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Assurance of Confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

National Ambulatory Medical Care Survey (NAMCS): Electronic Medical Records Supplement

The purpose of the National Study of Electronic Medical Records is to collect information about physician office practices and the adoption of electronic medical records in ambulatory care settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call

1. We have your specialty as

Is that correct?

₁ Yes

₂ No → What is your specialty? _____

The following questions ask about ambulatory patients. We define ambulatory patients as patients who are not being seen as inpatients in a hospital, nursing home or other institution. However, patients who leave the institution and go to a doctor's office for care are considered to be ambulatory patients.

2. Do you directly care for any ambulatory patients in your work?

₁ Yes

₂ No

↳ *The rest of the questionnaire is for physicians who directly care for ambulatory patients. It is important that we receive this back even if you do not directly care for ambulatory patients. Please return the questionnaire in the envelope provided to ensure that you will not receive future mailings. Thank you for your time.*

₃ I am no longer in practice

↳ *The rest of the questionnaire is for physicians who are in practice. It is important that we receive this back even if you are not longer in practice. Please return the questionnaire in the envelope provided to ensure that you will not receive future mailings. Thank you for your time.*

3. In a typical year, about how many weeks do you NOT see any ambulatory patients because of such events as conferences, vacations, illness, etc.? _____ weeks

The next set of questions asks about a normal week. We define a normal week as a week with a normal case load, no holidays, vacations, or conferences.

4. Overall, at how many office locations do you see ambulatory patients in a normal week? _____ locations

5. During your last normal week of practice, how many patient visits did you have at all locations? _____
6. During your last normal week of practice, about how many encounters of the following type did you make with patients?
1. Nursing home visits _____
 2. Other home visits _____
 3. Hospital visits _____
 4. Telephone consults _____
 5. Internet/e-mail consults _____

7. Please select the type of setting where you have the most ambulatory care visits. CHECK ONE.

- | | |
|--|---|
| <input type="checkbox"/> 1 Private solo or group practice | <input type="checkbox"/> 2 Hospital emergency department |
| <input type="checkbox"/> 3 Freestanding clinic/urgicenter (not part of a hospital outpatient department) | <input type="checkbox"/> 4 Hospital outpatient department |
| <input type="checkbox"/> 5 Community Health Center (e.g., Federally Qualified Health Center (FQHC) , federally funded clinics or “look alike” clinics) | <input type="checkbox"/> 6 Ambulatory surgicenter |
| <input type="checkbox"/> 7 Mental Health Center | <input type="checkbox"/> 8 Institutional setting (school infirmary, nursing home, prison) |
| <input type="checkbox"/> 9 Non-federal Government clinic (e.g., state, county, city, maternal and child health, etc.) | <input type="checkbox"/> 10 Industrial outpatient facility |
| <input type="checkbox"/> 11 Family planning clinic (including Planned Parenthood) | <input type="checkbox"/> 12 Federal Government operated clinic (e.g., VA, military, etc.) |
| <input type="checkbox"/> 13 Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente) | <input type="checkbox"/> 14 Laser vision surgery |
| <input type="checkbox"/> 15 Faculty Practice Plan | |

For the remaining questions, please answer as it applies to the location where you see the most ambulatory care patients even if it is not the location where this survey was sent.

8. What are the county, state, zip code and telephone number of your office where you have the most ambulatory care visits?

County _____ State ____ Zip Code _____
 Telephone (Area Code and number) (_____) _____ - _____

9. During your last normal week of practice, approximately how many office visits did you have at this location? (A normal week would be one with a normal case load, no holidays, vacations, or conferences.)
 NOTE: If you are in a group practice, only report on your patient visits.

10. Is this location a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way?

- 1 Solo → **SKIP to item 13**
2 Nonsolo

11. How many physicians are associated with you at this location? _____ physicians

12. Is this location a multi- or single-specialty (group) practice ?

- 1 Multi
2 Single

13. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with this practice? _____ mid-level providers

14. Are you a full- or part-owner, employee, or an independent contractor? CHECK ONE.

- 1 Owner (full or part)
- 2 Employee
- 3 Contractor

15. Who owns this practice? CHECK ONE.

- 1 Physician or Physician Group
- 2 HMO
- 3 Community Health Center
- 4 Medical/ Academic health center
- 5 Other hospital
- 6 Other health care corp
- 7 Other

16. Does this practice submit claims electronically (Electronic billing)?

- 1 Yes, all electronic
- 2 Yes, part paper and part electronic
- 3 No
- 4 Don't know

17. Does this practice use electronic MEDICAL RECORDS (not including billing records)?

- 1 Yes, all electronic
- 2 Yes, part paper and part electronic
- 3 No
- 4 Don't know

18. For each of the computerized capabilities below, please indicate whether your practice has this capability, does not have the capability, or you do have the capability but the function is turned off such that it is not used.

	Yes	No	Don't Know	Turned Off
18a. Patient demographic information?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If yes, does this include patient problem list?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18b. Orders for prescriptions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If yes, are there warnings of drug interactions or contraindications provided?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If yes, are prescriptions sent electronically to the pharmacy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18c. Orders for tests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If yes, are orders sent electronically?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18d. Viewing Lab results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If yes, are out of range levels highlighted?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18e. Viewing Imaging results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If yes, are electronic images returned?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18f. Clinical notes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If yes, do they include medical history and follow up notes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

For each of the computerized capabilities below, please indicate whether your practice has this capability, does not have the capability, or you do have the capability but the function is turned off such that it is not used.

	Yes	No	Don't Know	Turned Off
18g. Reminders for guideline-based interventions and/or screening tests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18h. Public health reporting?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
If yes, are notifiable diseases sent electronically?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

19. At the location where you see the most ambulatory care visits, are there plans for installing a new electronic medical records system or replacing the current system within the next 3 years?

- 1 Yes
- 2 No
- 3 Maybe
- 4 Don't know

20. At this location, what percent of your patient care revenue comes from?

1. Medicare?	<input type="text"/> %
2. Medicaid?	<input type="text"/> %
3. Private insurance?	<input type="text"/> %
4. Patient payments?	<input type="text"/> %
5. Other (including charity, research, CHAMPUS, VA, etc.)	<input type="text"/> %
TOTAL	100 %

21. At this location, roughly, how many managed care contracts does this practice have such as HMOs, PPOs, IPAs, and point-or-service plans?

- 1 None
- 2 Less than 3
- 3 3 to 10
- 4 More than 10

22. At this location, roughly, what percentage of the patient care revenue received by this practice comes from managed care contracts (HMOs, PPOs, IPAs, and point-or-service plans)?

_____ %

23. Who completed this survey?

- 1 The physician to whom it was addressed
- 2 Office staff
- 3 Other

Please return the questionnaire in the envelope provided to ensure that you will not receive future mailings.

Thank you for your participation!

Box for Admin Use

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