

## Washington Family Physicians Survey of Computer Technology

### Instructions

This survey asks about your medical practice and factors related to the use of certain computer technology, particularly electronic health records (EHRs; also called electronic medical records). It will take about 10 minutes to complete.

All responses are private and confidential. Results will be analyzed only in aggregate and individual responses will not be reported. One individual is being surveyed on behalf of each practice, so your responses should reflect your entire organization and not just yourself.

### Section A. Practice Characteristics

In this section, we ask you questions about your outpatient practice.

1. What is the name of the clinic or organization where your outpatient practice is located?

\_\_\_\_\_

2. How would you classify your practice location?

- Rural  
 Suburban  
 Urban

3. How would you best characterize your practice? (Please check only one)

- Solo family medicine practice  
 Family medicine group or partnership  
 Primary care group or partnership (family medicine plus other primary care providers)  
 Multi-specialty group, partnership, or network  
 HMO  
 Community Health Center  
 Residency  
 Other: \_\_\_\_\_

4. Considering all full- and part-time clinicians in your practice (all sites), including yourself, how many are

Physicians (MD or DO): \_\_\_ \_\_\_ \_\_\_

Nurse practitioners or physician assistants: \_\_\_ \_\_\_ \_\_\_

5. Have any residents or students been present in your practice within the past year?

- Yes  
 No

6. With your current medical record system (paper or electronic), how easy would it be for you or your staff to generate the following information about your patients?

	Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult	Cannot Generate
a) List of patients by diagnosis or health risk (e.g., diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) List of patients by laboratory results (e.g., patients with abnormal hemoglobin levels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) List of patients by medications they currently take (e.g., patients on warfarin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section B: Health Information Technology**

The next set of questions will ask about the computers and health information technology in your practice. Please select the answer that best describes your practice.

7. Does your practice use a computerized scheduling system?

- Yes → (If “Yes”, please answer a.)
- No

8. Upon completing a typical office visit, how do you generate medication prescriptions?

- Computerized, with decision support (e.g., drug interaction alerts)
- Computerized, with no decision support
- Handwritten
- Other (Describe: \_\_\_\_\_)

9. Does your practice have components of any electronic health record (EHR), that is, an integrated clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc?

- Yes → Skip to question 11
- No → (If “No”, please answer question 10))

10. When do you plan to implement an EHR?

- Have purchased but not yet implemented
- Implementation in process
- Within the next 12 months
- Within the next 1-2 years
- Within the next 3-5 years
- No specific plans
- Do not plan to implement EHR
- Have attempted and abandoned EHR adoption  
(please explain: \_\_\_\_\_  
\_\_\_\_\_)

Skip to question 13.

11. What is the name of your EHR system? \_\_\_\_\_ (pick list)  
Other: \_\_\_\_\_

12. Please indicate when your practice first began using an EHR:  
\_\_\_\_\_ (year)

13. How much of a barrier is each of the following to beginning or expanding the use of computer technology in your practice?

	<u>Not a barrier</u>	<u>Minor barrier</u>	<u>Major barrier</u>
a) Computer skills of your providers/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Computer technical support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lack of time to acquire knowledge about system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Start-up financial costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Ongoing financial costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Training and productivity loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Physician skepticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Privacy or security concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Lack of uniform standards within industry (e.g., having to use multiple systems used by different providers and plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Technical limitations of systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How much of a role do/did each of the following organizations play in deciding whether to adopt a new electronic health record system in your practice?

	Very much	Some what	Very little	Not at all	N/A or don't know
a) Your practice group					
b) Physician Hospital Organization(s) (PHOs) or Independent Practice Association(s) (IPAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Integrated Delivery Systems(s) (IDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Managed care plans you work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) AMA/WSMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) AAFP/WAFP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) DOQ-IT (Doctor's Office Quality-IT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The Leapfrog Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Is broadband Internet access available at your practice site(s)?

- Yes  
 No

16. What type of Internet connection do you have at your practice? (Please check only one)

- Do not have Internet connection at work  
 Dial-up modem connection  
 Broadband (i.e., DSL or cable modem) or faster connection (e.g., T1, T3, or fiber)  
 Don't know

**Section C: Computers and Health Care**

17. For each outcome listed below, indicate whether you think the effect of computers is, or would be, very positive, somewhat positive, no effect, somewhat negative, or very negative:

	Very Positive	Somewhat Positive	No Effect	Somewhat Negative	Very Negative
Effect of computers on...					
a) Controlling costs of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Quality of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Interactions within the health care team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Patient-physician communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Patient privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Clinicians access to up-to-date knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Efficiency of providing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Medication errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section D: Financial Considerations**

18. Please indicate below whether the following factors (through bonuses, returned withholds, or other incentive payments) contribute to either your practice's income.

	Yes	No
a) Types of electronic information systems you have (e.g., EHRs, e-prescribing)	<input type="checkbox"/>	<input type="checkbox"/>
b) The amount you use electronic information systems	<input type="checkbox"/>	<input type="checkbox"/>
c) Patient survey results (e.g., satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>
d) Clinical quality (e.g., "pay for performance")	<input type="checkbox"/>	<input type="checkbox"/>

19. Practices vary with respect to the capital they have available for expansion and improvement. What financial resources does your practice have for expansion and improvements of any kind?

- Extensive resources
- Moderate resources
- Limited resources
- No resources

20. If you decided that a new computer system would improve health care quality and was worth the financial investment, how difficult would it be for your practice to purchase such a system if the cost was...

	Not at all Difficult	Somewhat Difficult	Very Difficult	Impossible
a) Less than \$10,000 per physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) \$10,000 - \$25,000 per physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Greater than \$25,000 per physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How much do you feel each of the following would assist your practice in implementing a new computer system such as an EHR?

	Very Much	Some what	Very little	Not at all	N/A or don't know
a) Technical support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Interest free loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Increased reimbursement for utilizing an EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Pay for performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Some practices have associated with other organizations in order to implement an EHR. Is this something your practice would consider?

- Yes. → Go to Question 23
  - No. → Why? \_\_\_\_\_
- Skip to question 24

23. Who would you consider as a potential partner to implement an EHR (check all that apply)?

- Local hospital
- Other practices in my community
- Health plan
- Government (state or federal)
- Other (specify: \_\_\_\_\_)

**Section E: The Office Practice Environment**

24. Please indicate your agreement or disagreement with the following statements, considering your office practice:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a) The office staff are innovative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The physician(s) are innovative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) We are actively doing things to improve quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) After we make changes to improve quality, we evaluate their effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) We have quality problems in our practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Our procedures and systems are good at preventing errors from occurring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section F: Comments**

25. Other comments regarding the benefits of EHR adoption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Other comments regarding barriers to EHR adoption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this survey. Your time is very valuable and your participation is greatly appreciated.

27. Your name (Optional. Only to be used for purposes of entering you in the drawing for the survey participation prizes.):

\_\_\_\_\_