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## Physician Workflow Supplement Year 2012

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

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

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

- 1  Yes →  
 2  No  
 3  I am no longer in practice

Continue to Question 2.  
 Please stop here and return the questionnaire in the envelope provided.  
 Thank you for your time.

2. **Overall, at how many office locations do you see ambulatory patients in a normal week (i.e., a week with a normal caseload, with no holidays, vacations, or conferences)?**

\_\_\_\_\_ locations

3. **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 (An organized group of physicians that treat patients referred to an academic medical center)  
 9  Hospital emergency department  
 10  None of the above

*If you answered **only hospital emergency department** or **none of the above** in question 3, skip to **question 38**. If you marked **boxes 1-8** in question 3, continue to **question 4**.*

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

\_\_\_\_\_

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

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

Country USA  
 County \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Telephone ( ) - \_\_\_\_\_

6. **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 7  
 2  Associated with other physicians



6a. How many? \_\_\_\_\_ excluding yourself

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

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

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

- 1  Single  
 2  Multi-specialty

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

- 1  Owner  
 2  Employee  
 3  Contractor

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

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

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

- 1  Yes, we participate  
 2  No, but we plan to participate  
 3  No, and we don't plan to participate  
 4  Uncertain

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

- 1  Yes, we participate  
 2  No, but we plan to participate  
 3  No, and we don't plan to participate  
 4  Uncertain

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

- 1  Yes, we participate  
 2  No, but we plan to participate  
 3  No, and we don't plan to participate  
 4  Uncertain

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

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

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

15. **Please consider the following statement:**

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

**Would you say you...**

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

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

◆ **An EHR is** a computerized patient medical file integrated to contain patient demographic and clinical data such as prescription records, lab and imaging results, and clinical summaries. EHRs may include multiple modules, functions for computerized order entry and clinical decision support.

◆ **An EHR is NOT** a billing or practice management system, and does not entail obtaining medical information from another provider, physician office, or hospital BY faxing, photocopying, or printing the medical information from an external website, and then including the information in a paper-based record.

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

- 1  We do not have an EHR system.
- 2  We are not actively using an EHR system but have one installed.
- 3  We are actively using an EHR system that was installed within the past 12 months.
- 4  We are actively using an EHR system that was installed more than 12 months ago.

**17. Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT." At the reporting location, are there plans to apply for these incentive payments?**

- 1  Yes, we already applied (Skip to 18)
- 2  Yes, we intend to apply (Skip to 18)
- 3  No, we will not apply (Go to 17a)
- 4  Uncertain if we will apply (Go to 17a)

**17a. Please indicate the reasons for not applying for incentives. CHECK ALL THAT APPLY.**

- 1  Not qualified as an "eligible provider"
- 2  The process to apply is difficult
- 3  Not familiar with the incentive program
- 4  Unsure that incentives will actually be paid
- 5  No plans to have an eligible EHR system



**Why do you not plan to have an eligible EHR system?** (Check all that apply)

- a  No plans to adopt any EHR system
- b  Have an EHR that does not qualify for incentives
- c  Plan to retire
- d  Not prepared to implement electronic prescribing
- 6  Lack resources to apply (Check all that apply)
  - a  Time
  - c  Staff
  - b  Money/Financing
  - d  Infrastructure
- 7  Other reason for not applying: \_\_\_\_\_

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18. Please answer the 3 questions to the right of this box about the following clinical workflow tasks for the reporting location.	Is this done routinely?		Is this process computerized?			How easy or difficult is this to do with your current medical record system?			
	Yes	No	Yes, Usually	Yes, Sometimes	No	Very easy	Somewhat easy	Somewhat difficult	Very difficult
<b>Population management:</b>									
a. Create a list of patients by particular diagnosis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Create a list of patients by particular lab result	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Create a list of patients by particular vital signs (e.g., high blood pressure)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Create a list of patients who are due for tests or preventive care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Provide patient reminders for preventive or follow-up care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Quality improvement:</b>									
f. Create reports on clinical care measures for patients with specific chronic conditions (e.g., H1AC for diabetic patients)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Create reports on clinical care measures by patient demographic characteristics (e.g., age, sex, race)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Submit clinical care measures to public and private insurers (e.g., blood pressure control, H1AC, smoking status)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Provide patients with a clinical summary for each visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Patient communication/access to health data:</b>									
j. Provide patients with a copy of their health information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Record a patient advanced directive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Coordination of care:</b>									
l. Receive patient clinical information from other physicians treating your patient (e.g., referral summaries)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Receive information needed to continue managing a patient post-hospital discharge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Share patient clinical information with other providers treating your patient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**If you do not have an EHR system or are not actively using an EHR system skip to Question 30 (page 7).  
If you are not sure about your EHR status, please refer to your answer in Question 16.**

<b>19. Please indicate whether you agree or disagree with the following statements <u>about using your EHR system</u>:</b>	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>
a. Overall, my practice has functioned more efficiently with an EHR system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The amount of time spent to plan, review, order, and document care has increased.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The amount of time spent responding to pharmacy calls increased.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Overall, my EHR saves me time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Sending prescriptions electronically saves me time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. The number of weekly office visits increased.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. My practice receives lab results faster.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. My practice saves on costs associated with managing and storing paper records.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Billing for services is less complete.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. My EHR produces financial benefits for my practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. My EHR produces clinical benefits for my practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. My EHR allows me to deliver better patient care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. My EHR makes records more readily available at the point of care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. My EHR disrupts the way I interact with my patients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. My EHR is an asset when recruiting physicians to join the practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. My EHR enhances patient data confidentiality.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. My EHR reduces transcription costs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

20. This question is about the ways that an EHR system might affect your reporting location. Has your EHR system:	Yes, within the past 30 days	Yes, but not within the past 30 days	Not at all	Not Applicable
a. Alerted you to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Led to a potential medication error?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Alerted you to critical lab values?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Led to less effective communication during patient visits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Reminded you to provide preventive care (e.g., vaccine, cancer screening)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Reminded you to provide care that meets clinical guidelines for patients with chronic conditions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Helped you identify needed lab tests (such as HbA1c or LDL)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Helped you order fewer tests due to better availability of lab results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Helped you order more on-formulary drugs (as opposed to off-formulary drugs)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Facilitated direct communication with a patient (e.g., email or secure messaging)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Helped you access a patient's chart remotely (e.g., to work from home)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Alerted you that you received a patient summary from another provider?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Enhanced overall patient care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

21. To what extent have you experienced the following as a barrier to using your reporting location's EHR system?	Major Barrier	Minor Barrier	Not a Barrier
a. Annual cost of maintaining an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Loss of productivity during the transition to an EHR system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Adequacy of training for you and your staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Adequacy of EHR technical support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Access to high speed Internet (e.g., broadband, cable)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Reliability of the system (e.g., EHR down or unavailable when needed)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Templates customized to your specialty or specific patient conditions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Resistance of your practice to change work habits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

**23. Would you purchase this EHR again?**

- 1  Yes      2  No      3  Uncertain

**24. In which year did you install your EHR system?**

Year (YYYY):   /  /  /        2  Unknown

**25. What is the name of your current EHR system?****CHECK ALL THAT APPLY.**

- 1  Allscripts      2  Cerner      3  eClinicalWorks  
 4  Epic      5  GE/Centricity      6  Greenway Medical  
 7  McKesson/  
Practice Partner      8  NextGen      9  Sage/Vitera  
 10  Other, specify \_\_\_\_\_      11  Unknown

**26. Does your current system meet meaningful use criteria as defined by the Centers for Medicare & Medicaid Services (CMS)?**

- 1  Yes (Skip to 27)  
 2  No (Go to 26a)  
 3  Uncertain (Go to 26a)

**26a. Are there plans to upgrade your system to meet meaningful use criteria?**

- 1  Yes, already upgraded  
 2  Yes, plan to upgrade  
 3  No  
 4  Uncertain

**27. How many hours, on average, did you spend in ongoing training over the past year to use your practice's EHR?**

- 1  1 to 8 hours      2  9 to 40 hours      3  41 to 80 hours  
 4  Over 80 hours      5  Did not receive ongoing training

**28. As a result of implementing an EHR, did you experience any changes in clinical staff (e.g., other MDs, RNs, MAs) at the reporting location? CHECK ALL THAT APPLY.**

- 1  Yes, overall clinical staff increased  
 2  Yes, overall clinical staff decreased  
 3  Yes, shift in responsibilities among existing staff  
 4  No clinical staff changes  
 5  Uncertain

**29. As a result of implementing an EHR, did you experience any changes in non-clinical/administrative staff at the reporting location? CHECK ALL THAT APPLY.**

- 1  Yes, overall administrative staff increased  
 2  Yes, overall administrative staff decreased  
 3  Yes, shift in responsibilities among existing staff  
 4  No administrative staff changes  
 5  Uncertain

**30. Over the last year, has revenue generated at the reporting location increased, decreased, or stayed about the same?**

- 1  Revenue increased (Go to 30a)  
 2  Revenue decreased (Go to 30a)  
 3  Revenue stayed about the same (Go to 30a)  
 4  Uncertain (Skip to 31)

**30a. Was this, in part, due to the EHR?**

- 1  Yes  
 2  No  
 3  Uncertain  
 4  Not Applicable

**31. Can patients seen at the reporting location do any of the following online activities? CHECK ALL THAT APPLY.**

- 1  View test results online  
 2  Request referrals online  
 3  Request refills for prescriptions online  
 4  Request appointments online  
 5  My patients cannot do any of the above activities  
 6  Uncertain

**32. Did your reporting location need assistance with any of the following? CHECK ALL THAT APPLY.**

- 1  EHR selection  
 2  EHR implementation  
 3  EHR system training

- 4  Other: \_\_\_\_\_  
 5  Uncertain if assistance was needed  
 6  No assistance was needed

**33. Did your reporting location receive assistance in selecting an EHR System?**

1  Yes ↓                      2  No (Skip to 34)                      3  Uncertain (Skip to 34)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**34. Did your reporting location receive assistance in implementing an EHR System?**

1  Yes ↓                      2  No (Skip to 35)                      3  Uncertain (Skip to 35)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**35. Did your reporting location receive assistance with training its staff in using your EHR System?**

1  Yes ↓                      2  No (Skip to 36)                      3  Uncertain (Skip to 36)

If yes, who provided this assistance? (Select all that apply)	How satisfied or dissatisfied were you?			
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/> EHR vendor →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Regional extension center →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Consulting company →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other: _____ →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**36. At the reporting location, are there plans for installing a new EHR system within the next 12 months?**

- 1  Yes
- 2  No
- 3  Maybe
- 4  Unknown

**37. What is a reliable E-mail address for the physician to whom this survey was mailed?**

\_\_\_\_\_@\_\_\_\_\_

**38. Who completed this survey?**

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

**Please add your comments in the box below.**

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

Boxes for Admin Use

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