

PCIP Post-EHR Implementation Survey of Providers

The New York City Department of Health and Mental Hygiene (DOHMH), in collaboration with Columbia University, is conducting a survey of provider satisfaction with their Electronic Health Record (EHR) systems. You are being asked to participate in this survey because your opinions on the functioning of the EHR system are important to us.

Please return your completed survey in the enclosed return envelope.

If you have any questions, please contact: Armine Lulejian, at alulejia@health.nyc.gov or call (212) 788-5680.

Thank you for your time and feedback.

Prov.ID#: LICENSE NUMBER

For each statement, please state how often you think the following is true regarding the EHR system:	Never/ Almost Never	Some Of The Time	Half The Time	Most Of The Time	Always/ Almost Always
The instructions and prompts are helpful.					
Getting data files in and out of the system is not easy					
If this EHR stops, it is not easy to restart it.					
I sometimes wonder if I'm using the right command.					
The speed of the EHR is fast enough.					
This software seems to disrupt the way I normally like to arrange my work					
The organization of the menus or information lists seems quite logical.					
It is relatively easy to move from one part of a task to another.					
It is easy to forget how to do things with this EHR.					
The EHR occasionally behaves in a way which can't be understood.					
It is easy to see at a glance what the options are at each stage.					
I have to look for assistance most times when I use the EHR.					
How often can you count on the EHR to be up and available?					
How often is the EHR subject to frequent problems and crashes?					
How often are you satisfied with the EHR system?					
How often is the system successful?					
For each statement, please state how often you think the following is true regarding the EHR system:	Never/ Almost Never	Some Of The Time	About Half Of The Time	Most Of The Time	Always/ Almost Always
The EHR provides me with all the information I need to take care of the patient					
The EHR screens include a lot of extra information that I don't need.					
There is inaccurate information in the EHR.					
The information displayed is relevant to patient care					
The system lets me quickly find the information I need					
The EHR provides information that is up-to-date.					
The information in the EHR is presented in a useful format					
The information in the system includes the level of detail that I need					
The information in the EHR seems to disappear or change unpredictably					
The information in the Help menu is useful					

License Number 2

Do you communicate with staff from any other organization are implementing an EHR? ☐ Yes→ Please fit	ill in the box	below					
☐ No → Skip to the Please write the names of the organizations you communicate with on the lines below.	he next set o Would you you comm (choose o	say that nunicate:	Would yo	Would you say you mostly: (choose one)		<i>/</i> :	
Name of Organization:	Less Than Once A Month	More Than Once A Month	Provide Receive Information Information			Exchange Information About Equally	
a.					J		
b.					J		
C.					J		
d.							
e.]		
The following questions ask your opinion about how the EHR has affected the following tasks. Please check "NA / Don't know" if you have never used the EHR for that task.							
Compared to previous routines, how has the EHR changed the performance of the following tasks?	Much More Difficult	Slightly More Difficult	No Change	Slightly Easier	Much Easier	Don't	
Documentation							
Documenting physical exams							
Documenting histories							
Documenting allergies							
Documenting CPT and ICD-9 codes for billing purposes							
Keeping problem lists updated							
Keeping medication lists updated							
Task and Workflow Management							
Ordering laboratory and radiology tests							
Reviewing laboratory and radiology tests							
Writing prescriptions							
Renewing prescriptions							
Monitoring medication safety at the point of prescribing (e.g., drug-allergy, drug-drug interactions)							
Monitoring patient medication adherence							
Communicating referral information to sub-specialists							
Reviewing referral information from sub-specialists							
Preventive Care and Panel Management							
Ordering appropriate preventive care services (e.g., mammograms or flu shots) during the visit							
Making a list of patients based on diagnosis or history							
Contacting patients to remind them of care for which they are due (i.e., postcards, phone calls, emails)							
Assisting patients in self-management activities (e.g., goal setting, patient education)							

License Number 3

How strongly do you agree or disagree with the following statements regarding the EHR?	Completely Agree	Generally Agree	Generally Disagree	Completely Disagree	Don't Know
Using the EHR in my job has enabled me to accomplish tasks more quickly					
I have to work longer hours to see the same number of patients with the EHR					
Using the EHR has enhanced my effectiveness in my job					
Using the EHR has made it easier to do my job					
I find the EHR useful in my job					
Learning to operate the EHR has been easy for me					
I find it easy to get the EHR to do what I want it to do					
I have become skilled at using the EHR's advanced features					
The EHR has made it easier for me to access patient information from outside of the office					
There are too many alerts and reminders					
Using an EHR has decreased the amount of time I spend talking to my patients					
Using an EHR helps me adhere to clinical practice guidelines					
Using an EHR has caused disruptions to my work flow					
Using an EHR has improved my ability to make decisions about patient care					
Using an EHR has improved my ability to provide preventive care					
The EHR has helped me monitor how many of my patients are receiving appropriate care					
Using an EHR has improved my ability to provide high quality care to patients with chronic conditions					
I think the benefits of adopting an EHR have outweighed the challenges					
Would you recommend your current EHR to other provided Yes No If you could change one thing about your current EHR sy How long have you been using an EHR at this practice?	stem, what	would it be	_		
How would you classify your level of comfort with compu Very comfortable Somewhat comfortable Not very comfortable	ter technol	ogy?			

License Number 4

Please choose the statement that best describes the training you received for your current EHR Ten or more hours dedicated to formal training (with vendor or practice trainers) Less than ten hours dedicated to formal training (with vendor or practice trainers) Informal training by practice staff when time permitted I have received no training and I'm learning the system as I use it
I receive prompt service when I require technical support ☐ Always ☐ Sometimes ☐ Never ☐ Don't know
Technical support can be relied on to fix my problem. ☐ Always ☐ Sometimes ☐ Never ☐ Don't know
Providers have been included in key decisions related to our EHR implementation ☐ Always ☐ Sometimes ☐ Never ☐ Don't know
When do you typically document a patient's notes? ☐ During the encounter ☐ After the encounter
How often to you print out a Visit Summary report from the EHR system for your patient at the conclusion of the patient visit? ☐ Always ☐ Sometimes ☐ Never ☐ Don't know
What is your title? MD Nurse Practitioner Physician Assistant Other (please specify):
Are you male or female? Male Female
What is your primary clinical specialty? General Practice Family Practice Internal Medicine Ob/Gyn Pediatrics Behavioral specialist Other (please specify):
How many <u>years</u> have you been in practice?yrs
How many <u>years</u> have you worked at this practice?yrs
In a typical week, how many <u>patients</u> do you see per hour at this practice?pts. per/hr
In a typical week, how many hours do you work at this practice?hrs per/wk

Many thanks for your feedback!

License Number 5