THE *FPM* SURVEY OF FAMILY PHYSICIANS WHO HAVE CHANGED EHR SYSTEMS

This survey is intended for practicing family physicians whose practices have switched EHR systems since Jan. 1, 2010. Please complete this survey only if that describes you.

Tell us about yourself and your practice.

Your name:	_____
Your seven-digit AAFP membership number:	____ ____ ____ ____ ____ ____ ____
Your practice type:	☐ Hospital, health system, or university owned ☐ Government owned ☐ Federally qualified health center ☐ Physician owned ☐ Other: _____
Practice size (entire organization):	☐ Solo physician ☐ 2-3 physicians ☐ 4-9 physicians ☐ 10-25 physicians ☐ 26-99 physicians ☐ 100+ physicians
How many ambulatory EHRs have you ever *personally* used for *at least 3 months*?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more (If you answered 1, do not complete the rest of this survey.)
Did your practice change EHRs after Jan. 1, 2010?	☐ Yes ☐ No (If you answered No, do not complete the rest of this survey.)

Tell us about your current EHR.

What EHR does your practice use *now*?	Name: _____Version number: _____
When did your practice switch to this EHR?	Month: _____ Year: _____

(If your practice switched to your current system before Jan. 1, 2010, do not complete the rest of this survey.)

Tell us about your prior EHR.

What EHR did your practice use *before* changing EHR systems?	Name: _____Version number: _____
How long did your practice use this EHR? (Round to the nearest full year.)	☐ 1 y ☐ 2 y ☐ 3 y ☐ 4 y ☐ 5 y or more
Were you personally involved in the decision to replace this EHR with another one?	☐ Yes ☐ No
Were you in favor of making the switch at the time?	☐ Yes ☐ No ☐ Unsure ☐ No opinion

Tell us why your practice changed EHR systems.

Please indicate how important the following reasons were in the decision to switch EHR systems:	Highly important	Important	Somewhat important	Not important
EHR consolidation. Different parts of my organization used different EHR systems; we switched to get everyone on the same EHR.	☐	☐	☐	☐
Practice change/merger. We joined an organization with a different EHR and had to change to their EHR.	☐	☐	☐	☐
Usability. Our prior EHR was difficult to use.	☐	☐	☐	☐
Functionality. Our prior EHR was missing functionality we needed.	☐	☐	☐	☐
Meaningful Use. We were unable to achieve Meaningful Use with our prior EHR.	☐	☐	☐	☐
Support/training. We had poor vendor support/training for our prior EHR.	☐	☐	☐	☐
Financial viability of vendor. The vendor of our prior EHR went out of business or appeared to have financial problems.	☐	☐	☐	☐
Prefer online product. We switched to a "cloud-based" (web-based) EHR system. (In such a system, version upgrades, maintenance, etc., are managed by the vendor.)	☐	☐	☐	☐
Cost reduction. We wanted to reduce costs.	☐	☐	☐	☐

If applicable, list any **other** reasons your practice changed EHRs: _____
_____
_____

Tell us about the challenges you encountered in making the switch.				
Please indicate how significant the following challenges were in your EHR switch:	Major challenge	Moderate challenge	Minor challenge	No challenge
Time investment required by the switch	☐	☐	☐	☐
Cost of the switch and/or the new system	☐	☐	☐	☐
Productivity loss during the transition between EHRs	☐	☐	☐	☐
Difficulty of learning new software	☐	☐	☐	☐
Data loss in the conversion	☐	☐	☐	☐
Loss of functionality that we had in the prior EHR	☐	☐	☐	☐
Added difficulty of using the new EHR as compared with the previous one	☐	☐	☐	☐

If applicable, list any **other** challenges your practice faced in changing EHRs: _____
_____
_____

Tell us your opinions about having changed EHR systems.						
Please indicate the extent to which you agree or disagree with each of the following statements.	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Unsure
Our new EHR is easier to use.	☐	☐	☐	☐	☐	☐
Our new EHR is faster.	☐	☐	☐	☐	☐	☐
Our new EHR has useful new functionality.	☐	☐	☐	☐	☐	☐
Our new EHR is **NOT** overly complex to use.	☐	☐	☐	☐	☐	☐
Our new EHR has improved our productivity.	☐	☐	☐	☐	☐	☐
Our new EHR has allowed us to achieve Meaningful Use.	☐	☐	☐	☐	☐	☐
We now have better vendor support/training.	☐	☐	☐	☐	☐	☐
We now have fewer technical problems.	☐	☐	☐	☐	☐	☐
Our total costs of having an EHR have decreased.	☐	☐	☐	☐	☐	☐
I am happy that we changed EHR systems.	☐	☐	☐	☐	☐	☐
I am happy with our new EHR system.	☐	☐	☐	☐	☐	☐

If your new EHR has new or improved functionality, please describe what has improved: _____
_____
_____

Tell us what advice you would give to others who are thinking about changing EHR systems.

My advice is this: _____
_____
_____

One last request

The survey is open to all AAFP members who have switched EHR systems since Jan. 1, 2010, and the results will be useful in direct proportion to the number of physicians who complete it. Now that you have completed the survey, encourage at least one colleague to do so too. Please use the following link to share the survey: http://www.aafp.org/fpm/ehrsurvey.

Email your completed survey to *FPM* at fpmedit@aafp.org, fax it to 913-906-6010, or enter your responses online at http://www.aafp.org/fpm/ehrsurvey. Thank you for your input.