October 12, 2010

Dear Health Care Provider:

We live in an era in which technology has tremendous potential to transform the delivery of medical care. Technology used to support health-related services is broadly known as health information technology (HIT). This includes electronic health records (EHRs) to collect and store patient health information, and the capability of using a statewide health information exchange (HIE) to share health records across the boundaries of individual care settings. To meet your practice’s needs and expectations of HIT, we want to better understand your current capabilities, preferences, and perceptions.

The South Dakota Medical Assistance (SDMA) program, also known as Medicaid, is gathering information from healthcare providers and hospitals about their current status and plans to implement EHRs. Your response is very important to us and will help us meet CMS requirements for our State Medicaid HIT Plan. Your input will be used in developing and administering the Medicaid Provider Incentive Program to improve quality and safety, access to care, and efficiency through the adoption and meaningful use of EHR technology. Please take a moment to complete this important online survey at http://www.surveymonkey.com/s/9VT2KYR. This survey should only take between 10-15 minutes. The survey may also be printed and mailed by going to http://dss.sd.gov/sdmedx. Please respond to the online survey by November 22, 2010. If you would like a paper copy of the survey mailed to you, please call or email and we will send you a copy.

Individual survey results will not be reported. Please be assured that only aggregate data will be reported to CMS. Your response is not an enrollment, commitment or application to the Medicaid EHR incentive program for providers.

Thank you for your participation as the results of this survey are essential to help us understand the EHR needs of providers and participants in South Dakota. If you have any questions, or need additional information please contact MedicaidEHR@state.sd.us or call 605-773-3495.

Selam Fekade
DSS HIT Program Manager

Penny Kelley
DSS HIT Program Manager

cc: Holly Arends
Regional Extension Center/ healthPOINT Clinical Manager

cc: Kevin DeWald
Department of Health, HIT Director
Hospital Medicaid EHR Assessment

Section A. Demographics

1. General Information
   Respondent’s name __________________________________________________________
   Respondent’s title __________________________________________________________
   Respondent’s email __________________________________________________________
   Respondent’s phone number___________________________________________________
   Organization/Name of practice_______________________________________________
   Name of health system, if applicable __________________________________________
   Address _________________________________________________________________
   City _________________________________________________________________
   State ________________________________________________________________
   Zip code ___________________________________________________________

2. Which of the following best describes your provider type?
   - Acute care Hospital
   - Children’s Hospital
   - Critical Access Hospital (CAH)
   - Indian Health Services (IHS)
   - Other- please explain ___________________________________________________

3. If you or your organization has multiple sites or locations, please enter the number of sites/locations (Please enter as a whole number without formatting, for example 100)________________________

4. How many full-time and part-time staff are at this location? Your best estimate is acceptable.
   Providers ____________________________  IT Staff ____________________________

5. How many patients (unduplicated individuals) are served per year by you or your organization? (Please enter as a whole number without formatting, for example 100)________________________

6. What percentage of patients served are Medicaid patients?
   - 0-9%
   - 10-19%
   - 20-29%
   - 30-49%
   - 50-100%
7. What percentages of your Medicaid patients have primary residence outside of South Dakota? Your best estimate is acceptable. (Please enter as a whole number between 0-100 percent, for example 60)

_______________________________

8. What percentage of patients served are Medicare patients?
   - 0-9%
   - 10-19%
   - 20-29%
   - 30-49%
   - 50-100%

Section B. Medicaid HIT Incentives
9. Do you or your organization plan to seek EHR incentive funding under Medicaid or Medicare for the adoption and meaningful use of certified EHRs?
   - Medicaid
   - Medicare
   - Both
   - Not eligible
   - Will not apply for the incentives
   - Unsure

10. What is your reason for not seeking EHR incentive funding from Medicaid and/or Medicare? (Check all that apply)
    - Need further information about these opportunities
    - Unsure of what system to purchase
    - Cost of EHR system
    - Lack of internet connectivity
    - Security and privacy issues
    - Implementation guideline issues
    - Clinical relevance issues
    - Lack of technical expertise
    - Other- please explain ________________________________
Section C. HIT Adoption/Use

11. What type of internet access does your organization use?
   - [ ] Dial up
   - [ ] DSL
   - [ ] Cable
   - [ ] Satellite
   - [ ] T-1
   - [ ] Fiber optic cable
   - [ ] None
   - [ ] Other - please explain_____________________________

12. Are any of the following software packages currently in use within the practice? (Check all that apply.)
   - [ ] Practice management
   - [ ] Disease registry
   - [ ] Electronic prescribing
   - [ ] Do not use currently

13. If you or your organization uses electronic prescribing, what software program are you using?
   - [ ] Surescripts
   - [ ] Other - please explain_____________________________
   - [ ] Do not use electronic prescribing

14. Describe how your medical records system stores information for the majority of patients served by you or your organization. If multiple technologies are used, choose the system used for the majority of the patients records
   - [ ] An Electronic Health Record (EHR) system that stores patient medical and demographic information in a computer database that is accessed by computer terminals or other electronic manner. (An EHR may also be included or be connected to a Document Image Management System)
   - [ ] Computer-based system in which paper records/charts are scanned and stored electronically. This system can also be described as a Document Imaging Management System (DIMS)
   - [ ] Paper medical records/charts filed in a cabinet
i. If you or your organization uses paper medical records or DIMS, please indicate the reason(s) you or your organization does not currently use an EHR system. (Choose all that apply)

☐ Too expensive
☐ Confusing number of EHR choices
☐ Currently available EHR products don’t satisfy our needs
☐ Staff does not have the expertise to use an EHR
☐ EHR lack interoperability with other information systems resulting in high interface costs
☐ Decreased office productivity during implementation results in decreased revenue
☐ Concern that EHR choice will quickly become obsolete
☐ Concern with lack of skilled technical expertise
☐ Staff is satisfied with paper-based records system
☐ Other- please indicate ______________________________

ii. If paper medical records or DIMS is used, do you or your organization have plans to invest in an EHR within the next few years?

☐ Within 1 year
☐ Within 2 years
☐ Within 3 years
☐ Within 4 years
☐ Within 5 years
☐ Greater than 5 years
☐ No plans
☐ Other- please explain ______________________________

***If you checked paper records or DIMS system, skip to question 18 on page 8
***If you use EHR, continue to complete question 15
15. **What is the name of your current EHR vendor?**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Vendor</th>
<th>Vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td>AdvancedMD Software-PracticeOne</td>
<td>e-MDS</td>
<td>McKesson Provider Technologies</td>
</tr>
<tr>
<td>Allscripts- Misys</td>
<td>Epic</td>
<td>Meditech</td>
</tr>
<tr>
<td>Amazing Charts</td>
<td>GE Healthcare</td>
<td>NextGen</td>
</tr>
<tr>
<td>Athenahealth</td>
<td>Greenway Medical Technologies</td>
<td>OpenEMR</td>
</tr>
<tr>
<td>Cerner</td>
<td>Healthland</td>
<td>Sage</td>
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<tr>
<td>eCast Corporation</td>
<td>Ingenix</td>
<td>SOAPware</td>
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<tr>
<td>eClinicalWorks</td>
<td>Integrita</td>
<td>Transmed Network</td>
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<tr>
<td>Eclipsys</td>
<td>Integrity On Site LLC, dba DocuTAP</td>
<td></td>
</tr>
<tr>
<td>EHS</td>
<td>LSS Data Systems</td>
<td></td>
</tr>
</tbody>
</table>

Other EHR Vendor Company- please explain ____________________________________________
EHR Software program: ______________________________________________________________
Version number of EHR software: _____________________________________________________

16. **Please indicate if a component of EHR functionality is available at your main practice site by choosing if it is fully implemented across all units. (Fully implemented means it has completely replaced paper records for the function)**
<table>
<thead>
<tr>
<th>Function</th>
<th>Fully Implemented Across All Units</th>
<th>Fully Implemented in At Least One Unit</th>
<th>Beginning to Implement or Have Resources to Implement in the Next Year</th>
<th>Do not have Resources but Considering Implementing</th>
<th>Not in Place and not Considering Implementing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electronic Clinical Documentation</strong></td>
<td></td>
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</tr>
<tr>
<td>a. Patient Demographics</td>
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<td>❑</td>
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<tr>
<td>b. Physician Notes</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>c. Nursing Assessments</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>d. Problem Lists</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>e. Medication Lists</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>f. Discharge Summaries</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>g. Advanced Directives (i.e. DNR)</td>
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<tr>
<td><strong>Results Viewing</strong></td>
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<tr>
<td>a. Lab Reports</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>b. Radiology Reports</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>c. Radiology Images</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>d. Diagnostic Test Results (e.g., EKG report, Echo report)</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>e. Diagnostic Test Images (e.g., EKG tracing)</td>
<td>❑</td>
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<tr>
<td>f. Consultant Reports</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td><strong>Computerized Provider Order Entry</strong></td>
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<td>(Provider (e.g., MD, APN, NP) directly enters own orders)</td>
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<tr>
<td>a. Laboratory Tests</td>
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<td>❑</td>
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<td>❑</td>
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<tr>
<td>b. Radiology Tests</td>
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<tr>
<td>c. Medications</td>
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<tr>
<td>d. Consultation Requests</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>e. Nursing Orders</td>
<td>❑</td>
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<tr>
<td><strong>Decision Support</strong></td>
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<tr>
<td>a. Clinical Guidelines (e.g., Beta blockers post-MI, ASA in CAD)</td>
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<td>b. Clinical Reminders (e.g., pneumovax)</td>
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<tr>
<td>c. Drug Allergy Alerts</td>
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<tr>
<td>d. Drug-Drug Interaction Alerts</td>
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<tr>
<td>e. Drug-Lab Interaction Alerts</td>
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<td>f. Drug Dosing Support (e.g., renal dose guidance)</td>
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<td><strong>Bar Coding</strong></td>
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<td>a. Laboratory specimens</td>
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<td>b. Tracking pharmaceuticals</td>
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<td>c. Pharmaceutical administration</td>
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<td>d. Supply chain management</td>
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<td>e. Patient ID</td>
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<tr>
<td><strong>Other Functionalities</strong></td>
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<tr>
<td>a. Telemedicine</td>
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<td>b. Radio Frequency ID</td>
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<tr>
<td>c. Physician Use of Personal Data Assistant</td>
<td>❑</td>
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<td>❑</td>
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</tbody>
</table>
17. Which of the following benefits did you or your organization realize as a result of using an EHR? (Choose all that apply)

☐ Improved availability of clinical data when needed for clinical decisions
☐ Improved ability to manage diseases over time
☐ Improved population health management
☐ Improved facility workflow
☐ Improved provider workflow
☐ Better patient follow-up
☐ Improved scheduling efficiency
☐ Improved or easier billing/coding
☐ Improved patient education materials
☐ Improved communication between patients and providers
☐ Improved awareness of patient safety and quality (i.e. warnings: allergies, drug-to-drug interactions)

☐ Other - please explain: __________________________________________________________

Section D - Health Information Exchange
18. Do you or your organization currently share data with any of the following? (Check all that apply)

☐ Other clinics
☐ Hospitals
☐ Internal Laboratories ☐ External Laboratories ☐ State Laboratories
☐ Internal Pharmacy ☐ External Pharmacy

☐ Other - please explain _________________________________________________________

19. If data is shared, what method is used the MAJORITY of the time to share the data? (Check all that apply)

☐ Courier/Mail
☐ Voice/Phone
☐ Fax
☐ Email
☐ EHR Program

☐ Other - please explain _________________________________________________________
20. Using the scale provided, please indicate the level of concern you or your organization has about sharing information electronically through health information exchange (HIE).

<table>
<thead>
<tr>
<th>Concern</th>
<th>Major concern</th>
<th>Minor concern</th>
<th>Not a concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional expense to organization</td>
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<tr>
<td>Limited staff to support HIE</td>
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<tr>
<td>Patient privacy</td>
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<tr>
<td>Practice liability if patient data released inappropriately</td>
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</tbody>
</table>

Other- please explain ____________________________________________________________

21. What method of receiving educational materials is preferred by most of the providers in your practice?

☐ Print material received by mail
☐ Magazines and journals
☐ Grand rounds
☐ Professional or specialty society meetings
☐ Conferences (in person)
☐ Video conferences
☐ Web conferences
☐ Electronic newsletters
☐ Other- please explain __________________________________________________________

22. What is your number one concern regarding EHR adoption and implementation?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

23. Please provide any additional comments

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Thank you very much for taking the time to participate in this important survey!

Please mail or fax the completed survey to:
South Dakota Medicaid EHR Assessment
Department of Social Services
Medical Services Division
700 Governors Dr.
Pierre, SD 57501
Fax: 605-773-5246