

Massachusetts Office Practice Survey

Brigham and Women's Hospital, Boston MA

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

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Massachusetts Office Practice Survey

This survey is being mailed to medical practices in Massachusetts to determine current use of electronic medical records and other health information technology. Please use blue or black ink to fill in the circle corresponding to the response that most accurately answers each question. Feel free to collaborate with others within your practice to complete the survey. All answers will be kept confidential. Please take a few minutes to complete the survey and return it in the pre-paid business reply envelope.

- 1a. Does this office deliver:
- | | | | |
|--|-----------------------|---|--------------------------|
| Primary care only
<i>(incl. IM, FP, Peds, Med-Peds)</i> | <input type="radio"/> | 1b. How many people on your staff are:
<i>(incl. both full-time and part-time)</i> | |
| Specialty care only | <input type="radio"/> | MDs/DOs _____ | RN/LPNs _____ |
| Mixed | <input type="radio"/> | NP/PAs _____ | Other office staff _____ |

- 1c. This office is best described as (select one):
- | | | |
|------------------|-----------------------|--|
| Single-specialty | <input type="radio"/> | 1d. Is this practice based within a hospital? |
| Multi-specialty | <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |

1e. Approximately how many patient visits does your office have in a typical week? _____

- 2a. Does your practice have a *computerized claims/billing system*? Yes No
- 2b. Does your practice have a *computerized scheduling system*? Yes No
- 2c. Does your practice have a *computerized prescribing system*? Yes No

2d1. Does your practice have an electronic medical record (EMR), an integrated clinical information system tracking patient health data including visit notes, prescriptions, lab orders etc? Yes No **(If No, skip to #5a)**

2d2. Software vendor for EMR system (i.e. name of EMR system): _____

3. Please indicate all **features of the EMR** that you have in your practice. For those features that you have, indicate the extent to which clinicians **actively use** them:

Features of your EMR	Have		Use		
	Yes	No	No One Yet (0%)	Some clinicians (<50%)	Most clinicians (>50%)
3a. Medication lists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3b. Electronic prescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3c. Lab order entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3d. Radiology order entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3e. Problem lists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3f. Patient registry (list of all patients with particular condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3g. Clinical messaging (secure e-mailing between providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3h. Alerts, warnings, reminders (i.e. decision support)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3i. Visit notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3j. Lab test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3k. Radiology test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please indicate month/year when your practice **first** began using an EMR _____ / _____ **(Skip to #6)**

5a. If you do not currently have an EMR, when, if ever, are you planning on implementing one?
 within next 12 months within next 1-2 years within 3-5 years not in the foreseeable future

5b. If you do not currently have an EMR, please tell us why? (Check all that apply)

Lack of adequate funding <input type="radio"/>	Lack of technical knowledge or support <input type="radio"/>
Can't find EMR that fits our needs <input type="radio"/>	No physician support for change <input type="radio"/>
Would interfere too much with work-flow <input type="radio"/>	Other _____

6. **Please mail this survey in the enclosed business reply envelope; you do not need a stamp. Thank you!**