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# National Ambulatory Medical Care Survey (NAMCS): Electronic Medical Records Supplement 2009

The purpose of the National Study of Electronic Medical Records/Electronic Health Records (EMR/EHR) 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 866-635-4515.

**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 any patients coming to see you for personal health services who are not currently on the premises.*

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

1 Yes → Continue to Question 3.

2 No

3 I am no longer in practice

} Please stop here and return the questionnaire in the envelope provided. 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?**


\_\_\_\_\_ visits

**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

	<p style="text-align: right;">_____</p> <p>3. Hospital visits</p> <p style="text-align: right;">_____</p> <p>4. Telephone consults</p> <p style="text-align: right;">_____</p> <p>5. Internet / e-mail consults</p> <p style="text-align: right;">_____</p>
<p><b>7. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.</b></p> <p><input type="checkbox"/>1 Private solo or group practice</p> <p><input type="checkbox"/>2 Freestanding clinic/urgicenter (not part of a hospital outpatient department)</p> <p><input type="checkbox"/>3 Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or "look alike" clinics)</p> <p><input type="checkbox"/>4 Mental Health Center</p> <p><input type="checkbox"/>5 Non-federal Government clinic (e.g., state, county, city, maternal and child health, etc.)</p> <p><input type="checkbox"/>6 Family planning clinic (including Planned Parenthood)</p> <p><input type="checkbox"/>7 Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)</p> <p><input type="checkbox"/>8 Faculty Practice Plan</p> <p><b>8. Do you see ambulatory patients in any of the following settings? CHECK ALL THAT APPLY.</b></p> <p><input type="checkbox"/>9 Hospital emergency department</p> <p><input type="checkbox"/>10 Hospital outpatient department</p> <p><input type="checkbox"/>11 Ambulatory surgicenter</p> <p><input type="checkbox"/>12 Institutional setting (school infirmary, nursing home, prison)</p> <p><input type="checkbox"/>13 Industrial outpatient facility</p> <p><input type="checkbox"/>14 Federal Government operated clinic (e.g., VA, military, etc.)</p> <p><input type="checkbox"/>15 Laser vision surgery</p> <p><b>9. At which of the settings in <u>question 7</u> do you see the most ambulatory patients? WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.</b></p> <p style="text-align: right;">_____ <input type="checkbox"/>16 Did not check any boxes</p>	<div style="border: 1px solid black; background-color: #e0f0ff; padding: 5px; margin-bottom: 10px;"> <p><i>For the remaining questions, please answer regarding the <b>reporting location indicated in question 9</b> even if it is not the location where this survey was sent.</i></p> </div> <p><b>10. What are the county, state, zip code and telephone number of the <u>reporting location</u>?</b></p> <p>County _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>Telephone ( _____ ) _____ - _____</p> <p><b>11. During your last <u>normal</u> week of practice, approximately how many office visits did you have at the reporting location? (A normal week would be one with a normal case load, no holidays, vacations or conferences.)</b></p> <p><i>Note: Please only include visits where you personally saw the patient.</i></p> <p style="text-align: right;">_____ office visits</p> <p><b>12. Is the reporting location a solo practice, or are you associated with other physicians in a partnership, in a group practice or in some other way?</b></p> <p><input type="checkbox"/>1 Solo → <b>SKIP to item 15</b></p> <p><input type="checkbox"/>2 Associated with others</p> <p><b>13. How many physicians are associated with you at the reporting location?</b></p> <p style="text-align: right;">_____ physicians</p> <p><b>14. Is the reporting location a single- or multi-specialty (group) practice?</b></p> <p><input type="checkbox"/>1 Single</p> <p><input type="checkbox"/>2 Multi</p> <p><b>15. How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) are associated with the reporting</b></p>

in question 7  <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%; text-align: center;"> <p>If you <b>only</b> see patients in a <b>reporting location</b> checked in <b>question 8</b>, please mark box 16 above, stop and return the questionnaire in the envelope provided. Thank you for your time.</p> </div>	<b>location?</b> _____ mid-level providers
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	Yes, all electronic	Yes, part paper and part electronic	No	Unknown
<b>16. Does the reporting location submit <i>claims</i> electronically (electronic billing)?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>17. Does the reporting location use electronic <i>medical</i> records or electronic <i>health</i> records (EMR/EHR)? Do not include billing records.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**18. Please indicate whether the reporting location has each of the computerized capabilities listed below. CHECK NO MORE THAN ONE BOX PER ROW.** Does the reporting location have a computerized system for:

	Yes	Yes, but turned off or not used	No	Unknown
<b>18a. Patient demographic information?</b>	1 <input type="checkbox"/> <i>Go to 18a1</i>	2 <input type="checkbox"/> <i>Skip to 18b</i>	3 <input type="checkbox"/> <i>Skip to 18b</i>	4 <input type="checkbox"/> <i>Skip to 18b</i>
<b>18a1.</b> If yes, does this include a patient problem list?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>18b. Orders for prescriptions?</b>	1 <input type="checkbox"/> <i>Go to 18 b1 &amp; 18b2</i>	2 <input type="checkbox"/> <i>Skip to 18c</i>	3 <input type="checkbox"/> <i>Skip to 18c</i>	4 <input type="checkbox"/> <i>Skip to 18c</i>
<b>18b1.</b> 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"/>
<b>18b2.</b> 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"/>
<b>18c. Orders for tests?</b>	1 <input type="checkbox"/> <i>Go to 18c1</i>	2 <input type="checkbox"/> <i>Skip to 18d</i>	3 <input type="checkbox"/> <i>Skip to 18d</i>	4 <input type="checkbox"/> <i>Skip to 18d</i>
<b>18c1.</b> If yes, are orders sent electronically?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>18d. Viewing lab results?</b>	1 <input type="checkbox"/> <i>Go to 18d1</i>	2 <input type="checkbox"/> <i>Skip to 18e</i>	3 <input type="checkbox"/> <i>Skip to 18e</i>	4 <input type="checkbox"/> <i>Skip to 18e</i>
<b>18d1.</b> If yes, are out of range levels highlighted?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>18e. Viewing imaging results?</b>	1 <input type="checkbox"/> <i>Go to 18e1</i>	2 <input type="checkbox"/> <i>Skip to 18f</i>	3 <input type="checkbox"/> <i>Skip to 18f</i>	4 <input type="checkbox"/> <i>Skip to 18f</i>
<b>18e1.</b> If yes, can electronic images be returned?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

<b>18f. Clinical notes?</b>	1 <input type="checkbox"/> <i>Go to 18f1</i>	2 <input type="checkbox"/> <i>Skip to 18g</i>	3 <input type="checkbox"/> <i>Skip to 18g</i>	4 <input type="checkbox"/> <i>Skip to 18g</i>
<b>18f1.</b> 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"/>
<b>18g. Reminders for guideline-based interventions or screening tests?</b>	1 <input type="checkbox"/> <i>Go to 18g1</i>	2 <input type="checkbox"/> <i>Skip to 18h</i>	3 <input type="checkbox"/> <i>Skip to 18h</i>	4 <input type="checkbox"/> <i>Skip to 18h</i>
<b>18h. Public health reporting?</b>	1 <input type="checkbox"/> <i>Go to 18h1</i>	2 <input type="checkbox"/> <i>Skip to 19</i>	3 <input type="checkbox"/> <i>Skip to 19</i>	4 <input type="checkbox"/> <i>Skip to 19</i>
<b>18h1.</b> 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 reporting location, are there plans for installing a new EMR/EHR system or replacing the current system within the next 3 years?**

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

*If the reporting location **does not have an EMR/EHR system**, SKIP TO QUESTION 22.*

*If the reporting location **has an EMR/EHR system**, CONTINUE BELOW TO QUESTIONS 20 & 21.*

**20. What year did you last buy or upgrade your EMR/EHR system?**

\_\_\_\_\_

**21. Is your EMR/EHR system certified by the Certification Commission for Healthcare Information Technology (CCHIT)?**

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

**22. Are you a full- or part-owner, employee, or an independent contractor of the reporting location? CHECK ONE.**

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

**23. Who owns the reporting location? 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 corporation
- 7 Other

**24. At the reporting location, what percent of your patient care revenue comes from the following?**

- |  |       |             |
|--|-------|-------------|
| 1. Medicare  | _____ | %           |
| 2. Medicaid  | _____ | %           |
| 3. Private insurance   | _____ | %           |
| 4. Patient payments  | _____ | %           |
| 5. Other<br>(including charity, research, CHAMPUS, VA, etc.) | _____ | %           |
| <b>TOTAL</b>   |       | <b>100%</b> |

**25. Who completed this survey?**

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

**Thank you for your participation.  
Please return your survey in the envelope provided.**

Box for Admin Use

**Thank you for your participation.**

***Please return your survey in the envelope provided.***

Boxes for Admin Use

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