# *FPM* Electronic Health Record (EHR) User-Satisfaction Survey – 2007

| | |
|---|---|
| Your name: | |
| Your 7-digit AAFP membership number: ____ ____ ____ ____ ____ ____ ____ | |
| Your e-mail address (optional): | |
| Your age: _____ years | |
| EHR product name: | |
| EHR version number: | |
| Did you help select this EHR for your practice? | ❍ Yes    ❍ No |
| How long have you used *any* EHR in practice? | _____ years (Round to nearest half-year; e.g., 3.5 years) |
| How long have you used *this vendor's* EHR? | _____ years (Round to nearest half-year; e.g., 2.0 years) |
| How skilled are you in the use of *this vendor's* EHR? | Novice    Average user    Expert<br>❍    ❍    ❍    ❍    ❍ |
| In general, not just in terms of this EHR system, how would you rate yourself as a computer user? | Novice    Average user    Expert<br>❍    ❍    ❍    ❍    ❍ |
| How many physicians in all specialties are in your practice, including yourself? | ❍ 1   ❍ 2   ❍ 3-5   ❍ 6-10   ❍ 11-20   ❍ 21-50   ❍ >50 |
| Does your practice include physicians in specialties other than family medicine? | ❍ Yes    ❍ No |
| Do *all* physicians in your practice use this EHR? | ❍ Yes    ❍ No |

Disclosure (select one):

❍ A. Neither I nor any member of my immediate family has a significant financial interest in or affiliation with a manufacturer or vendor of any EHR system.

❍ B. I and/or one or more members of my immediate family have a significant financial interest in or affiliation with a manufacturer or vendor of an EHR system.

If you selected B, please explain:

## How satisfied are you with the way your EHR allows you to perform the following functions?

| Function | Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied | Function not installed | Function installed but not used |
|---|---|---|---|---|---|---|---|
| Review chart information | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Create visit notes | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Create telephone messages | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Generate and use forms for patient care (e.g., referral forms or work excuses) | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Work without paper | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Update and review problem lists | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Update and review allergies | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Update and review immunizations | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Update and review medication lists | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Present graphic views of vital signs, including growth charts | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Enter and review test orders (e.g., lab, imaging) | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Manage and review test results (e.g., lab, imaging) | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Prescribe electronically | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

| Function | Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied | Function not installed | Function installed but not used |
|---|---|---|---|---|---|---|---|
| Create and review scanned documents | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Manage referrals | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Manage and provide patient education materials | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Generate patient lists (e.g., a list of all your patients or a list of all your patients with diabetes) | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Generate disease management reports (e.g., a list of all your patients with diabetes who have had an A1C in the past year) | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Assign tasks to other office personnel (tasking) | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

## How satisfied are you with the way your EHR system performs the following functions?

### Alerts and Prompts

| | Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied | Function not installed | Function installed but not used |
|---|---|---|---|---|---|---|---|
| The EHR alerts you to problematic medications (e.g., drug interactions and allergy alerts) when they are relevant. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| The EHR reminds you of health maintenance deficiencies during the visit. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| The EHR provides assistance in coding visits and capturing charges. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

## Indicate the extent to which you agree or disagree with the following statements:

### Ease of Use and Flexibility

| | Strongly agree | Agree | No opinion | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| This EHR allows individual user-specific customization. | ❍ | ❍ | ❍ | ❍ | ❍ |
| This EHR minimizes data input. | ❍ | ❍ | ❍ | ❍ | ❍ |
| This EHR offers multiple note creation options. | ❍ | ❍ | ❍ | ❍ | ❍ |
| This EHR is fast (minimal wait between screens, minimal boot-up time, etc.). | ❍ | ❍ | ❍ | ❍ | ❍ |

### Service and Support

| | Strongly agree | Agree | No opinion | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| Our EHR vendor provided excellent support during our implementation period. | ❍ | ❍ | ❍ | ❍ | ❍ |
| Our vendor provides excellent ongoing support and service. | ❍ | ❍ | ❍ | ❍ | ❍ |
| Our vendor issues at least one significant system upgrade per year. | ❍ | ❍ | ❍ | ❍ | ❍ |
| Our vendor assists with ongoing training. | ❍ | ❍ | ❍ | ❍ | ❍ |

### Overall Satisfaction

| | Strongly agree | Agree | No opinion | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| Given the opportunity to pick an EHR system again, I would pick the same EHR. | ❍ | ❍ | ❍ | ❍ | ❍ |
| If I could go back to paper-based records with no financial penalties, I would do so. | ❍ | ❍ | ❍ | ❍ | ❍ |
| I would recommend this EHR to physicians in solo or small group practices (1 to 5 physicians). | ❍ | ❍ | ❍ | ❍ | ❍ |
| I would recommend this EHR to physicians in mid-size practices (6 to 30 physicians). | ❍ | ❍ | ❍ | ❍ | ❍ |
| I would recommend this EHR to physicians in large group practices (more than 30 physicians). | ❍ | ❍ | ❍ | ❍ | ❍ |
| I would recommend this EHR to any physician. | ❍ | ❍ | ❍ | ❍ | ❍ |

### Cost

| | Strongly agree | Agree | No opinion | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| This EHR cost more than it's worth. | ❍ | ❍ | ❍ | ❍ | ❍ |
| This EHR has saved or will save my practice money over its first five years of use. | ❍ | ❍ | ❍ | ❍ | ❍ |

Our estimated total cost for this EHR *per physician per year* is: $_____ .

(Note: Cost should include software purchase and maintenance fees, information technology staff costs, equipment costs, etc. Figure the average cost per year for the first five years.)

| Does your EHR have the following features? | | | |
|---|---|---|---|
| **Interoperability** (ability to exchange information electronically with other information systems) | Yes | No | PMS and EHR are a single integrated system. |
| An electronic interface to a practice management system (PMS) | ○ | ○ | ○ |
| An electronic interface to a lab | ○ | ○ | |
| An electronic interface to a radiology system (for reports, not images) | ○ | ○ | |
| An electronic interface to a hospital | ○ | ○ | |
| An electronic interface to pharmacies for electronic transmission of prescriptions | ○ | ○ | |
| Connection to a patient Web portal (a Web site where patients can securely send messages directly to your EHR system) | ○ | ○ | |
| Remote access capabilities (e.g., from your home) | ○ | ○ | |
| Connection with a Regional Health Information Organization (RHIO) | ○ | ○ | |
| eFAX capabilities for any patient document being sent to a provider not on your EHR (i.e., fax directly from the EHR without printing it first) | ○ | ○ | |
| Ability to create a summary health document that you can eFAX to outside providers (e.g., a continuity of care record – CCR) | ○ | ○ | |
| **Security** | | | |
| An audit trail (e.g., a record of everyone who looks at a chart) | ○ | ○ | |
| Ability to restrict access (e.g., allow different users to have different levels of access to the record) | ○ | ○ | |
| Password protection (e.g., a password is required each time a user opens the software) | ○ | ○ | |

**Comments:**

Use additional sheets if necessary.

## One last request

Now that you have completed the survey, *encourage at least one colleague to do so too.* It can be someone in your practice or another practice. The survey is open to all AAFP members, and the results will be useful in direct proportion to the number of physicians who complete it thoughtfully.

Submit your responses by transferring your answers to the online survey instrument available at http://www.aafp.org/fpm/ehrsurvey, by faxing this completed survey to *FPM* at 913-906-6010 or by mailing it to *Family Practice Management,* 11400 Tomahawk Creek Pkwy., Leawood, KS 66211. Please submit your response by **July 31, 2007.** Thank you for your help.