

National Electronic Health Records Survey (OMB No. 0920-1015):
Proposal Summary for Adding COVID-19 Survey Questions
June 2, 2020

Proposed Plan:

- We plan to add six survey questions related to the use of telemedicine and health information technology (HIT) by office-based physicians to provide care during the COVID-19 pandemic to the NEHRS. These questions will be added to the 2020 NEHRS, and will continue to be included in future years of NEHRS, if data collection on COVID-19 remains applicable.
- These questions will ask about: (1) the portion of patient visits that occurred using telemedicine technology, (2) the types of telemedicine technology used, (3) issues experienced providing care through telemedicine, (4) similarity of care between telemedicine and in-person visits, (5) satisfaction with using telemedicine technology, and (6) planned use of telemedicine after the COVID-19 pandemic.
- In conjunction with ONC, these questions underwent expert review to ensure they will perform optimally in the field.
- Finally, in addition to these questions, adjustments are proposed to be made to NEHRS to improve response rates by decreasing burden, including: (1) shortening the overall survey and (2) removing the computer-assisted telephone interview (CATI) mode from data collection. These adjustments are being made based on analyses of previous response rates and experiences from recent data collection periods.
- With these changes to the 2020 NEHRS, specifically due to shortening the overall survey and removing the CATI mode of data collection, **the overall burden is expected to decrease from 5,151 hours to 3,434 hours.**

Current OMB Approval Status:

- NEHRS data collection is currently approved through 12/31/2022 (OMB No. 0920-1015).
- Approval for the inclusion of these questions, and changes to improve response rates, will be submitted through a nonsubstantive change package.
- The 2020 NEHRS is scheduled to enter the field in late summer/early fall of 2020. NCHS would update the 2020 survey to include these items as soon as possible, to ensure the changes would not delay (or only minimize the delay) of fielding the 2020 NEHRS. **Without this approval, the new items will not be added to NEHRS until 2021, resulting in a missed opportunity to collect vital information on office-based physicians during the COVID-19 pandemic.**

Purpose, Goal and Added Value:

- The purpose of including these survey questions related to COVID-19 to the NEHRS is that they will yield unique, nationally-representative data on the experiences of office-based physicians using electronic health records, telemedicine, and health information technology (HIT) to provide care during the COVID-19 pandemic.
- Upon a review of recent literature, we could not find any surveys that collect similar COVID-19 data at the national level, among office-based physicians. In addition, these NEHRS questions differ from those proposed on NAMCS, and therefore any redundancies will be minimal or not existent. The inclusion of these questions will allow NEHRS to offer unique, national-level estimates (even relative to NAMCS).
- The methodological rigor of NEHRS and its large sample size is expected to result in enough statistical power to yield reliable data, with a proven survey methodological approach.

Individual Survey Questions and Use:

- The survey questions for the NEHRS are listed below.
- As noted above, these questions will ask about: (1) the portion of patient visits that occurred using telemedicine technology, (2) the types of telemedicine technology used, (3) issues experienced

providing care through telemedicine, (4) similarity of care between telemedicine and in-person visits, (5) satisfaction with using telemedicine technology, and (6) planned use of telemedicine after the COVID-19 pandemic.

- Once collected, data from each survey question will be used in two specific manners:
 1. The resulting data will be used to generate nationally representative estimates of the experiences of office-based physicians using electronic health records, telemedicine, and health information technology (HIT) to provide care during the COVID-19 pandemic. Furthermore, differences in these estimates according to physician and practice characteristics, including the varying levels of EHR adoption and interoperability, will also be examined in order to identify significant patterns and differences. For example, these data could be used to answer research questions such as: did experiences providing care during the COVID-19 pandemic using telemedicine differ by varying ability to share patient health information electronically through, sending, receiving, integrating, and search EHRs? These results will be made available to the public through an NCHS published report and/or web tables. There is also potential for ONC Data Briefs to make these data available.
 2. The data from these survey questions themselves will also be made available to the public through the CDC Research Data Centers, as well as NCHS website, in the form of microdata files. These files can then be accessed and analyzed by external researchers who are interested, furthering the utility of these data.

NEHR: Survey Interview – Proposed Survey Questions Related to Telemedicine and COVID-19

1. Since January 2020, what percentage of your patient visits were through telemedicine technology?
 - None
 - Less than 25%
 - 25% to 49%
 - 50% to 74%
 - 75% or more
 - Don't know
2. What type(s) of telemedicine tools did you use for patient visits? Check all that apply.
 - Telephone audio
 - Videoconference software with audio (e.g., Zoom, WebEx, FaceTime)
 - Telemedicine platform NOT integrated with EHR (e.g., Doxy.me)
 - Telemedicine platform integrated with EHR (e.g., update clinical documentation during telemedicine visit)
 - Other tool(s): _____
3. What, if any, issues affected your use of telemedicine?
 - Limited Internet access and/or speed issues
 - Telemedicine platform not easy to use or did not meet our needs
 - Telemedicine isn't appropriate for my specialty/type of patients
 - Improved reimbursement and relaxation of rules related to use of telemedicine visits
 - Limitation in patients' access to technology (e.g., smartphone, computer, tablet, Internet)
 - Patients' difficulty using technology/telemedicine platform
4. To what extent are you able to provide similar quality of care during telemedicine visits as you do during in-person visits?
 - Fully
 - To a great extent
 - To some extent

- To a small extent
- Not at all

5. Please rate your overall satisfaction with using telemedicine technology for patient visits.

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

6. Do you plan to continue using telemedicine visits (in addition to in-person visits) when appropriate once the COVID-19 pandemic is over?

- Yes
- No
- Don't know