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## National Electronic Health Records Survey 2024

The purpose of the survey is to collect information about the adoption and use of electronic health records (EHRs) and electronic exchange of health information in outpatient or office-based care settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. There are no penalties for nonparticipation. If you have questions or comments about this survey, please call 877-254-1951.

<p><b>1. We have your specialty as:</b> <b>Is that correct?</b></p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No → What is your specialty? _____</p>	<p><b>4. Do you see outpatient or office-based 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 or Urgent Care Cent</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 Government clinic that is not federally funded (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 Integrated Delivery System, Health maintenance organization, health system or other prepaid practice (e.g., Kaiser Permanente)</p> <p><input type="checkbox"/> 8 Faculty practice plan (an organized group of physicians that treats patients referred to an academic medical center)</p> <p><input type="checkbox"/> 9 Indian Health Service</p> <p><input type="checkbox"/> 10 Rural Health Clinic (Federally Qualified)</p> <p><input type="checkbox"/> 11 Hospital outpatient departments</p> <p><input type="checkbox"/> 12 Hospital emergency departments</p> <p><input type="checkbox"/> 13 None of the above</p>
<p><i>This survey asks about <b>outpatient or office-based care</b>, that is, care for patients receiving health services without admission to a hospital or other facility.</i></p>	<p><i>If you see patients in <b>any</b> of these settings, go to Question 5</i></p>
<p><b>2. Do you directly provide outpatient or office-based care?</b></p> <p><input type="checkbox"/> 1 Yes → <b>Go to Question 3</b></p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 3 I am no longer in practice. } <i>Please stop here and return the questionnaire in the envelope provided. Thank you for your time.</i></p>	
<p><i>The next question asks about a <b>normal week</b>. We define a normal week as a week with a normal caseload, with no holidays, vacations, or conferences.</i></p>	<p><i>If you select <b>only</b> 12 or 13, go to Question 33</i></p>
<p><b>3. Overall, at how many office locations (excluding hospital emergency departments) do you see outpatient or office-based patients in a normal week?</b></p> <p><input type="text"/> <input type="text"/> Locations</p>	
<p><b>5. At which of the outpatient or office-based settings (1-11) in Question 4 do you see the most patients?</b> <b>WRITE THE NUMBER LOCATED NEXT TO THE BOX YOU CHECKED.</b></p> <p><input type="text"/> <input type="text"/> (For the rest of the survey, we will refer to this as the “reporting location.”)</p>	
<p><i>For the remaining questions, please answer regarding the reporting location indicated in Question 5 even if it is not the location where this survey was sent.</i></p>	



18. How often do you or designated staff use individual patients' health-related social needs data at your reporting location for...	Often	Sometimes	Rarely	Never	Don't Know
Referrals to services (e.g., social service organizations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical decision making?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Telemedicine**

19. Does your practice use telemedicine technology (e.g., audio, audio with video, web videoconference) for patient visits?

- ☐ 1 Yes (Go to 19a) ☐ 2 No (Skip to 20) ☐ 3 Don't know (Skip to 20)

19a. What type(s) of telemedicine tools did you use for patient visits? CHECK ALL THAT APPLY.

- ☐ 1 Telephone audio  
☐ 2 Videoconference software with audio (e.g., Zoom, WebEx, FaceTime)  
☐ 3 Telemedicine platform NOT integrated with EHR (e.g., Doxy.me)  
☐ 4 Telemedicine platform integrated with EHR (e.g., update clinical documentation during telemedicine visit)  
☐ 5 Other tools \_\_\_\_\_

**Electronic Exchange of Patient Health Information**

20. How often do you electronically send patient health information to other providers outside your medical organization using an EHR (not eFax) or a Web Portal (separate from EHR)?

- ☐ 1 Often ☐ 2 Sometimes ☐ 3 Rarely ☐ 4 Never ☐ 5 Don't know

21. How often do you electronically receive patient health information from other providers outside your medical organization using an EHR system (not eFax) or a Web Portal (separate from EHR)?

- ☐ 1 Often ☐ 2 Sometimes ☐ 3 Rarely ☐ 4 Never ☐ 5 Don't know

22. Does your reporting location electronically send or receive patient health information with public health agencies?

*Public health agencies can include the CDC, state or local public health authorities.*

- ☐ 1 Yes (Go to 22a) ☐ 2 No (Skip to 23) ☐ 3 Don't know (Skip to 23) ☐ 4 Not applicable (Skip to 23)

22a. What types of information do you electronically send or receive? CHECK ALL THAT APPLY.

- ☐ 1 Syndromic surveillance data ☐ 3 Immunization data  
☐ 2 Case reporting of reportable conditions ☐ 4 Public health registry data (e.g., cancer)

23. When seeing a new patient or a patient who has previously seen another provider, how often do you electronically search or query for your patient's health information from sources outside of your medical organization?

*This could include via remote or view only access to other facilities' EHR or health information exchange organization.*

- ☐ 1 Often ☐ 2 Sometimes ☐ 3 Rarely ☐ 4 Never ☐ 5 Don't know

24. Does your EHR system integrate any type of patient health information received electronically (not eFax) without special effort like manual entry or scanning?

- ☐ 1 Yes ☐ 2 No ☐ 3 Don't know ☐ 4 Not applicable

25. When treating patients seen by providers outside your medical organization, how often do you or your staff have clinical information from those outside encounters electronically available at the point of care?

*Electronically available does not include scanned or PDF documents.*

- ☐ 1 Often ☐ 2 Sometimes ☐ 3 Rarely ☐ 4 Never ☐ 5 Don't know  
☐ 6 I do not see patients outside my medical organization.

26. How frequently do you use patient health information electronically (not eFax) received from providers or sources outside your organization when treating a patient?

- ☐ 1 Often ☐ 2 Sometimes ☐ 3 Rarely ☐ 4 Never ☐ 5 Don't know

27. When you access clinical information from outside your organization (e.g. referrals, consult notes, discharge summaries, patient records) through any means (e.g. fax, phone, EHR, etc.), how easy is it to use the information to effectively care for your patients?

- ☐ 1 Very ☐ 2 Somewhat ☐ 3 Not at all ☐ 4 Not applicable ☐ 5 Don't know

<b>28. When you access clinical information about your patients from outside your organization (e.g. referrals, consult notes, discharge summaries, patient records), how often is it...</b>	<b>Often</b>	<b>Some times</b>	<b>Rarely</b>	<b>Never</b>	<b>Don't Know</b>
available as a scanned document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in an electronic portal (e.g. to a health information exchange) separate from your EHR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
integrated within your EHR (as opposed to a PDF)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>29. When looking for or using clinical information from outside your organization, to what extent do the following occur:</b>	<b>To a Great Extent</b>	<b>To Some Extent</b>	<b>Not at All</b>	<b>Not Applicable</b>
Entire record is not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key information within record is missing/not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty finding important information due to a large amount of low-value information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty finding necessary information within the record for other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>30. Electronically exchanging clinical information with other providers outside my medical organization ____.</b>	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
"...improves my practice's quality of care."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"...increases my practice's efficiency."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"...prevents medication errors."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"...enhances care coordination."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"...reduces duplicate test ordering."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>31. Please indicate whether these issues are barriers to electronic information exchange with providers outside your medical organization.</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Not Applicable</b>
Providers in our referral network lack the capability to electronically exchange (e.g., no EHR system or health information exchange connection).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have limited or no IT staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic exchange involves incurring additional costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic exchange involves using multiple systems or portals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Public Health Exchange**

**32. For each type of public health reporting, please indicate whether your reporting location uses automated, manual or a mix of both types of processes to transmit the data. Automated refers to EHR generated data sent electronically or automatically to the public health agency. Manual refers to chart abstraction with data faxed or re-input into a portal. A mix of both types of processes refers to files electronically generated from the EHR but manual steps required to transmit to public health agency.**

	<b>Fully or primarily automated</b>	<b>Mix of automated and manual process</b>	<b>Fully or primarily manual</b>	<b>We do not report this type of information</b>	<b>Don't Know</b>
Syndromic surveillance reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case reporting of reportable conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization registry reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health registry reporting (e.g., birth defects registries, chronic disease registries or traumatic injury registries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33. Who completed this survey? CHECK ALL THAT APPLY**

☐ 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.  
If you have misplaced the envelope, please send the survey to:

RTI International, Cox Building – FDC (0219308.002.001.004)  
PO Box 12194

Box for Admin Use