

Survey of Kentucky Ambulatory Network  
Members' Use of Information Technology: Office Manager Survey

The Kentucky Ambulatory Network, Lexington KY

This is a questionnaire designed to be completed by administrators in an ambulatory setting. The tool includes questions to assess the current state of electronic health records and practice management systems.

This is a publicly available survey for which permission for public use has not been obtained directly from the developers; please read the survey carefully for restrictions on public use and required acknowledgement of authors.

Survey of  
Kentucky Ambulatory Network Members'  
Use of Information Technology

**Office Manager Survey**

Sponsored by the Agency of Healthcare Research and Quality (AHRQ), grant number  
R21 HS13487-01

Dear KAN Member Practice Manager:

A major objective for the Kentucky Ambulatory Network (KAN) over the next two years is to help our members enhance their electronic information management capabilities. We have a small federal grant for assessment and planning, and believe that we can attract more funding over time to help our members (and the network as a whole) use computers to streamline information management for routine practice and research. We are therefore conducting a research study to learn more about our members' computer use.

**Please take a few moments to complete and return this survey, which should not take more than 10 minutes. Your responses will be critical to KAN's ability to promote efficient and practical information management strategies that can improve primary care practice and research.**

Survey responses will be kept strictly confidential. No individual responses will be reported. Data will only be used and reported in aggregate form, and surveys will be stored in a locked cabinet at the University of Kentucky (UK) Department of Family Practice.

Your completion and return of this survey constitutes your consent to participate in this survey research study. Declining to participate will in no way affect your relationship with UK or KAN. If you have any questions or concerns about this study, you should contact Kevin Pearce, MD at 859-323-5938. If you have any questions about your rights as a research subject, you may call the UK Office of Research Integrity at (859)257-9428, or toll free at 1-866-400-9428.

---

Signature of individual completing the survey (all identifying information is kept strictly confidential).

**How many primary care practitioners spend their primary effort at this practice site?** (Write Number)

Physicians	Physician Assistants	Nurse Practitioners
_____	_____	_____

**What is the total patient visits per year at this practice site?**

\_\_\_\_\_ (Write number)

**Who is primarily responsible for decisions regarding new technology purchases at this practice site?**

- Individual practitioners
- Committee
- Office manager
- Executives
- Corporations
- Other (please specify) \_\_\_\_\_

**Is your medical practice...?** (Check only one)

- Mostly office-based
- Mostly hospital-based
- Exclusively hospital-based

**How many computers are located at this practice site?** (Write number)

	Desktop Computers	Laptops	Hand Held Computers
<b>Number of Computers</b>	_____	_____	_____

**What operating systems are running on these PCs?** (Check all that apply)

	Desktop Computers	Laptops	Hand Helds
Windows 95-98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows 2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows ME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows XP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mac OS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How many NEW computers have been purchased for this practice site in the last two years?** (Write number)

	Desktop Computers	Laptops	Hand Held Computers
<b>Number of Computers</b>	_____	_____	_____

**Approximately how much do you estimate this practice site has spent on information technology (including hardware, software, and licensing fees) in the last two years?**

\_\_\_\_\_ (Write number)

**Who is the primary provider of computer and information technology support for this practice site?** (Check only one)

- Full-time computer or information technology employee
  - Part-time computer or information technology employee
- Share computer technology support across organizations
- Contracted vendor
- Manufacturer's service contact
- Colleague
- Other (please specify) \_\_\_\_\_

**List the places where this practice site acquires most of its hardware or software.** (Check all that apply)

- Retail computer store
- Via the internet
- Vendor
- Other (please specify) \_\_\_\_\_

**Does your office have plans for purchasing/upgrading its information technology?** (Check only one)

- Yes, within 12 months
- Yes, within 24 months
- Yes, but not within the next two years
- No plans

**If yes, will these purchases be for:** (Check only one)

- Hardware
- Software
- Both

**Do you feel that your existing computer or information technology capabilities (including access to online resources) are adequate to support the goals of your organization?**

- No
- Yes

**If your technology capabilities are NOT adequate, what areas do you feel need improvement?** (Check all that apply)

	Administrative	Clinical
Hardware	<input type="checkbox"/>	<input type="checkbox"/>
Software	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate how much your interest in learning more about the American Academy of Family Physicians' plan to provide an open source electronic medical record (EMR) in the near future with an expected cost less than \$200 per month per provider:**

- Not interested
- Somewhat interested
- Very interested
- Don't know

**Where are the desktop computers located at this practice site?**

(Check all that apply)

- Administrative offices
- Reception areas
- Nursing stations
- Doctor work areas
- Labs

Other (please specify) \_\_\_\_\_

**What clinical or administrative databases are used at this practice site?** (Not including online reference sources such as

MEDLINE) (Check all that apply)

- Billing or coding
- Scheduling
- Quality assurance
- External reporting
- Lab tracking/reporting
- Other (please specify) \_\_\_\_\_

**Does this practice site use any kind of integrated information system?** (One that is linked to and utilized by other practices or organizations)

- Yes, for financial purposes
- Yes, for clinical purposes
- Yes, for both financial and clinical purposes
- No
- Don't know

**What coding or classification systems are used at this practice site?** (Check all that apply)

- ICD-9 (or ICD-9CM)
- ICD-10
- CPT
- DRG
- ICPC
- SNOMED -RT
- LOINC
- Other (please specify) \_\_\_\_\_

**Who is responsible for coding patient-related data for billing purposes at this practice site?** (Check all that apply)

- Clinical support
- Practitioners
- Nurses or CMA
- Other (please specify) \_\_\_\_\_

**Who is responsible for coding patient-related data for patient-care notes at this practice site?** (Check all that apply)

- Clinical support
- Practitioners
- Nurses or CMA
- Other (please specify) \_\_\_\_\_

**If applicable, who is responsible for transcribing patient care notes?** (Check all that apply)

- Clinical support
- Practitioners
- Nurses or CMA
- Other (please specify) \_\_\_\_\_
- Not applicable

**Does your practice use any clinical or administrative databases or programs that were developed or made in-house?**

- No
- Yes

**Does this practice site operate a Local Area Network (LAN)?**

- No
- Yes
- Don't know

**How many of the desktop and laptop computers at this practice site are connected to the internet?** (Write number)

	Desktop Computers	Laptops	Hand Helds
Number Connected to Internet	_____	_____	_____

**What types of connection(s) are these?** (Check all that apply)

- Dial-up Internet Service Provider
- Cable
- DSL
- Other (please specify) \_\_\_\_\_

**Does this practice have a Website?**

- No
- Yes
- Don't know

**If this practice site does NOT have Internet access, please mark why.** (Check all that apply)

- Cost
- No desire
- Dial-up too slow
- Poor availability of service
- Security/Confidentiality
- No need
- Don't possess technical capabilities
- Other (please specify) \_\_\_\_\_