

## Primary Care Information Project (PCIP) Evaluation: Provider Survey

New York City Department of Health and Mental Hygiene, New York NY

This is a questionnaire designed to be completed by physicians in an ambulatory setting. The tool includes questions to assess user's perceptions of electronic health records.

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## PCIP Evaluation Provider Survey

### FOR PROVIDERS WHO HAVE NOT YET GONE LIVE ON THE EHR

We would like to invite you to participate in an important evaluation of the Primary Care Information Project (PCIP). Recently your practice enrolled in the PCIP, which is a new program at the New York City Department of Health and Mental Hygiene (DOHMH) that supports the adoption and use of Electronic Health Records (EHR) among primary care providers in New York City. The evaluation of the PCIP will investigate the unique challenges, barriers, and successes associated with implementation of an EHR.

#### Instructions

Please answer each question by marking the most appropriate response or filling in the blank. When you have completed the survey, either fax it to Armine Lulejian at 212-788-5680 or mail it back to: Armine Lulejian, Primary Care Information Project (PCIP), Division of Health Care Access and Improvement, New York City Department of Health and Mental Hygiene, 161 William St, 5th Floor, New York, NY 10038.

#### I. Current Tasks

For the next set of statements, please indicate your level of satisfaction with the way you currently complete the following tasks at this outpatient practice.

	Very Satisfied	Generally Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
1. Documenting physical exams	<input type="checkbox"/>				
2. Documenting histories	<input type="checkbox"/>				
3. Documenting allergies	<input type="checkbox"/>				
4. Documenting CPT and ICD-9 codes for billing purposes	<input type="checkbox"/>				
5. Keeping problem lists	<input type="checkbox"/>				
6. Keeping medication lists	<input type="checkbox"/>				
7. Keeping track of preventive health services (e.g., dates of mammograms or flu shots)	<input type="checkbox"/>				
8. Contacting patients to remind them of care for which they are due (i.e., postcards, phone calls, emails)	<input type="checkbox"/>				
9. Assisting patients in self-management activities (e.g., goal setting, patient diaries, patient educational material)	<input type="checkbox"/>				
10. Applying clinical practice guidelines	<input type="checkbox"/>				
11. <u>Ordering</u> laboratory and radiology tests	<input type="checkbox"/>				

**Current Tasks (continued)**

	<b>Very Satisfied</b>	<b>Generally Satisfied</b>	<b>Somewhat Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Not Applicable</b>
12. <u>Reviewing</u> laboratory and radiology tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. <u>Writing</u> prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. <u>Renewing</u> prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Monitoring medication safety at the point of prescribing (e.g., drug-allergy, drug-drug interactions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Monitoring patient medication adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. <u>Communicating</u> referral information to sub-specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. <u>Reviewing</u> referral information from sub-specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Making a list of patients based on diagnosis or history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Comfort with Computers**

For the next set of statements about computer tasks, please identify your level of comfort with the following computer tasks.

	<b>Very Comfortable</b>	<b>Comfortable</b>	<b>Slightly Comfortable</b>	<b>Not At All Comfortable</b>
20. Typing on the keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Sending a document to the printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. E-mail (e.g., opening, reading, sending, forwarding, adding attachments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Launching a program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Restarting the system if it freezes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Navigating the tool and task bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. File management (e.g., creating, opening, saving, moving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Using a search engine (e.g., Google, Yahoo) to locate information on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. Electronic Health Records (EHR)

The following statements are about using an EHR. For each statement, please choose whether you completely agree, generally agree, generally disagree, completely disagree or don't know.

	Completely Agree	Generally Agree	Generally Disagree	Completely Disagree	Don't Know
28. Using an EHR will decrease the amount of time I can spend talking to my patients	<input type="checkbox"/>				
29. An EHR will improve my access to patient information when I need it	<input type="checkbox"/>				
30. Using an EHR will cause disruptions to my work flow	<input type="checkbox"/>				
31. Using an EHR will cause a patient visit to last longer	<input type="checkbox"/>				
32. The use of the computer in the exam room will interfere with my relationship with the patient	<input type="checkbox"/>				
33. An EHR will generate too many alerts and reminders during the patient visit	<input type="checkbox"/>				
34. An EHR will improve my ability to make decisions about patient care	<input type="checkbox"/>				
35. An EHR will improve my ability to provide preventive care	<input type="checkbox"/>				
36. An EHR will reduce medication errors and adverse drug events	<input type="checkbox"/>				
37. Using an EHR will limit my discretion as a primary care provider	<input type="checkbox"/>				
38. Using an EHR will make it more difficult to protect patient privacy	<input type="checkbox"/>				
39. I am concerned about receiving adequate technical support for an EHR	<input type="checkbox"/>				
40. I think the benefits of adopting an EHR will outweigh the challenges I have to overcome	<input type="checkbox"/>				

Do you have concerns associated with EHR that are not mentioned in this survey? Please describe them here.

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Are there benefits associated with EHR that are not mentioned in this survey? Please describe them here.

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**IV. This Practice**

	Definitely Yes	Probably Yes	Not Sure	Probably Not	Definitely Not
41. Would you recommend this practice to another provider looking for a position?	<input type="checkbox"/>				
	Completely Agree	Generally Agree	Generally Disagree	Completely Disagree	Don't Know
42. Providers in this practice are included in key decisions	<input type="checkbox"/>				
43. Providers in this practice are kept informed about important initiatives	<input type="checkbox"/>				
44. This practice demonstrates good leadership	<input type="checkbox"/>				

**V. Communication with Other Organizations**

45. Do you communicate with staff from any other organizations (besides your own) that are or will be implementing an EHR?

- Yes
- No → Skip to Question 45

46. Please write the name(s) of the organization(s) you communicate with and complete the table:

<u>Name of Organization</u>	Would you characterize the communication as: (choose one)		Would you say you: (choose one)		
	a) Less than once a month	b) More than once a month	a) Mostly provide information	b) Mostly receive information	c) Mostly exchange information about equally
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VI. Background

47. Which EHR functionalities, if any, are you familiar with using? (Check all that apply)

- I am not familiar with using any EHR functionality
- Automated patient chart documentation (e.g., problems list, medication list, vital signs)
- Computer orders for prescriptions (e.g., electronic prescribing or CPOE)
- Computerized order entry (e.g., lab, radiology)
- Results reporting (e.g., lab, radiology)
- Referral ordering
- Referral tracking
- Decision support tools (e.g., medication or health maintenance alerts and reminders)
- Other (*please specify*): \_\_\_\_\_

48. Are you male or female?

- Male
- Female

49. What is your title?

- MD
- Nurse Practitioner
- Physician Assistant
- Other (*please specify*): \_\_\_\_\_

50. What is your primary clinical specialty?

- General Practice
- Family Practice
- Internal Medicine
- Ob/Gyn
- Pediatrics
- Behavioral specialist
- Other (*please specify*): \_\_\_\_\_

51. How many years have you been *in practice*? \_\_\_\_\_

52. How many years have you worked *at this practice*? \_\_\_\_\_

53. In a typical week, how many patients do you see per hour at this practice? \_\_\_\_\_

54. In a typical week, how many hours do you work at this practice? \_\_\_\_\_

*Many thanks for your feedback!*