NYC REACH Regional Extension Center Provider Survey

New York City Health and Mental Hygiene, New York NY

This is a questionnaire designed to be completed by clinical staff in an ambulatory setting. The tool includes questions to assess perception of electronic health records.

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General NYC Reach Provider Survey

Answer each question by marking the most appropriate response or filling in the blank.

1. What type of provider are you?

☐ MD or DO   ☐ PA   ☐ Other, please specify_____

☐ NP   ☐ I am not a provider → *Please pass along to the provider listed in the cover sheet. Thanks.*

2. What is your <u>primary</u> clinical specialty? Please choose only one option.

☐ Family Practice   ☐ Pediatrics   ☐ Gynecology   ☐ Other, please specify_____

☐ Internal Medicine   ☐ OB/GYN   ☐ Geriatrics

Throughout the survey, "your practice" refers to the practice that received help with EHR implementation.

3. About how long have you been using the EHR to document patient care at your practice?

☐ Less than 6 months   ☐ More than 1 year but less than 2 years   ☐ I do not use the EHR

☐ 6-12 months   ☐ 2 years or more   ☐ Don't know or remember

4a. Have you joined NYC REACH, the New York City Regional Extension Center, which can provide federally subsidized services to help providers get to "Meaningful Use"?

☐ Yes → *Skip to Question 5*
☐ No
☐ Don't know

4b. Why haven't you joined NYC REACH? Please choose all that apply.

☐ I am not aware of it   ☐ I do not qualify for Meaningful Use incentive payment

☐ I do not want to pay the required contribution   ☐ I can achieve Meaningful Use on my own

☐ I am already getting the same services from PCIP   ☐ Other, please specify_____

☐ I am not interested in Meaningful Use incentive payments

4c. Are you interested in more information about NYC REACH?

☐ Yes
☐ No

EXPERIENCE WITH EHR TOOLS

5. How useful are the following EHR tools to you? If you do not use the tool and/or the tool is not relevant to your practice, choose "NA".

	NA	Not at all Useful	Slightly Useful	Useful	Very Useful
Clinical decision support (alerts or reminders for preventive care of patients, e.g. immunizations, tests needed)	☐	☐	☐	☐	☐
Smart Forms	☐	☐	☐	☐	☐
Flow Sheet (part of Progress Note, a way to view structured data in a summarized view by date)	☐	☐	☐	☐	☐
Standard or pre-installed order sets	☐	☐	☐	☐	☐
Custom alerts	☐	☐	☐	☐	☐
Custom order sets	☐	☐	☐	☐	☐
Enterprise Business Optimizer (eBO)	☐	☐	☐	☐	☐

6. Please tell us why each tool is not as useful as you would like. Choose all that apply.

	NA	I was not aware of it	Takes too much time	Not comfortable with it	Doesn't apply to any of my patients	Computer freezes/ crashes
Clinical decision support (alerts or reminders for preventive care of patients, e.g. immunizations, tests needed)	☐	☐	☐	☐	☐	☐
Smart Forms	☐	☐	☐	☐	☐	☐
Flow Sheet (part of Progress Note, a way to view structured data in a summarized view by date)	☐	☐	☐	☐	☐	☐
Standard or pre-installed order sets	☐	☐	☐	☐	☐	☐
Custom alerts	☐	☐	☐	☐	☐	☐
Custom order sets	☐	☐	☐	☐	☐	☐
Enterprise Business Optimizer (eBO)	☐	☐	☐	☐	☐	☐

6b. Please specify your level of agreement with the following statements about clinical decision support alerts.

	NA	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Alerts are presented in a user-friendly format	☐	☐	☐	☐	☐	☐
Alerts improve my ability to order labs and tests	☐	☐	☐	☐	☐	☐
The number of alerts is manageable	☐	☐	☐	☐	☐	☐
Alerts notify me of preventive care actions specific to each patient	☐	☐	☐	☐	☐	☐
Alerts provide accurate reminders for each patient	☐	☐	☐	☐	☐	☐
Alerts improve my ability to focus on preventive care in general	☐	☐	☐	☐	☐	☐
Alerts improve my ability to screen patients for particular issues (e.g. cancer, smoking)	☐	☐	☐	☐	☐	☐

EHR SATISFACTION

7. Would you recommend your current EHR to other providers interested in adopting an EHR?

☐ Yes
☐ No

8. At the present time, how much of a concern is each of the following in using or increasing your use of the EHR?

	No longer a concern	Not a concern	Minor concern	Major concern	Don't know
Time constraints (to select, contract, and implement the EHR)	☐	☐	☐	☐	☐
Financial costs (start-up or ongoing costs, not enough return on investment, or "ROI")	☐	☐	☐	☐	☐
Loss of productivity during transition to the EHR system	☐	☐	☐	☐	☐
Lack of computer skills (your own, other providers, your staff)	☐	☐	☐	☐	☐
Training issues (scheduling, time involved, staff turnover)	☐	☐	☐	☐	☐
Unwillingness of other providers at the practice to use the technology	☐	☐	☐	☐	☐
Not being able to rely on the EHR due to glitches/errors/crashing	☐	☐	☐	☐	☐
Vendor not responsive/poor technical support	☐	☐	☐	☐	☐
Available EHR software does not meet the practice's needs (e.g. not able to use the EHR with practice's billing/claims submission system)	☐	☐	☐	☐	☐
Privacy or security concerns	☐	☐	☐	☐	☐

9. How frequently do you encounter significant glitches or errors in the EHR (e.g. the computer freezes, stalls, or crashes)?

☐ Less than once a month   ☐ Once a day

☐ Once a month   ☐ Several times a day or more often

☐ Once a week

10. How would you classify your level of comfort with computer technology?

☐ Very comfortable   ☐ Somewhat comfortable   ☐ Not very comfortable

11a. In the next 12 months, does your practice plan to:

☐ Stay with your current EHR vendor? →   *Skip to Question 12*

☐ Switch to another EHR vendor?

☐ Return to paper charts?

11b. Please tell us more about why you want to switch vendors or return to paper charts.
_____
_____

EHR FUNCTIONS

12. Please indicate the level of difficulty for you to do the following tasks using the EHR:

	Very Difficult	Some-what Difficult	Neutral	Some-what Easy	Very Easy	Don't know/ NA
Order laboratory and radiology tests as structured data (i.e. not free text)	☐	☐	☐	☐	☐	☐
Record demographics	☐	☐	☐	☐	☐	☐
Maintain up-to-date problem list of current and active diagnoses	☐	☐	☐	☐	☐	☐
Maintain an active medication list	☐	☐	☐	☐	☐	☐
Maintain an active medication allergy list	☐	☐	☐	☐	☐	☐
Record and chart changes in vital signs as structured data	☐	☐	☐	☐	☐	☐
Record smoking status for patients 13 years or older as structured data	☐	☐	☐	☐	☐	☐
Incorporate clinical lab test results as structured data	☐	☐	☐	☐	☐	☐
Document CPT and ICD-9 codes as structured data for billing purposes	☐	☐	☐	☐	☐	☐
Electronic prescribe ("e-prescribe") new prescriptions, not faxing or printing	☐	☐	☐	☐	☐	☐
Electronic prescribe ("e-prescribe") renewal prescriptions, not faxing or printing	☐	☐	☐	☐	☐	☐

13. Please indicate the level of difficulty for you to do the following tasks using the EHR:

	Very Difficult	Some-what Difficult	Neutral	Some-what Easy	Very Easy	Don't know/ NA
Order appropriate preventive care services (e.g. mammograms or flu shots) during the visit	☐	☐	☐	☐	☐	☐
Generate lists of patients by specific conditions (e.g. all patients with diabetes)	☐	☐	☐	☐	☐	☐
Send reminders to patients for preventive/follow up care	☐	☐	☐	☐	☐	☐
Provide patients with an electronic copy of their health information, upon request and in a timely fashion	☐	☐	☐	☐	☐	☐
Provide clinical summaries for patients for each office visit	☐	☐	☐	☐	☐	☐
Communicate referral information to sub-specialists using the EHR, not faxing or printing	☐	☐	☐	☐	☐	☐
Review referral information from sub-specialists using the EHR, not faxing or printing	☐	☐	☐	☐	☐	☐
Provide a summary of care record for each transition of care/referrals	☐	☐	☐	☐	☐	☐
Report quality measures to CMS or within your state	☐	☐	☐	☐	☐	☐

14. How often do you print out a summary report of the visit from the EHR for your patient at the conclusion of the visit?

☐ Always   ☐ Sometimes   ☐ Never   ☐ Don't know

DAY TO DAY WORKFLOW

15. Please indicate whether you have the following lab interfaces, check all that apply:

	Yes	No	Unsure
Quest Diagnostics	☐	☐	☐
Labcorp	☐	☐	☐
Bio-Reference	☐	☐	☐

16. How satisfied you are with each lab? If you do not have the lab setup, mark NA.

	NA	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Quest Diagnostics	☐	☐	☐	☐	☐	☐
Labcorp	☐	☐	☐	☐	☐	☐
Bio-Reference	☐	☐	☐	☐	☐	☐

17a. For all interfaces not set up in the previous question, please explain why each is not set up. Please choose all that apply and mark NA if you have the lab setup.

	NA	Our practice has not reached this stage yet	Not interested	I don't know how to set up	Difficulty in set up due to the LAB vendor	Difficulty in set up due to the EHR vendor	Difficulty in set up due to our practice (too busy, etc.)	Other
Quest Diagnostics	☐	☐	☐	☐	☐	☐	☐	☐
Labcorp	☐	☐	☐	☐	☐	☐	☐	☐
Bio-Reference	☐	☐	☐	☐	☐	☐	☐	☐

PCIP SERVICES

17b. How much of an influence did each of the following have on your decision to enroll in PCIP?

	NA	No Influence	Minor Influence	Major Influence
Informational materials provided by PCIP	☐	☐	☐	☐
Attending an Open House at PCIP	☐	☐	☐	☐
Attending a vendor-related conference hosted by PCIP	☐	☐	☐	☐
Attending a conference on Meaningful Use hosted by PCIP	☐	☐	☐	☐
Talking with a PCIP staff member	☐	☐	☐	☐
Talking to a colleague who is a member of PCIP	☐	☐	☐	☐
Being a member of a provider association (such as an "IPA")	☐	☐	☐	☐
Being a member of a trade group (such as a medical society)	☐	☐	☐	☐

17c. Please rate the helpfulness of PCIP staff for each step of the process. If you have not reached this step of the process, mark "NA".

	NA	Not at all Helpful	Somewhat Helpful	Helpful	Very Helpful
Completing the PCIP application	☐	☐	☐	☐	☐
Choosing an IT consultant	☐	☐	☐	☐	☐
Upgrading or purchasing hardware	☐	☐	☐	☐	☐
Completing the EHR contracts/agreements	☐	☐	☐	☐	☐
Ensuring there are technical safeguards (e.g. security of the data) in place	☐	☐	☐	☐	☐

Please indicate how much you agree or disagree with each of the following statements.

	NA	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
After signing the EHR contracts, I had a clear understanding of the timeline for setting up the EHR.	☐	☐	☐	☐	☐	☐
I had a clear understanding of how to complete each step of set-up.	☐	☐	☐	☐	☐	☐
In general, PCIP staff members are knowledgeable about the EHR implementation process.	☐	☐	☐	☐	☐	☐
In general, PCIP staff members answer my questions in a timely fashion.	☐	☐	☐	☐	☐	☐

PCIP/NYC REACH SERVICES

18. Please rate the helpfulness of the following PCIP staff or services. Please choose NA if you have not used the service, or don't remember.

	NA	Not at all Helpful	Somewhat Helpful	Helpful	Very Helpful
EHR specialist/"Superuser" (assists with training, workflow, and best practices for EHR use)	☐	☐	☐	☐	☐
QI specialist (visits practice to help with quality data and workflow issues)	☐	☐	☐	☐	☐
Billing/Revenue Cycle Management Specialist (visits practice to check the system for proper billing setup, streamline Front desk/Biller's workflow, tips on how to maximize revenue)	☐	☐	☐	☐	☐
Privacy & Security specialist (visits practice to educate providers about how to keep data secure)	☐	☐	☐	☐	☐

19. If you haven't used a service, please tell us why. Choose all that apply, and NA if you <u>have</u> used the service.

	NA	Our practice is not ready for this service yet	I was not aware of the service	Takes too much time	I did not need it	The times offered were inconvenient	Other
EHR specialist/"Superuser"	☐	☐	☐	☐	☐	☐	☐
QI specialist	☐	☐	☐	☐	☐	☐	☐
Billing/Revenue Cycle Management specialist	☐	☐	☐	☐	☐	☐	☐
Privacy & Security specialist	☐	☐	☐	☐	☐	☐	☐

20. Have you taken training with either eClinicalWorks (eCW) or PCIP/NYC REACH?

	Yes	No	Unsure
eClinicalWorks (eCW)	☐	☐	☐
PCIP/NYC REACH (often held at 80 Centre Street)	☐	☐	☐

21. Please rate the helpfulness of the following trainings offered by eClinicalWorks (eCW).

	NA (Do not recall taking training)	Not at all Helpful	Somewhat Helpful	Helpful	Very Helpful
"Go live" EHR	☐	☐	☐	☐	☐
Practice Management System (PMS)	☐	☐	☐	☐	☐
Billing	☐	☐	☐	☐	☐
Clinical decision support system (CDSS)	☐	☐	☐	☐	☐

22. Please rate the helpfulness of the following trainings offered by PCIP/NYC REACH.

	NA (Do not recall taking training)	Not at all Helpful	Somewhat Helpful	Helpful	Very Helpful
Clinical decision support system (CDSS)	☐	☐	☐	☐	☐
Revenue Cycle Optimization (Best practices for billing)	☐	☐	☐	☐	☐
Patient-Centered Medical Home (PCMH)	☐	☐	☐	☐	☐
Citywide Immunization Registry (CIR)	☐	☐	☐	☐	☐
Meaningful Use training	☐	☐	☐	☐	☐

23. Would you recommend PCIP services to other providers interested in adopting an EHR?

☐ Yes

☐ No

24. Special opportunities are available to practices that meet certain eligibility requirements. Please indicate whether you are interested in the following opportunities:

	Yes	No	Already enrolled
Panel Management for small practices (DOHMH staff member who makes calls and writes letters to chronic care patients encouraging them to come in for follow-up care)	☐	☐	☐
Patient-Centered Medical Home (PCMH) certification nationally through NCQA	☐	☐	☐
DOHMH incentive programs (e.g. Health eHearts, Health eQuits)	☐	☐	☐
Referral program (providers receive compensation for referring new providers)	☐	☐	☐

25. How close were your original estimates of the costs of EHR implementation in the first year?

☐ Implementing an EHR was CHEAPER than I thought it would be (I overestimated the cost)

☐ Implementing an EHR was about what I expected (my estimates were generally correct)

☐ Implementing an EHR was MORE EXPENSIVE than I thought it would be (I underestimated the cost)

☐ Don't know/unsure

26. How has using an EHR affected the time and/or budget spent on the following activities?

	Decreased	Stayed the Same	Increased	Don't know/NA
Staff time pulling and/or creating charts	☐	☐	☐	☐
Time on phone calls with patients	☐	☐	☐	☐
Time in face-to-face visits with patients	☐	☐	☐	☐
Office supply costs (paper goods for charts, progress notes, lab sheets)	☐	☐	☐	☐
Printing and photocopying costs	☐	☐	☐	☐
Transcription costs	☐	☐	☐	☐
Storage costs for charts/space	☐	☐	☐	☐
Hardware costs (scanner, printer, etc.)	☐	☐	☐	☐
Cost of denied or delayed claims due to improper coding	☐	☐	☐	☐

27. Now that you use the EHR, do you spend less time, the same amount of time, or more time on administrative tasks/paperwork?

☐ Less time   ☐ About the same amount of time   ☐ More time

28. Including all incentive payments and cost savings, do you think the EHR will <u>eventually</u> increase, decrease or have no effect on your practice revenue?

☐ Decrease Practice Revenue   ☐ No effect   ☐ Increase Practice Revenue

29a. Are you aware of "Meaningful Use" incentives, which can provide up to $44,000 per provider under Medicare, or $63,750 per provider under New York State Medicaid?

☐ Yes, and I am eligible   ☐ Yes, and I do not think I am eligible   ☐ No, I am not aware of it

29b. Do you plan on pursuing "Meaningful Use" incentives for 2011?

☐ Yes
☐ No

☐Unsure

29c. From whom do you plan on pursuing "Meaningful Use" incentives? CMS requires that providers choose only one form of incentive payments.

☐ Medicaid   ☐ Medicare   ☐ Don't know/unsure

29d. Please indicate how much you agree or disagree with each of the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I know what I need to do to meet "Meaningful Use" standards in order to receive incentives in 2011.	☐	☐	☐	☐	☐
The incentives from "Meaningful Use" in 2011 are large enough to make it worthwhile to make changes to my practice.	☐	☐	☐	☐	☐

30. From which of the following programs have you received (or expect to receive) incentive payments in the next 12 months? Please answer yes to both only if you have received and expect to receive again in the next 12 months.

	Received?			Expect to receive?		
	Yes	No	Don't know	Yes	No	Don't know
E-Prescribing incentive payments from Medicare or Medicaid	☐	☐	☐	☐	☐	☐
Patient-Centered Medical Home incentive payments from Medicaid or Empire	☐	☐	☐	☐	☐	☐
Other Pay-for-Performance rewards (e.g. Bridges to Excellence)	☐	☐	☐	☐	☐	☐
Physician Quality Reporting Initiative (PQRI)	☐	☐	☐	☐	☐	☐

31. Would you like more information about incentive programs?

☐ Yes
☐ No

31b. Since you indicated interest in more information about our programs, please provide your email address and a staff member will contact you. _____

DEMOGRAPHIC INFORMATION

32. Are you a member of a physician organization (e.g. an IPA), trade group, or medical/professional society?

☐ No
☐ Yes, I am a member of an IPA, Please specify name _____
☐ Yes, I am a member of a trade group, or medical/ professional society, Please specify name _____

33a. Do you work at any other practices besides this one?

☐ Yes
☐ No

33b. If you answered yes to the above question, what other type of practice do you work at?

☐ Solo practice   ☐ Community health center   ☐ Other _____
☐ Partnership or group practice ☐ Hospital practice

34. Does your practice currently use a professional interpreter to communicate with your patients?

☐ Yes
☐ No
☐ Don't know

34a. Is the interpreter at your practice/in house or do you use an outside interpretation service?

☐ At the practice/in house   ☐ Interpretation service

35. Is English a first language for you?

☐ Yes
☐ No

36. With 1 being most common and 3 being least common, please rank the top three most common languages your patients speak.

___ English	___ Spanish	___ Mandarin	___ Other Chinese language
___ Russian	___ Korean	___ Italian	___ Haitian Creole
___ French	___ Polish	___ Hindi	___ Bengali
___ Arabic	___ Urdu	___ Yiddish	___ Other

36a. About what percentage of your patients speak the #1 most common language?

☐ up to 10%	☐ 40%	☐ 70%	☐ 100%
☐ 20%	☐ 50%	☐ 80%	☐ Don't know
☐ 30%	☐ 60%	☐ 90%	

36b. Do you speak that language (from 36a) at a conversational level or higher?

☐ Yes
☐ No

36c. About what percentage of your patients speak the #2 most common language?

☐ up to 10%	☐ 40%	☐ 70%	☐ 100%
☐ 20%	☐ 50%	☐ 80%	☐ Don't know
☐ 30%	☐ 60%	☐ 90%	

36d. Do you speak that language (from 36c) at a conversational level or higher?

☐ Yes
☐ No

36e. About what percentage of your patients speak the #3 most common language?

☐ up to 10%	☐ 20%	☐ 30%	☐ 40%
☐ 50%	☐ 60%	☐ 70%	☐ 80%
☐ 90%	☐ 100%	☐ Don't know	

36f. Do you speak that language (from 36d) at a conversational level or higher?

☐ Yes
☐ No

PRACTICE PROFILE AND DEMOGRAPHIC INFORMATION

37. Are you a:

☐ Full-owner of the practice   ☐ Part-owner of the practice   ☐ Not an owner of the practice

38. When did you graduate from medical school?

☐ Prior to 1960	☐ 1970-1979	☐ 1990-1994	☐ 2000-2004	☐ 2010 or later
☐ 1960-1969	☐ 1980-1989	☐ 1995-1999	☐ 2005-2009	

39. Counting yourself, please specify how many staff you currently have in each of the following categories.

	# of FULL-TIME staff	# of PART-TIME staff
MDs (including specialists), NPs, PAs	_____	_____
Other medical staff (including RNs, MAs)	_____	_____

Office staff (including Office manager, billers, IT staff)	_____	_____

40. About how many hours is your typical work week? Please answer only in reference to this practice.

_____ Hours

41. Please specify whether your practice is typically open in the AM or PM hours for each day of the week:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM (before noon)	☐	☐	☐	☐	☐	☐	☐
PM (between noon and 5 pm)	☐	☐	☐	☐	☐	☐	☐
Evening (after 5 pm)	☐	☐	☐	☐	☐	☐	☐

42. On an average week, about what percentage of your work time do you spend on patient care at this practice?

☐ 10%　　☐ 30%　　☐ 50%　　☐ 70%　　☐ 90%　　☐ NA (I do not see patients)
☐ 20%　　☐ 40%　　☐ 60%　　☐ 80%　　☐ 100%　　☐ Don't know

43. What type of communication do you prefer to receive from PCIP/NYC REACH?

☐ Email digest (once per day)　　☐ Phone　　☐ Other (Please Specify) _____
☐ Email digest (once per week)　　☐ Fax

44. Please rank the following methods in order of preference for receiving important clinical information regarding your patients <u>while away from your office</u>. Rank 1 for the <u>most</u> preferred, 3 for the <u>least</u> preferred, and 2 for in between.

_____Text Message with a pager　　　_____Text Message with a cell phone　　　_____Email

45. Is there anything else that you would like to comment about?

_____
_____
_____

Thank you for taking our survey. Your input is very important to us.

Please return this survey as soon as possible so we may count your response.

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