your answers to all or only some questions. You do not have to answer any question for which you do not want to share a response. However, your completion of this survey implies consent.

This is your opportunity as a stakeholder in the process to express your opinion regarding health information exchange. Your contribution to this evaluation would be greatly appreciated.

If you have any questions about the survey, or would like more information about the evaluation, please do not hesitate to contact us. The contact information for the primary investigator is below. Thank you for your time.

Contact Information:

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Practice Characteristics

Do you currently practice within the state of Connecticut? Only continue the survey if you practice in CT. If you no longer practice in CT, please simply send back the survey with that information specified.

☐ Yes
☐ No

At approximately how many practice sites do you encounter, communicate with, or treat patients?

☐ None, I do not see any patients.
☐ One
☐ Two
☐ Three or more

At how many sites do you currently practice?

________________________________________________________________________

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

Please describe the location in which you practice:

________________________________________________________________________

What type of practice is your main practice site?

☐ Single specialty group or partnership
☐ Multi-specialty group or partnership
☐ Solo practice
☐ Other

________________________________________________________________________

What type of practice is your main practice site?

________________________________________________________________________

Approximately what percentage of your patient visits occur at your main practice site?

________________________________________________________________________

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

________________________________________________________________________

What type of setting characterizes the location of your main practice site?

☐ Urban
☐ Rural
☐ Neither urban nor rural

☐ Yes
☐ No
☐ Unsure

________________________________________________________________________

Are you or your practice affiliated with the VA system?

________________________________________________________________________

Please explain your affiliation with the VA system:

________________________________________________________________________

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

________________________________________________________________________

How much experience do you have with computers?

☐ A lot
☐ Some
☐ A little
☐ None

☐ Yes
☐ No
☐ Don’t know

________________________________________________________________________

Does your main practice site have a computerized system for patient demographics?

________________________________________________________________________

How often do you utilize this feature?

☐ I do not use
☐ I use some of the time
☐ I use most or all of the time
☐ Not applicable to my practice

________________________________________________________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your main practice site have a computerized system for patient problem lists?</td>
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<tr>
<td>How often do you utilize this feature?</td>
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<tr>
<td>Does your main practice site have a computerized system for ordering prescriptions?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>How often do you utilize this feature?</td>
<td></td>
<td></td>
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<tr>
<td>Are warnings of drug interactions or contraindications provided?</td>
<td></td>
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<tr>
<td>Are prescriptions sent electronically to the pharmacy?</td>
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<tr>
<td>Does your main practice site have a computerized system for ordering laboratory tests?</td>
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<tr>
<td>How often do you utilize this feature?</td>
<td></td>
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<tr>
<td>Are orders sent electronically?</td>
<td></td>
<td></td>
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<tr>
<td>Does your main practice site have a computerized system for ordering radiology tests?</td>
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<td></td>
<td></td>
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<tr>
<td>How often do you utilize this feature?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Are orders sent electronically?</td>
<td></td>
<td></td>
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<tr>
<td>Does your main practice site have a computerized system for viewing lab results?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>How often do you utilize this feature?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Are electronic images returned?</td>
<td></td>
<td></td>
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<tr>
<td>Does your main practice site have a computerized system for viewing imaging results?</td>
<td></td>
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<tr>
<td>Question</td>
<td>Options</td>
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<tr>
<td>How often do you utilize this feature?</td>
<td>I do not use, I use some of the time, I use most or all of the time, Not applicable to my practice</td>
<td></td>
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</tr>
<tr>
<td>Are electronic images returned?</td>
<td>Yes, No, Don't know</td>
<td></td>
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<tr>
<td>Does your main practice site have a computerized system for recording clinical notes?</td>
<td>Yes, No, Don't know</td>
<td></td>
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<tr>
<td>How often do you utilize this feature?</td>
<td>I do not use, I use some of the time, I use most or all of the time, Not applicable to my practice</td>
<td></td>
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</tr>
<tr>
<td>Do they include medical history and/or follow-up notes?</td>
<td>Yes, No, Don't know</td>
<td></td>
<td></td>
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<tr>
<td>Does your main practice site have a computerized system that maintains electronic lists of which medications each patient takes?</td>
<td>Yes, No, Don't know</td>
<td></td>
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<tr>
<td>How often do you utilize this feature?</td>
<td>I do not use, I use some of the time, I use most or all of the time, Not applicable to my practice</td>
<td></td>
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<tr>
<td>Does your main practice site have a computerized system capable of generating reminders for guideline-based interventions and/or screening tests?</td>
<td>Yes, No, Don't know</td>
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<tr>
<td>How often do you utilize this feature?</td>
<td>I do not use, I use some of the time, I use most or all of the time, Not applicable to my practice</td>
<td></td>
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<tr>
<td>Does your main practice site have a computerized system for public health reporting?</td>
<td>Yes, No, Don't know</td>
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<tr>
<td>How often do you utilize this feature?</td>
<td>I do not use, I use some of the time, I use most or all of the time, Not applicable to my practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are notifiable diseases sent electronically?</td>
<td>Yes, No, Don't know</td>
<td></td>
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<tr>
<td>Does your main practice site have a computerized system that can generate continuity of care documents (CCD)?</td>
<td>Yes, No, Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you utilize this feature?</td>
<td>I do not use, I use some of the time, I use most or all of the time, Not applicable to my practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your main practice site have a computerized system that can receive continuity of care documents (CCD)?</td>
<td>Yes, No, Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How often do you utilize this feature?

Does your main practice site have a computerized system that can generate continuity of care records (CCR)?

How often do you utilize this feature?

Does your main practice site have a computerized system that can receive continuity of care records (CCR)?

How often do you utilize this feature?

Does your main practice site have a computerized system that can provide patients with an electronic copy of their health information?

How often do you utilize this feature?

Does your main practice have a computerized system that can provide patients with clinical summaries for each visit?

How often do you utilize this feature?

If the practice's EHR allows for electronic prescriptions but you do not use this feature, for what reason are you not e-prescribing?

Reason for not e-prescribing

Does the practice submit claims electronically (electronic billing)?
Acquisition and Implementation of an EHR System

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

Please provide further detail regarding your process for storing patient records:

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
☐ Our EHR implementation is in process
☐ We have fully implemented our EHR system
☐ We plan to acquire an EHR system in the next 12 months
☐ We plan to acquire an EHR system in the next 13-24 months
☐ We have no plans to acquire an EHR system

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?

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

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

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

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

To what extent has the EHR system affected the quality of clinical decisions at your practice site?

☐ Major positive impact
☐ Positive impact
☐ No impact
☐ Negative impact
☐ Major negative impact
☐ Not applicable

To what extent has the EHR system affected communication with other providers?

☐ Major positive impact
☐ Positive impact
☐ No impact
☐ Negative impact
☐ Major negative impact
☐ Not applicable

To what extent has the EHR system affected communication with your patients?

☐ Major positive impact
☐ Positive impact
☐ No impact
☐ Negative impact
☐ Major negative impact
☐ Not applicable
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent has the EHR system affected prescription refills?</td>
<td>□ Major positive impact □ Positive impact □ No impact □ Negative impact □ Major negative impact □ Not applicable</td>
</tr>
<tr>
<td>To what extent has the EHR system affected timely access to medical records?</td>
<td>□ Major positive impact □ Positive impact □ No impact □ Negative impact □ Major negative impact □ Not applicable</td>
</tr>
<tr>
<td>To what extent has the EHR system affected avoidance of medication errors?</td>
<td>□ Major positive impact □ Positive impact □ No impact □ Negative impact □ Major negative impact □ Not applicable</td>
</tr>
<tr>
<td>To what extent has the EHR system affected the delivery of preventative care that meets guidelines?</td>
<td>□ Major positive impact □ Positive impact □ No impact □ Negative impact □ Major negative impact □ Not applicable</td>
</tr>
<tr>
<td>To what extent has the EHR system affected delivery of chronic illness care that meets guidelines?</td>
<td>□ Major positive impact □ Positive impact □ No impact □ Negative impact □ Major negative impact □ Not applicable</td>
</tr>
<tr>
<td>Overall, please rate your level of satisfaction with the EHR system at your main practice:</td>
<td>□ Very unsatisfied □ Unsatisfied □ Neutral □ Satisfied □ Very Satisfied</td>
</tr>
<tr>
<td>Please provide us with any comments you may have regarding your EHR system:</td>
<td></td>
</tr>
<tr>
<td>Is the electronic health record system at your main practice site integrated with a hospital system?</td>
<td>□ Yes □ No □ Don't know</td>
</tr>
<tr>
<td>Does your electronic health record system meet federal certification standards?</td>
<td>□ Yes □ No □ Don't know</td>
</tr>
</tbody>
</table>
What is the name of your current EHR system?

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

What is the name of your current EHR system?

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

☐ Very familiar
☐ Somewhat familiar
☐ A little familiar
☐ Not familiar at all

Have you heard about the Connecticut Health Information Exchange?

☐ Yes
☐ No

Have you used the Connecticut Health Information Exchange?

☐ Yes
☐ No

Have you heard of the Regional Extension Center?

☐ Yes
☐ No

Have you used the Regional Extension Center?

☐ Yes
☐ No

Overall, please rate your level of satisfaction with the Connecticut Health Information Exchange (HIE) Initiative?

☐ Very unsatisfied
☐ Unsatisfied
☐ Neutral
☐ Satisfied
☐ Very satisfied

Please provide us with any comments you may have regarding the CT HIE:


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

☐ Yes
☐ No
☐ Don't know

Why?

Why not?

Per the standards set forth in the Centers for Medicaid and Medicare Services’ (CMS’) Electronic Health Record (EHR) Incentive programs, do you qualify for the following?

☐ Medicaid Incentive Program
☐ Medicare Incentive Program
☐ Don’t Know

If you use an EHR system and qualify for the Medicaid EHR Incentive Program, have you applied for a CMS Adopt, Implement, Upgrade (AIU) incentive payment?

☐ Yes
☐ No
☐ Don’t Know

If you use an EHR system and qualify for the Medicaid EHR Incentive Program, have you been approved for a CMS Adopt, Implement, Upgrade (AIU) incentive payment?

☐ Yes
☐ No
☐ Don’t Know

If you use an EHR system and qualify for the Medicaid EHR Incentive Program, have you attested to Stage 1 Meaningful Use of an EHR?

☐ Yes
☐ No
☐ Don’t Know
If you use an EHR system and qualify for the Medicaid EHR Incentive Program, have you been approved for a Medicaid Stage 1 Meaningful Use incentive payment?

☐ Yes  ☐ No  ☐ Don't Know

If you use an EHR system and qualify for the Medicaid EHR Incentive Program, have you attested to Stage 2 Meaningful Use of an EHR?

☐ Yes  ☐ No  ☐ Don't Know

If you use an EHR system and qualify for the Medicaid EHR Incentive Program, have you been approved for a Medicaid Stage 2 Meaningful Use incentive payment?

☐ Yes  ☐ No  ☐ Don't Know

If you use an EHR system and qualify for the Medicare EHR Incentive Program, have you attested to Stage 1 Meaningful Use of an EHR?

☐ Yes  ☐ No  ☐ Don't Know

If you use an EHR system and qualify for the Medicare EHR Incentive Program, have you been approved for a Medicare Stage 1 Meaningful Use incentive payment?

☐ Yes  ☐ No  ☐ Don't Know

If you use an EHR system and qualify for the Medicare EHR Incentive Program, have you attested to Stage 2 Meaningful Use of an EHR?

☐ Yes  ☐ No  ☐ Don't Know

If you use an EHR system and qualify for the Medicare EHR Incentive Program, have you been approved for a Medicare Stage 2 Meaningful Use incentive payment?

☐ Yes  ☐ No  ☐ Don't Know
Barriers to EHR Adoption

Please answer the following questions regardless of whether your main practice site has an established EHR system.

How much of a barrier do you consider:

The amount of capital needed to acquire/implement EHR:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Uncertainty about the return on investment:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Resistance to adoption among physicians:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Capacity to select, contract, install, and implement an EHR:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Concern about the loss of productivity during transition to the EHR:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Concerns about inappropriate disclosure of patient information:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Concern about illegal record tampering:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Concerns about the legality of accepting an EHR that is donated from a hospital:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Concerns about physicians' legal liability if patients have more access to information in their medical records:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Finding an EHR system that meets providers' needs:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier

Concerns that the system will become obsolete:
- □ Major barrier
- □ Minor barrier
- □ Not a barrier
Incentives for EHR Adoption

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>Change the law to protect physicians from personal liability for record tampering by external parties or for privacy and security breaches:</th>
<th>□ Major positive impact  □ Minor positive impact  □ No impact  □ Minor negative impact  □ Major negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal liability as a result of not using the latest technology:</td>
<td>□ Major positive impact  □ Minor positive impact  □ No impact  □ Minor negative impact  □ Major negative impact</td>
</tr>
<tr>
<td>Published certification standards that indicate whether an EHR has the necessary capabilities and functions:</td>
<td>□ Major positive impact  □ Minor positive impact  □ No impact  □ Minor negative impact  □ Major negative impact</td>
</tr>
<tr>
<td>Incentives for the adoption of an EHR:</td>
<td>□ Major positive impact  □ Minor positive impact  □ No impact  □ Minor negative impact  □ Major negative impact</td>
</tr>
<tr>
<td>Additional payment for the use of an EHR:</td>
<td>□ Major positive impact  □ Minor positive impact  □ No impact  □ Minor negative impact  □ Major negative impact</td>
</tr>
</tbody>
</table>
**Demographic and Other Information**

What is the year of your birth?  

What is your gender?  
- [ ] Male  
- [ ] Female

What is your ethnicity?  
- [ ] Hispanic or Latino  
- [ ] Not Hispanic or Latino

What is your race?  
- [ ] White  
- [ ] Black/African American  
- [ ] Asian  
- [ ] Native Hawaiian/Other Pacific Islander  
- [ ] American Indian/Alaska Native  
- [ ] Decline to answer

In what area are you board certified?  

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

Approximately what percentage of your patient revenue comes from Medicare?  

Approximately what percentage of your patient revenue comes from Medicaid?  

Approximately what percentage of your patient revenue comes from private insurance?  

Approximately what percentage of your patient revenue comes from patient payments?  

Approximately what percentage of your patient revenue comes from other payments?  
- [ ] 0%  
- [ ] > 0%

What is the source of this revenue?  

What type of internet access does your organization have?  
- [ ] No internet access  
- [ ] Dial-up/broadband  
- [ ] T-1  
- [ ] Broadband - cable or digital subscriber (DSL)  
- [ ] Broadband - satellite  
- [ ] Other

Does your organization need additional high speed internet access at any of its locations?  
- [ ] Yes  
- [ ] No  
- [ ] Unsure

Who completed this survey?  
- [ ] The physician to whom it was addressed  
- [ ] Office staff  
- [ ] Other