

SECTION 1: ORGANIZATIONAL ALIGNMENT

INSTRUCTIONS: Answer questions by checking the box next to your answer choice.
Please check only one answer choice per question.

1. Does your health center submit billing claims electronically?

- Yes
- No

2. Does your health center use an electronic medical record (EMR) (not including billing)?

- Yes, paperless
- Yes, part paper and part electronic
- No → If "No" please skip to Question 5

3. For how long has your health center been using the EMR?

- 0 to 6 months
- 7 to 12 months
- 2 to 3 years
- More than 3 years

4. Which EMR does your health center use? _____
(Name of EMR) Please skip to Question 9

5. Has your health center discussed, in settings such as medical staff meetings, the potential to transition to an EMR?

- Yes, during medical staff meetings focused on EMRs
- Yes, during general medical staff meetings
- No

6. Has your health center reached a consensus that transitioning to an EMR is appropriate?

- Yes
- No

7. Does your health center plan to transition to an EMR?

- Yes
 - No
 - Unsure
- If "No" or "Unsure" please skip to Question 9

8. At what point in time does your health center plan to use an EMR?

- 0 to 6 months
- 7 to 12 months
- 2 to 3 years
- More than 3 years
- Unsure
- Chosen to postpone implementation

9. For each of the following, please check either “Yes” or “No” for activities surrounding EMR adoption that have occurred or are occurring within your health center.

	Yes	No
Studied/Studying the pros and cons of EMR adoption and use	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed/Reviewing current literature focused on the experiences of other health centers adopting EMRs	<input type="checkbox"/>	<input type="checkbox"/>
Generated/Generating a list of what your health center wishes to gain from EMR use	<input type="checkbox"/>	<input type="checkbox"/>
Established/Establishing measurable goals and objectives surrounding EMR use	<input type="checkbox"/>	<input type="checkbox"/>
Ensured/Ensuring all clinic members have sufficient understanding of the EMR	<input type="checkbox"/>	<input type="checkbox"/>
Developed/Developing a planning team to facilitate EMR adoption	<input type="checkbox"/>	<input type="checkbox"/>
Planned/Planning for revamping of office work-flow to accommodate the EMR	<input type="checkbox"/>	<input type="checkbox"/>
Established/Establishing a specific and realistic time-frame for EMR adoption	<input type="checkbox"/>	<input type="checkbox"/>
Identified/Identifying a physician champion to help spur EMR adoption	<input type="checkbox"/>	<input type="checkbox"/>

– PLEASE CONTINUE TO SECTION 2 –

SECTION 2: MANAGEMENT CAPACITY

10. Does your health center currently use an electronic patient registry (such as CDEMS, CVDEMS, or PECS) to track the care of patients with one or more chronic diseases?

- Yes
 No → If “No” please skip to Question 14

11. Which electronic patient registry does your health center use? _____
(Name of registry)

12. For how long has your health center been using the electronic patient registry?

- 0 to 6 months
 7 to 12 months
 2 to 3 years
 More than 3 years

13. Does your health center maintain an electronic patient registry as part of the Health Resources and Services Administration (HRSA) Health Disparities Collaborative?

- Yes
 No

14. For each of the following, please check either “Yes” or “No” for activities surrounding EMR adoption that have occurred or are occurring within your health center.

	Yes	No
Considered/Considering staffing needs to adopt an EMR	<input type="checkbox"/>	<input type="checkbox"/>
Ensured/Ensuring all staff understand their roles in the use of the EMR	<input type="checkbox"/>	<input type="checkbox"/>
Developed/Developing methods for comparing EMR vendors prior to purchase	<input type="checkbox"/>	<input type="checkbox"/>
Identified/Identifying funding source(s) for the EMR	<input type="checkbox"/>	<input type="checkbox"/>
Developed/Developing plan for testing the EMR for problems prior to implementation	<input type="checkbox"/>	<input type="checkbox"/>
Determined/Determining acceptable revenue losses during EMR implementation	<input type="checkbox"/>	<input type="checkbox"/>
Developed/Developing methods for monitoring EMR adoption among providers and staff	<input type="checkbox"/>	<input type="checkbox"/>

Please complete Question 15 – 18 only if your health center currently uses an EMR. If not, skip to Section 3.

15. Prior to purchase, did you request a product demonstration from your EMR vendor?

Yes

No

16. Prior to purchase, did you or members of your health center make a site-visit to another health center already using the EMR you were considering to purchase?

Yes

No

17. Does your health center have a provider or medical staff member acting as the project manager for EMR use?

Yes

No

18. Does your information technology funding to support EMR use come from other departments, or does it have its own budget?

Funding for information technology comes from other departments

Information technology has its own budget

– PLEASE CONTINUE TO SECTION 3 –

SECTION 3: OPERATIONAL CAPACITY

19. For each of the following, please check either “Yes” or “No” for activities surrounding EMR adoption that have occurred or are occurring within your health center.

	Yes	No
Considered/Considering potential for increased time needed to record visit information	<input type="checkbox"/>	<input type="checkbox"/>
Formed/Forming contingency plan in the event of EMR being “down”	<input type="checkbox"/>	<input type="checkbox"/>
Identified/Identifying and/or developing methods for ensuring data integrity	<input type="checkbox"/>	<input type="checkbox"/>
Developed/Developing plan for managing EMR responsibilities and work-flow	<input type="checkbox"/>	<input type="checkbox"/>
Requested/Requesting customizations from EMR vendor	<input type="checkbox"/>	<input type="checkbox"/>
Implemented/Implementing formal training for all clinic providers and staff	<input type="checkbox"/>	<input type="checkbox"/>
Considered/Considering changes in practice operations due to EMR use	<input type="checkbox"/>	<input type="checkbox"/>

Please complete Questions 20 – 23 only if your health center currently uses an EMR. If not, skip to Question 24.

20. Is EMR training mandatory for all system users within your health center?

- Yes
 No

21. Did your EMR vendor supply a project plan to your health center?

- Yes
 No

22. Did your EMR vendor provide training session(s) to your health center?

- Yes
 No

23. Is the data stored within your EMR portable (i.e., capable of being imported or exported into other electronic systems)?

- Yes
 No

24. In thinking about implementing an EMR (past, present, or future), please rank from the most important (1) to least important (5) the following considerations surrounding EMR use.

	Ranking
Resources available to aid in your choice of EMR	
Cost of EMR set-up, maintenance, technical support, etc.	
Design of the EMR in relation to fitting with your health center	
Reliability of EMR	
Time required to implement EMR	

Please complete Question 25 only if your health center does not use an EMR. If not, skip to Section 4.

25. Which of the following issues has been the most significant reason for your health center choosing to not adopt an EMR at this time? **Please check one answer only.**

	Check One
Resources available to aid in your choice of EMR	
Cost of EMR set-up, maintenance, technical support, etc.	
Design of EMRs in relation to fitting with your health center	
Reliability of EMR	
Time required to implement EMR	
Confusion about EMR contracts, fees, or other business related concerns	
Other (Please Specify: _____)	

– PLEASE CONTINUE TO SECTION 4 –

SECTION 4: TECHNICAL CAPACITY

26. For each of the following, please check either “Yes” or “No” for your health center’s current computer capabilities.

	Yes	No
Health center has high-speed internet access (such as cable or DSL)	[]	[]
Health center has a computer server	[]	[]
Health center has a computer network, such as a LAN	[]	[]

27. Has your health center conducted a needs-assessment of computer hardware, software, etc. needed for EMR use?

- [] Yes
[] No

28. Does your health center have in-house information technology or computer support staff?

- [] Yes
[] No

Please complete Question 29 only if your health center currently uses an EMR. If not, skip to Section 5.

29. For each of the following, please rate your satisfaction in your EMR.

	Very Satisfied	Satisfied	Somewhat Satisfied	Not at all Satisfied
Compatibility of the EMR with your health center	[]	[]	[]	[]
Clear EMR vendor contract outlining available support	[]	[]	[]	[]
Ability of the EMR to be modified for your health center’s needs	[]	[]	[]	[]
Ability of the EMR to interface with other electronic systems in your health center	[]	[]	[]	[]
Ability of the EMR to receive lab values electronically from laboratory companies	[]	[]	[]	[]
EMR vendor plan for data back-up	[]	[]	[]	[]

– PLEASE CONTINUE TO SECTION 5 –

SECTION 5: ADDITIONAL INFORMATION – RESOURCES & NEEDS

30. How many health centers (main, plus satellite) does your organization have? _____
 (# of health centers)

31. For each of the following categories, please write the number of personnel within your organization.

	Number
Number of health care providers	
Number of other clinical staff, such as nurses, medical assistants, etc.	
Number of office staff	

32. Please note the main reason(s) why your health center transitioned or would transition to an EMR.

Reason 1. _____

Reason 2. _____

Reason 3. _____

33. Please note your health center’s most immediate need(s) surrounding current or future EMR use.

Need 1. _____

Need 2. _____

Need 3. _____

34. For each of the following, please check either “Yes” or “No” to note if your health center uses clinical information technology, such as an EMR, practice management system, or Web-based portal, to do the following activities.

	Yes	No
Obtaining information on treatment alternatives or recommended guidelines	[]	[]
Exchanging clinical data and images with other physicians	[]	[]
Accessing patient notes, medication lists or problem lists	[]	[]
Generating preventive treatment reminders for the physician’s use	[]	[]
Writing prescriptions	[]	[]
Receiving laboratory results	[]	[]

35. If your health center currently uses an EMR, is your EMR fully implemented?

[] Yes

[] No

[] Don’t currently use an EMR

– THANK YOU FOR COMPLETING AND RETURNING THIS SURVEY –