

## EHR Practice Profile Questionnaire

<b>Practice Name</b>		<b>Number of Locations:</b> _____
<b>Practice Type</b>	<input type="checkbox"/> <b>Multispecialty</b>	<input type="checkbox"/> <b>Single Specialty</b>
<b>Practice Staff #s</b>	___ <b>Phys</b> ___ <b>Off Mgr</b> ___ <b>LPNs</b> ___ <b>NPs</b> ___ <b>PAs</b> ___ <b>Tech</b> ___ <b>Billing</b>	

**CLINICIAN INFORMATION** (Please copy this sheet if additional entry space is needed.)

Clinician Name/Designation	Specialty	NPI (MD/DO) or UPIN # (Other)

**Hours of Operation**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Holidays (Office Hours)**

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**Practice Statistics (by clinician)**

*Please provide as much information as possible in order to gain the most insight into the practice's volume of visits and calls.*

Clinician	Current Caseload Patient Panel Size	Number of Visits		Number of Calls		Faxes Daily (pharmacy, lab, other clinicians)
		Daily	Yearly	Daily	Yearly	

## EHR Practice Profile Questionnaire


How are visits and calls tracked? \_\_\_\_\_

### **PATIENT STATISTICS**

1. How many active patients does the practice have? \_\_\_\_\_
2. What is the estimated number of medical records in the practice? \_\_\_\_\_
3. Of patients seen daily by clinicians, what percentage are Medicare fee-for-service beneficiaries? \_\_\_\_\_%
4. How is this tracked? \_\_\_\_\_
5. What percentage are Medicare Managed Care? \_\_\_\_\_%
6. How is this tracked? \_\_\_\_\_
7. Of patients seen daily by clinicians, what percentage are Medicaid? \_\_\_\_\_%
8. How is this tracked? \_\_\_\_\_
9. Of patients seen daily by clinicians, what percentage of patients have one or more chronic illnesses (i.e. CAD, diabetes, hypertension, osteoarthritis, heart failure, depression)? \_\_\_\_\_%
10. How is this tracked? \_\_\_\_\_

### **FORMS/INSTRUMENTS**

Please provide copies of all standard instruments/forms utilized by the practice to collect demographics including new patient registrations, patient check-in, clinical information, and billing information including; super bills, flow sheets, encounter forms (i.e. insurance, HIPAA, patient history), referral forms, orders (physician, nursing), lab order forms, lab report forms, immunization records, chronic care/disease tracking forms, abnormal result forms, medication renewal requests, school/work notes, etc. In order to assess patient communication, consultant communication please include templates of correspondence to patients including; abnormal results, visit follow up, visit reminder notice, missed appointments, patient instructions, etc.

### **GENERAL PRACTICE INFORMATION**

**Office Layout:** On a separate form, draw a diagram of the layout (floor plan) This information is necessary to plan the infrastructure, wireless plan.

How many Consult offices:	Exam rooms:	Nursing Stations:

#### **Clinical FTE's:**

During practice hours, what is the maximum # of providers on site at one time? \_\_\_\_\_

# EHR Practice Profile Questionnaire

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## Confidentiality Issues

Does the practice have any special confidentiality issues related to charting, such as behavioral health, AIDS, Alcohol & Drug abuse? (Are you aware that those charts have different access & release of information regulations?)

\_\_\_ Yes \_\_\_ No

## Staffing Changes Anticipated

Is the practice planning any staffing changes in the near future? \_\_\_ Yes \_\_\_ No

What is your workforce retention rate? \_\_\_\_\_

Are there any plans for construction, renovation, expansion or moving of the practice? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

## EMR / EHR PLANNING

**To begin an EHR effort, it is necessary to name a champion. Who is this individual?**

\_\_\_\_\_

If you have not implemented an EHR system, please indicate why. Please prioritize in order with '1' being the most important and '10' being the least important.

- \_\_\_ / Financial Constraints
- \_\_\_ / Unable to secure all partners' commitment
- \_\_\_ / Vendor support was inadequate for technical needs
- \_\_\_ / Initial data entry is too labor intensive
- \_\_\_ / Vendor stability and viability
- \_\_\_ / Software requires extensive customization to fit into practice
- \_\_\_ / Already spending additional hours at office daily
- \_\_\_ / Difficult to select a system
- \_\_\_ / Do not know where to begin
- \_\_\_ / Other

1. Are you planning to use wireless technology? \_\_\_ Yes \_\_\_ No
2. Do you plan to use wireless hand-held units? \_\_\_ Yes \_\_\_ No
3. Will you be implementing in a modular fashion? \_\_\_ Yes \_\_\_ No
4. Do you want servers in your office? \_\_\_ Yes \_\_\_ No
5. Are you interested in a SAAS or ASP model? \_\_\_ Yes \_\_\_ No
6. Do you have T1, Cable Modem, Fiber Optic, or Dial-up connection in place? \_\_\_ Yes \_\_\_ No
7. If yes, please indicate type of connectivity and provider. \_\_\_\_\_
8. Do you plan to share patient information with other physicians? \_\_\_ Yes \_\_\_ No
9. Do you plan to share information with other hospitals? \_\_\_ Yes \_\_\_ No
10. Do you currently scan in any information? \_\_\_ Yes \_\_\_ No

## EHR Practice Profile Questionnaire

11. If yes, please indicate types of information. \_\_\_\_\_  
\_\_\_\_\_

12. Do you intend to scan documents into the EHR? \_\_\_ Yes \_\_\_ No

13. What information do you want to be scanned in the EMR system? \_\_\_ Yes \_\_\_ No

14. Will your practice want Patient History data pre-loaded? \_\_\_ Yes \_\_\_ No

15. If yes, what duration? \_\_\_ current year \_\_\_ two years \_\_\_ more than two years

16. If yes, who will be responsible for pre-loading this data prior to the first patient visit recorded in the EMR?  
(check all that apply)

PA or NP:

Nurse:

Other (specify): \_\_\_\_\_

17. Has the practice reviewed any EMR vendors? \_\_\_ Yes \_\_\_ No

18. If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

19. Has the practice seen any EMR vendor demos? \_\_\_ Yes \_\_\_ No

20. If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

21. Has a budget for the EMR system been established? \_\_\_ Yes \_\_\_ No

22. If yes, does it include projected costs for hardware and services? \_\_\_ Yes \_\_\_ No

23. Do you plan to implement a phone tree? (An electronic confirmation program) \_\_\_ Yes \_\_\_ No \_\_\_ In Place

24. Who will be designated as **Site Administrator**? (This person will be responsible for assigning access and security privileges to staff.)

Physician:

Nurse:

Office Manger:

Other (specify):

25. Who will be customizing templates in your practice?

Physician:

Nurse:

Other (specify):

26. Will providers or other staff need to access the database from remote locations; home, the hospital, other affiliated sites? \_\_\_ Yes \_\_\_ No

27. Is there any remote access currently supported in the practice? \_\_\_ Yes \_\_\_ No

28. If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

29. Is the practice planning to use workstations in the exam rooms? \_\_\_ Yes \_\_\_ No

30. Is the practice planning to implement a wireless network, use tablet PC's, laptops or PDA's? \_\_\_ Yes \_\_\_ No

31. How soon do you anticipate purchasing a system? Indicate Timeframe: \_\_\_\_\_

## EHR Practice Profile Questionnaire

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32. Do you have a preference when you would like to begin the implementation? \_\_\_ Yes \_\_\_ No

33. Do you have a go-live date in mind? Indicate date: \_\_\_\_\_

34. What goals do you expect to achieve with an EHR? What benefits do you hope to realize?

Please check all that apply:

- Reduce transcriptions costs
- Reduce paper based medical charts and filing charts
- Reduce administrative costs associated with practice
- Provide more services to patients per visit
- Capture all services provided at each visit
- Receive return on investment associated with software/hardware
- Improve phone and fax processing
- Timely access to patient records
- Other

For other, please explain:

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35. Is your practice planning to participate in the PQRI CMS Quality Reporting Initiative? \_\_\_ Yes \_\_\_ No

36. Does the practice plan to participate in any pay for performance initiatives, i.e. Medical Home, Bridges to Excellence. Please indicate. \_\_\_\_\_

37. Does the practice plan to connect to a Regional Health Information Organization (RHIO) or Health Information Exchange (HIE)? \_\_\_ Yes \_\_\_ No

38. If yes, indicate the name of the RHIO or HIE. If there is no RHIO or HIE available to you, please indicate as well. \_\_\_\_\_

### **INFORMATION TECHNOLOGY-RELATED**

1. Please indicate level of IT Support; (which most accurately describes IT Support to practice – who you call when things break).

- Full Time IT Staff
- Part Time IT Staff
- No IT Staff (someone in the office handles)
- Contracted IT Staff - WHO

2. If contracted, please include name, address and phone number of IT contact if applicable.

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3. Do you have a HIPAA security manual? \_\_\_ Yes \_\_\_ No

4. Is there a disaster recovery plan? \_\_\_ Yes \_\_\_ No

## EHR Practice Profile Questionnaire

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5. How are medical records recovered under this plan?

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6. What is the total number of computers in your practice? \_\_\_\_ (Please complete Attachment A)

7. Are your computers connected to a network? \_\_\_\_ Yes \_\_\_\_ No

8. If yes, can you identify topology? \_\_\_\_ Bus \_\_\_\_ Ring \_\_\_\_ Star \_\_\_\_ Not Sure

9. If yes, is there a LAN? \_\_\_\_ Yes \_\_\_\_ No

10. Do you share documents or information on your network? \_\_\_\_ Yes \_\_\_\_ No

11. Do you communicate **within** your practice using e-mail? \_\_\_\_ Yes \_\_\_\_ No

12. Do any physicians communicate via e-mail **with patients**? \_\_\_\_ Yes \_\_\_\_ No

13. Which staff members have direct access to a computer/terminal? (Check all that apply)

- Physicians
- Clinicians (e.g., NP, PA, RN)
- Administrative staff
- Other

14. Approximately, what percentage of staff will not need basic computer and Windows training? \_\_\_\_\_%

15. Approximately, what percentage of staff will need basic computer and Windows training? \_\_\_\_\_%

16. Does your practice have a high-speed Internet connection? \_\_\_\_ Yes \_\_\_\_ No

17. If yes, is the Internet connection used by the staff daily? \_\_\_\_ Yes \_\_\_\_ No

18. If yes, what are the primary uses for the Internet connection? (Check all that apply)

- Medical charts
- Health plan reports
- E-mail
- E-prescribing
- Electronic claims submission
- E-labs
- Pub Med (or other online peer reviewed resource)
- Hospital / Medical Center (data transfer)
- Transcription
- Referral request submission
- Reference materials
- Don't know
- Other

19. Are there any interfaces or electronic connectivity between the practice and hospitals, labs, radiology, nursing home, and ancillary providers? \_\_\_\_ Yes \_\_\_\_ No

20. Does your Practice Management System (PMS)/billing system provide interfaces to Electronic Health Record  
\_\_\_\_ Yes \_\_\_\_ No



## **WORKFLOW OVERVIEW**

### **Problem areas**

**Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Having medical records unavailable at time of office visit        | <input type="checkbox"/> Chart chasing                    |
| <input type="checkbox"/> Unable to stay on office schedule                                 | <input type="checkbox"/> Phone and fax processing         |
| <input type="checkbox"/> Poor legibility of medical records tracking, and                  | <input type="checkbox"/> Results (e.g., labs, referrals), |
| <input type="checkbox"/> Patients unable to access physician when they want/need follow-up | <input type="checkbox"/> Patient satisfaction             |
| <input type="checkbox"/> Patient waits   | <input type="checkbox"/> Medication refills               |
| <input type="checkbox"/> Inefficient use of resources                                      | <input type="checkbox"/> Timely referrals                 |
| <input type="checkbox"/> Other   |   |

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## **Workflow Staff Details**

### **Front Office: Scheduling**

1. Who in the practice is allowed to schedule patients? \_\_\_\_\_
2. Who determines if a patient can be seen on the day of call in? \_\_\_\_\_
3. Are time slots reserved for same day appointments? \_\_\_ Yes \_\_\_ No
4. Does the practice double or triple book? \_\_\_ Yes \_\_\_ No
5. What procedures do you follow when scheduling appointments for **new** patients?  
\_\_\_\_\_
6. What procedures do you follow when scheduling appointments for **established** patients?  
\_\_\_\_\_
7. Are appointments confirmed within 24 to 48 hours of scheduled visit? \_\_\_ Yes \_\_\_ No
8. If yes, how? \_\_\_\_\_
9. Are cancellations and no-shows called to reschedule? \_\_\_ Yes \_\_\_ No

### **Front Office: Check-in**

10. Where do patients check-in? \_\_\_\_\_
11. Is an explanation of expected wait time given? \_\_\_ Yes \_\_\_ No
12. What procedures do you follow when registering **new** patients?  
\_\_\_\_\_
13. How are **new** patients distributed among physicians?  
\_\_\_\_\_

## EHR Practice Profile Questionnaire

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14. Do the physicians share care for **established** patients?     Yes     No

15. What is the procedure for registering an **established** patient?

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16. Is an insurance card reviewed at check-in for each visit?     Yes     No

17. Is eligibility checked each visit?     Yes     No

18. Is personal information updated each visit?     Yes     No

### Front Office: Messages

19. What is the procedure for taking a phone message? Explain documentation.

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20. Do patients e-mail the practice?     Yes     No

21. If yes, explain documentation. \_\_\_\_\_

22. How do messages from patients get routed? \_\_\_\_\_

23. Is there a procedure for triaging messages?     Yes     No

24. What expectations are given for time of call back? \_\_\_\_\_

25. Are different expectations given for different types of calls?     Yes     No

26. Are telephone encounters documented in the medical record?     Yes     No

27. If used, are e-mail encounters documented in the medical record?     Yes     No

28. How are prescription renewals and refill calls handled?

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### Waiting Room

29. Does the practice track wait times?     Yes     No

30. How do staff know when to call a patient back to the exam room?

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31. Who summons the patient to the clinical area/exam room? \_\_\_\_\_

### Clinical: Nursing

32. Does nurse take vital signs, weigh the patient, etc.?     Yes     No

33. Does nurse take history?     Yes     No

34. Does nurse review reason for visit today?     Yes     No

35. Does nurse go over medication list and update?     Yes     No

36. Is there a nursing flow sheet?     Yes     No

37. Are there written physician protocols for working up a patient for a visit?     Yes     No

# EHR Practice Profile Questionnaire

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## Clinical: Exam Room

38. Are there protocols for the order in which patients are seen?    \_\_\_ Yes    \_\_\_ No
39. Does the nurse direct the physician?                    \_\_\_ Yes    \_\_\_ No
40. Does the physician comply with nurse direction?    \_\_\_ Yes    \_\_\_ No
41. Does the physician review the chart before entering the exam room?                    \_\_\_ Yes    \_\_\_ No
42. Where is the chart placed? \_\_\_\_\_
43. Does the physician state reason for the visit and time allotted?                    \_\_\_ Yes    \_\_\_ No
44. Does the physician routinely stay in the room longer than the time allotted?    \_\_\_ Yes    \_\_\_ No
45. After the physician leaves the exam room, how do they know which patient is next?  
\_\_\_\_\_
46. How are staff kept aware of patient needs and whereabouts? Clinical: Nursing Station  
\_\_\_\_\_
47. What are nurses doing while physician is in the exam room?  
\_\_\_\_\_
48. Does the nurse triage calls and messages?                    \_\_\_ Yes    \_\_\_ No
49. Are there protocols for triaging importance of calls?    \_\_\_ Yes    \_\_\_ No
50. How are triaging calls coordinated between front office and nursing?  
\_\_\_\_\_
51. How are triaging calls coordinated between nursing and physician?  
\_\_\_\_\_
52. Explain how call triaging processes are documented.  
\_\_\_\_\_

## Clinical: Diagnostic / Laboratory

53. Are labs and radiology done on-site?    \_\_\_ Yes    \_\_\_ No
54. How are labs and radiology orders processed?  
\_\_\_\_\_
55. How are lab results reported to the practice? Please estimate what percentage is received by each of the following methods.
- \_\_\_\_\_ % Electronic
- \_\_\_\_\_ % Fax
- \_\_\_\_\_ % Hard copies (Printer in office or delivery)
- \_\_\_\_\_ % Other
56. On average, about how many calls each week do you or your staff make to the lab about lab reports?
- None
- < 5

## EHR Practice Profile Questionnaire

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5–10

> 10

57. Do you plan to have an interface for results to flow into your EMR? \_\_\_ Yes \_\_\_ No

58. If yes, are you interested in lab order capability in your EMR? \_\_\_ Yes \_\_\_ No

59. Are lab results reported to the patient? (check all that apply)

Normal lab results?

Abnormal lab results?

60. What is the process for review and follow-up test results?

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61. How does staff know the physician has seen the lab/test results before they are filed in the medical record?

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### Clinical Referrals

62. How many referrals to specialists are made each week?

None

< 5

5–10

> 10

63. How are referrals made?

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64. What referral correspondence is typically reciprocated?

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65. How is this done?

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### Treatment Plans

66. Do practicing physicians use any knowledge basis for diagnosis and treatment plans? \_\_\_ Yes \_\_\_ No

67. If yes, please list. \_\_\_\_\_

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### Patient Education

68. What methods of patient education are used? (Check all that apply)

Verbal

Written

Copies for handouts

Computer-generated handouts

Video

Web-based resources

## EHR Practice Profile Questionnaire

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69. Do nurses participate with patient education? \_\_\_ Yes \_\_\_ No

70. Is there a "call-back" program in which patients are contacted 1-2 days after a procedure to verify understanding of physicians' advice and instructions? \_\_\_ Yes \_\_\_ No

71. Does the practice refer patients to independent web sites for patient education? \_\_\_ Yes \_\_\_ No

72. If yes, please list most common referrals. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

73. Does the practice have an existing web site? \_\_\_ Yes \_\_\_ No

74. If yes, are there links to independent web sites for patient education? \_\_\_ Yes \_\_\_ No

75. If yes, are there patient education resources or links available? \_\_\_ Yes \_\_\_ No

### **PRESCRIPTIONS**

1. On average, what is the number of **new** (non-refill) prescriptions written daily?

- None
- < 10
- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60

2. On average, what is the number of **refills** or renewal requests authorized daily?

- None
- < 10
- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60

3. On average, how many patients **per day** need their prescriptions rewritten?

- None
- < 5
- 5-10
- > 10

## EHR Practice Profile Questionnaire

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4. On average, please estimate the number of follow-up calls or faxes your practice receives each week for RX issues?

- None
- < 10
- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60

5. What is the process for handling prescription refills?

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6. What **can** be renewed or refilled without physician approval?

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7. What **cannot** be renewed or refilled without physician approval?

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8. Are refill protocols in writing?      \_\_\_ Yes    \_\_\_ No

9. Are refills documented in the medical record?      \_\_\_ Yes    \_\_\_ No

10. Do practicing physicians prescribe by handwritten prescription pad?      \_\_\_ Yes    \_\_\_ No

11. Do physicians use any type of electronic prescribing?      \_\_\_ Yes    \_\_\_ No

12. If no, are you interested in e-prescribing capability in EMR?      \_\_\_ Yes    \_\_\_ No

13. Does the practice capture a comprehensive list of prescribed medications and OTC drugs used by the patient?  
     \_\_\_ Yes    \_\_\_ No

14. Do physicians use any drug databases for prescription decision support?      \_\_\_ Yes    \_\_\_ No

15. How do physicians review prescribed drugs against contraindications and drug-to-drug interactions?

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### **CHECK-OUT and CODING AND BILLING**

1. Does the practice follow unique procedures when checking out new and established patients?

     \_\_\_ Yes    \_\_\_ No

2. Is the next visit clearly indicated at time of check out?      \_\_\_ Yes    \_\_\_ No

3. Are reminder cards/information given to the existing patient for future appointment?      \_\_\_ Yes    \_\_\_ No

4. What is the process for communicating CPT and diagnosis codes to the back office staff?

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## EHR Practice Profile Questionnaire

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5. Is the superbill brought to the check out window?      \_\_\_ Yes    \_\_\_ No
6. Does the physician circle a code?      \_\_\_ Yes    \_\_\_ No
7. Does the physician write codes/diagnosis?      \_\_\_ Yes    \_\_\_ No
8. Does the back office code for the physician?      \_\_\_ Yes    \_\_\_ No
9. Do back office staff review the patient chart following an office visit to determine if the encounter was coded properly?      \_\_\_ Yes    \_\_\_ No
10. Have physicians/staff had any formal coding education?      \_\_\_ Yes    \_\_\_ No
11. Has the practice ever had any coding audits?      \_\_\_ Yes    \_\_\_ No
12. If yes, Describe analysis.

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13. How are hospital and nursing home charges captured?

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14. How does the physician communicate hospital and nursing home charges/codes to office?

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15. What forms of payment do you accept? (Check all that apply)

- Cash
- Check
- Credit card
- Other, please specify:

16. When do you collect co-payment? \_\_\_\_\_

17. How do you know how much the co-payment will be prior to visit?

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18. How often is demographic and insurance information updated? \_\_\_\_\_

19. Does the practice review eligibility prior to visit?      \_\_\_ Yes    \_\_\_ No

20. What was the methodology utilized in establishing a fee schedule?

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21. When was the last revision to the fee schedule? \_\_\_\_\_

22. What is your current method of billing? (Check all that apply)

- Electronic
- Paper-based
- Contracted external services
- Other

23. What is your average claims turn around time (TAT) from submission to payment?

- < 30 days
- 30–60 days
- > 60 days

## EHR Practice Profile Questionnaire

Other

24. Do you have any problems with or concerns about your coding? \_\_\_ Yes \_\_\_ No

### Billing / Practice Management

25. Do you know the practice's payer mix? \_\_\_ Yes \_\_\_ No

26. What percentage of your claims are processed electronically? % \_\_\_\_\_

27. Do you have any direct employer contracts? \_\_\_ Yes \_\_\_ No

28. What modules of your PMS do you use?

\_\_\_\_\_

29. What modules are not used?

\_\_\_\_\_

30. How is staff trained on PMS/billing systems?

\_\_\_\_\_

\_\_\_\_\_

31. How is staff trained on scheduling?

\_\_\_\_\_

32. Are front office and back office personnel cross-trained? \_\_\_ Yes \_\_\_ No

33. Are there any tools or reports that you use to manage workflow? \_\_\_ Yes \_\_\_ No

34. Do you have a system for measuring staff productivity? \_\_\_ Yes \_\_\_ No

35. Do you have a system for measuring physician productivity? \_\_\_ Yes \_\_\_ No

36. If any of the following applications were available to you, would you be interested in using them? (Check all that apply)

- EHR System
- E-Prescribing
- E-Laboratory (e.g. orders, reports)
- Disease Management
- Medical Necessity checking
- Other

37. How much of the administrative staff's daily work is spent on inefficient tasks? (i.e. searching for misplaced medical charts)?

- < 1 hour
- 1–2 hours
- > 2 hours
- Other

38. Do you currently create reports or use a registry (patient tracking system) method to manage patients with similar conditions (e.g., diabetes, cardiac)? \_\_\_ Yes \_\_\_ No

39. If yes, what do you do with the data? (Check all that apply)

- Share with all physicians

## EHR Practice Profile Questionnaire

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- Share with other clinicians (e.g., NP, PA, RN)
  - Share with administrative staff
  - Generate reminders for patients
  - Track quality of care (e.g., A1C, Eye exam)
  - Identify groups of patients
  - Plan patient care
  - Other

40. If yes, do you share the data electronically in any form?    \_\_\_ Yes    \_\_\_ No

41. Do the physicians belong to any IPA or provider network?    \_\_\_ Yes    \_\_\_ No

### Transcription Services

42. Do physicians dictate notes?    \_\_\_ Yes    \_\_\_ No

43. If yes, do they want to continue dictating or are they willing to switch to another form of documenting visits?  
\_\_\_ Yes    \_\_\_ No    (This may vary by provider)

44. Is dictation handled on-site or outsourced to a third party?    \_\_\_ On-site    \_\_\_ Outsourced

45. Do you use transcription services in your practice?    \_\_\_ Yes    \_\_\_ No

46. If yes, what are your average transcription costs per month?    \$ \_\_\_\_\_

### CHART REVIEW

Review several charts from each provider and summarize how the charts are organized. We will evaluate the different methods of documenting problems and treatment plans.

Look at the following areas:

- If your practice uses one, is there an up-to-date face/flow sheet with current problems, medications and allergies?  
\_\_\_\_\_
- Are notes typically hand-written, transcribed, or completed forms?  
\_\_\_\_\_
- What is the volume of outside consultant reports filed in the chart? What is the volume of visit notes that are sent out with consultant reports or letters?  
\_\_\_\_\_
- Do all clinicians use the same method to record notes?  
\_\_\_\_\_
- How are phone notes recorded in the chart?  
\_\_\_\_\_
- In order to ascertain which documents should be scanned into the chart, please define which documents you refer to most during the patient visit; i.e. problem list, medication list, allergy list.  
\_\_\_\_\_

## EHR Practice Profile Questionnaire

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- Are there any “in-house” procedures performed that are documented on forms e.g. pulmonary function testing, Oxygen saturation, etc.?  
\_\_\_\_\_
  - Does the practice use drawings or graphics as part of the chart documentation, e.g., notations on a drawing of a body part to indicate position or size?  
\_\_\_\_\_

### Other

- Does your practice serve populations that speak other languages? \_\_\_ Yes \_\_\_ No
- Do you have the need for patient information in different languages? \_\_\_ Yes \_\_\_ No
- If yes, please indicate dominant languages: \_\_\_\_\_  
\_\_\_\_\_
- How do you handle requests for Medical Records? \_\_\_ Yes \_\_\_ No
- Do you charge patients for Medical Record requests? \_\_\_ Yes \_\_\_ No

### PATIENT EDUCATION

1. What methods of patient education are used? (Check all that apply)

- Verbal
- Written
- Copies for handouts
- Computer-generated handouts
- Video
- Web-based resources

2. Do nurses participate with patient education? \_\_\_ Yes \_\_\_ No

3. Is there a “call-back” program in which patients are contacted 1-2 days after a procedure to verify understanding of physicians’ advice and instructions? \_\_\_ Yes \_\_\_ No

4. Does the practice refer patients to independent web sites for patient education? \_\_\_ Yes \_\_\_ No

5. If yes, please list most common referrals.  
\_\_\_\_\_

6. Does the practice have an existing web site? \_\_\_ Yes \_\_\_ No

7. If yes, are there links to independent web sites for patient education? \_\_\_ Yes \_\_\_ No

8. If yes, are there patient education resources or links available? \_\_\_ Yes \_\_\_ No

# EHR Practice Profile Questionnaire

**Attachment A**

## Information Systems Evaluation

Wireless Routers: Y or N

Current applications supported: \_\_\_\_\_

### Existing Computers

	OS Version (Win 95, Win XP, Vista, W7)	Manufacturer	PC or Laptop, Tablet	Model:	Hard Drive Capacity	Mem	Monitor	Where Used
HW 1								
HW 2								
HW 3								
HW 4								
Server								

### Other Devices

	Manufacturer	Model	Laser; Inkjet	Color or B/W	Pgs per Minute	Built-in Scanner
Printer(s)						

**Internet Connectivity:**    T1    Cable Modem    Fiber Optic    DSL    ISDN    Dial-Up

If Cable Modem, is service classified as 'business class'?   Y or N

Overall impression of systems: \_\_\_\_\_