### EHR Practice Profile Questionnaire

**Practice Name**

**Number of Locations:** ______

**Practice Type**

- [ ] Multispecialty
- [ ] Single Specialty

**Practice Staff #s**

- [ ] Phys
- [ ] Off Mgr
- [ ] LPNs
- [ ] NPs
- [ ] PAs
- [ ] Tech
- [ ] Billing

### CLINICIAN INFORMATION

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

<table>
<thead>
<tr>
<th>Clinician Name/Designation</th>
<th>Specialty</th>
<th>NPI (MD/DO) or UPIN # (Other)</th>
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### Hours of Operation

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### Holidays (Office Hours)

|        |         |           |          |        |          |        |
|        |         |           |          |        |          |        |

### 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.*

<table>
<thead>
<tr>
<th>Clinician</th>
<th>Current Caseload Patient Panel Size</th>
<th>Number of Visits</th>
<th>Number of Calls</th>
<th>Faxes Daily (pharmacy, lab, other clinicians)</th>
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<td>Daily     Yearly</td>
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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.

<table>
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<tr>
<th>How many Consult offices:</th>
<th>Exam rooms:</th>
<th>Nursing Stations:</th>
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Clinical FTE’s:

During practice hours, what is the maximum # of providers on site at one time? _____
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
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 Manager:
   □ 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: ________________________
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:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

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.

3. Do you have a HIPAA security manual?  ____ Yes  ____ No
4. Is there a disaster recovery plan?  ____ Yes  ____ No
5. How are medical records recovered under this plan?

______________________________________________________________________________________

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
**STAFF PROFILE**
Include all staff members. This information will be used, in part, to plan for system training.

<table>
<thead>
<tr>
<th>Staff Name and Title</th>
<th>Full / Part time</th>
<th>Job Function</th>
<th>Chart Access?</th>
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<tbody>
<tr>
<td>Sample: Anthony Smith, MD</td>
<td>FT 5 days</td>
<td>Internal Medicine provider</td>
<td>Yes-daily</td>
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<tr>
<td>Claire Montgomery Clift</td>
<td>FT 5 days</td>
<td>Medical Assistant</td>
<td>Yes-daily</td>
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WORKFLOW OVERVIEW

Problem areas
Please check all that apply:

- [ ] Having medical records unavailable at time of office visit
- [ ] Unable to stay on office schedule
- [ ] Poor legibility of medical records tracking, and
- [ ] Patients unable to access physician when they want/need follow-up
- [ ] Patient waits
- [ ] Inefficient use of resources
- [ ] Other

- [ ] Chart chasing
- [ ] Phone and fax processing
- [ ] Results (e.g., labs, referrals),
- [ ] Patient satisfaction
- [ ] Medication refills
- [ ] Timely referrals

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? ______________________________________
14. Do the physicians share care for established patients?       ___ Yes   ___ No
15. What is the procedure for registering an established patient?

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.

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?

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?

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
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
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?
   ___________________________________________________________________________________

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

Clinical Referrals

62. How many referrals to specialists are made each week?
   □ None
   □ < 5
   □ 5–10
   □ > 10

63. How are referrals made?
   ___________________________________________________________________________________

64. What referral correspondence is typically reciprocated?
   ___________________________________________________________________________________

65. How is this done?
   ___________________________________________________________________________________

Treatment Plans

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

67. If yes, please list.  ___________________________________________________________________________________

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
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
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?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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

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

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?
   ____________________________________________________________
   ____________________________________________________________

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?
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.

_________________________________________________________________________________
_________________________________________________________________________________

13. How are hospital and nursing home charges captured?

_________________________________________________________________________________

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

_________________________________________________________________________________

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?

_________________________________________________________________________________

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?

_________________________________________________________________________________

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
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
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.

___________________________________________________________________________
• 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
Information Systems Evaluation

Wireless Routers:  Y or N

Current applications supported: _________________________________________________________

### Existing Computers

<table>
<thead>
<tr>
<th>OS Version (Win 95, Win XP, Vista, W7)</th>
<th>Manufacturer</th>
<th>PC or Laptop, Tablet</th>
<th>Model: Hard Drive Capacity</th>
<th>Mem</th>
<th>Monitor</th>
<th>Where Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>HW 1</td>
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<tr>
<td>HW 2</td>
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<tr>
<td>HW 3</td>
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<tr>
<td>HW 4</td>
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<td>Server</td>
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</table>

### Other Devices

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model</th>
<th>Laser; Inkjet</th>
<th>Color or B/W</th>
<th>Pgs per Minute</th>
<th>Built-in Scanner</th>
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</thead>
<tbody>
<tr>
<td>Printer(s)</td>
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**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: __________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________