

FPM ELECTRONIC HEALTH RECORD (EHR) USER-SATISFACTION SURVEY – 2009

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|--|---|
| Your name: | |
| Your seven-digit AAFP membership number: _____ | |
| EHR product name: | |
| EHR version number: | |
| Did you help select this EHR for your practice? | <input type="radio"/> Yes <input type="radio"/> No |
| How long have you used this EHR? | _____ years (round to nearest half-year; e.g., 3.5 years) |
| How skilled are you in the use of this EHR? | <input type="radio"/> Novice <input type="radio"/> <input type="radio"/> Average user <input type="radio"/> Expert <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| How many physicians (in all specialties) are in your practice, including yourself? | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3-5 <input type="radio"/> 6-10 <input type="radio"/> 11-20 <input type="radio"/> 21-50 <input type="radio"/> >50 |
| Does your practice include physicians in specialties other than family medicine? | <input type="radio"/> Yes <input type="radio"/> No |
| How is your salary determined? | <input type="radio"/> 100% productivity <input type="radio"/> Mixed (>15% productivity) <input type="radio"/> Mixed (≤15% productivity) <input type="radio"/> 100% salary |
| Disclosure (select one): | |
| <input type="radio"/> 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. | |
| <input type="radio"/> 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: | |

| Indicate the extent to which you agree or disagree with the following statements: | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Overall this EHR is easy and intuitive to use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Documenting care is easy and effective with this EHR. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Finding and reviewing information is easy with this EHR. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ordering lab tests, referrals and imaging studies is easy with this EHR. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E-prescribing is fast and easy with this EHR. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This EHR provides useful tools for <i>health maintenance</i> (for instance, prompts, alerts and flow sheets). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This EHR provides useful tools for <i>disease management</i> (for instance, diagnosis-specific prompts, alerts, flow sheets and patient lists). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E-messaging and tasking within the office is easy with this EHR. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This EHR enables me to practice higher quality medicine than I could with paper charts. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a good idea how much this EHR system is costing my practice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This EHR is worth the expense. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Our EHR vendor provides excellent training and support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am highly satisfied with this EHR system. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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, 2009. Thank you for your help.