<u>Sharing Electronic Behavior Health Records: A Nebraska Perspective</u>

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This is a questionnaire designed to be completed by physicians, implementers, and nurses across a health care system setting. The tool includes questions to assess benefit, the current state, usability, perception, and attitudes of users' electronic health records and health information exchange.

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Sharing Electronic Behavioral Health Records: A Nebraska Perspective

Thank you for your willingness to participate in this study!

Researchers at the University of Nebraska Public Policy Center are studying behavioral health providers' perspectives about **electronically sharing client information with providers at other organizations** (in comparison to sharing through other methods you may currently use such as fax, phone, or mail).

There is a national push toward electronic health records, but not much is known about how behavioral health providers view using electronic systems for sharing client information (diagnoses, assessments/tests, medications, treatment plans, progress notes) with providers at other organizations.

By returning this survey, you are agreeing to participate in this study (more information about the study is attached). This survey will take approximately 10 minutes. Your responses will be kept confidential.

1. Imagine a system that enables you to **electronically share client information** with medical and behavioral health providers at other organizations, who have the appropriate release of information.

    From your perspective, such an electronic sharing system would:

Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	
1	2	3	4	5	Improve your practice's billing accuracy
1	2	3	4	5	Provide more complete information to help with your diagnoses and treatment planning
1	2	3	4	5	Improve coordination of care among all providers working with the same client
1	2	3	4	5	Result in extra work for you on a daily basis
1	2	3	4	5	Compromise your professional ethics
1	2	3	4	5	Disrupt your own work flow
1	2	3	4	5	Be impractical because behavioral health information cannot be captured by checkboxes and dropdown lists
1	2	3	4	5	Improve your access to client medical/physical health records
1	2	3	4	5	Lead to more complete client information
1	2	3	4	5	Reduce duplicating client evaluations, assessments, or tests that have already been conducted by other providers
1	2	3	4	5	Require more training than you have time for
1	2	3	4	5	Streamline your access to client information/records
1	2	3	4	5	Increase the time your practice spends on transcriptions
1	2	3	4	5	Improve your communication with other providers
1	2	3	4	5	Be resisted by some providers
1	2	3	4	5	Be difficult because your practice lacks the technological expertise to implement and maintain expertise to implement and maintain

Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	
1	2	3	4	5	Save costs for your practice in the long run
1	2	3	4	5	Improve your clients' safety
1	2	3	4	5	Improve your ability to track medication history
1	2	3	4	5	Increase your legal vulnerability
1	2	3	4	5	Negatively influence treatment plans
1	2	3	4	5	Disrupt your relationships with your clients
1	2	3	4	5	Improve your practice's office work flow
1	2	3	4	5	Be difficult for you due to your apprehensions about computer technology
1	2	3	4	5	Create more time for client care
1	2	3	4	5	Be misused by third party payers
1	2	3	4	5	Cost your practice too much to implement
1	2	3	4	5	Be resisted by clients
1	2	3	4	5	Reduce the time you spend on paperwork
1	2	3	4	5	Result in more data entry errors in client records
1	2	3	4	5	Force you to use an overly templated behavioral health record
1	2	3	4	5	Improve your clients' satisfaction with the admissions process
1	2	3	4	5	Improve privacy and security of confidential client information
1	2	3	4	5	Be time consuming for your practice to implement
1	2	3	4	5	Make you become too reliant on technology that could crash
1	2	3	4	5	Improve the quality of care your clients receive

Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	
1	2	3	4	5	Improve your ability to control who has access to your clients' information
1	2	3	4	5	Be resisted by staff at your practice

2. Rate your level of agreement with the following statements. *(Circle the appropriate number)*

Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	
1	2	3	4	5	I find working with computer software programs very easy
1	2	3	4	5	I am very confident in my abilities to make use of computer software programs
1	2	3	4	5	I find it difficult to get computer software programs to do what I want them to
1	2	3	4	5	I usually find it easy to learn how to use a new software program
1	2	3	4	5	I seem to waste a lot of time struggling with computer software
1	2	3	4	5	As far as computer software programs go, I don't consider myself to be very competent
1	2	3	4	5	Computer software programs help me to save a lot of time
1	2	3	4	5	I find working with computer software programs very frustrating

3. Do you now, or have you ever, used electronic behavioral health records for diagnoses, treatment plans, medications, or progress notes? *(Check one box)*

☐ Yes
☐ No. *If you checked "No," skip to question #5.*

4. If you answered "Yes" to question #3, rate your overall satisfaction with the electronic behavioral health records system you have used. *(Circle the appropriate number.)*

Very Satisfied	**Dissatisfied**	**Neutral**	**Satisfied**	**Very satisfied**
1	2	3	4	5

5. Have you provided behavioral healthcare to clients during the past 12 months? *(Check one box)*

    ☐ Yes
    ☐ No. *If you checked "No," skip to question #7.*

6. How do you currently share client behavioral health information with providers at other organizations? *(Check all that apply)*

    ☐ Fax
    ☐ Phone
    ☐ Mail
    ☐ E-mail
    ☐ Electronic behavioral health records system
    ☐ Rely on others to do it for me
    ☐ Other: *(Please describe)* _____

7. Overall, rate your support for creating a system that would enable providers to electronically share client information in a secure manner. *(Circle the appropriate number)*

Not Supportive	**Somewhat Not Supportive**	**Neutral**	**Somewhat Supportive**	**Very Supportive**
1	2	3	4	5

8. Please provide any additional comments you may have about the survey or about electronically sharing behavioral health client information.