

**Community Clinics Initiative
2005 Information Management Assessment Survey
Executive Director Version**

INSTRUCTIONS

- Before you do any work on this survey, please be absolutely certain that you have saved the file on your computer's hard drive.
- Then, use the 'tab' key and/or your mouse to click in each grey answer field and select or enter the answer requested.
- We find the survey easiest to read in 'page layout' view, at 100%.
- Save the document frequently – if you have saved it, you can also stop at any point, close it and reopen it at a later time to continue with the survey.
- When you have finished, please return the survey to us VIA EMAIL to CCIsurvey@blueprintrd.com.

DEFINITIONS OF KEY TERMS (throughout this survey these are our definitions for the following terms):

- ✓ CLINIC refers to your clinic corporation (we are using clinic instead of health center or community clinic because we are repeating questions from earlier surveys and need to ensure the questions are comparable over time)
- ✓ MEDICAL PROVIDERS refers to physicians, physician assistants, and nurse practitioners
- ✓ INFORMATION TECHNOLOGY (IT) INFRASTRUCTURE includes hardware, software, trained staff, and technology plan
- ✓ INFORMATION MANAGEMENT (IM) capacity includes all of the elements of information technology infrastructure, along with the operational procedures for collecting and analyzing data pertaining to a clinic's financial and medical operations

You should be able to complete Part I on your own, but you may want to seek input from your IT staff for Part II of this survey.

PART I.

1. Please fill in the following information.

Clinic Name:		Your Name:	
Your Email:		Your Title:	
Your Direct Phone #			

2. Please fill in the following information for your clinic's Executive Director (this should be the person completing the survey). (If less than 1 year, enter a decimal number. e.g., 0.5 = 6 months)

Number of years in <u>CURRENT</u> position	
Number of years working at your clinic	
Total number of years in the community clinic field (including time at your clinic)	

Section A: Information Technology Infrastructure Improvements

3a. Below is a list of potential information technology infrastructure improvements that clinics may have experienced, along with detailed examples. In the first column next to each improvement area, please rate the level of improvement you have experienced in your clinic **in the past 5 years** (since 1999). (Scale: 0=no improvement, 1=some improvement, 2=significant improvement)

Information Technology (IT) Infrastructure Improvements	Level of Improvement Since 1999: 0=no improvement 1=some improvement 2=significant improvement		
1. Communications: Internal Connectivity File sharing and program access within individual clinic sites (via LAN); file sharing and program access across sites (via WAN or VPN)	0	1	2
2. Communications: Internet and Email Access Internet access; email access	0	1	2
3. Communications: Telephone System (phone voice system only)	0	1	2
4. Communications: Electronic Linkages Electronic linkages to partners in care provision (e.g., hospital, lab, pharmacy, x-ray, specialists); Electronic linkages to payors (e.g. MediCal)	0	1	2
5. Hardware and Software: Practice Management System Installation of new practice management system; upgrade to existing system; addition of new modules; integration of PMS data with phone system	0	1	2
6. Hardware and Software: General Servers and/or terminals (computers); operating system (e.g. Windows); general business software (e.g. Microsoft Office); IT system security (e.g., firewalls, virus protection, tiered password-protected access to system)	0	1	2
7. Technology Staffing, Technical Support, and User Training IT staffing and technical support; staff training on use of computers, software, practice management system and other data systems	0	1	2
8. Technology Planning and Budgeting	0	1	2
9. Business-Specific Technology Infrastructure Automation of key business functions; accounting packages; fundraising databases; pharmacy data management system	0	1	2
10. Disease, Screening, and/or Immunization Registry(ies)	0	1	2
11. Clinical Care-Specific Technology Infrastructure Dental electronic medical records; electronic medical records; wellness reminders to patients; electronic tracking for referrals/consultations; personal digital assistants (PDAs) for providers	0	1	2
12. Data Systems Integration Interfaces and connections between clinic's <i>own</i> data systems (e.g., practice management, accounting, pharmacy, disease registries, individual sites)	0	1	2
13. Data Processing and Report Production Capacity Procedures for data entry, coding, data standardization, data extraction and analysis; production of standardized reports; staff dedicated to data processing and report production; reporting tools (e.g., DataTools, Crystal Reports))	0	1	2

3b. From the areas where you noted improvements (above), please choose and rank the **three** you think have been most valuable in helping your clinic achieve its mission (*first = most valuable*).

For each rank, enter a number between 1 – 13 that corresponds to the appropriate row in the table above.

First _____
 Second _____
 Third _____

Section B: Impact of Information Technology and Information Management Improvements

4a. Below is a list of potential improvements that could result from increased Information Technology and Information Management capacity. In which areas has your clinic experienced improvements **since 1999**? Of those, where do you think your clinic's increased information technology and information management capacity was a major factor? (If you have been at your clinic less than one year, you may want to get input from another medical provider with longer tenure at your clinic.)

Potential Improvements Related to Increased IT and IM Capacity (Since 1999)	Which improvements has your clinic experienced (since 1999)?	Of those you marked, where was increased IT/IM capacity a major factor?
General Operating Improvements		
1. Improved and increased internal communications (within clinic's staff)	<input type="checkbox"/>	<input type="checkbox"/>
2. Improved and increased external communications (more frequent, better targeted, higher quality)	<input type="checkbox"/>	<input type="checkbox"/>
3. Increased organizational productivity	<input type="checkbox"/>	<input type="checkbox"/>
4. Increased individual efficiency	<input type="checkbox"/>	<input type="checkbox"/>
5. Increased access to outside resources	<input type="checkbox"/>	<input type="checkbox"/>
6. More efficient clinic workflow	<input type="checkbox"/>	<input type="checkbox"/>
7. Improved staff morale	<input type="checkbox"/>	<input type="checkbox"/>
Data Quality, Access, and Reporting Improvements		
8. Improved data quality	<input type="checkbox"/>	<input type="checkbox"/>
9. Improved data access & availability	<input type="checkbox"/>	<input type="checkbox"/>
10. Improved standard report quality (management and board reports)	<input type="checkbox"/>	<input type="checkbox"/>
Operations Management Improvements (people, services, resources)		
11. Improved external reporting	<input type="checkbox"/>	<input type="checkbox"/>
12. Improved management of clinic workflow and scheduling	<input type="checkbox"/>	<input type="checkbox"/>
13. Improved targeting of clinics' performance goals	<input type="checkbox"/>	<input type="checkbox"/>
14. Improved human resource management	<input type="checkbox"/>	<input type="checkbox"/>
15. Improved revenue & costs management	<input type="checkbox"/>	<input type="checkbox"/>
16. Improved service planning/targeting of services	<input type="checkbox"/>	<input type="checkbox"/>
17. Improved supplies and drug inventorying	<input type="checkbox"/>	<input type="checkbox"/>
18. Improved quality of accounting and billing	<input type="checkbox"/>	<input type="checkbox"/>
Improved Management of Patient Care		
19. Improved timeliness and accuracy of communication with partners.	<input type="checkbox"/>	<input type="checkbox"/>
20. Improved patient case management	<input type="checkbox"/>	<input type="checkbox"/>
21. Improved use of clinics' data for individual patient care	<input type="checkbox"/>	<input type="checkbox"/>
22. Improved use of current medical literature for individual patient care.	<input type="checkbox"/>	<input type="checkbox"/>
23. Improved use of patient data for population health management	<input type="checkbox"/>	<input type="checkbox"/>
24. Improved use of performance management methods for population health management	<input type="checkbox"/>	<input type="checkbox"/>
25. Improved clinic focus on clinical quality improvement and performance measurement	<input type="checkbox"/>	<input type="checkbox"/>
Improved External Relations		
26. Improved external relations	<input type="checkbox"/>	<input type="checkbox"/>
27. Improved advocacy-related communications and data sharing	<input type="checkbox"/>	<input type="checkbox"/>

4b. From the improvements you marked in the last column in the table above, please choose and rank the **three** you think have been most valuable in helping your clinic achieve its mission (*first = most valuable*). (For each rank, enter a number between 1-27 that corresponds to the appropriate row in the table above.)

First _____ Second _____ Third _____

Section C: Data Processing and Report Production Capacity

5. Following is a list of various reports and data indicators that different clinics use to track or assess their performance. Please tell us which reports/indicators your clinic produces, whether or not you analyze trends on the reports/indicators, and which staff members review them.

Name of report or indicator	Do you generate this report? <i>(If you answer "No", please skip to the next report/indicator)</i>	Does your regular version of this report compare current data to previous time periods to identify trends over time?	Who reviews this report on at least a <u>quarterly</u> basis? <i>Check all that apply</i>
Business Operations			
A. Aged accounts receivable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance Staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
B. Personnel tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance Staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
C. Cost reporting/FQHC/Cost reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
D. Administrative costs/Overhead	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
E. Budget variance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
F. Inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations

Name of report or indicator	Do you generate this report? <i>(If you answer "No", please skip to the next report/ indicator)</i>	Does your regular version of this report compare current data to previous time periods to identify trends over time?	Who reviews this report on at least a <u>quarterly</u> basis? <i>(Check all that apply)</i>
Clinic Management			
G. Analysis of patient flow efficiency--such as wait time, check in time, time with clinician, no-shows, walk-ins	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
H. Provider productivity--such as encounters per provider, acuity of encounters and no-show rates by provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
I. Utilization reports by different variables such as diagnosis, type of visit, ethnicity, age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
J. Patients by zip code or other geographic identifier	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
K. Patients by demographics such as payor source, age, ethnicity, gender, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
L. OSHPD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance Staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations
M. Quality Assurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive Director <input type="checkbox"/> Medical Director <input type="checkbox"/> CFO/Finance staff <input type="checkbox"/> Board of Directors <input type="checkbox"/> COO/Director of Operations

Section D: Data Comparison and Coordination

6. We would like to know if you regularly review or produce any reports that show comparisons between clinics. For each type of data listed in the table below, please indicate to whom you compare your clinic’s data.

	Types of Comparative Data			
	Financial information	Patient demographics	Services utilization	Health status of patient populations
Compare clinic sites within your clinic corporation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Compare your clinic to clinics within your consortium	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Compare your clinic to clinics across the state or nation (perhaps through NACHC or the federal government)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Compare your clinic to private industry standards (such as MGMA)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Coordinating Activities and Operations with Other Players in the Health Care System

7. An increasing number of clinics are exploring new ways to coordinate and sometimes even integrate certain aspects of their operations with other clinics, local hospitals, county health departments, community groups, managed care plans, and other players in the health delivery system. Please use the table below to indicate the organizations you are **currently** coordinating with or **planning** to coordinate or integrate your operations with within the next year. For partners with whom you are NOT coordinating or planning to coordinate efforts, choose ‘neither.’

Activities	Other clinics (including clinics within your consortium)	Hospitals	County health department	Community based organizations (e.g., local health care advocacy organizations or neighborhood groups)	Managed care plans	Other (please specify)
Operating IT systems (e.g., IT planning; standardizing technical systems, operations, hardware, or software; sharing of PMS consultants and staff; IT training)	<input type="checkbox"/> Currently <input type="checkbox"/> Planning <input type="checkbox"/> Neither	<input type="checkbox"/> Currently <input type="checkbox"/> Planning _____ (please specify)				

Activities	Other clinics (including clinics within your consortium)	Hospitals	County health department	Community based organizations (e.g., local health care advocacy organizations or neighborhood groups)	Managed care plans	Other (please specify)
Analyzing administrative data to inform business planning (e.g., analyzing <i>pooled</i> administrative data, benchmarking)	<input type="checkbox"/> Currently <input type="checkbox"/> Planning <input type="checkbox"/> Neither	<input type="checkbox"/> Currently <input type="checkbox"/> Planning _____ (please specify)				
Analyzing patient data to understand patient populations and improve community health	<input type="checkbox"/> Currently <input type="checkbox"/> Planning <input type="checkbox"/> Neither	<input type="checkbox"/> Currently <input type="checkbox"/> Planning _____ (please specify)				

Section E: Information Technology (IT) Budgeting and Planning

8. Please provide your operating budget and your best estimate of your IT budget for the current and previous fiscal year. Please provide the following information as accurately as possible for your entire clinic corporation.

Budget	Current Fiscal Year		Previous Fiscal Year	
	FY ending: Month	Year	FY ending: Month	Year
Total operating budget	\$		\$	
Total IT budget	\$		\$	

9. How are the funds in your current IT budget allocated? Please break down your current IT budget according to the broad categories indicated below. (*Please specify what is included in "Other.")

Budget Category	Allocation
Personnel	\$
Consultants	\$
Hardware	\$
Software	\$
Training	\$
Other (please specify) _____	\$

10. Do you budget for IT as a cost center or are IT costs included in other budget categories?

KEY

- 1 = IT is only budgeted as a separate cost center
- 2 = IT is only distributed across other budget categories, but can easily determine the full cost of IT
- 3 = IT is only distributed across other budget categories, and cannot easily determine the full cost because IT costs are hidden inside of other budget categories
- 4 = Both, but can easily determine the full cost of IT
- 5 = Both, but cannot easily determine the full cost of IT because IT costs are hidden in other budget categories
- 0 = None of the above

Please circle a number that refers to your choice from the KEY above 1 2 3 4 5 0

If you selected 'None of the above [0]', please briefly explain: _____

11. Please use the following chart to let us know which foundations and state and federal programs (NOT including the Community Clinics Initiative through the Tides Foundation) have provided **significant** funding for your clinic's IT activities since 2003.

Foundation or government program	Total amount	Brief description of purpose

12. Please answer the following questions about your clinic's IT planning efforts.

Does your clinic's current strategic business plan include any goals or plans for ways your clinic's information management system will support clinic operations or goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your clinic have a formal interdepartmental team or committee charged with overseeing or providing guidance for information management issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which departments are represented?
Does your clinic have a formal, written information systems plan that details how technology will support the operations and strategic mission of your clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when was it developed or last updated? Month _____ Year _____

15. What is the name, title, and contact information of the highest ranking **staff person** responsible for information technology, excluding the Executive Director, Medical Director and Chief Operating Officer? (e.g., *CIO, Network Administrator, or other IT-specific role*) (We will ask about consultants in subsequent questions.)

Name	Title	Email Address	Direct Phone #

16. Please tell us the following information about the person in Question 15 above.
(If less than one year, please enter months as fraction of year after the decimal. E.g., 8 months = .66)

# of years in <u>CURRENT</u> position	# of years working at your clinic	Total # of years in the community clinic field (including time at your clinic)

17. We would like to know which senior management team members are involved in setting priorities and making key decisions about information technology at your clinic. Please choose the appropriate involvement level for each category. **Please specify ONLY ONE staff member as “primarily responsible” for each task.**

Staff position involved in decision making	Overall clinic information management planning	Decisions about Electronic Medical Records (EMR)	Other software decisions (such as accounting systems, practice management systems)
CEO/Executive Director	<input type="checkbox"/> Primarily responsible <input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved
Medical Director	<input type="checkbox"/> Primarily responsible <input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved
CFO/Finance staff	<input type="checkbox"/> Primarily responsible <input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved
COO/Director of Operations	<input type="checkbox"/> Primarily responsible <input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved
Highest ranking IT staff person (from Question 15 above – this person may or may not be a management team member)	<input type="checkbox"/> Primarily responsible <input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved
Other: (Please specify) _____	<input type="checkbox"/> Primarily responsible <input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved	<input type="checkbox"/> Involved <input type="checkbox"/> Not involved

18. Please rate each of the following statements as to how well they describe the highest ranking technology staff person's (from Question 15) role using the scale provided (*1= Not at all true, 4= Absolutely true*)

Task	Please Rate			
Proactively recommends IT solutions to support clinic mission and strategies	1	2	3	4
Manages an IT-specific budget	1	2	3	4
Supervises IT staff	1	2	3	4
Is actively involved in <u>clinic-wide</u> annual budgeting process	1	2	3	4
Is actively involved in <u>clinic-wide</u> strategic planning	1	2	3	4
Is a member of the executive (or senior) management team	1	2	3	4

PART II.

Section G. Technical Support and User Training

19. Please tell us if you have any of the following support resources to assist clinic staff with the use of IT. *Check all that apply.*

- Staffed help desk to address staff members' technology questions
- Application Support Specialist(s) on staff (Person that knows software application(s) inside and out. e.g., practice management system, accounting package, Microsoft Word, Microsoft Excel). This person may "sit" at the help desk
- Peer mentors or trouble shooters (sometimes called Super Users) to assist colleagues
- Other (please specify) _____

20. We want to know more about your clinic's ongoing training processes and resources (please answer for all of your IT training, including both PMS and general IT training). *Check all that apply.*

Our clinic has:

- Ongoing IT training expenses (as distinct from orientation expenses) included in the annual budget
- Written curricula for formal in-house trainings
- An IT training room
- Staff member(s) with IT-related training responsibilities written in the job description(s)
- Written plan for who should receive ongoing training and how often
- A consistently maintained schedule of IT trainings
- Written documentation on how to use our practice management system that is accessible to all staff for reference
- Written documentation on how to use other technology tools (computers, email, other software applications) that is accessible to all staff for reference

21. We would like to know about your clinic’s participation in a practice management system (PMS) user group, such as one hosted by your regional consortium, CPCA, or the Council of Community Clinics’ Technology Services Organization (TSO).

Do any clinic staff members currently participate in a PMS user group?	Which staff members currently participate in the user group? <i>Check all that apply</i>	How much do you agree with the following statement: “Staff member(s) participation in the PMS user group is valuable for my organization.”
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>skip to Question 22...</i> <input type="checkbox"/> Don’t know <i>skip...</i> <input type="checkbox"/> Not Applicable – I do not know of a user group for our PMS. <i>skip...</i>	<input type="checkbox"/> COO <input type="checkbox"/> Highest Ranking IT staff person (from Q15 above) <input type="checkbox"/> Other IT staff <input type="checkbox"/> Clinic site manager(s) <input type="checkbox"/> Billing, finance, accounting or development staff member(s) <input type="checkbox"/> Other staff member(s) <i>(please specify)</i> _____	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Strongly agree

22. We would like to know whether the following staff members received formal training (i.e., attended an in-house or off-site class) in the following topics **in 2004** to improve the quality of administrative data and your clinic’s ability to analyze and use it. If, for any reason, no administrative staff received training in one of the topic areas in 2004, please leave the section blank and move on to the next topic.

2004 Topic of Training	Participating Staff Members <i>(mark all that apply)</i>	
Practice Management System <u>Data Coding & Entry</u>	<input type="checkbox"/> Billing Staff <input type="checkbox"/> Clinic Site Managers <input type="checkbox"/> Registration Staff <input type="checkbox"/> Medical Records Staff	<input type="checkbox"/> Appointment Clerks <input type="checkbox"/> Referral Clerks <input type="checkbox"/> Finance Staff <input type="checkbox"/> Other Administrative Staff* <i>(*please specify)</i> _____
Accounting System <u>Data Coding & Entry</u>	<input type="checkbox"/> CFO <input type="checkbox"/> Clinic Site Manager <input type="checkbox"/> Billing Staff <input type="checkbox"/> Finance Staff <input type="checkbox"/> Other Administrative Staff* <i>(*please specify)</i> _____	
Data Analysis (how to analyze data and generate reports to identify patterns at the clinic)	<input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Clinic Site Managers	<input type="checkbox"/> IT Staff <input type="checkbox"/> Development Staff <input type="checkbox"/> Other Administrative Staff * <i>(* please specify)</i> _____
Data Use (how to read and interpret management reports)	<input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO	<input type="checkbox"/> Clinic Site Managers <input type="checkbox"/> Development Staff <input type="checkbox"/> Other Administrative Staff * <i>(* please specify)</i> _____

Section H: Communications

23. What proportion of your computers is connected to a local area network (LAN)?

- All
- 90 – 99%
- 75 – 89%
- 50 – 74%
- 1 – 49%
- None. We have no LAN(s)

24. Does your clinic have remote sites (i.e., more than one site)? *(if NO – skip to Section I)*

- Yes
- No

25. *(Answer this question only if you answered YES in question 24)*

Please answer the following questions about your remote sites' connectivity.

Can all of your remote sites:	
Access your practice management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access/pull out (on their own) reports for their site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access the Internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section I: Hardware and Software

26. Which practice management software do you use at your clinic?

- HealthPro
- Medical Manager
- Megawest
- Meritt
- Paradigm/CMMS
- Centricity Physician Office (formerly Millbrook)
- Other commercially-produced brand. *Please specify:* _____
- Software custom designed for our clinic. *Who designed the software?* _____
- Our clinic does not use practice management software

27. Have you implemented any of the following changes to your practice management system within the past 5 years (between 1999 and the present)? **(Check all that apply)**
- Installed a new practice management system (If you switched, what system did you previously use? _____)
 - Upgraded practice management system
 - Added new modules (e.g., patient recall, immunization tracking, etc) or reporting tools (such as DataTools or Crystal Reports)?
 - None of the above

28. Which of the following security features currently protect your IT system? **(Check all that apply)**
- Firewall
 - Virus protection
 - Unique user identification and password management
 - Role-based tiered access (by system administrator and user needs, by needs of specific types of users, or both)
 - Off-site data storage
 - Organization-wide privacy policies and procedures to protect data

Section J: Business-Specific Technology Infrastructure

29. Please let us know which of the following electronic data systems interface electronically with your practice management system, another data system, or both. By “interface electronically” we mean that data can move between the systems directly.

Electronic Data System	Not Applicable: Our clinic does not have this electronic data system <i>(check all that apply)</i>	Interfaces electronically (directly) with our Practice Management System <i>(check all that apply)</i>	Interfaces electronically (directly) with <u>another</u> clinic data system* <i>(Please specify)</i> <i>(check all that apply)</i>
Financial Accounting Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>(please specify)</i> _____
Pharmacy System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>(please specify)</i> _____
Payroll/Human Resources System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>(please specify)</i> _____
Disease Registry(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>(please specify)</i> _____
Dental Health Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>(please specify)</i> _____
Medical Health Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>(please specify)</i> _____
And – Telephone System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>(please specify)</i> _____

30. Other comments, thoughts, things you think we should know?