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## National Electronic Health Records Survey 2021

The purpose of the survey is to collect information about the adoption and use of electronic health records (EHRs) and electronic exchange of health information in outpatient, office-based care settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. There are no penalties for nonparticipation. If you have questions or comments about this survey, please call 800-845-3061.

<p><b>1. We have your specialty as: Is that correct?</b></p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No → What is your specialty?</p> <p>_____</p> <p style="background-color: #e0f0ff; padding: 5px;"><i>This survey asks about <b>outpatient, office-based care</b>, that is, care for patients receiving health services without admission to a hospital or other facility.</i></p> <p><b>2. Do you directly provide outpatient, office-based care?</b></p> <p><input type="checkbox"/> 1 Yes → Go to Question 3</p> <p><input type="checkbox"/> 2 No } Please stop here and return the questionnaire in the envelope provided. Thank you for your time.</p> <p><input type="checkbox"/> 3 I am no longer in practice. }</p> <p style="background-color: #e0f0ff; padding: 5px;"><i>The next question asks about a <b>normal week</b>. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.</i></p> <p><b>3. Overall, at how many office locations (excluding hospital emergency or hospital outpatient departments) do you see outpatient, office-based patients in a normal week?</b></p> <p><input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Locations</p>	<p><b>4. Do you see outpatient, office-based patients in any of the following settings? CHECK ALL THAT APPLY.</b></p> <p><input type="checkbox"/> 1 Private solo or group practice</p> <p><input type="checkbox"/> 2 Freestanding clinic or Urgent Care Center</p> <p><input type="checkbox"/> 3 Community Health Center (e.g., Federally Qualified Health Center [FQHC], federally funded clinics or “look-alike” clinics)</p> <p><input type="checkbox"/> 4 Mental health center</p> <p><input type="checkbox"/> 5 Government clinic that is not federally funded (e.g., state, county, city, maternal and child health, etc.)</p> <p><input type="checkbox"/> 6 Family planning clinic (including Planned Parenthood)</p> <p><input type="checkbox"/> 7 Integrated Delivery System, Health maintenance organization, health system or other prepaid practice (e.g., Kaiser Permanente)</p> <p><input type="checkbox"/> 8 Faculty practice plan (an organized group of physicians that treats patients referred to an academic medical center)</p> <p><input type="checkbox"/> 9 Hospital emergency or hospital outpatient departments</p> <p><input type="checkbox"/> 10 None of the above</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="font-size: 0.8em; vertical-align: middle;">If you see patients in <b>any</b> of these settings, go to Question 5</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="font-size: 0.8em; vertical-align: middle;">If you select <b>only</b> 9 or 10, go to Question 32</p>
<p><b>5. At which of the outpatient, office-based settings (1-8) in <u>Question 4</u> do you see the most patients? WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.</b></p> <p><input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> (For the rest of the survey, we will refer to this as the “reporting location.”)</p>	

For the remaining questions, please answer regarding the reporting location indicated in Question 5 even if it is not the location where this survey was sent.

**6. What are the county, state, and zip code of the reporting location? What is the email address of the physician to whom this survey was mailed?**

Country USA County \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email address \_\_\_\_\_

**7. How many physicians, including you, work at this practice (including physicians at the reporting location, and physicians at any other locations of the practice)?**

1 1 physician                      4 11-50 physicians  
2 2-3 physicians                    5 51-100 physicians  
3 4-10 physicians                   6 More than 100 physicians

**8. Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)?**

1 Yes    2 No    3 Don't know

**9. Do you treat patients insured by Medicaid?**

1 Yes    2 No    3 Don't know

**10. Do you treat patients insured by Medicare?**

1 Yes    2 No    3 Don't know

**11. Who owns the reporting location? CHECK ONE.**

1 Physician or physician group  
2 Insurance company, health plan, or HMO  
3 Community health center  
4 Medical/academic health center  
5 Other hospital  
6 Other health care corporation  
7 Other

**12. Do you or your reporting location currently participate in any of the following activities or programs? CHECK ALL THAT APPLY.**

*Merit-Based Incentive Payment System will adjust payment based on performance. Advanced Alternative Payment Models are new approaches to paying for medical care that incentivize quality and value.*

1 Patient Centered Medical Home (PCMH)  
2 Accountable Care Organization (ACO) arrangement with public or private insurers  
3 Pay-for-Performance arrangement (P4P)  
4 Medicaid EHR Incentive Program (e.g., Meaningful Use also called Promoting Interoperability Program)  
5 Merit-Based Incentive Payment System  
6 Advanced Alternative Payment Model  
7 Do not participate in any of the above activities or programs  
8 Don't know

**13. Does the reporting location use an EHR system? Do not include billing record systems.**

1 Yes    2 No (Skip to 18)    3 Don't know (Skip to 18)

**14. Is your EHR system certified to meet U.S. Department of Health and Human Services requirements? *Certified EHRs are necessary to meet the objectives of Meaningful Use/Promoting Interoperability Program. If unsure, see if your system meets the requirements here: <https://chpl.healthit.gov/#/search>***

1 Yes    2 No    3 Don't know

**15. What is the name of your PRIMARY EHR system? CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.**

1 Allscripts                                      5 e-MDs    9 Practice Fusion  
2 athenahealth                                      6 Epic    10 Greenway  
3 Cerner    7 Modernizing Medicine                                      11 Other, specify: \_\_\_\_\_  
4 eClinical Works                                      8 NextGen    12 Unknown

**16. Overall, how satisfied or dissatisfied are you with your EHR system?**

1 Very satisfied                                      2 Somewhat satisfied                                      3 Neither satisfied nor dissatisfied  
4 Somewhat dissatisfied                                      5 Very dissatisfied                                      6 Not applicable

**17. Does the reporting location use an EHR to...? (CHECK ONE BOX PER ROW):**

	Yes	No	Don't Know
Record social determinants of health (e.g., employment, education)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Record behavioral determinants of health (e.g., tobacco use, physical activity, alcohol use)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Order prescriptions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Are prescriptions sent electronically to the pharmacy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Telemedicine****18. Does your practice use telemedicine technology (e.g., audio, audio with video, web videoconference) for patient visits?**

- 1 Yes                      2 No (Skip to 19)                      3 Don't know (Skip to 19)

**18a. Since March 2020, what percentage of your patient visits were through telemedicine technology?**

- 1 None      2 Less than 25%      3 25% to 49%      4 50% to 74%      5 75% or more      6 Don't know

**18b. What type(s) of telemedicine tools did you use for patient visits? CHECK ALL THAT APPLY.**

- 1 Telephone audio  
2 Videoconference software with audio (e.g., Zoom, Webex, FaceTime)  
3 Telemedicine platform NOT integrated with EHR (e.g., Doxy.me)  
4 Telemedicine platform integrated with EHR (e.g., update clinical documentation during telemedicine visit)  
5 Other tool(s): \_\_\_\_\_

**18c. What, if any, issues affected your use of telemedicine? CHECK ALL THAT APPLY.**

- 1 Limited internet access and/or speed issues                      4 Improved reimbursement and relaxation of rules related to use of telemedicine visits  
2 Telemedicine platform not easy to use or did not meet our needs                      5 Limitations in patients' access to technology (e.g., smartphone, computer, tablet, Internet)  
3 Telemedicine isn't appropriate for my specialty/type of patients                      6 Patients' difficulty using technology/telemedicine platform

**18d. To what extent are you able to provide similar quality of care during telemedicine visits as you do during in-person visits?**

- 1 Fully      2 To a great extent      3 To some extent      4 To a small extent      5 Not at all

**18e. Please rate your overall satisfaction with using telemedicine technology for patient visits?**

- 1 Very satisfied      2 Somewhat satisfied      3 Neither satisfied nor dissatisfied      4 Somewhat dissatisfied      5 Very dissatisfied

**18f. Do you plan to continue using telemedicine visits (in addition to in-person visits) when appropriate once the coronavirus disease (COVID-19) pandemic is over?**

- 1 Yes                      2 No                      3 Don't know

**Prescribing Controlled Substances****19. How frequently do you prescribe controlled substances?**

- 1 Often      2 Sometimes      3 Rarely      4 Never (Skip to 22)      5 Don't know (Skip to 22)

**20. How frequently are prescriptions for controlled substances sent electronically to the pharmacy?**

- 1 Often      2 Sometimes      3 Rarely      4 Never      5 Don't know

**21. How frequently do you or designated staff check your state's prescription drug monitoring program (PDMP) prior to prescribing a controlled substance to a patient for the first time?**

- 1 Often (Go to 21a)      2 Sometimes (Go to 21a)      3 Rarely (Go to 21a)      4 Never (Skip to 22)      5 Don't know (Skip to 22)

**21a. How do you or your designated staff check your state's PDMP?**

- 1 Use EHR system      2 Use system outside of EHR (e.g., PDMP portal or secure website)      3 Don't know

**21b. When checking your state's PDMP, do you or designated staff typically request to view PDMP data from other states prior to prescribing a controlled substance for the first time?**

- 1 Yes      2 No      3 Don't know

**21c. Have you done any of the following as a result of using the PDMP? CHECK ALL THAT APPLY.**

- 1 Reduced or eliminated controlled substance prescriptions for a patient  
2 Changed controlled substance prescriptions to non-opioid pharmacologic (e.g., NSAIDs or acetaminophen) or non-pharmacologic therapy (e.g., exercise/physical therapy or CBT).  
3 Prescribed naloxone  
4 Referred additional treatment (e.g., substance abuse treatment, psychiatric or pain management)  
5 Confirmed patients' misuse of prescriptions (e.g., engage in doctor shopping)  
6 Confirmed appropriateness of treatment  
7 Assessed pain and function of patient (e.g., PEG)  
8 Consulted with other prescribers listed in PDMP report  
9 Consulted and/or coordinated with other members of the care team

**Electronic Exchange of Patient Health Information**

22. Do you electronically send patient health information to other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)?

- 1 Yes  2 No  3 Don't know

23. Do you electronically receive patient health information from other providers outside your medical organization using an EHR system (not eFax) or a Web Portal (separate from EHR)?

- 1 Yes  2 No  3 Don't know

24. When seeing a new patient or a patient who has previously seen another provider, do you electronically search or query for your patient's health information from sources outside of your medical organization?

*This could include via remote or view only access to other facilities' EHR or health information exchange organization.*

- 1 Yes  2 No  3 Don't know

25. Does your EHR system integrate any type of patient health information received electronically (not eFax) without special effort like manual entry or scanning?

- 1 Yes  2 No  3 Don't know  4 Not applicable

26. When treating patients seen by providers outside your medical organization, how often do you or your staff have clinical information from those outside encounters electronically available at the point of care?

*Electronically available does not include scanned or PDF documents.*

- 1 Often  2 Sometimes  3 Rarely  4 Never  5 Don't know  
 6 I do not see patients outside my medical organization.

27. How frequently do you use patient health information electronically (not eFax) received from providers or sources outside your organization when treating a patient?

- 1 Often  2 Sometimes  3 Rarely  4 Never  5 Don't know

**Documentation and Burden Associated with Medical Record Systems (both paper-based and EHR systems)**

28. On average, how many hours per day do you spend outside of normal office hours documenting clinical care in your medical record system?

- 1 None  2 Less than 1 hour  3 1 to 2 hours  4 More than 2 hours to 4 hours  5 More than 4 hours

29. Do you have staff support (e.g., scribe) to assist you with documenting clinical care in your medical record system?

- 1 Yes  2 No

30. How easy or difficult is it to document clinical care using your medical record system?

- 1 Very easy  2 Somewhat easy  3 Somewhat difficult  4 Very difficult  5 Not applicable

31. Please indicate whether you agree or disagree with the following statement about using your medical record system. The amount of time I spend documenting clinical care is appropriate.

- 1 Strongly agree  2 Somewhat agree  3 Somewhat disagree  4 Strongly disagree  5 Not applicable

32. Who completed this survey? (CHECK ALL THAT APPLY)

- 1 The physician to whom it was addressed  2 Office staff  3 Other

Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced the envelope, please send the survey to:

RTI International  
Attn: Data Capture (0215517.010.000.001)  
5265 Capital Boulevard  
Raleigh, NC 27690-1653

Box for Admin Use