

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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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 in this survey as the results 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.

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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

Healthcare Professional 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?

- Optometrist
- Dentist
- Certified Nurse Midwife
- Nurse Practitioner
- Physician Assistant only in Rural Health Clinic or Federally Qualified Health Center led by Physician Assistant
- Pediatrician
- Physician (MD, DO)
- Other- please specify _____

3. Do you provide **LESS THAN 90** percent of services in a hospital inpatient or emergency room setting?

- Yes
- No

4. 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) _____

5. What percentage of patients served are Medicaid patients?

- 0-9%
- 10-19%
- 20-29%

- 30-49%
- 50-100%

6. 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)

7. What percentage of patients served are Medicare patients?

- 0-9%
- 10-19%
- 20-29%
- 30-49%
- 50-100%

Section B. Medicaid HIT Incentives

8. 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
- Not eligible
- Will not apply for the incentives
- Unsure

9. 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

10. What type of internet access does your organization use?

- Dial up
- DSL
- Cable
- Satellite
- T-1
- Fiber optic cable
- None
- Other- please explain_____

11. 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

12. If you or your organization uses electronic prescribing, what software program are you using?

- Surescripts
- Other- please explain_____
- Do not use electronic prescribing

13. 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 paper records or DIMS are used, 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 records or DIMS are 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 17 on page 8**

*****If you use EHR, continue to complete question 14**

14. What is the name of your current EHR vendor?

- | | | |
|---|--|---|
| <input type="checkbox"/> AdvancedMD
Software-PracticeOne | <input type="checkbox"/> e-MDS | <input type="checkbox"/> McKesson Provider Technologies |
| <input type="checkbox"/> Allscripts- Misys | <input type="checkbox"/> Epic | <input type="checkbox"/> Meditech |
| <input type="checkbox"/> Amazing Charts | <input type="checkbox"/> GE Healthcare | <input type="checkbox"/> NextGen |
| <input type="checkbox"/> Athenahealth | <input type="checkbox"/> Greenway Medical Technologies | <input type="checkbox"/> OpenEMR |
| <input type="checkbox"/> Cerner | <input type="checkbox"/> Healthland | <input type="checkbox"/> Sage |
| <input type="checkbox"/> eCast Corporation | <input type="checkbox"/> Ingenix | <input type="checkbox"/> SOAPware |
| <input type="checkbox"/> eClinicalWorks | <input type="checkbox"/> Integrita | <input type="checkbox"/> Transmed Network |
| <input type="checkbox"/> Eclipsys | <input type="checkbox"/> Integrity On Site LLC, dba
DocuTAP | |
| <input type="checkbox"/> EHS | <input type="checkbox"/> LSS Data Systems | |

Other EHR Vendor Company- please explain _____

EHR Software program: _____

Version number of EHR software: _____

15. Please indicate if a component of EHR functionality is available at your main practice site by choosing how often it is used or choose not available

Function	Used most or all of the time	Used occasionally	Not in use	Not available
Patient problem or procedure list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient allergy lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient medication lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are prescription orders faxed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are orders sent electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are refill requests received from pharmacy electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers generate a complete active medication lists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orders for laboratory tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are orders sent electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are out of range levels highlighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing imaging results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are electronic images returned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning of drug interactions or contraindications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do they include medical history and follow up notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reminders for guideline-based interventions and/or screening tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization status and reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are notifiable diseases sent electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. 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

17. 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 _____

18. 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 _____

19. Using the scale provided, please indicate the level of concern you or your organization has about sharing information electronically through health information exchange

	Major concern	Minor concern	Not a concern
Additional expense to organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited staff to support HIE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice liability if patient data released inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other- please explain _____

20. 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 _____

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

22. 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