

**Community Clinics Initiative
2005 Information Management Assessment
Medical Director Survey**

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

Section A: Contact and Tenure Information

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 Medical 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 B: 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).

(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.)

Note: We realize that Medical Directors may feel less familiar with some of the information technology terms in this table. However, the Medical Directors' perspective on changes in clinic information technology infrastructure is particularly important to CCI. Please answer the question to the best of your ability. Also, see the terms defined on the first page of this survey.

Information Technology (IT) Infrastructure Improvements	Level of Improvement (since 1999)		
	CIRCLE ONE: 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 payers (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 or other i2i products)	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 C: 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 D: Involvement in Clinic Information Management Planning

5. When it comes to information management planning at your clinic, how involved are you and your medical providers?

**Note: "Primarily responsible" indicates that the staff member is the person in charge of clinic-wide information management planning.*

	Overall clinic information management planning	Decisions about EMR	Other software decisions (such as accounting systems, practice management systems)
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
Medical Providers	<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

Section E: Access to and Use of Technology

6. What proportion of all medical providers on staff has Internet access at their desks?

- All—Skip to question 8
- 67-99%
- 34-66%
- 1-33%
- None

7. Of the medical providers that do not have Internet access at their desks, what proportion has access to the Internet at a shared kiosk or workstation?

- All
- 67-99%
- 34-66%
- 1-33%
- None

8. What proportion of your medical providers on staff uses a personal digital assistant (PDA, such as a Palm or PocketPC) in their practice?

- All
- 67-99%
- 34-66%
- 1-33%

9. What proportion of the PDAs used by medical providers in their practices was purchased by your clinic?

- All
- 67-99%
- 34-66%
- 1-33%

10. Please indicate the approximate proportion of medical providers at your clinic using their PDAs for the following tasks:

Task	Proportion of providers using PDAs for task	IF providers are using PDAs, how useful are PDAs for this task?
Checking drug formularies	<input type="checkbox"/> More than half <input type="checkbox"/> About half <input type="checkbox"/> Less than half <input type="checkbox"/> None	<input type="checkbox"/> Not at all useful <input type="checkbox"/> Minimally useful <input type="checkbox"/> Fairly useful <input type="checkbox"/> Extremely useful
Checking drug prescription or drug interaction information	<input type="checkbox"/> More than half <input type="checkbox"/> About half <input type="checkbox"/> Less than half <input type="checkbox"/> None	<input type="checkbox"/> Not at all useful <input type="checkbox"/> Minimally useful <input type="checkbox"/> Fairly useful <input type="checkbox"/> Extremely useful
Connecting with the printer or fax for prescriptions	<input type="checkbox"/> More than half <input type="checkbox"/> About half <input type="checkbox"/> Less than half <input type="checkbox"/> None	<input type="checkbox"/> Not at all useful <input type="checkbox"/> Minimally useful <input type="checkbox"/> Fairly useful <input type="checkbox"/> Extremely useful
Storing patient names and contact information	<input type="checkbox"/> More than half <input type="checkbox"/> About half <input type="checkbox"/> Less than half <input type="checkbox"/> None	<input type="checkbox"/> Not at all useful <input type="checkbox"/> Minimally useful <input type="checkbox"/> Fairly useful <input type="checkbox"/> Extremely useful
Storing phone numbers and contacts for referral sources	<input type="checkbox"/> More than half <input type="checkbox"/> About half <input type="checkbox"/> Less than half <input type="checkbox"/> None	<input type="checkbox"/> Not at all useful <input type="checkbox"/> Minimally useful <input type="checkbox"/> Fairly useful <input type="checkbox"/> Extremely useful
Keeping track of patients who need follow-up calls	<input type="checkbox"/> More than half <input type="checkbox"/> About half <input type="checkbox"/> Less than half <input type="checkbox"/> None	<input type="checkbox"/> Not at all useful <input type="checkbox"/> Minimally useful <input type="checkbox"/> Fairly useful <input type="checkbox"/> Extremely useful
Keeping track of provider schedules	<input type="checkbox"/> More than half <input type="checkbox"/> About half <input type="checkbox"/> Less than half <input type="checkbox"/> None	<input type="checkbox"/> Not at all useful <input type="checkbox"/> Minimally useful <input type="checkbox"/> Fairly useful <input type="checkbox"/> Extremely useful
Other <i>Please specify:</i> _____	<input type="checkbox"/> More than half <input type="checkbox"/> About half <input type="checkbox"/> Less than half <input type="checkbox"/> None	<input type="checkbox"/> Not at all useful <input type="checkbox"/> Minimally useful <input type="checkbox"/> Fairly useful <input type="checkbox"/> Extremely useful

Section F: Practice Management System (PMS) Capabilities

11a. Is your practice management system capable of generating automated wellness reminders to **alert providers** (for example, providing computer-generated prompts on patient charts that note outstanding or upcoming preventative procedures)? *If 'No' - Skip to Question 12*

- Yes
 No

11b. (If you answered 'Yes' in question 11), does your clinic use this provider reminder capability?

- Yes
 No **If no, why not?** _____

12a. Is your practice management system capable of generating automatic wellness reminders **to patients** (e.g., automatically generating postcards or phone calls to schedule regular preventative measures, such as pap smears and immunizations)? Yes No

12b. If yes, do you use it? Yes No **If no, why not?** _____ (*Skip to Question 13*)

12c. **If yes**, for what procedures? (select all that apply)

- Annual physical examinations
 Pap smears and annual gynecological examinations
 Immunizations
 Well-child visits
 Periodic visits for diabetics and/or patients with other chronic diseases
 Other (*please specify*) _____

13. Do you have an electronic (computer-based) tracking system for referrals or for consultation reports from referral agencies/specialists by patient?

- Yes
 No
 In development

14. How useful is your practice management system in identifying information relevant to clinical issues? Please let us know what types of data your PMS (or pharmacy system) is capable of identifying and how often you review this information. **Please read across each row.**

Types of patient data	PMS can identify (if you choose 'NO' – please skip to the following row)	How often do you or your medical staff review this information?		Do you compare current data with previous time periods?
Patients by specific chronic conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Patients by preventative measures (e.g., immunizations, cancer screenings, flu shots)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Patients by frequent emergency room visits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Patients by types of medication dispensed (e.g., pain medication or anti-depressants)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

Section G: Electronic Ordering/Receipt of Labs and Procedures

15. Below is a list of tasks where data could potentially be sent and/or received electronically. In the columns to the right, please tell us which of these tasks you are CURRENTLY able to conduct electronically, what proportion of each are conducted electronically, and whether or not the electronic process of ordering/receiving data interfaces automatically with your practice management system.

Tasks	CURRENTLY conduct via electronic data link? (Not fax transmissions)	Proportion of tasks CURRENTLY conducted electronically?	Does the electronic task automatically interface with your PMS?
Order lab tests	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive lab test results	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
Order pharmacy prescriptions	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
Order X-rays	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive radiology reports	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive digital X-rays	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tasks	CURRENTLY conduct via electronic data link? (Not fax transmissions)	Proportion of tasks CURRENTLY conducted electronically?	Does the electronic task automatically interface with your PMS?
Order hospital admissions	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receipt of general hospital admissions	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receipt of hospital emergency room admissions	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive hospital discharge summaries	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>skip to next row</i>	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
Order specialty consultations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Now we would like you to look at the list of potential electronic linkages, and tell us how valuable each is (or would be in cases where electronic linkages are not yet established) to improve your ability to deliver high-quality medical care. Please rate the value of EACH linkage (regardless of whether or not your clinic is currently able to do this).

Tasks	Rate the value of EACH electronic linkage in improving your clinic's ability to deliver high-quality care			
Order lab tests	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Receive lab test results	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Order pharmacy prescriptions	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Order X-rays	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Receive radiology reports	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Receive digital X-rays	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Order hospital admissions	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Receipt of general hospital admissions	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Receipt of hospital emergency room admissions	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Receive hospital discharge summaries	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable
Order specialty consultations	<input type="checkbox"/> Not at all valuable	<input type="checkbox"/> Minimally valuable	<input type="checkbox"/> Fairly valuable	<input type="checkbox"/> Extremely valuable

Section H: Electronic Medical Records (EMR)* and Patient Notes

*Note: We use the term EMR, but are aware that electronic records are also known as electronic health records (EHR).

17. Please indicate whether your clinic has, is implementing, or is investigating EMR for **non-dental** medical records.

KEY

1 = Has EMR in place

2 = Is in the process of implementing EMR

3 = Is actively planning purchase of EMR (e.g., is operating an EMR planning committee, is writing a request for proposals (RFP) for EMR vendors, or has an RFP out for solicitation)

0 = Is not currently pursuing EMR

Our clinic: *(please circle a number that refers to a choice in the KEY above)* 1 2 3 0

18. Please indicate whether your clinic has, is implementing, or is investigating **dental** EMR.

KEY

1 = Has dental EMR in place

2 = Is in the process of implementing dental EMR

3 = Is actively planning purchase of dental EMR (e.g., is operating an EMR planning committee, is writing a request for proposals (RFP) for EMR vendors, or has an RFP out for solicitation)

0 = Is not currently pursuing dental EMR

Our clinic: *(please circle a number that refers to a choice in the KEY above)* 1 2 3 0

Section I: IT and Provider Productivity*

**Reminder: By "providers," we are specifically referring to physicians, physician assistants, and nurse practitioners.*

19a. Do you use your IT system to track provider productivity? Yes No *(if No - Skip to Section J)*

19b. If yes, how often is this done?

Once a week Once a month Quarterly Annually Never

19c. Can you track this data by **resource-based relative value units (RBRVU-s)**? Yes No

19d. How do you use the provider productivity information? *Please check all that apply.*

To evaluate provider productivity (e.g., to compare providers' numbers of visits)

To negotiate provider salaries

To monitor workflow at clinics

To look at relative difference of acuity of each provider's caseload

Other *Please specify:* _____

Section J: Improving the Quality of Clinical Data

20. Please indicate how much you agree or disagree with each of the following statements using the scale provided.

Statement	Agree or Disagree
The encounter data that is <u>currently</u> being entered into my clinic's PMS is of <u>high quality</u> . (Data is entered for every encounter, data coding is consistent and accurate, data has very few errors.)	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Strongly agree
In general, the encounter data in my clinic's PMS is <u>easily accessible</u> . (Needed reports can be produced quickly; reports are easy to generate.)	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Strongly agree
The <u>standard reports produced for my use from the PMS are well-structured</u> . (Reports provide needed information in an understandable format; where appropriate, reports show trends over time.)	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Strongly agree
Overall, the encounter data in my clinic's PMS is <u>extremely useful to me</u> .	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Strongly agree

Section K: Chronic Disease Management and Disease Registries

21. Please indicate any chronic disease registries your clinic maintains. *Please read across each row.*

Chronic disease	Registry sponsor <i>Check all that apply in each row</i>	Percentage of clinic providers using registry	How long have you maintained the registry?	How does your registry software interface with PMS? (Does your registry software interface with PMS?)
Asthma	<input type="checkbox"/> Own registry <input type="checkbox"/> County collaborative <input type="checkbox"/> Federal collaborative <input type="checkbox"/> No registry (skip to next row)	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> More than 3 years	<input type="checkbox"/> Registry data does NOT connect with PMS data <input type="checkbox"/> EXPORT + MERGE or MANUAL Re-entry of data <input type="checkbox"/> Registry data is LINKED ELECTRONICALLY to PMS <input type="checkbox"/> I don't know
Cancer screenings for women (e.g., pap smears)	<input type="checkbox"/> Own registry <input type="checkbox"/> County collaborative <input type="checkbox"/> Federal collaborative <input type="checkbox"/> No registry (skip to next row)	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> More than 3 years	<input type="checkbox"/> Registry data does NOT connect with PMS data <input type="checkbox"/> EXPORT + MERGE or MANUAL Re-entry of data <input type="checkbox"/> Registry data is LINKED ELECTRONICALLY to PMS <input type="checkbox"/> I don't know
Depression	<input type="checkbox"/> Own registry <input type="checkbox"/> County collaborative <input type="checkbox"/> Federal collaborative <input type="checkbox"/> No registry (skip to next row)	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> More than 3 years	<input type="checkbox"/> Registry data does NOT connect with PMS data <input type="checkbox"/> EXPORT + MERGE or MANUAL Re-entry of data <input type="checkbox"/> Registry data is LINKED ELECTRONICALLY to PMS <input type="checkbox"/> I don't know
Diabetes	<input type="checkbox"/> Own registry <input type="checkbox"/> County collaborative <input type="checkbox"/> Federal collaborative <input type="checkbox"/> No registry (skip to next row)	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> More than 3 years	<input type="checkbox"/> Registry data does NOT connect with PMS data <input type="checkbox"/> EXPORT + MERGE or MANUAL Re-entry of data <input type="checkbox"/> Registry data is LINKED ELECTRONICALLY to PMS <input type="checkbox"/> I don't know
Hypertension	<input type="checkbox"/> Own registry <input type="checkbox"/> County collaborative <input type="checkbox"/> Federal collaborative <input type="checkbox"/> No registry (skip to next row)	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> More than 3 years	<input type="checkbox"/> Registry data does NOT connect with PMS data <input type="checkbox"/> EXPORT + MERGE or MANUAL Re-entry of data <input type="checkbox"/> Registry data is LINKED ELECTRONICALLY to PMS <input type="checkbox"/> I don't know
Immunization	<input type="checkbox"/> Own registry <input type="checkbox"/> County collaborative <input type="checkbox"/> Federal collaborative <input type="checkbox"/> No registry (skip to next row)	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> More than 3 years	<input type="checkbox"/> Registry data does NOT connect with PMS data <input type="checkbox"/> EXPORT + MERGE or MANUAL Re-entry of data <input type="checkbox"/> Registry data is LINKED ELECTRONICALLY to PMS <input type="checkbox"/> I don't know
Other <i>Please specify:</i> _____	<input type="checkbox"/> Own registry <input type="checkbox"/> County collaborative <input type="checkbox"/> Federal collaborative <input type="checkbox"/> No registry (skip to next row)	<input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> More than 3 years	<input type="checkbox"/> Registry data does NOT connect with PMS data <input type="checkbox"/> EXPORT + MERGE or MANUAL Re-entry of data <input type="checkbox"/> Registry data is LINKED ELECTRONICALLY to PMS <input type="checkbox"/> I don't know

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