

The Centers for Medicare & Medicaid Services (CMS), a federal agency within the United States Department of Health and Human Services (HHS) has requested that each state assess the current degree of Health Information Technology ("Health IT") adoption by its healthcare providers.

The purpose of this survey is to collect data regarding Health IT adoption, use, and challenges throughout Pennsylvania. Survey results will be reported to CMS as part of Pennsylvania's Medicaid Health IT Plan, and will be used to inform policy decisions by the Department of Human Services (DHS) and/or the Department of Health as part of the commonwealth's efforts to encourage meaningful use of Health IT.

Your answers will be kept anonymous and reported only in the aggregate.

This survey is intended for all outpatient (ambulatory) healthcare provider practices and for long-term care facilities.

Examples of practice types / organizations for which this survey is applicable:

- Family / general practice
- Pediatric practice
- Cancer / Oncology practice
- Cardiology practice
- Multi-specialty practice
- OB/GYN practice
- Orthopedic practice
- Podiatry practice
- Ambulatory surgical center
- Rural Health Center (RHC)
- Federally Qualified Health Center (FQHC)
- FQHC Look-Alike
- Veterans' Affairs Clinic
- Urgent Care Center/Clinic
- Physical Therapy center
- Imaging center (radiology, MRI, etc.)
- Medical Laboratory
- Chiropractic practice
- Dentistry practice
- Ophthalmology and/or Optometry practice
- Mental Health / Behavioral Health / Psychology / Psychiatry practice or clinic
- Pharmacy
- Long Term and Post-Acute Care (LTPAC) – Including Nursing Homes, Personal Care, Assisted Living, and Home Health

The survey may be completed by a provider, practice manager, CIO, or any individual that is familiar with the practices' health IT adoption, and is authorized to answer the survey on behalf of the practice.

This survey should be completed by one individual on behalf of the entire practice/organization.

- We are defining “practice” or “organization” as either a solo practitioner, or a group of practitioners under the same ownership, often in the same facility/location, and often with the same specialty (i.e. general practice, orthopedic, gastroenterological, OB/GYN, etc.)
- Multiple Locations – If your practice has multiple locations with the same (or very similar) health information technology (health IT) capabilities and usage, please complete this survey based on ALL of your locations. If your practice has any location/facility with markedly different health IT capabilities and usage (i.e. different Electronic Health Record software, etc.), please complete the survey based on your primary location and the other practice locations that have essentially the same health IT characteristics, AND please have the appropriate individual complete a survey for the remaining practice location(s) that has different health IT characteristics.

Inpatient hospitals should NOT complete this survey. DHS will use results from a separate, hospital-specific survey to assess hospital health IT adoption/use.

- **However, each ambulatory (outpatient) practice that is owned by a hospital or Integrated Delivery Network (“health system”) is invited to complete this survey.** (For example, a large health system that includes one or more inpatient hospitals may also own multiple ambulatory practices including a cancer clinic, a physical therapy facility, etc. Each of these practices is invited to complete a survey. Please see “Multiple Locations” above.)

DHS welcomes and appreciates your participation.

If you have questions regarding this survey, please send an email to ra-mahealthit@pa.gov with the subject “Health IT Survey Questions”.

Contact Information

*** 1. What is your primary practice location's 5-digit zip code?**

*** 2. In which Pennsylvania county is your practice located?**

If your survey represents more than one practice location/county, please provide the county where your organization experiences the highest patient volume.

3. Please provide any additional secondary practice site zip codes and counties. (If applicable)

Site A Zip Code:	<input type="text"/>
Site A County:	<input type="text"/>
Site B Zip Code:	<input type="text"/>
Site B County:	<input type="text"/>
Site C Zip Code:	<input type="text"/>
Site C County:	<input type="text"/>

If your survey represents more than four practice locations, please list those with the highest patient volume in this answer.

4. Please provide the following information about your practice:

Practice Name

Owner (if hospital/health system-owned)

NPI for Group/Individual

Street Address

City

Name of Person Completing this Survey

Title

Email Address of Person Completing this Survey

General Practice Information

*** 5. Are you completing this survey on behalf of a solo practitioner or a group practice?**

- Solo practitioner
- Group practice
- Our organization does not provide direct patient care

Authorization (Solo Practitioners)

*** 6. Are you authorized to complete this survey on behalf of your practice?**

- Yes
- No

Solo Practitioner

*** 7. Solo practitioner: please select the practitioner's provider type.**

Other (please specify)

Type of Physician

*** 8. Please specify the type of physician:**

- | | | |
|--|---|--|
| <input type="radio"/> Addiction Medicine | <input type="radio"/> Infectious Diseases | <input type="radio"/> Pathology |
| <input type="radio"/> Adolescent Medicine | <input type="radio"/> Internal Medicine – general | <input type="radio"/> Pediatrician |
| <input type="radio"/> Allergy and Immunology | <input type="radio"/> Maternal and Fetal Medicine | <input type="radio"/> Pharmacology |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Medical Genetics | <input type="radio"/> Physical Medicine and Rehabilitation |
| <input type="radio"/> Cardiovascular Disease | <input type="radio"/> Neonatal-Perinatal Medicine | <input type="radio"/> Podiatry |
| <input type="radio"/> Critical Care Medicine | <input type="radio"/> Nephrology | <input type="radio"/> Preventive Medicine |
| <input type="radio"/> Dermatology | <input type="radio"/> Neurology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Neuromusculoskeletal Medicine | <input type="radio"/> Pulmonary Disease |
| <input type="radio"/> Endocrinology, Diabetes and Metabolism | <input type="radio"/> Nuclear Medicine | <input type="radio"/> Radiation Oncology |
| <input type="radio"/> Family Medicine/General Practice | <input type="radio"/> Obstetrics and Gynecology | <input type="radio"/> Radiology |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Occupational Medicine | <input type="radio"/> Rheumatology |
| <input type="radio"/> Geriatric Medicine | <input type="radio"/> Oncology | <input type="radio"/> Sleep Medicine |
| <input type="radio"/> Gynecology only | <input type="radio"/> Ophthalmology | <input type="radio"/> Surgery |
| <input type="radio"/> Hematology | <input type="radio"/> Orthopaedic Medicine | <input type="radio"/> Urology |
| <input type="radio"/> Hospice and Palliative Medicine | <input type="radio"/> Otolaryngology | |
| <input type="radio"/> Other (please specify) | | |

This survey is only for Pennsylvania health care practices that provide direct patient care. You are welcome to forward the survey invitation to a practice meeting that description. Thank you!

Group Practice

*** 9. Group: please indicate your practice/organization type.**

- | | |
|--|---|
| <input type="radio"/> Ambulatory surgical center | <input type="radio"/> Nursing Home |
| <input type="radio"/> Assisted Living / Personal Care | <input type="radio"/> OB/GYN practice |
| <input type="radio"/> Cardiology | <input type="radio"/> Ophthalmology practice |
| <input type="radio"/> Chiropractics | <input type="radio"/> Optometry practice |
| <input type="radio"/> Dentistry practice | <input type="radio"/> Orthopedic practice |
| <input type="radio"/> Family / general practice | <input type="radio"/> Pediatric practice |
| <input type="radio"/> Federally Qualified Health Center (FQHC) | <input type="radio"/> Pharmacy |
| <input type="radio"/> FQHC Look-Alike | <input type="radio"/> Physical Therapy practice |
| <input type="radio"/> Home Health | <input type="radio"/> Podiatry practice |
| <input type="radio"/> Imaging center (radiology, MRI, etc.) | <input type="radio"/> Rehabilitation Hospital (post-acute care) |
| <input type="radio"/> Medical Laboratory | <input type="radio"/> Rural Health Center (RHC) |
| <input type="radio"/> Mental Health / Behavioral Health / Psychology / Psychiatry practice | <input type="radio"/> Urgent Care Center/Clinic |
| <input type="radio"/> Multi-specialty | <input type="radio"/> Veterans' Affairs Clinic |
| <input type="radio"/> Other (please specify) | |

Ownership

*** 10. Is the owner of your group practice a hospital or health system?**

- Yes
- No

Outpatient or Inpatient

*** 11. Please indicate the nature of your hospital/health system-owned group practice:**

- Outpatient / Ambulatory
- Inpatient, acute care
- Inpatient, long-term care (including post-acute)

Thank you for your time! We will use the results of a separate, hospital-only survey to gauge the Health IT adoption/use of inpatient facilities.

Authorization

*** 12. Are you authorized to complete this survey on behalf of your practice?**

- Yes
- No

Please forward the link for this survey to the appropriate individual within your practice who is knowledgeable about the practice's health information technology usage, and is authorized to answer questions about it. Thank you for your time!

Number of Providers

*** 13. Please indicate the number of providers in your practice. (If you are answering on behalf of a nursing home organization, indicate the number of homes/campuses the organization has in Pennsylvania, rather than the number of providers.)**

***Who should I count as a provider?** Please count physicians, physician assistants, certified registered nurse practitioners, certified nurse midwives, dentists, psychologists, behavioral health therapists or counselors, optometrists, occupational therapists, physical therapists, respiratory therapists, acupuncturists, chiropractors, and others providing direct patient care. Do not include nurses (practical or registered), dental hygienists, or administrative staff in your response to this question.*

Payer Mix

*** 14. What is the estimated percentage of your total patient visits from each of the following health care programs or plans? (Please select one button for each program)**

	0%	1-19%	20-29%	30-49%	50-100%	Unknown
Pennsylvania Medical Assistance (Including FFS and MCO)	<input type="radio"/>					
Medicaid Outside of Pennsylvania	<input type="radio"/>					
CHIP	<input type="radio"/>					
Medicare	<input type="radio"/>					
Commercial Plans (such as Blue Cross, Blue Shield, Aetna, etc.)	<input type="radio"/>					
Other	<input type="radio"/>					

Please specify

Definitions:

Pennsylvania Medical Assistance Fee-for-Service (FFS): Receiving Medicaid reimbursement directly from the state.

Pennsylvania Medical Assistance Managed Care (HealthChoices): You have credentialed with a Managed Care Organization (MCO) for Medicaid recipients. Medical Assistance MCOs in Pennsylvania include: Aetna Better Health Pennsylvania, Gateway Health Plan, Geisinger Health Plan, Health Partners Plans, Keystone First Pennsylvania, Amerihealth Caritas Pennsylvania, United Health Care, UPMC for You Health Plan

Health IT Adoption

Providers use certified health IT, such as EHRs, to capture and share electronic patient health information efficiently. In order to qualify for the CMS Medicare and Medicaid EHR Incentive Program, an Alternative Payment Model (APM), or the upcoming MIPS program, providers must utilize an EHR that has been certified by the Office of the National Coordinator (ONC). For more information visit: <https://chpl.healthit.gov/>

*** 15. Does your practice currently use an EHR system that is certified by ONC?**

Yes

No

What is an ONC-certified EHR system? EHR systems that meet certain qualifications set by the Office of the National Coordinator (ONC) for Health Information Technology are certified.

ONC is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS).

How can I tell if our EHR is certified? Your EHR vendor can tell you, or you can check the list of certified products at <https://chpl.healthit.gov/>

What is an EHR? An EHR is an Electronic Health Record. It is a computer software system that enables healthcare providers to enter and maintain patient medical records electronically. (A billing system or spreadsheet is not an EHR.)

Non-certified EHR

*** 16. Does your practice currently use any (i.e. a non-certified) EHR system?**

- Yes
- No

Name of Non-Certified EHR System

*** 17. What is the name (and version) of your primary EHR system?**

Vendor name

Specific product name

Product version number

Certified EHR Product

*** 18. Which company's EHR product (certified by ONC) do you currently use?**

- | | | |
|---|--|--|
| <input type="checkbox"/> Advanced Data Systems Corporation | <input type="checkbox"/> Epic Systems Corporation | <input type="checkbox"/> MedSeek, Inc. |
| <input type="checkbox"/> Allscripts | <input type="checkbox"/> Eyefinity, Inc. | <input type="checkbox"/> Netsmart Technologies |
| <input type="checkbox"/> athenahealth Inc | <input type="checkbox"/> GE Healthcare | <input type="checkbox"/> NextGen Healthcare |
| <input type="checkbox"/> Cerner Corporation | <input type="checkbox"/> Greenway Health, LLC | <input type="checkbox"/> PointClickCare Technologies |
| <input type="checkbox"/> ChiroTouch | <input type="checkbox"/> Henry Schein Medical Systems | <input type="checkbox"/> Practice Fusion |
| <input type="checkbox"/> Compulink | <input type="checkbox"/> Integrated Practice Solutions, Inc. | <input type="checkbox"/> Qualifacts Systems Inc |
| <input type="checkbox"/> Credible Wireless (Credible Behavioral Health, Inc.) | <input type="checkbox"/> McKesson | <input type="checkbox"/> Revolution EHR |
| <input type="checkbox"/> eClinicalWorks LLC | <input type="checkbox"/> MEDENT - Community Computer Service, Inc. | <input type="checkbox"/> Other |
| <input type="checkbox"/> eMDs | <input type="checkbox"/> MEDITECH | |

Other (please specify)

*** 19. What is the specific name of the EHR product you use?**

Certified Modules

20. Please indicate whether you have adopted certified Health IT Modules in addition to your EHR for any of the following capabilities.

This capability is present in our base EHR, so there is no need for an extra module

	No	Yes	
Patient Portal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If "yes," please list the product name			
<input type="text"/>			
Clinical Quality Measurement (CQMs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If "yes," please list the product name			
<input type="text"/>			
DIRECT Secure Messaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If "yes," please list the product name			
<input type="text"/>			

*** 21. How long has your practice been using an EHR system?**

- Less than one year
- Between 1 and 2 years
- Between 2 and 3 years
- Between 3 and 4 years
- Between 4 and 5 years
- Between 6 and 8 years
- Between 9 and 10 years
- More than 10 years

*** 22. Have you switched EHR systems (vendors) in the last five years?**

- No
- Yes

If you have simply upgraded to a newer version of your EHR software, please answer "No."

Reasons For Changing Your EHR System

*** 23. What were your top three reasons for changing your EHR? (indicate "1," "2," or "3", with 1 being the primary reason.)**

	1	2	3
Previous EHR did not have sufficient functionalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our practice merged (or entered a partnership) with another organization and we changed to the EHR system used by the other organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR was not compatible with EHR system used by practice/organization to which we often refer patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR did not have sufficient technical assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous vendor did not provide adequate customer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR was not easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR was too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR was not ONC-certified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR was not planning to maintain certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR was not customized for my practice specialty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR was not cloud-based, and we wanted a cloud-based/web-based system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR was cloud-based, and we wanted a system that is hosted on a server	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous EHR was no longer supported by the vendor / vendor went out of business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Barriers to Maximizing EHR Usage

*** 24. Please indicate the top 3 barriers to maximizing EHR usage and optimization in your organization. (indicate “1,” “2,” or “3”, with 1 as the greatest barrier)**

	1	2	3
EHR is not interoperable with other systems (i.e. billing, practice management, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR is not easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited staff resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff expertise using health IT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR is not customized to my practice specialty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns regarding patient privacy and/or security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption to office business processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR does not have sufficient functionalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR does not have sufficient technical assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current vendor does not provide adequate customer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not experiencing any barriers or challenges to maximize or optimize EHR usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Changing EHR?

*** 25. Do you have plans to change to a different EHR within the next 18 months?**

- Yes
- No

(If you have plans to change to a newer version of EHR from the same EHR vendor, answer “No.”)

New EHR System

*** 26. Please select the vendor of the EHR system you plan to adopt:**

- Advanced Data Systems Corporation
- Allscripts
- athenahealth Inc
- Cerner Corporation
- ChiroTouch
- Compulink
- Credible Wireless (Credible Behavioral Health, Inc.)
- eClinicalWorks LLC
- eMDs
- Epic Systems Corporation
- Eyefinity, Inc.
- GE Healthcare
- Greenway Health, LLC
- Henry Schein Medical Systems
- Integrated Practice Solutions, Inc.
- McKesson
- MEDENT - Community Computer Service, Inc.
- MEDITECH
- MedSeek, Inc.
- Netsmart Technologies
- NextGen Healthcare
- PointClickCare Technologies
- Practice Fusion
- Qualifacts Systems Inc
- Revolution EHR

Other (please specify)

*** 27. What is the product name of the EHR system you plan to adopt?**

Product name

Product version number

Reasons to Change EHR

*** 28. What are the top three reasons for changing your EHR? (indicate “1,” “2,” or “3,” with 1 being the primary reason.)**

	1	2	3
Current EHR does not have sufficient functionalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our practice is merging (or entering a partnership) with another organization and we are changing to the EHR system used by the other organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EHR is not compatible with EHR system used by practice/organization to which we often refer patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EHR does not have sufficient technical assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current vendor does not provide adequate customer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EHR is not easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EHR is too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EHR is not planning to maintain certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EHR is not customized for my practice specialty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EHR is not cloud-based, and would like to switch to a cloud-based/web-based system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EHR is cloud-based, and would like to switch to a system that is hosted on a server	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current EHR is no longer supported by the vendor / vendor is out of business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>		

Challenges to Switching EHR

*** 29. Please indicate the top three challenges faced when attempting to switch to a new EHR. (indicate "1," "2," or "3", with 1 as the greatest challenge)**

	1	2	3
Costs (i.e. for data migration, implementation services, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current vendor does not have adequate data migration capabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current vendor does not provide adequate customer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liability issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption of clinical practice/workflow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff resistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delays in implementation timelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No challenges faced when switching to a new EHR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Acquisition of Certified EHR System

*** 30. Does your practice plan to acquire an ONC-certified EHR?**

- Yes
- No

Implementation of New EHR System

*** 31. When do you plan on implementing the ONC-certified EHR system?**

- Within a year
- In the next 1 - 2 years
- In the next 2 - 3 years
- Unsure

*** 32. What are the top three barriers to adopting an EHR in your practice? (indicate “1,” “2,” or “3”, with 1 as the greatest barrier)**

	1	2	3
Lack of capital resources to invest in EHR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsure which EHR to purchase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited staff resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff expertise using health IT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not confident EHR will lower costs or improve quality and/or safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns regarding patient privacy and/or security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption to office business processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will not see return on investment due to planned retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of EHRs that support my specialty area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please explain:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EHR Features

*** 33. Please indicate whether each of the following features is available to you within your EHR system. For those features that you have, indicate the extent to which you use them.**

	Availability	Usage
Patient problem lists	<input type="text"/>	<input type="text"/>
Patient allergy lists	<input type="text"/>	<input type="text"/>
Patient medication lists	<input type="text"/>	<input type="text"/>
Viewing Lab results?	<input type="text"/>	<input type="text"/>
If yes – are out of range levels highlighted?	<input type="text"/>	<input type="text"/>
Viewing Imaging results	<input type="text"/>	<input type="text"/>
If yes – are electronic images provided?	<input type="text"/>	<input type="text"/>
Clinical notes or care plan?	<input type="text"/>	<input type="text"/>
If yes – do they include medical history and follow up notes?	<input type="text"/>	<input type="text"/>
Care gap reminders for guideline-based interventions and/or screening tests?	<input type="text"/>	<input type="text"/>
Public health reporting?	<input type="text"/>	<input type="text"/>
If yes - Are notifiable diseases sent electronically?	<input type="text"/>	<input type="text"/>

Any additional functions? Please list.

Internet Bandwidth

*** 34. Select the statement that best describes your practice's internet service:**

- Our practice's internet service (bandwidth) is sufficient for our needs.
 Our practice's internet service (bandwidth) is a problem for us because it is too slow.
 Our practice has no internet connection.
- Other (please specify)

No Internet Connection

*** 35. Please indicate the reason why your practice does not have internet service:**

- There is no internet supplier for our location
- The cost of internet service is too great
- Our practice has no need for internet service
- Other (please specify)

Slow Internet

*** 36. Please indicate the reason why your practice does not have faster internet service:**

- Faster service is not available at our location
- The cost for faster service is too great
- Other (please specify)

Health IT Adoption for E-Prescribing

*** 37. Does any provider in your practice prescribe controlled substances (schedule II-V drugs) electronically?**

- Yes, we e-prescribe controlled substances in all or most cases
- Yes, we prescribe controlled substances electronically or on paper, depending on the technical capability of the participating pharmacy or network
- Yes, we can e-prescribe controlled substances, but prefer paper prescribing
- No, we cannot e-prescribe controlled substances
- We never prescribe controlled substances (by any method)

E-prescribe means order and transmit prescriptions to a participating pharmacy electronically instead of using handwritten, printed or faxed prescriptions, or calling in prescriptions.

Examples of controlled substances: narcotics, stimulants, anabolic steroids, cough medicine containing codeine, etc.

Certified Prescription Product

*** 38. Does your practice utilize a certified product to e-prescribe controlled substances (schedule II-V drugs)?**

- Yes
- No

Certified means certified by the ONC.

Certified Health IT: Health IT products are included on the Certified Health IT Product List (CHPL) after they have been successfully tested by an Accredited Testing Laboratory (ATL) and certified by an ONC Authorized Certification Body (ONC-ACB). For more information please visit: <https://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl>

Certified e-Prescription Product

*** 39. Please indicate what certified e-prescribing product you are using for prescribing controlled substances (schedule II-V drugs.)**

- Dermasnap
- Advix
- instaKare
- Other (please specify)
- AccuPoint
- ACscripts
- iAssistRx
- DrFirst
- Chart(x)
- My EHR is certified for this

Certified means certified by the ONC.

Certified Health IT: Health IT products are included on the Certified Health IT Product List (CHPL) after they have been successfully tested by an Accredited Testing Laboratory (ATL) and certified by an ONC Authorized Certification Body (ONC-ACB). For more information please visit: <https://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl>

Medication Features

*** 40. With regard to prescribing, please indicate whether your EHR system includes each of the following features. For those features that you use, indicate the extent to which your providers use them.**

	Availability	Usage
Medication history for scripts prescribed by your practice's prescribers?	<input type="text"/>	<input type="text"/>
Medication history for scripts prescribed by prescribers outside your practice?	<input type="text"/>	<input type="text"/>
Is patient formulary and eligibility information available?	<input type="text"/>	<input type="text"/>
Are there warnings of drug-to-drug interactions or contraindications?	<input type="text"/>	<input type="text"/>
Are refill requests received electronically from the pharmacy?	<input type="text"/>	<input type="text"/>

Any additional prescription-related functions? Please list

41. How does your organization access the Pennsylvania Prescription Drug Monitoring Program (PDMP)?

- EHR connection
- Portal
- N/A

Health IT Adoption for Care Management, Patient Engagement, and Population Health

*** 42. Please indicate the methods by which you conduct the following care management activities within your practice. Please check at least one box for each care management activity (each row).**

	Manual Process*	Non-Certified Health IT	Certified Health IT	Activity Not Performed
Documentation of care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving hospital or emergency room event/encounter notifications on current patient panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating, sending, and receiving referrals (i.e. Transitions of Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closing the referral loop (i.e. receiving confirmation that the patient was seen by provider they were referred to)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

***Manual Processes include fax, paper charting, and phone calls.**

Care Management: Care management is a set of activities intended to improve patient care and reduce the need for medical services by helping patients and caregivers more effectively manage health conditions. The goal of care management is to improve care and reduce costs. For more information, please visit:

<http://www.rwjf.org/en/library/research/2009/12/care-management-of-patients-with-complex-health-care-needs.html>

*** 43. Please estimate the percentage of patients for which you send or receive Transitions of Care / Referral Care Summaries by any method.**

	0%	1-25%	26-50%	51-75%	76-100%	Unknown
We RECEIVE a Transition of Care / Referral Care Summary for this percentage of patients referred to our practice:	<input type="radio"/>					
We SEND a Transition of Care / Referral Care Summary for this percentage of patients our practice refers to another provider:	<input type="radio"/>					

*** 44. Please estimate the percentage of Transitions of Care/Referral Care Summaries that your practice sends electronically, via fax, and mail to other practices/organizations/facilities.**

	0%	1-25%	26-50%	51-75%	76-100%	Unknown
Electronic (ex. via EHR, DIRECT Secure Messaging, etc.)	<input type="radio"/>					
Fax	<input type="radio"/>					
Mail	<input type="radio"/>					

*** 45. Is your organization a recognized PCMH (Primary Care Medical Home) practice?**

- Yes
- No
- Unsure

Patient-Centered Medical Homes (PCMH): The PCMH is a care delivery model whereby patient treatment is coordinated through the patient's primary care physician to ensure the patient receives the necessary care when and where they need it, in a manner they can understand. For more information, please visit: <https://pcmh.ahrq.gov/page/defining-pcmh>

Care Managers

*** 46. Does your practice employ anyone whose PRIMARY role is to conduct care management?**

- Yes, one person
- Yes, more than one person
- We have at least one person in this role, but they are provided by (employed by) a payer
- No
- Other (please specify)

Patient Engagement

*** 47. Please indicate the methods by which you conduct the following patient engagement activities within your practice. Please check all that apply, but a minimum of one box for each activity (row).**

	Manual Process	Non-Certified Health IT	Certified Health IT	Activity Not Performed
Providing patients access to their medical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure messaging between patients and clinical team about their care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text messaging with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sending patient education resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Patient Engagement: Patient engagement is a broader concept that combines patient activation with interventions designed to increase activation and promote positive patient behavior, such as obtaining preventive care or exercising regularly. For more information, please visit: http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=86

Patient Portal

*** 48. Does your organization offer an online patient portal?**

- Yes
- No

Patient Portal Details

*** 49. Is the online patient portal integrated with the organization’s EHR technology?**

- Yes
- No

*** 50. Which of the following functionalities are available to patients at your organization through the online portal? Select all that apply:**

- Messaging/Communications
- Visits
- Medical Record/Access to Clinical Information
- Billing/Administration
- Update or Provide Patient Information

Other (please specify)

*** 51. Does your organization have an application for patients to access the patient portal using their mobile devices (cell phone, tablet)?**

- Yes
- No

Population Analytics

*** 52. Please indicate the methods by which you conduct the following population analytics activities within your practice. Please check a minimum of one box for each activity.**

	Manual Process	Non-Certified Health IT	Certified Health IT	Activity Not Performed
Identifying high-risk patients among a provider’s population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculating quality measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ad hoc analytics and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Population Health: Population Health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. Population Health includes improving the individual experience of care, reducing per capita cost of care, and improving the health of populations. For more information, please visit: <http://healthaffairs.org/blog/2015/04/06/what-are-we-talking-about-when-we-talk-about-population-health/>

Linked Systems

*** 53. Is your practice management, care management systems, or utilization management system linked to your organization’s EHR system so that you can import and export data between them?**

	Yes	No	Unsure
Practice Management System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Management System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilization Management System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Barriers - Care Management, Patient Engagement, Population Analytics

*** 54. What are the barriers associated with care management, patient engagement and population health analytics activities for you/your practice? [check all that apply]**

- | | |
|--|--|
| <input type="checkbox"/> Lack of capital resources to invest in technology | <input type="checkbox"/> Will not see return on investment due to planned retirement |
| <input type="checkbox"/> Lack of funding to hire new resources | <input type="checkbox"/> Do not see need for these activities |
| <input type="checkbox"/> Unsure which technology to purchase | <input type="checkbox"/> Inability to transmit information electronically |
| <input type="checkbox"/> Unsure what staff qualifications are needed | <input type="checkbox"/> Data is not in a structured format to query in EHR |
| <input type="checkbox"/> Current staff resources currently limited | <input type="checkbox"/> Patients lack interest in patient portal |
| <input type="checkbox"/> Disruption to office business processes | |

Other (please specify)

*** 55. There are financial incentives available through a variety of EHR incentive and value-based programs. Please indicate the program(s) in which you are currently participating. [check all that apply]**

- Pennsylvania Medicaid Promoting Interoperability Program
 - Bundled Payments
 - Accountable Care Organization (ACO)
 - I am not participating in any of the above programs
 - Patient-Centered Medical Home (PCMH)
 - Other (please specify)
-

*** 56. Please indicate the program(s) in which you are planning to participate or interested in participating. [check all that apply]**

- Accountable Care Organization (ACO)
 - Merit-Based Incentive Payment System (MIPS)*
 - Patient-Centered Medical Home (PCMH)
 - Unsure which program(s) to participate in
 - Bundled Payments
 - I am not planning to participate in any of the above programs
 - Other (please specify)
-

**Merit-Based Incentive Payment System (MIPS): The MIPS is a program that combines parts of the Physician Quality Reporting System (PQRS), the Value Modifier (VM or Value-based Payment Modifier), and the Medicare EHR Incentive Program into one single program in which Eligible Professionals (EPs) are measured on: quality, resource use, clinical practice improvement, and Meaningful Use of Certified Health IT Modules. For more information please visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>*

Health Information Exchange Participation

A Health information exchange (HIE) is a secure electronic network that enables the exchange of patient health information between physicians, hospitals, labs, and other healthcare institutions. This can be accomplished by working with a Health Information Organization (HIO). Note: HIE does NOT include faxing or e-faxing.

*** 57. Please indicate with which HIO(s) your practice is participating. [check all that apply]**

- ClinicalConnect Health Information Exchange
- HSX (HealthShare Exchange of Southeastern Pennsylvania)
- KeyHIE (Keystone Health Information Exchange)
- Mount Nittany Exchange (MNX)
- CPCHIE
- EHR Vendor HIE
- We are not participating with any HIO

Other (please specify)

What's an HIO? An HIO is a Health Information Organization. Each HIO offers various health information exchange services to healthcare providers. Pennsylvania currently has five HIOs, which are listed in the table above.

HIO Services

58. What is the primary reason your practice is using an HIO?

What's an HIO? An HIO is a Health Information Organization. Each HIO offers various health information exchange services to healthcare providers. Pennsylvania currently has five HIOs, which are listed in the table above.

*** 59. Please indicate which services you receive from your HIO, and which you plan to add within the next 12 months:**

	Our practice uses this service (check the box for "yes")	Our practice plans to add this service within the next 12 months (check the box for "yes")
Active Care Coordination	<input type="radio"/>	<input type="radio"/>
Alerts	<input type="radio"/>	<input type="radio"/>
Discharge Summaries	<input type="radio"/>	<input type="radio"/>
Historical Lists (Medications, allergies, etc.)	<input type="radio"/>	<input type="radio"/>
Longitudinal Medical Records	<input type="radio"/>	<input type="radio"/>
Meaningful Use Analysis and Reporting	<input type="radio"/>	<input type="radio"/>
Order/lab results delivery	<input type="radio"/>	<input type="radio"/>
Patient Portal	<input type="radio"/>	<input type="radio"/>
Provider to Patient Clinical Messaging	<input type="radio"/>	<input type="radio"/>
Provider to Provider Clinical Messaging	<input type="radio"/>	<input type="radio"/>
Quality/Safety Analysis and Reporting	<input type="radio"/>	<input type="radio"/>
Referral/Consultation Request	<input type="radio"/>	<input type="radio"/>
Referral/Consultation Delivery	<input type="radio"/>	<input type="radio"/>
Submit information to public health registry	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Barriers to Using HIO

*** 60. Please identify any barriers associated with using the services of an HIO. [check all that apply]**

- Cost concerns
- I do not know which HIO(s) offer service where my practice is located
- Current EHR product does not support data exchange
- Lack of staff expertise using health IT
- Workflow redesign to use HIO services
- Concerns regarding patient privacy and/or security
- Other (please specify)
- Not familiar with HIO services
- My EHR vendor provides me with these services so I have no need for HIO services
- The Health System I am affiliated with has HIO services, so I have no need for other HIE services
- Will not see return on investment due to planned retirement
- Insufficient benefits from HIO services (i.e. lower cost, higher quality, improved safety)

Exchanging Information

*** 61. Please indicate how you typically send, receive, or query the following types of patient data. [check at least one box per patient data type/row]**

	EHR System	HIO	Fax	Other (explain below)
Summary of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology Images	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (explain)

Sending Data Electronically

*** 62. How often do you SEND patient data ELECTRONICALLY (not including e-faxing) to the following types of facilities outside of your organization?**

	Never (we do not have this capability)	Seldom or never (but we have the capability)	Sometimes	Most of the time	Always or nearly always
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient practice (physical health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Emergency Dept. (ED)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital (other than the ED)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiology/Imaging Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term and Post-acute provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. Please indicate the methods by which you are electronically sending patient health information to other providers or healthcare organizations. [check all that apply]

- DIRECT* secure messaging from EHR
- DIRECT* secure messaging from a web portal or other means not integrated with your EHR system
- HIO (Health Information Organization, like KeyHIE, ClinicalConnect, etc.)
- Other (please specify)

***Direct Project:** A federal project to develop a standard messaging system, to enable providers to securely send patient health information electronically to other providers.

*** 64. How often do you RECEIVE patient data ELECTRONICALLY (not including e-faxes) from the following types of facilities outside of your organization?**

	Never (we do not have this capability)	Seldom or never (but we have the capability)	Sometimes	Most of the time	Always or nearly always
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient practice (physical health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Emergency Dept. (ED)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital (other than the ED)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiology/Imaging Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term and Post-acute provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adoption and Use of Health IT for Telemedicine Services

*** 65. Has your practice adopted** Health IT for telemedicine* services?**

- Yes
- No
- Plan to

***What is telemedicine?** *“Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology.” – American Telemedicine Association*

****By "adopted," we mean "obtained software and/or hardware to enable your practice to provide one or more telemedicine services.**

Offering Telemedicine?

*** 66. Is your practice currently offering telemedicine services to your patients?**

Yes

No

Timeline for Telemedicine

*** 67. Please indicate your timeline if you or your group/practice plans to adopt health IT for telemedicine services.**

Within a year

In the next 1 - 2 years

Unsure when

No plans to adopt

Barriers to Offering Telemedicine Services

68. If you or your group/practice is not currently offering or planning to offer telemedicine services, please identify the barriers to offering these services. [check all that apply]

- | | |
|--|--|
| <input type="checkbox"/> Cost concerns | <input type="checkbox"/> Negative organizational perception of telemedicine |
| <input type="checkbox"/> Lack of necessary technology (hardware, infrastructure, software) | <input type="checkbox"/> Negative patient perception of telemedicine |
| <input type="checkbox"/> Lack of staff expertise using health IT | <input type="checkbox"/> Liability/Legal Concerns |
| <input type="checkbox"/> Workflow redesign issues | <input type="checkbox"/> Prohibitive or restrictive internal policy |
| <input type="checkbox"/> Concerns regarding patient privacy and/or security | <input type="checkbox"/> Concerns about reimbursement for telemedicine services |
| <input type="checkbox"/> Unsure of best practices for providing telemedicine services | <input type="checkbox"/> None because we do not see a need to provide telemedicine/telehealth services |
| <input type="checkbox"/> Unsure of the value/benefit | |

Other (please specify)

You have completed the survey. Thank you for your time and the valuable information you have provided!