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# National Ambulatory Medical Care Survey (NAMCS):

## Electronic Medical Records Supplement 2011

The purpose of the National Study of Electronic Medical Records/Electronic Health Records (EMRs/EHRs) is to collect information about physician office practices and the adoption of electronic medical records in ambulatory care settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

### 1. We have your specialty as

Is that correct?

1 Yes

2 No → What is your specialty? \_\_\_\_\_

*The following questions ask about **ambulatory patients**. We define ambulatory patients as any patients coming to see you for personal health services who are not currently on the premises.*

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

1 Yes → Continue to Question 3.

2 No

3 I am no longer in practice

} Please stop here and return the questionnaire in the envelope provided. Thank you for your time.

### 3. In a typical year, about how many weeks do you NOT see any ambulatory patients because of such events as conferences, vacations, illness, etc.?

\_\_\_\_\_ weeks

*The next set of questions asks about a **normal week**. We define a normal week as a week with a normal case load, with no holidays, vacations, or conferences.*

### 4. Overall, at how many office locations do you see ambulatory patients in a normal week?

\_\_\_\_\_ locations

### 5. During your last normal week of practice how many patient visits did you have at all locations?

\_\_\_\_\_ visits

### 6. During your last normal week of practice, about how many encounters of the following type did you make with patients?

1. Nursing home visits \_\_\_\_\_

2. Other home visits \_\_\_\_\_

3. Hospital visits \_\_\_\_\_

4. Telephone consults \_\_\_\_\_

5. Internet/e-mail consults \_\_\_\_\_

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

- 1 Private solo or group practice
- 2 Freestanding clinic/urgicenter (not part of a hospital outpatient department)
- 3 Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or “look alike” clinics)
- 4 Mental health center
- 5 Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)
- 6 Family planning clinic (including Planned Parenthood)
- 7 Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)
- 8 Faculty practice plan
- 9 None of the above

**PLEASE READ**

- If you answered **none of the above** in question 7, skip to **question 27**.
- If you checked **any of the boxes 1-8** in question 7, continue to **question 8, below**.

**8. At which of the settings in question 7 do you see the most ambulatory patients? WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.**

\_\_\_\_\_

*For the remaining questions, please answer regarding the **reporting location indicated in question 8** even if it is not the location where this survey was sent.*

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

Country      USA

County      \_\_\_\_\_

State      \_\_\_\_\_

Zip Code    \_\_\_\_\_

Telephone    (      )      -      \_\_\_\_\_

**10. During your last normal week of practice, approximately how many office visits did you have at the reporting location? (A normal week would be one with a normal case load, with no holidays, vacations or conferences.)**

*Note: Please only include visits where you personally saw the patient.*

\_\_\_\_\_ office visits

**11. Is the reporting location a solo practice, or are you associated with other physicians in a partnership, in a group practice or in some other way?**

- 1 Solo → **SKIP to Question 14**
- 2 Associated with others

**12. How many physicians are associated with you at the reporting location? \_\_\_\_\_ physicians**

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

- 1 Single                      2 Multi

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

\_\_\_\_\_ mid-level providers

**15. Does the reporting location submit any claims electronically (electronic billing)?**

- 1 Yes
- 2 No
- 3 Unknown

**16. Do you or your staff verify an individual patient’s insurance eligibility electronically, with results returned immediately?**

- 1 Yes, with a stand-alone practice management system
- 2 Yes, with an EMR/EHR system
- 3 Yes, using another electronic system
- 4 No
- 5 Unknown

**17. Does the reporting location use an electronic *medical record (EMR)* or electronic *health record (EHR)* system? Do not include billing record systems.**

- 1 Yes, all electronic                      }      *Go to Question 17a.*
- 2 Yes, part paper and part electronic                      }
- 3 No    }      *Skip to Question 18.*
- 4 Unknown                                      }

**17a. In which year did you install your EMR/EHR system?**

Year: \_\_\_\_\_

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

- 1 Allscripts      4 eClinicalWorks      7 GE/Centricity      10 NextGen      13 Practice Fusion  
2 Cerner      5 Epic      8 Greenway Medical      11 Sage      14 Other \_\_\_\_\_  
3 CHARTCARE      6 eMDs      9 MED3000      12 SOAPware      15 Unknown

**18. At the reporting location, are there plans for installing a new EMR/EHR system within the next 18 months?**

- 1 Yes      2 No      3 Maybe      4 Unknown

**19. Please indicate whether the reporting location has each of the computerized capabilities listed below. CHECK NO MORE THAN ONE BOX PER ROW. Does the reporting location have a computerized system for:**

	Yes	Yes, but turned off or not used	No	Unknown
<b>19a. Recording patient history and demographic information?</b>	1 <input type="checkbox"/> <i>Go to 19a1</i>	2 <input type="checkbox"/> <i>Skip to 19b</i>	3 <input type="checkbox"/> <i>Skip to 19b</i>	4 <input type="checkbox"/> <i>Skip to 19b</i>
19a1. If yes, does this include a patient problem list?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19b. Recording clinical notes?</b>	1 <input type="checkbox"/> <i>Go to 19b1</i>	2 <input type="checkbox"/> <i>Skip to 19c</i>	3 <input type="checkbox"/> <i>Skip to 19c</i>	4 <input type="checkbox"/> <i>Skip to 19c</i>
19b1. If yes, do they include a comprehensive list of the patient's medications and allergies?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19c. Ordering prescriptions?</b>	1 <input type="checkbox"/> <i>Go to 19c1</i>	2 <input type="checkbox"/> <i>Skip to 19d</i>	3 <input type="checkbox"/> <i>Skip to 19d</i>	4 <input type="checkbox"/> <i>Skip to 19d</i>
19c1. If yes, are prescriptions sent electronically to the pharmacy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19c2. If yes, are warnings of drug interactions or contraindications provided?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19d. Providing reminders for guideline-based interventions or screening tests?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19e. Ordering lab tests?</b>	1 <input type="checkbox"/> <i>Go to 19e1</i>	2 <input type="checkbox"/> <i>Skip to 19f</i>	3 <input type="checkbox"/> <i>Skip to 19f</i>	4 <input type="checkbox"/> <i>Skip to 19f</i>
19e1. If yes, are orders sent electronically?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19f. Providing standard order sets related to a particular condition or procedure?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19g. Viewing lab results?</b>	1 <input type="checkbox"/> <i>Go to 19g1</i>	2 <input type="checkbox"/> <i>Skip to 19h</i>	3 <input type="checkbox"/> <i>Skip to 19h</i>	4 <input type="checkbox"/> <i>Skip to 19h</i>
19g1. If yes, are results incorporated into EMR/EHR?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19h. Viewing imaging results?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19i. Viewing data on quality of care measures?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19j. Electronic reporting to immunization registries?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19k. Public health reporting?</b>	1 <input type="checkbox"/> <i>Go to 19k1</i>	2 <input type="checkbox"/> <i>Skip to 19l</i>	3 <input type="checkbox"/> <i>Skip to 19l</i>	4 <input type="checkbox"/> <i>Skip to 19l</i>
19k1. If yes, are notifiable diseases sent electronically?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19l. Providing patients with clinical summaries for each visit?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>19m. Exchanging secure messages with patients?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**20. At the reporting location, if orders for prescriptions or lab tests are submitted electronically, who submits them? CHECK ALL THAT APPLY.**

- 1 Prescribing practitioner
- 2 Other
- 3 Prescriptions and lab test orders not submitted Electronically
- 4 Unknown

**21. Do you exchange patient clinical summaries electronically with any other providers?**

- 1 Yes, send summaries only
  - 2 Yes, receive summaries only
  - 3 Yes, send and receive summaries
  - 4 No
  - 5 Unknown
- } Go to Question 21a
- } Skip to Question 22

**21a. How do you electronically send or receive patient clinical summaries? CHECK ALL THAT APPLY**

- 1 Through EMR/EHR vendor
- 2 Through hospital-based system
- 3 Through Health Information Organization or state exchange
- 4 Through secure email attachment
- 5 Other/Unknown

**22. Beginning in 2011, Medicare and Medicaid will offer incentives to practices that demonstrate "meaningful use of Health IT". At the reporting location, are there plans to apply for Medicare or Medicaid incentive payments for meaningful use of Health IT?**

- 1 Yes, we intend to apply → Go to Question 22a.
  - 2 Uncertain whether we will apply
  - 3 No, we will not apply
- } Skip to Question 23.

**22a. In which year do you expect to apply for the meaningful use payments?**

- 1 2011
- 2 2012
- 3 After 2012
- 4 Unknown

**23. Who owns the reporting location? CHECK ONE.**

- 1 Physician or physician group
- 2 HMO
- 3 Community health center
- 4 Medical/academic health center
- 5 Other hospital
- 6 Other health care corporation
- 7 Other

**24. At the reporting location, what percent of your patient care revenue comes from the following?**

- 1. Medicare \_\_\_\_\_ %
  - 2. Medicaid/CHIP \_\_\_\_\_ %
  - 3. Private insurance \_\_\_\_\_ %
  - 4. Patient payments \_\_\_\_\_ %
  - 5. Other (including charity, research, CHAMPUS, VA, etc.) \_\_\_\_\_ %
- TOTAL 100%**

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

- 1 Yes → Go to Question 25a.
  - 2 No
  - 3 Unknown
- } Go to Question 26

**25a. From those new patients, which of the following types of payment do you accept?**

	Yes	No	Unknown
1. Private insurance			
a. Capitated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Non-capitated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Medicare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Medicaid/CHIP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Worker's compensation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Self-pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. No charge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**26. At the reporting location, what percent of your current patients have Medicaid/CHIP?**

\_\_\_\_\_ %

**27. Who completed this survey?**

- 1 The physician to whom it was addressed
- 2 Office staff
- 3 Other

*Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced this envelope, please send the EMR survey to the following address: 2605 Meridian Parkway, Suite 200, Durham, NC 27713*

Boxes for Admin Use

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