Stage 3 Meaningful Use: Primary Care Provider Survey

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This is a questionnaire designed to be completed by providers in an ambulatory setting. The tool includes questions to assess the benefits and current state of electronic health records and health information exchanges.

PRIMARY CARE PROVIDER SURVEY

As you may know, the Centers for Medicare and Medicaid Services (CMS) issues criteria for "meaningful use" of electronic health records. We are conducting this survey to provide feedback on the Stage 3 criteria before they are finalized, with a focus on *criteria supporting care coordination*. Learning how front-line PCPs like you feel about care coordination, and how EHRs may help, is essential to developing good criteria.

Based on what is currently proposed, in the Stage 3 criteria, you will be asked to **send and receive "summary of care records"** for the majority of referrals and when your patients transition between care settings (e.g., post-discharge). Summary of care records include: *Patient name, Referring or transitioning provider, Procedures, Encounter diagnosis, Immunizations, Laboratory test results, Vital signs, Smoking status, Functional status, Demographic information, Care plan field, including goals and instructions, Care team, Reason for referral, Current problem list, Current medication list, and Current medication allergy list*. Some of these summary records will be sent and received electronically using your EHR.

When you receive a summary of care record, you will be expected **to reconcile the patient's medications, medication allergies, and problems.** In addition, when you refer a patient to a specialist, you will be asked to **create and send notes** (i.e., a "free-text" narrative) **that capture the current care synopsis and expectations for the referral**. You will **receive back an acknowledgement** that this information was received as well as **the referral report**. Again, some of this information will be received electronically using your EHR.

The attached brief survey asks you questions about your perceptions of key facilitators and barriers to these activities as well as some additional questions that will help improve the value of the criteria.

First we are interested in understanding <u>why your practice may be considering pursuing future stages of meaningful use</u> *(select all that apply)***:**

☐ For financial reasons (incentive payment, avoid fee reductions)

☐ Because we believe it will improve the quality of the care we provide

☐ Because our parent organization has chosen to do so

☐ Other, please specify:

☐ We are not planning to pursue future stages of meaningful use

Next, we would like to understand the extent to which you feel that the following <u>pose barriers</u> to using your EHR to support care coordination. We are specifically interested in barriers to the activities described above (e.g., sending and receiving summary records and reconciling key patient clinical information during care transitions) *(select one answer per row)*:

Barriers	Substantial barrier	Moderate barrier	Minor or not a barrier	Unsure	Not applicable
Lack of provider and practice staff time	☐	☐	☐	☐	☐
Competing priorities (e.g., becoming a medical home)	☐	☐	☐	☐	☐
Direct financial costs	☐	☐	☐	☐	☐
Lack of trust in accuracy of information from another provider or institution	☐	☐	☐	☐	☐
Complexity of required workflow changes	☐	☐	☐	☐	☐
EHR design and functions do not easily support care coordination	☐	☐	☐	☐	☐
Difficulty sending and receiving information electronically between settings	☐	☐	☐	☐	☐
Other (please specify below)	☐	☐	☐	☐	☐

Similarly, we would like to understand the extent to which the following <u>are facilitators</u> to using your EHR to support care coordination. Again, please focus on activities described above *(select one answer per row)*:

Facilitators	Substantial facilitator	Moderate facilitator	Minor or not a facilitator	Unsure	Not applicable
Additional workflow support	☐	☐	☐	☐	☐
Alignment between different financial incentive programs (e.g., PGIP)	☐	☐	☐	☐	☐
Additional financial incentives	☐	☐	☐	☐	☐
Extend timeline for Stage 3 Meaningful Use	☐	☐	☐	☐	☐
Better EHR design and functions that support care coordination	☐	☐	☐	☐	☐
Better options to send and receive information electronically between settings	☐	☐	☐	☐	☐
Other (please specify below)	☐	☐	☐	☐	☐

Assume that you were <u>to perform the activities described above</u> (e.g., send and receive "summary of care records" for the majority of referrals and care transitions, reconcile the patient's medications, medication allergies, and problems)**, please <u>evaluate the impact</u> that you anticipate it would have <u>on the following dimensions of care coordination</u>:**

These activities make it more likely that I will…	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not Applicable
1. …know about visits that my patients make to other physicians	☐	☐	☐	☐	☐	☐
2. …send the specialist notification of the patient's history and reason for the consultation when referring a patient	☐	☐	☐	☐	☐	☐
3. …talk with my patient or their family member(s) about the results of their visit(s) with a specialist	☐	☐	☐	☐	☐	☐

These activities are likely to improve…	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not Applicable
5. …the clarity of specialist correspondence	☐	☐	☐	☐	☐	☐
6. …the timeliness of specialist correspondence	☐	☐	☐	☐	☐	☐
7. …the responsiveness to referral questions in specialist correspondence	☐	☐	☐	☐	☐	☐

These activities make it more likely that referrals will…	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not Applicable
8. …assist with diagnosis of the patient's health problem	☐	☐	☐	☐	☐	☐
9. …assist with treatment & management of the patient's health problem	☐	☐	☐	☐	☐	☐
10. …help the patient overall	☐	☐	☐	☐	☐	☐

These activities make it more likely that …	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	Not Applicable
11. …there will be a reduction in duplication of ordered labs and other diagnostic tests	☐	☐	☐	☐	☐	☐
12. …there will be a reduction in hospital <u>admissions</u>	☐	☐	☐	☐	☐	☐
13. …there will be a reduction in hospital <u>readmissions</u>	☐	☐	☐	☐	☐	☐
14. …there will be a reduction in adverse drug events	☐	☐	☐	☐	☐	☐

We would now like to understand how you think that EHRs could best be used to support care coordination. Please indicate how you feel about the following statements *(select one answer per row)*:

	Substantially worsen care coordination	**Moderately worsen** care coordination	**Not impact** care coordination	**Moderately improve** care coordination	**Substantially improve** care coordination
Sending a summary record with key clinical information when a patient is referred to a specialist would…	☐	☐	☐	☐	☐
Sending a current care synopsis and expectations when a patient is referred to a specialist would…	☐	☐	☐	☐	☐
Receiving an acknowledgement from the specialist that the referral was received would…	☐	☐	☐	☐	☐
Receiving a summary record with key clinical information when a patient returns from a specialist or is discharged from the hospital would…	☐	☐	☐	☐	☐
Reconciling key clinical information when a patient returns from a specialist or is discharged from the hospital would…	☐	☐	☐	☐	☐

Please indicate which type(s) of information you think are critical to send, receive, and reconcile when you do each of the following *(select all that apply)*:

	REFER a patient to a specialist	**RECEIVE a patient back from a specialist**	**RECEIVE a patient after discharge from the hospital**	**RECONCILE after seeing a patient post-referral or post-discharge**
Problem List	☐	☐	☐	☐
Assessment (e.g., notes summarizing key problems)	☐	☐	☐	☐
Care plan	☐	☐	☐	☐
Social history	☐	☐	☐	☐
Assessment of functional status (e.g., ability to perform activities of daily living)	☐	☐	☐	☐
Lab test results	☐	☐	☐	☐
Radiology REPORTS	☐	☐	☐	☐
Radiology IMAGES	☐	☐	☐	☐
Medication allergies	☐	☐	☐	☐
Known contra-indications for active medications	☐	☐	☐	☐
Other, please specify:	☐	☐	☐	☐

What is the optimal timeframe in which this critical information should be sent, received, and reconciled *(select one answer per column)*:

	SENT when you refer a patient to a specialist	RECEIVED after the patient sees the specialist	RECEIVED after the patient is discharged from the hospital	RECONCILED after seeing the patient post-referral or post-discharge
Immediately (i.e., during patient encounter)	☐	☐	☐	☐
Within 24 hours of patient encounter	☐	☐	☐	☐
Within 72 hours of patient encounter	☐	☐	☐	☐
Within 1 week of patient encounter	☐	☐	☐	☐
Other, please specify:	☐	☐	☐	☐

What key changes would generally increase the ability of EHRs to improve care coordination?

Just a few more easy questions:

Age: ☐ 20-29 ☐ 50-59 ☐ 80-89

☐ 30-39 ☐ 60-69 ☐ 90+

☐ 40-49 ☐ 70-79

Gender:

☐ Male ☐ Female

Years in Practice (since completion of training)**:**

☐ 5 or fewer ☐ 21-30 ☐ More than 30
☐ 6-10 ☐ 11-20

Years Worked in Your Current Primary Practice Setting:

☐ 5 or fewer ☐ 11-20 ☐ More than 30
☐ 6-10 ☐ 21-30

Degree(s):

☐ MD
☐ DO
☐ NP
☐ PA
☐ Other, please list:

Prior to taking this survey, please indicate your level of familiarity with meaningful use criteria:

Not at all familiar 1	2	Moderately familiar 3	4	Very Familiar 5
☐	☐	☐	☐	☐

Thank you for taking the time to complete the survey.