

# **SURVEY OF HEALTH CENTER USE OF ELECTRONIC HEALTH INFORMATION**

## **7/16/08**

### **About this Survey**

**This survey seeks to gather information about your center and its information technology capabilities, specifically with regard to electronic medical records (EMRs)**

### **Who Should Complete this Survey?**

**All Health Centers should complete this survey regardless of whether or not they have implemented an EMR. This survey should be completed by a health center's CEO or his/her designee, such as the lead staff person responsible for EMR implementation, the CIO, MIS Director or lead HIT staff person. If the center is part of a Health Center Controlled Network (HCCN) feel free to ask your contact person at the network to assist in completing the survey.**

**NACHC will utilize the results of this survey to advocate for additional resources for health centers in this important area; dedicate resources and training programs targeted to EMR and other HIT implementation; coordinate efforts between centers who have already implemented EMRs with those who have not; and continue to work with HCCNs and PCAs to encourage and promote EMR adoption. Results of the survey will be posted on the NACHC web site.**

### **How to Complete this Survey?**

**The survey was distributed electronically to all health centers. It should be completed electronically and submitted. While we encourage you to complete this survey online, it can also be downloaded at [www.nachc.com/hitsurvey](http://www.nachc.com/hitsurvey) completed on paper and faxed back to NACHC at 301-347-0459. Please *do not* complete this survey more than once regardless of how you complete it.**

**Please answer the survey questions using your most current information as of the date you complete it. It takes approximately 15 minutes.**

**Your responses will be kept strictly confidential and only aggregate data will be shared with other entities unless you specifically allow sharing of your data. You will be requested to allow your data to be shared in the survey.**

**We have asked that state PCAs also assist with encouraging health centers to respond to this important endeavor. Specific questions can be emailed to: [HITSurvey@NACHC.com](mailto:HITSurvey@NACHC.com)**

**We thank you for your taking the time to complete this information.**

# SURVEY OF HEALTH CENTER USE OF ELECTRONIC HEALTH INFORMATION

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**Please provide the following information about your health center using CURRENT data:**

Name of Health Center: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

UDS number: \_\_\_\_\_ Rural \_\_\_ Urban \_\_\_ Both \_\_\_ FQHC Look-Alike \_\_\_

**YOUR NAME:** \_\_\_\_\_ **YOUR PHONE NUMBER:** \_\_\_\_\_

**YOUR POSITION:** \_\_\_\_\_ **Your Email:** \_\_\_\_\_

Please indicate all of the types of PHS Act 330 grant funds you receive:

330(e) – Community Health Center; 1

330(g) – Migrant Health Center; 2

330(h) – Health Care for the Homeless; 3

330(i) – Public Housing Primary Care; 4

# of Physicians: \_\_\_ Physician FTEs: \_\_\_ # of Mid Levels: \_\_\_ Mid Level FTEs: \_\_\_

# of Dentists: \_\_\_ Dentist FTEs: \_\_\_ # of Oral health Hygienists: \_\_\_ Oral health Hygienist FTEs: \_\_\_

### ACQUISITION & USE OF ELECTRONIC MEDICAL RECORDS (EMRs)

**IF YOUR HEALTH CENTER HAS MULTIPLE SITES, PLEASE ANSWER THE FOLLOWING QUESTIONS BASED ON YOUR PRIMARY SITE.**

**1a. Does your health center submit claims electronically (electronic billing)?**

1 Yes

2 No

3 Don't know



**If no or don't know, please skip to item 2.**

**1b. If yes, what product(s) do you use? (Please check all that apply.)**

1 Medical Manager

4 GE Centricity

7 eClinicalWorks

2 HealthPro Legacy or XL

5 NextGen

8 MicroMD PMS

3 Megawest – Companion

6 MDServ

9 Healthport

10 Other (Please specify): \_\_\_\_\_

11 Chorus

**2a. Does your health center use ELECTRONIC MEDICAL RECORDS (not including billing records)?**

1 Yes, all electronic

2 Yes, part paper and part electronic

3 No

4 Don't know



**If No or Don't Know, please skip to item 3.**

**2b. If yes, which product do you use? (Please check one.)**

1 EpicCare

10 Sage

19 Chorus

2 Centricity (Logician)

11 EHS

20 RPMS any version

3 NextGen EMR

12 MSI

21 Other Open Source EMR

4 Misys EMR

13 WorldVista

5 MicroMD EMR

14 Healthport

6 Cerner

15 e-MDs Solution

7 AllScripts

16 HealthMatics EMR

8 Practice Partner

17 Praxis

9 HealthPro Legacy

18 Touchworks

22 Other (Please specify): \_\_\_\_\_

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**2c. Does your Electronic Medical Record transmit billing information electronically directly into your Practice Management System?**

- <sub>1</sub> Yes  
<sub>2</sub> No

**2d. Does your health center's ELECTRONIC MEDICAL RECORD system include the following:**

	<b>Yes</b>	<b>No</b>	<b>Unknown</b>	<b>Turned Off</b>
1. Patient demographic information?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
2. Computerized orders for prescriptions?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>If Yes please answer a) through k)</b>				
a) Are complete active medication lists generated incorporating electronic data received from applicable pharmacy drug plan(s) where this data is available?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) Are medications selected electronically?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) Does it print prescriptions?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) Does it electronically transmit prescriptions?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) Does it fax prescriptions?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) Does it provide automated prompts that offer the provider information on the drug being prescribed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g) Does it provide automated prompts that offer the provider information on potentially inappropriate dose or route of administration of a drug?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h) Does it provide automated prompts that offer the provider information on drug-drug interactions, allergy concerns, or warnings and cautions?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i) Does it provide information related to the availability of lower cost, therapeutically appropriate alternatives (if any)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j) Does it provide information on formulary or tiered formulary medications?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k) Does it provide information on patient eligibility, and authorization requirements received electronically from the patient's drug plan?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**Does your health center's ELECTRONIC MEDICAL RECORD system include:**

3. Computerized orders for tests?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>If yes:</b> Are orders sent electronically?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Turned Off</u>
4. Lab results received electronically?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>If yes:</b> Are out of range levels highlighted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Imaging results?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>If yes:</b> Are electronic images returned?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Clinical notes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>If yes:</b> a) Do they include medical history and follow-up notes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>If yes:</b> b) Do they include reminders for guideline-based interventions and/or screening tests?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. Clinical decision support for at least one diagnosis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. Public health reporting?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>If yes:</b> Are notifiable diseases sent electronically?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<b>STAND ALONE ePRESCRIBING</b>
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**3. Does your health center utilize ePrescribing as a standalone system not incorporated into an EMR?**

- 1 Yes  
2 No → **If no please skip to item 4**

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Turned Off</u>
a) Are complete active medication lists generated incorporating electronic data received from applicable pharmacy drug plan(s) where this data is available?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Are medications selected electronically?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) Does it print prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) Does it electronically transmit prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) Does it fax prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f) Does it provide automated prompts that offer the provider information on the drug being prescribed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g) Does it provide automated prompts that offer the provider information on potentially inappropriate dose or route of administration of a drug?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h) Does it provide automated prompts that offer the provider information on drug-drug interactions, allergy concerns, or warnings and cautions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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- i) Does it provide information related to the availability of lower cost, therapeutically appropriate alternatives (if any)? 1 2 3 4
- j) Does it provide information on formulary or tiered formulary medications? 1 2 3 4
- k) Does it provide information on patient eligibility, and authorization requirements received electronically from the patient's drug plan? 1 2 3 4

## INTEGRATED BEHAVIORAL HEALTH

### 4a. Does your health center provide behavioral health services?

- 1 Yes  
2 No —→ If no please skip to item 5

### 4b. If Yes: Is your behavioral health program using a paperless system?

- 1 Yes  
2 No —→ If no please skip to item 4e

### 4c. If using a paperless system what system do you use?

- 1 Same as used for Ambulatory Care above  
2 Anasazi  
3 Therapist Helper  
4 CANotes  
5 Netsmart  
6 Sigmund  
7 Unicare  
8 Credible Behavioral Health Software  
9 Lavendar & Wyatt Systems  
10 Other: \_\_\_\_\_

### 4d. Are the behavioral and medical records integrated?

- 1 Yes  
2 No  
3 Unknown  
4 Turned Off

### 4e. Is billing centralized for both medical and behavioral?

- 1 Yes —→ If Yes please skip to item 4g  
2 No

### 4f. If No:

- 1 Behavioral billing is done in a separate behavioral billing system  
2 Behavioral billing is done manually (i.e. not submitted electronically)  
3 Other: \_\_\_\_\_

### 4g. Can your behavioral program access medical information such as diagnosis or prescriptions (medication list) from your medical EMR electronically?

- 1 Yes  
2 No

### 4h. Can behavioral clinic staff access demographic or billing information electronically from your medical EMR?

- 1 Yes  
2 No

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**4i. Can medical staff access behavioral information such as appointments or diagnosis electronically from the behavioral health system?**

- 1 Yes
- 2 No

**4j. Are medical and behavioral staff using the same prescription module or system?**

- 1 Yes
- 2 No

**INTEGRATED ORAL HEALTH**

**5a. Does your health center provide oral health services?**

- 1 Yes
- 2 No → **If No please skip to item 6**

**5b. If Yes: Is your oral health program using a paperless system?**

- 1 Yes
- 2 No → **If No please skip to item 5e**

**5c. If Yes: What system do you use?**

- 1 Dentrix
- 2 Eaglesoft
- 3 eClinicalworks
- 4 NexGen
- 5 GE Centricity
- 6 Other: \_\_\_\_\_

**5d. If Yes: Are the oral health and medical records integrated?**

- 1 Yes
- 2 No
- 3 Unknown
- 4 Turned Off

**5e. Is billing centralized for both medical and oral health?**

- 1 Yes → **If Yes skip to 5g**
- 2 No

**5f. If No:**

- 1 Oral health billing is done in a separate oral health billing system
- 2 Oral health billing is done manually (i.e. not submitted electronically)
- 3 Other: \_\_\_\_\_

**5g. Can your oral health program access medical information such as diagnosis or prescriptions (medication list) from your medical EMR electronically?**

- 1 Yes
- 2 No

**5h. Can oral health clinic staff access demographic or billing information electronically from your medical EMR?**

- 1 Yes
- 2 No

**5i. Can medical staff access oral health information such as appointments or diagnosis electronically from the oral health system?**

- 1 Yes
- 2 No

**5j. Are medical and oral health staff using the same prescription module or system?**

- 1 Yes
- 2 No

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**LOCATIONS AND DATA SHARING**

**6a. Does your health center include more than one primary care delivery site?**

- 1 Yes
- 2 No → **If no please skip to item 7**

**6b. If Yes:**

How many primary care sites are there? \_\_\_\_\_  
Number of sites with EMR implementation equal to the main site? \_\_\_\_\_

**7a. Do you share data electronically (i.e. not by fax) with other entities/providers?**

- 1 Yes
- 2 No → **If no please skip to item 8**

**7b. If Yes with whom?**

- 1 Hospitals
- 2 Other Health Care Providers
- 3 Regional Health Information Organization (RHIO)
- 6 Other \_\_\_\_\_
- 4 Clinical Laboratories
- 5 Health Information Exchange

**7c. What kind of data do you exchange electronically (i.e. not by fax)?**

- 1 Patient Demographics
- 2 Outpatient and Inpatient Episodes
- 3 Emergency Department Episodes
- 4 Patient Treatment History
- 5 Disease or Chronic Care Management Data
- 6 Enrollment and Eligibility Information
- 11 Other \_\_\_\_\_
- 7 Medications
- 8 Laboratory Results
- 9 Pathology Results
- 10 Quality Performance Reporting Data

**FUTURE PLANS TO ADOPT ELECTRONIC MEDICAL RECORDS (EMRs)**

**8a. Are there plans for installing a new ELECTRONIC MEDICAL RECORD system or replacing the current system within the next 12 months?**

- 1 Yes
  - 2 No
  - 3 Maybe
  - 4 Unknown
- **If no, maybe or unknown, please skip to item 9**

**8b. If yes, are you in the process of ELECTRONIC MEDICAL RECORD implementation?**

- 1 Yes
- 2 No → **If no, please skip to item 10**

**8c. If yes, please check one of the following:**

- 1 We have selected a vendor and are moving forward with implementation. The name of the vendor is \_\_\_\_\_.
- 2 We have begun the Request for Proposal (RFP) process to identify a vendor.
- 3 We have begun the Planning and Assessment phase

**8d. Expected Implementation Date? \_\_\_\_\_**

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**FUNDING**

**9. If you have implemented or are in process of implementing an EMR please identify the Sources of Funding for Initial EMR implementation (*check all that apply*)**

- 1**Operational Budget
- 2**Federal Grant
- 3**State Grant
- 4**Local Grant
- 5**Foundation Grant
- 6**Subsidized Loan/Grant Program
- 7**Loan (subsidized or unsubsidized)
- 8**Funding from a health center controlled network grant
- 9**Other

**PATIENT REGISTRIES**

**10a. Does your health center maintain any disease-specific patient registries (e.g. depression, diabetes, asthma or other state specific registries)?**

- 1** Yes
- 2** No → If no, please skip to item 11

**10b. If yes, what product do you use? (*Please check all that apply.*)**

- 1** CDEMS
- 2** CVDEMS
- 3** DEMS
- 4** PECS (*Please specify the version*): \_\_\_\_\_
- 5** Custom built registry
- 6** Function of the center's EMR
- 7** i2iTracks
- 8** Other (*Please specify*): \_\_\_\_\_

**10c. Will you continue to maintain any patient registries that were previously funded by HRSA?**

- 1** Yes
- 2** No

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**BARRIERS TO ADOPTION OF ELECTRONIC MEDICAL RECORDS (EMRs)**

**11. In thinking about barriers to implementing and maintaining an electronic medical record (EMR) at your health center, please rate the importance of the following:**

Not at all    Somewhat    Important    Very  
important    important                      important

	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
a) Inability to integrate the EMR with practice's billing/claims submission system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Added value of EMR does not justify investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lack of capital to invest in EMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Lack of support from physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Lack of support from non-physician providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Inability to evaluate, compare, and select the appropriate EMR system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Currently available software does not meet the health center's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Concern about loss of productivity or income during transition to the EMR system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Lack of Project Management Staff to manage project implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Lack of Board buy-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Lack of funds for ongoing EMR operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11b. Has your center ever installed an electronic medical record in the past and then de-installed the electronic medical record?**

- 1 Yes
- 2 No

**HEALTH INFORMATION TECHNOLOGY PLANNING & STAFFING**

**12a. Are you currently a member of a Health Center Controlled Network (HCCN) and receiving services from them?**

- 1 Yes (*Please specify which HCCN*): \_\_\_\_\_
- 2 No

**12b) Do you utilize additional information systems or computer support staff through any of the following? (*Please check all that apply.*)**

- 1 Contractual arrangements
- 2 Larger organizational structure (i.e., affiliate medical center, university, or health department)
- 3 Shared with other health centers (i.e. salary is shared among several centers)
- 4 Purchase services from an HCCN
- 5 None of the above

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**12c. Within the past 12 months, has your center received any donated (i.e., no charge) software or HIT-related support services from (Please check all that apply)**

- 1 Hospital
- 2 Health care system
- 3 Group medical practice
- 4 Any other type of health care services organization
- 5 Other nonmedical entity donated software or HIT related support services to the health center
- 6 No HIT software or services have been donated to the health center

**13a. Does your health center have a dedicated health IT staff person or MIS Director?**

- 1 Yes
- 2 No
- 3 Don't know

**13b. If yes, please provide the name and email address of the IT staff person:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**14. If you are in process or have implemented an EMR what was the role your health center's governing board played in implementing an EMR? (Please check all that apply.)**

- 1 Approved a budget for implementation of an EMR at the health center.
- 2 Approved or assisted with the development of a strategic plan for health IT/EMR at the health center.
- 3 Established a board workgroup on health center health information technology issues.
- 4 Identified or approved network partners for health information technology (e.g., other health centers, networks, hospitals, vendors).
- 5 Had/has one or more representatives serving on a regional health information organization (RHIO) or similar health information technology organization.
- 6 Initiated efforts to highlight health information technology adoption at the health center.
- 7 Not using Electronic Medical Records

**15a. Is your EMR implementation strategy part of your Quality and Business Plan for Monitoring and Improving Fiscal and Clinical Issues?**

- 1 Yes
- 2 No → **If no, please skip to item 16**

**15b. If Yes is it A Written Plan?**

- 1 Yes
- 2 No

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**LOOKING TO THE FUTURE**

**16a. We would like to help health centers build health IT capacity. Please indicate your needs in each of the following categories:**

	No assistance needed	Assistance would be helpful but not essential	Assistance would be necessary to proceed
a) Developing a strategic plan for health information technology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b) Developing estimates of additional staffing needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c) Developing estimates for hardware and software (non-personnel) needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d) Choosing an EMR vendor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e) Financial support for start-up costs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f) Financial support for ongoing costs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g) Using health information technology to improve clinical care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h) Redesigning workflow to best utilize health information technology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i) Legal issues (e.g., negotiating and reviewing contracts with vendors)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j) Improving network connectivity across health center sites (i.e., local or wide area networks)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k) Acquiring Project Management Staff to manage Project Implementation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l) Other ( <i>Please specify</i> ):	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**16b) What is the single most important thing NACHC could do for you?**

a) Provide assistance in developing a strategic plan for health information technology	<input type="checkbox"/> 1
b) Provide assistance in developing estimates of additional staffing needs	<input type="checkbox"/> 1
c) Provide assistance in developing estimates for hardware and software (non-personnel) needs	<input type="checkbox"/> 1
d) Provide assistance in choosing an EMR vendor	<input type="checkbox"/> 1
e) Provide assistance in obtaining financial support for start-up costs	<input type="checkbox"/> 1
f) Provide assistance in obtaining financial support for ongoing costs	<input type="checkbox"/> 1
g) Provide assistance in using health information technology to improve clinical care	<input type="checkbox"/> 1
h) Provide assistance in redesigning workflow to best utilize health information technology	<input type="checkbox"/> 1
i) Provide assistance with Legal issues (e.g., negotiating and reviewing contracts with vendors)	<input type="checkbox"/> 1

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- j) Improving network connectivity across health center sites (i.e., local or wide area networks)  1
- k) Acquiring Project Management Staff to manage Project implementation  1
- l) Other (*Please specify*):  1  
\_\_\_\_\_

## PATIENT COMMUNICATION

**17a. Do you maintain a web site?**

- 1 Yes **If Yes the web site address is:** \_\_\_\_\_
- 2 No **→ If no, please skip to item 17c**

**17b. If You maintain a website how many hits do you receive per month? \_\_\_\_\_**

- 2 Unable to determine

**17c. Are patients able to make appointments with your center via email, on your website or other portal?**

- 1 Yes
- 2 No

**17d. Are patients able to email providers at your center with medical questions?**

- 1 Yes
- 2 No

**17e. Do your providers respond to patients' medical questions via email?**

- 1 Yes
- 2 No

**17f. Does your center place laboratory or other test results on your web site or other portal for patients to see?**

- 1 Yes
- 2 No

**17g. Does your center provide a list of current prescription medications for patients to review on your website or other portal?**

- 1 Yes
- 2 No

**17h. Does your center provide patients with after visit summaries describing what was discussed during the visit?**

- 1 Yes
- 2 No

**17i. Does your center put notes describing what was discussed during a visit on a web site or other portal for patients to see?**

- 1 Yes
- 2 No

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**USE OF TELEHEALTH/TELEMEDICINE**

**18a. Are you currently utilizing Telemedicine and Off Site Telecommunications for patient treatment and/or staff education? (these include Interactive/Real-Time Encounters, Patient-Present Encounters, Patient-Not-Present Encounters, Store-and-Forward Encounters, Biometric Monitoring Interactions for home bound patients)**

- <sub>1</sub> Yes
- <sub>2</sub> No **If no, end survey**

**If yes, which of the following Telemedicine consultation services are you using? (Please check all that apply.)**

<b>18b. Provider of Telemedicine Services:</b>	<b>18c. Recipient of Telemedicine Services:</b>
Adult Echocardiology <input type="checkbox"/> <sub>1</sub>	Adult Echocardiology <input type="checkbox"/> <sub>1</sub>
Adult Psychiatry <input type="checkbox"/> <sub>2</sub>	Adult Psychiatry <input type="checkbox"/> <sub>2</sub>
Allergy/Rheumatology/Immunology <input type="checkbox"/> <sub>3</sub>	Allergy/Rheumatology/Immunology <input type="checkbox"/> <sub>3</sub>
Cardiovascular Surgery (including pre- and post-surgery) <input type="checkbox"/> <sub>4</sub>	Cardiovascular Surgery (including pre- and post-surgery) <input type="checkbox"/> <sub>4</sub>
Chronic Disease Counseling (diabetes, cardiac rehab., etc.) <input type="checkbox"/> <sub>5</sub>	Chronic Disease Counseling (diabetes, cardiac rehab., etc.) <input type="checkbox"/> <sub>5</sub>
Clinical Pharmacology/Clinical Pharmacy <input type="checkbox"/> <sub>6</sub>	Clinical Pharmacology/Clinical Pharmacy <input type="checkbox"/> <sub>6</sub>
CT and MRI Interpretations (adult and pediatric) <input type="checkbox"/> <sub>7</sub>	CT and MRI Interpretations (adult and pediatric) <input type="checkbox"/> <sub>7</sub>
Dentistry (adult and pediatric) <input type="checkbox"/> <sub>8</sub>	Dentistry (adult and pediatric) <input type="checkbox"/> <sub>8</sub>
Dermatology (adult and pediatric) <input type="checkbox"/> <sub>9</sub>	Dermatology (adult and pediatric) <input type="checkbox"/> <sub>9</sub>
Diabetes Clinical Services (adult and pediatric) <input type="checkbox"/> <sub>10</sub>	Diabetes Clinical Services (adult and pediatric) <input type="checkbox"/> <sub>10</sub>
ENT (adult and pediatric) <input type="checkbox"/> <sub>11</sub>	ENT (adult and pediatric) <input type="checkbox"/> <sub>11</sub>
ENT Surgery (including pre- and post- surgery) <input type="checkbox"/> <sub>12</sub>	ENT Surgery (including pre- and post- surgery) <input type="checkbox"/> <sub>12</sub>
Gastroenterology (adult and pediatric) <input type="checkbox"/> <sub>13</sub>	Gastroenterology (adult and pediatric) <input type="checkbox"/> <sub>13</sub>
General Pediatrics <input type="checkbox"/> <sub>14</sub>	General Pediatrics <input type="checkbox"/> <sub>14</sub>
General Surgery(incl.pre-and post- surgery) <input type="checkbox"/> <sub>15</sub>	General Surgery(incl.pre-and post- surgery) <input type="checkbox"/> <sub>15</sub>
Genetics and Genetic Counseling (adult and pediatric) <input type="checkbox"/> <sub>16</sub>	Genetics and Genetic Counseling (adult and pediatric) <input type="checkbox"/> <sub>16</sub>
Geriatrics <input type="checkbox"/> <sub>17</sub>	Geriatrics <input type="checkbox"/> <sub>17</sub>
Hematology (adult and pediatric) <input type="checkbox"/> <sub>18</sub>	Hematology (adult and pediatric) <input type="checkbox"/> <sub>18</sub>
Home Health – NOS <input type="checkbox"/> <sub>19</sub>	Home Health – NOS <input type="checkbox"/> <sub>19</sub>
Hospice Services <input type="checkbox"/> <sub>20</sub>	Hospice Services <input type="checkbox"/> <sub>20</sub>
Infectious Disease/HIV (adult and pediatric) <input type="checkbox"/> <sub>21</sub>	Infectious Disease/HIV (adult and pediatric) <input type="checkbox"/> <sub>21</sub>
Interventional Cardiology <input type="checkbox"/> <sub>22</sub>	Interventional Cardiology <input type="checkbox"/> <sub>22</sub>
Neonatology <input type="checkbox"/> <sub>23</sub>	Neonatology <input type="checkbox"/> <sub>23</sub>
Nephrology (adult and pediatric) <input type="checkbox"/> <sub>24</sub>	Nephrology (adult and pediatric) <input type="checkbox"/> <sub>24</sub>
Neurology and Neurodevelopmental (adult and pediatric) <input type="checkbox"/> <sub>25</sub>	Neurology and Neurodevelopmental (adult and pediatric) <input type="checkbox"/> <sub>25</sub>
Obstetrics/Gynecology <input type="checkbox"/> <sub>26</sub>	Obstetrics/Gynecology <input type="checkbox"/> <sub>26</sub>
Oncology (adult and pediatric) <input type="checkbox"/> <sub>27</sub>	Oncology (adult and pediatric) <input type="checkbox"/> <sub>27</sub>
Orthopedic Surgery (including pre- and post-surgery) <input type="checkbox"/> <sub>28</sub>	Orthopedic Surgery (including pre- and post-surgery) <input type="checkbox"/> <sub>28</sub>
Orthopedics (adult and pediatric) <input type="checkbox"/> <sub>29</sub>	Orthopedics (adult and pediatric) <input type="checkbox"/> <sub>29</sub>
Other – NOS <input type="checkbox"/> <sub>30</sub>	Other – NOS <input type="checkbox"/> <sub>30</sub>
Other Endocrinology Clinical Services (adult and pediatric) <input type="checkbox"/> <sub>31</sub>	Other Endocrinology Clinical Services (adult and pediatric) <input type="checkbox"/> <sub>31</sub>

# SURVEY OF HEALTH CENTER USE OF ELECTRONIC HEALTH INFORMATION

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<b>18b. Provider of Telemedicine Services:</b>	<b>18c. Recipient of Telemedicine Services:</b>
Other Mental/Behavioral Health and Counseling - NOS (family, adult, pediatric) <input type="checkbox"/> 32	Other Mental/Behavioral Health and Counseling - NOS (family, adult, pediatric) <input type="checkbox"/> 32
Other Radiology (adult and pediatric) <input type="checkbox"/> 33	Other Radiology (adult and pediatric) <input type="checkbox"/> 33
Other Rehabilitation (adult and pediatric) <input type="checkbox"/> 34	Other Rehabilitation (adult and pediatric) <input type="checkbox"/> 34
Other Surgical Specialties - NOS (including pre- and post- surgery) <input type="checkbox"/> 35	Other Surgical Specialties - NOS (including pre- and post- surgery) <input type="checkbox"/> 35
Other Therapy - NOS (adult and pediatric) <input type="checkbox"/> 36	Other Therapy - NOS (adult and pediatric) <input type="checkbox"/> 36
Pathology <input type="checkbox"/> 37	Pathology <input type="checkbox"/> 37
Pediatric Echocardiology <input type="checkbox"/> 38	Pediatric Echocardiology <input type="checkbox"/> 38
Pediatric/Adolescent Psychiatry <input type="checkbox"/> 39	Pediatric/Adolescent Psychiatry <input type="checkbox"/> 39
Physiatry/Physical Medicine(adult and pediatric) <input type="checkbox"/> 40	Physiatry/Physical Medicine(adult and pediatric) <input type="checkbox"/> 40
Physical Therapy (adult and pediatric) <input type="checkbox"/> 41	Physical Therapy (adult and pediatric) <input type="checkbox"/> 41
Plastic Surgery (incl.pre- and post- surgery) <input type="checkbox"/> 42	Plastic Surgery (incl.pre- and post- surgery) <input type="checkbox"/> 42
Primary Care (adult) <input type="checkbox"/> 43	Primary Care (adult) <input type="checkbox"/> 43
Psychological Counseling and Other Services (adult and pediatric) <input type="checkbox"/> 44	Psychological Counseling and Other Services (adult and pediatric) <input type="checkbox"/> 44
Pulmonology (adult and pediatric) <input type="checkbox"/> 45	Pulmonology (adult and pediatric) <input type="checkbox"/> 45
Retinopathy Screenings <input type="checkbox"/> 46	Retinopathy Screenings <input type="checkbox"/> 46
Routine Adult Cardiology (includes CHF) <input type="checkbox"/> 47	Routine Adult Cardiology (includes CHF) <input type="checkbox"/> 47
Routine Pediatric Cardiology <input type="checkbox"/> 48	Routine Pediatric Cardiology <input type="checkbox"/> 48
Speech Therapy (adult and pediatric) <input type="checkbox"/> 49	Speech Therapy (adult and pediatric) <input type="checkbox"/> 49
Substance Abuse Services <input type="checkbox"/> 50	Substance Abuse Services <input type="checkbox"/> 50
Trauma <input type="checkbox"/> 51	Trauma <input type="checkbox"/> 51
Wound Care/Decubitus Ulcers(adult and pediatric) <input type="checkbox"/> 52	Wound Care/Decubitus Ulcers(adult and pediatric) <input type="checkbox"/> 52

<b>19a. To whom are you providing these services?</b>	<b>19 b. From whom are you receiving these services?</b>
Assisted Living Facility <input type="checkbox"/> 1	Assisted Living Facility <input type="checkbox"/> 1
Health Department <input type="checkbox"/> 2	Health Department <input type="checkbox"/> 2
Hospital ER <input type="checkbox"/> 3	Hospital ER <input type="checkbox"/> 3
Hospital In-Patient <input type="checkbox"/> 4	Hospital In-Patient <input type="checkbox"/> 4
Hospital Outpatient <input type="checkbox"/> 5	Hospital Outpatient <input type="checkbox"/> 5
Indian Health Clinic <input type="checkbox"/> 6	Indian Health Clinic <input type="checkbox"/> 6
Licensed Nursing Home <input type="checkbox"/> 7	Licensed Nursing Home <input type="checkbox"/> 7
Mental Health Agency <input type="checkbox"/> 8	Mental Health Agency <input type="checkbox"/> 8
Mobile Unit <input type="checkbox"/> 9	Mobile Unit <input type="checkbox"/> 9
Non-Hospital Clinic (e.g. rural health clinic, migrant health clinic) <input type="checkbox"/> 10	Non-Hospital Clinic (e.g. rural health clinic, migrant health clinic) <input type="checkbox"/> 10
Patient's Home <input type="checkbox"/> 11	Patient's Home <input type="checkbox"/> 11
Prison <input type="checkbox"/> 12	Prison <input type="checkbox"/> 12
Private Medical Practice or Physician's Office <input type="checkbox"/> 13	Private Medical Practice or Physician's Office <input type="checkbox"/> 13
School <input type="checkbox"/> 14	School <input type="checkbox"/> 14

<b>20a. Are you Providing Other Telehealth Services For?</b>	<b>20b. Are you a Recipient of Other Telehealth Services For?</b>
Education for Health Professionals (for degree or certification requirements) <input type="checkbox"/> 1	Education for Health Professionals (for degree or certification requirements) <input type="checkbox"/> 1
Other Education for Health Professionals (elective	Other Education for Health Professionals (elective

**SURVEY OF HEALTH CENTER USE OF ELECTRONIC HEALTH INFORMATION  
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CME)	<input type="checkbox"/> 2	CME)	<input type="checkbox"/> 2
Retrospective Case Review	<input type="checkbox"/> 3	Retrospective Case Review	<input type="checkbox"/> 3
Grand Rounds	<input type="checkbox"/> 4	Grand Rounds	<input type="checkbox"/> 4
Community Health Education and Support Groups	<input type="checkbox"/> 5	Community Health Education and Support Groups	<input type="checkbox"/> 5
Administrative Meetings	<input type="checkbox"/> 6	Administrative Meetings	<input type="checkbox"/> 6
Community/ Business Meetings (non-health)	<input type="checkbox"/> 7	Community/ Business Meetings (non-health)	<input type="checkbox"/> 7
Commercial Conferencing Services	<input type="checkbox"/> 8	Commercial Conferencing Services	<input type="checkbox"/> 8
Other Vital signs Telemonitoring for Disease Management	<input type="checkbox"/> 9		
Other	<input type="checkbox"/> 10	Other	<input type="checkbox"/> 10

**21. May we share your responses using your center name with others such as your state PCA?**

- 1 Yes
- 2 No

**THANK YOU FOR COMPLETING THIS SURVEY!**