

# THE 2012 FPM ELECTRONIC HEALTH RECORD (EHR) USER-SATISFACTION SURVEY

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="checkbox"/> Yes <input type="checkbox"/> No
How long have you used this EHR?	<input type="checkbox"/> 1 year or less <input type="checkbox"/> 1+ to 3 years <input type="checkbox"/> 3+ to 5 years <input type="checkbox"/> 5+ to 10 years <input type="checkbox"/> 10+ to 15 years <input type="checkbox"/> More than 15 years
How skilled are you in the use of this EHR?	Novice                      Average user                      Expert <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
How many physicians (in all specialties) are in your practice, including yourself?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> >50
What specialties use this EHR system in your practice?	<input type="checkbox"/> Family medicine only <input type="checkbox"/> Primary care only (FM, IM, Peds) <input type="checkbox"/> Primary care plus others
During the last 10 years, how many ambulatory-care EHRs (including this one) have you used in this or any prior practice?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
Have you successfully attested to the Medicare or Medicaid EHR incentive program that you are a "meaningful user"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever switched to a new EHR because you or others in your practice were unhappy with your prior EHR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disclosure (select one): <input type="checkbox"/> 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="checkbox"/> 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:	

**Please indicate the extent to which you agree or disagree with the following statements:**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Unsure
I can document care easily and efficiently with this EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can find the information I need easily and efficiently with this EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This EHR clearly displays the information I need without unnecessary information or other clutter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This EHR helps me avoid making mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using this EHR, I can create notes that promote better patient care; for instance, other physicians would find that the notes provide all the information they need in an easy-to-digest format.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This EHR allows me to complete tasks efficiently, without seemingly unnecessary steps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This EHR helps me focus on patient care rather than on the computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This EHR presents alerts that are concise, appropriate, and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the extent to which you agree or disagree with the following statements:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Unsure
This EHR provides useful tools for disease management (for instance, diagnosis-specific prompts, alerts, and patient education materials).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This EHR provides useful tools for preventive medicine (for instance, flow sheets, alerts, and patient education materials).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This EHR makes it easy to qualify for meaningful use incentive dollars from Medicare or Medicaid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This EHR doesn't just enable me to meet meaningful use criteria; it actually helps me provide better patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-prescribing is fast, easy, and error-free with this EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intra-office messaging and tasking are fast, easy, and effective with this EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning to use this EHR is easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our EHR vendor provides excellent support (for instance, fixing bugs quickly, offering useful training, and providing timely upgrades that go well).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This EHR helps me see more patients per day (or go home earlier) than I could with paper charts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy using this EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am highly satisfied with this EHR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use this space to add a comment if you wish.						

### 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. Please fax the completed survey to *FPM* at 913-906-6010. Thank you.

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