

**TMA Survey
Electronic Medical Records
Report
Fall 2009**



Physicians Caring for Texans

TMA Survey Electronic Medical Records- 2009

Background

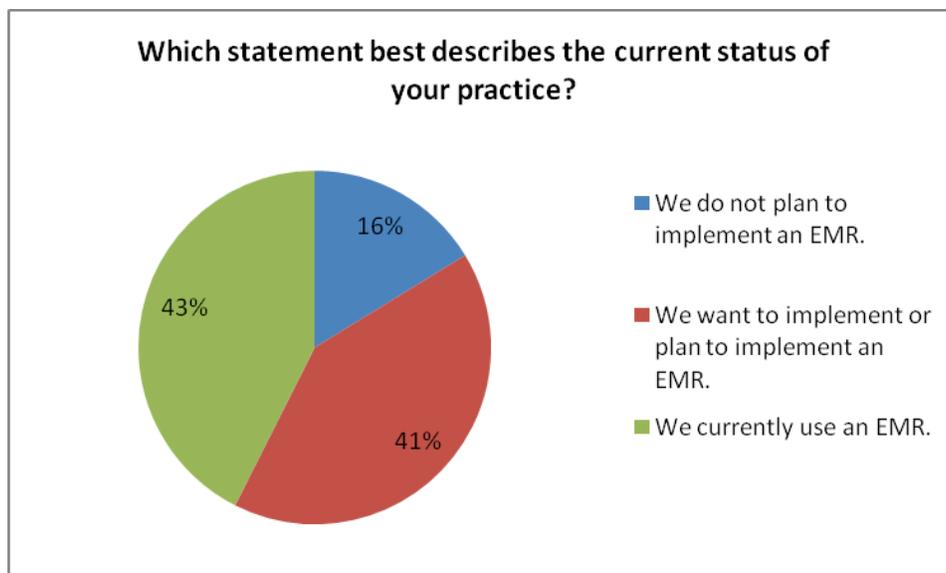
Health information technology (HIT), such as electronic medical records (EMRs), e-prescribing, and health information exchange, has the potential to improve patient quality of care. TMA’s goal is to help ensure HIT has a positive impact on physicians, patients, and practices by enhancing quality of care, patient safety, and practice viability. The current survey, conducted in October and November of 2009, is a benchmark of physician needs and experiences with EMRs. This survey is a follow-up to surveys conducted in 2007 and 2005 and especially important as TMA tailors services and resources to help physicians with federal stimulus package incentives for meaningful use of an EMR.

Methodology

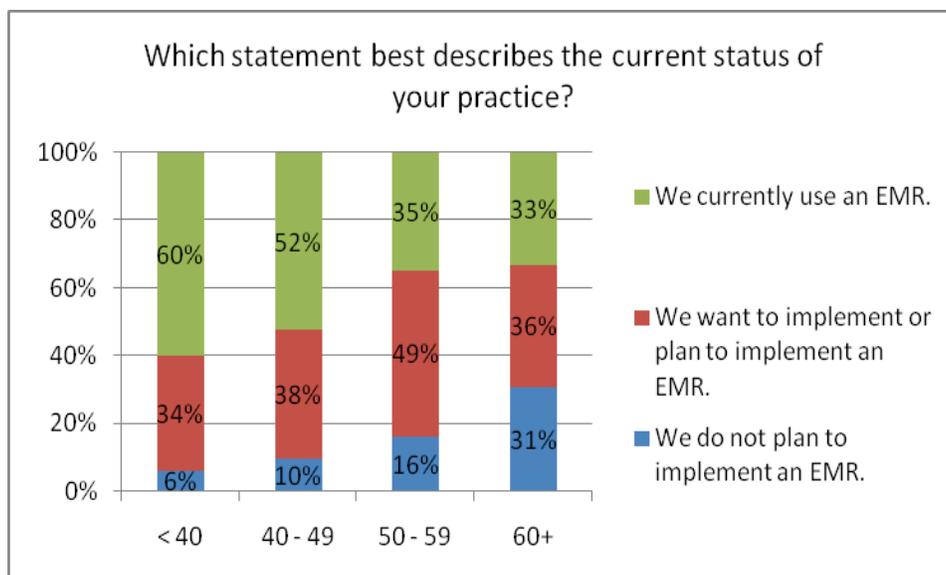
This report contains a detailed statistical analysis of the results to the survey titled Electronic Medical Records. Invitations to participate in the web survey were e-mailed to a random sample of 10,000 Texas physicians with responses received from 236 physicians. An additional 81 Rapid Response E-team members out of the 591 panel members e-mailed completed the survey. Fifty-three responses were received from a paper version of the survey distributed at HIT seminars conducted by TMA. Analysis includes answers from all 370 respondents, for a 4 percent response rate, who took the survey in the period from October 8, 2009 to November 29, 2009

Findings

- The percentage of respondents who report using an EMR continues to rise, with 43 percent in 2009 reporting current use, up from 33 percent in 2007 and 27 percent in 2005.



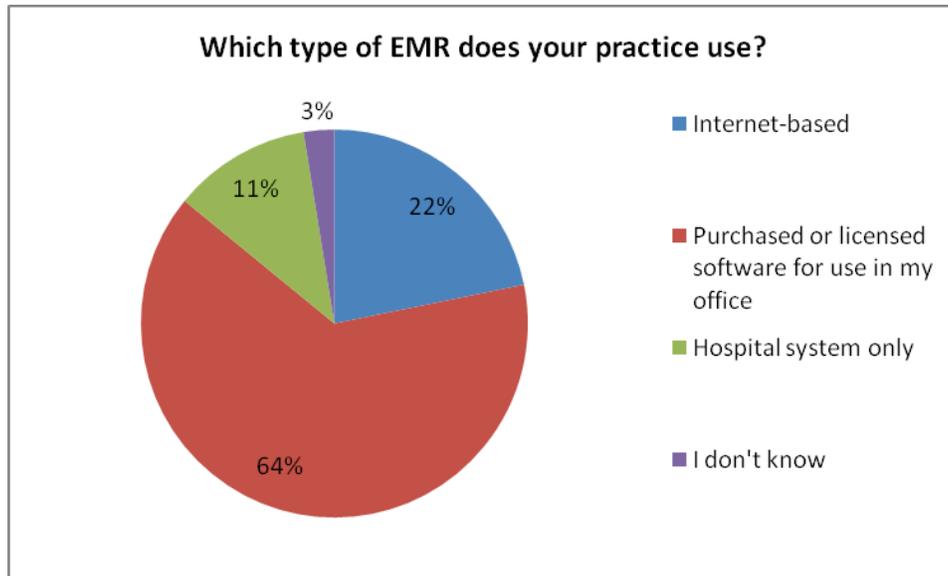
- Forty-one percent of respondents report wanting to implement an EMR, which remains stable with 40 percent reporting this desire in 2007.
- The percentage of respondent with no plans to implement an EMR has decreased with only 16 percent who report no plans as opposed to 25 percent in 2007.
- Similar to 2007, younger physicians are more likely to use an EMR. Sixty percent of respondents under the age of 40 currently use an EMR, up from 48 percent in 2007 and 37 percent in 2005.



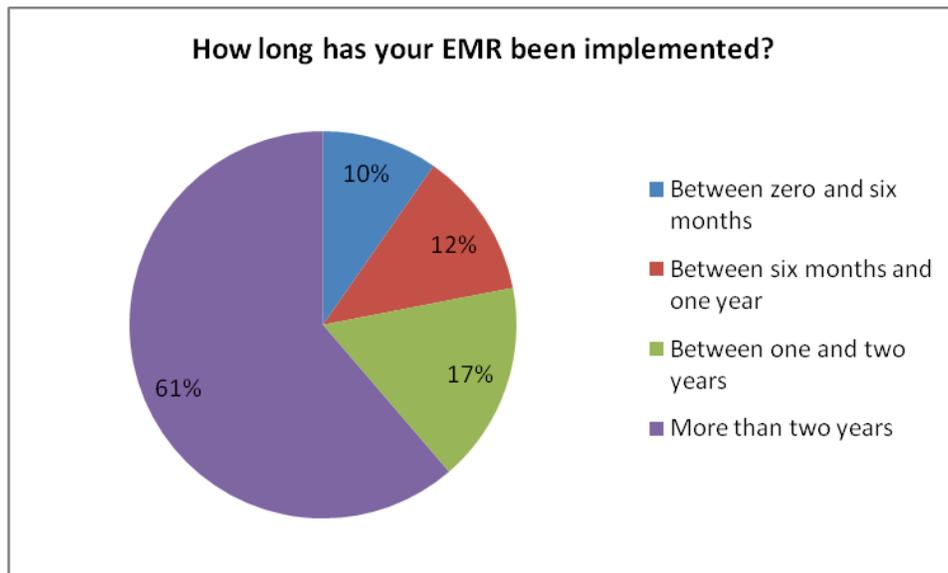
- Physicians in Primary Care are most likely to report currently using an EMR (50%) and least likely to report no plans for implementation (11%). Physicians in Indirect Access specialties (i.e., Anesthesiology, Emergency Medicine, Critical Care Medicine, Pathology, and Radiology) are more likely to report no plans to implement an EMR (32%).
- Similar to 2007, practices with more physicians are more likely to report currently using an EMR. These practices are less likely to report no plans for EMR adoption.
- Fourteen percent of respondents report having previously used an EMR which was either discarded or replaced. Of those respondents who reported previous use of an EMR, the majority (65%) replaced it with another EMR.

Practices That Have Implemented

- Respondents who reported current use of an EMR were asked 19 questions. Their responses are as follows:
- The majority of respondents that have implemented an EMR purchased or licensed software for use in office (64%).

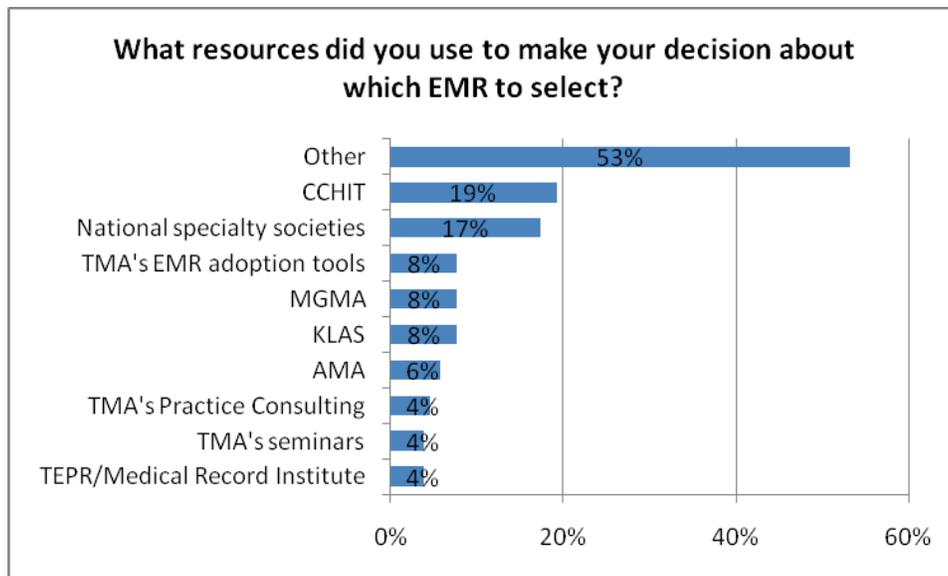


- Physicians in Indirect Access specialties are more likely to report using a hospital system only (60%).
- The majority of respondents (61%) have been using their EMR for more than 2 years, up from 54 percent in 2007. Less than a quarter (17%, down from 23% in 2007) have been in use for 1 to 2 years. Twelve percent (up from 10% in 2007) have been in use for 6 months to 1 year and 10 percent (down from 14%) have been implemented in the last 6 months.



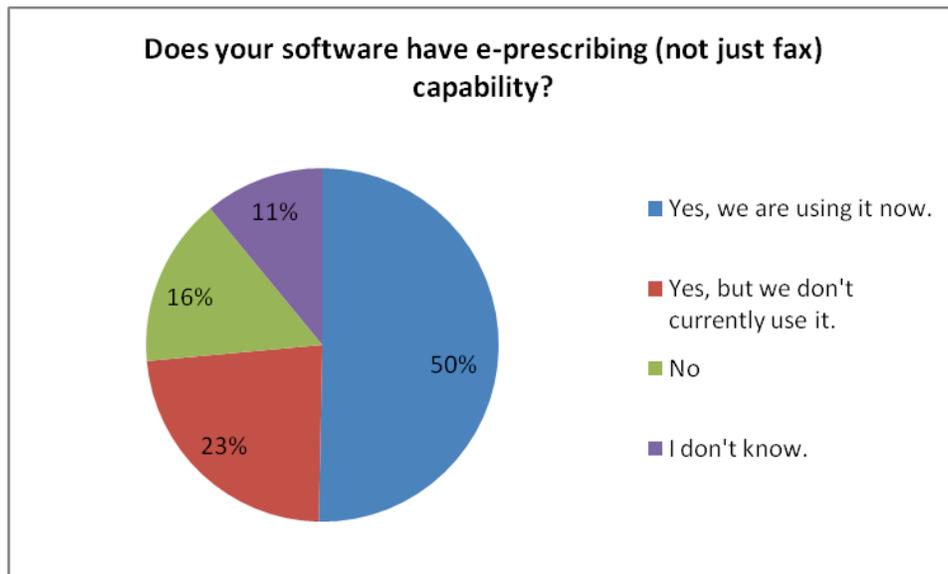
- The median reported purchase, training, and implementation costs are \$18,000 per physician (down from \$25,000 in 2007). Monthly maintenance costs are reported as being \$350 per physician (down from \$425 in 2007).

- Younger physicians spend more on purchase, training, and implementation costs:
 - The median expense for physicians under the age of 40 is \$25,000
 - Physicians 40 – 49 spend \$19,000
 - Physicians 50 – 59 spend \$18,000
 - And physicians 60 and over spend \$18,000
- When asked how purchase and implementation costs compared to initial vendor estimates, respondents (57%) report costs as being equal to initial vendor estimates. Forty-one percent of respondents report costs as being more than initial vendor estimates, on average, 31 percent more than estimates.
- Indirect Access specialists are most likely to report purchase and implementation costs as being higher than vendor estimates (60%) while other specialists are most likely to report costs as being equal (65%).
- These costs were subsidized by someone else according to 23 percent of respondents, which is an increase from 17 percent in 2007. Physicians under age 40 (42%) as well as physicians in larger practices are more likely to report having costs subsidized (42%) by someone else.
- Respondents (53%) report having used other sources of information not listed to make their decision about which EMR to select. When asked to specify these other sources, respondents frequently reported they did not select their EMR, the choice was made for them by a hospital or medical colleagues.

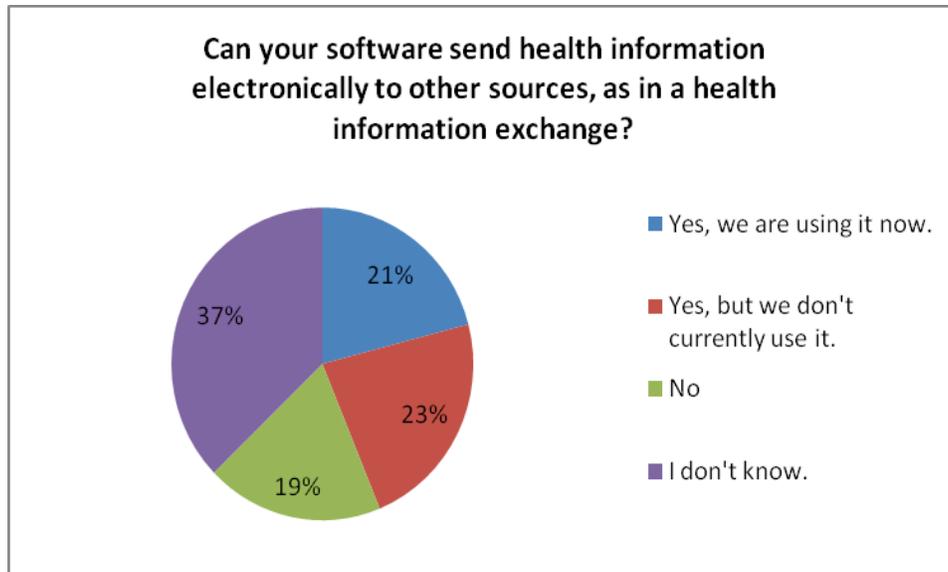


- Less than 20 percent of respondents used the following resources to make their decision: the Certification Commission for Health Information Technology (CCHIT, 19%), national specialty societies (17%), TMA’s EMR adoption tools (8%), the Medical Group Management Association (MGMA, 8%), KLAS (8%), the American Medical Association (AMA, 6%), TMA’s Practice Consulting, TMA’s seminars, and TEPR/Medical Record Institute (4%).

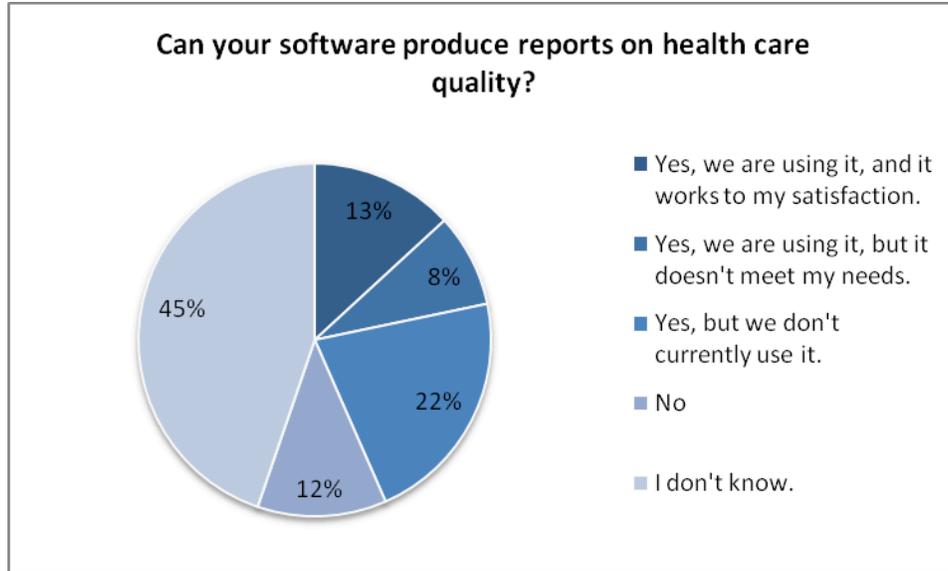
- Respondents in metro counties (other than Bexar, Dallas, Harris, Tarrant, or Travis) are more likely to report using KLAS to make their decision regarding EMRs (19%). Rural county respondents are more likely to report having used TMA’s Practice Consulting (43%) in comparison to other respondents.
- Respondents report their EMR as being: CCHIT-certified (49%), they are unsure if their EMR is CCHIT-certified (41%), or their EMR is not CCHIT-certified (10%).
- Half of respondents’ report their EMR has e-prescribing (not just fax) capability and they are using it now (50%).



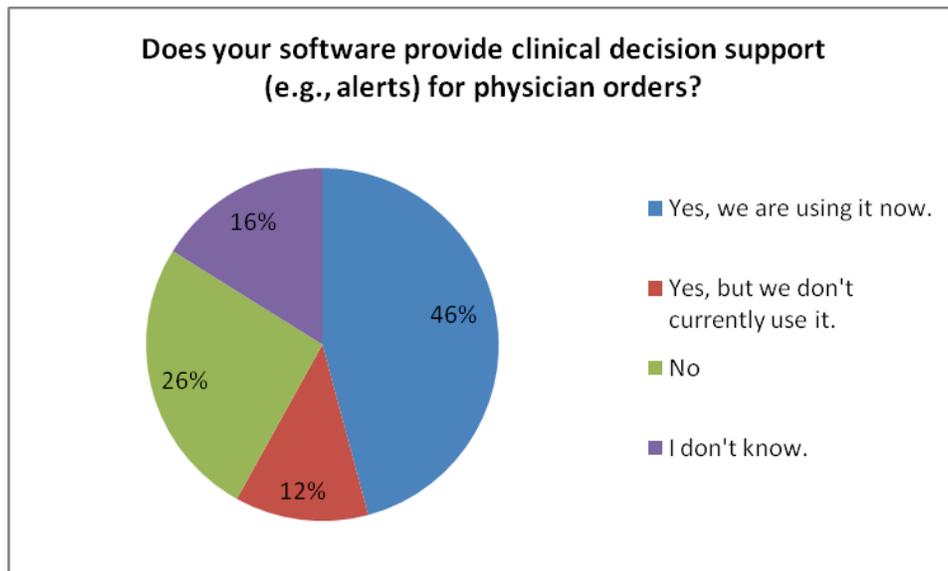
- Primary Care physicians are most likely to report using e-prescribing (59%).
- Indirect Access physicians are more likely than other physicians to report their software does not have this capability (30%).
- Forty-four percent of respondents report their EMR software is capable of sending health information electronically to other sources, as in a health information exchange, but less than half of respondents are using it now (21%). A large minority of respondents (37%) don’t know if their EMR is capable of a health information exchange.



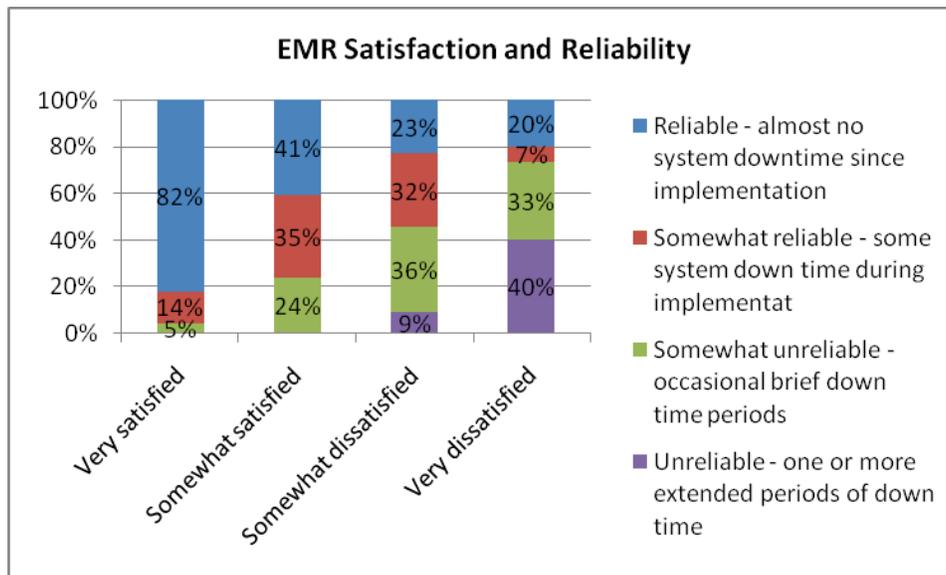
- Tarrant county physicians are more likely to be using a health information exchange (39%).
 - Harris county physicians are more likely to report having the capability, but not using it (36%). They are least likely to report not having the capability at all (12%).
 - Rural county physicians are most likely to report their software does not the capability (71%) and least likely to report not knowing if their software is capable of a health information exchange (14%).
 - Bexar county physicians are most likely to report not knowing if their software is capable of a health information exchange (88%).
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- A large minority of respondents (45%) don't know if their software can produce reports on health care quality.



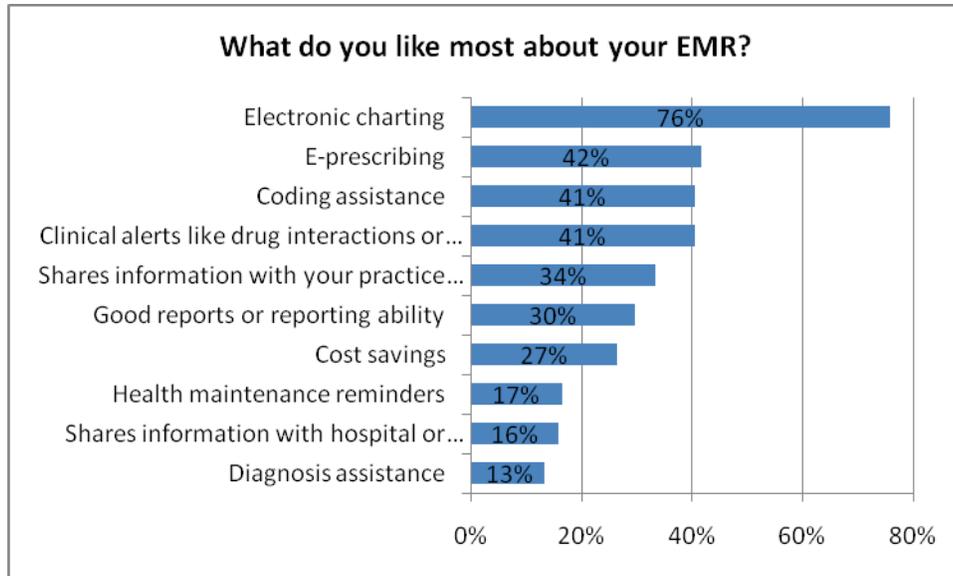
- Forty-three percent of respondents report their EMR is capable of doing so. Of these respondents, 13 percent report it works to their satisfaction, 8 percent report it doesn't meet their needs, and 22 percent don't use it.
- Respondents (46%) are using clinical decision support, such as alerts, for physician orders. Physicians in larger practices are more likely to be using clinical decision support aides while physicians in smaller practices are more likely not know if their EMR is capable of this feature.



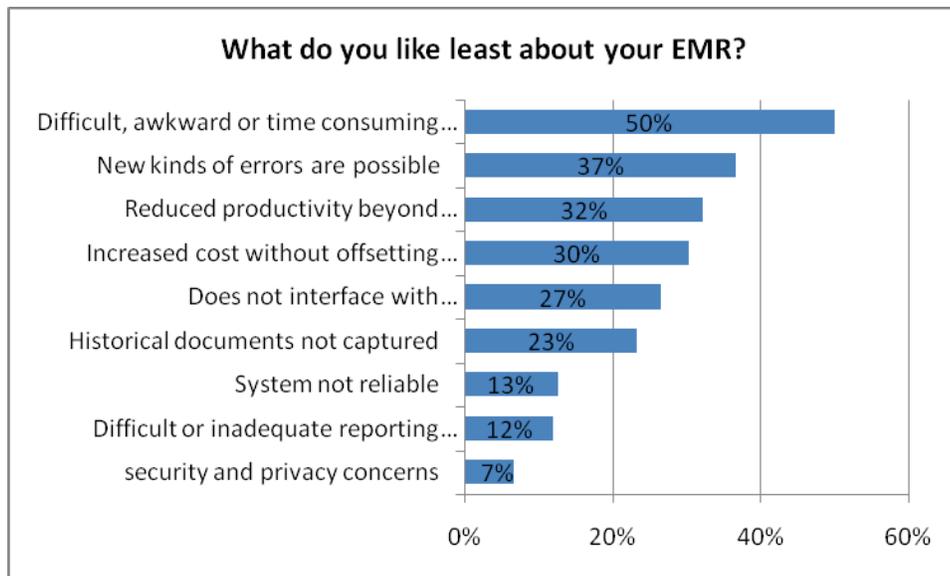
- The majority of respondents report being very satisfied (29%) or somewhat satisfied (47%) with their EMR. Further, the majority of respondents report their EMR system as being reliable (48%, up from 36% in 2007) or somewhat reliable (26%). Similar to 2007, there is a strong relationship between satisfaction and system reliability.



- Solo physicians are more likely to report being very satisfied with their EMR (48%) and most likely to report their EMR as reliable (65%).
- Physicians in smaller practices (1 - 3 physicians) are less likely to report being very dissatisfied with their EMR (5%).
- Physicians in larger practices (9 or more physicians) are least likely to report their EMR as being reliable (31%).
- When asked what they like most about their EMR, the majority of respondents report electronic charting (76%). A large minority of respondents report e-prescribing (42%), coding assistance (41%), and clinical alerts like drug interactions or allergies (41%) as important features in their EMR. Respondents also appreciate the ability of their EMR to share information with their practice management system (34%), quality reporting (30%, which is comparable to 2007's 32%), and cost savings (27%). Finally, a smaller percentage of respondents like the health maintenance reminders (17%), information sharing with hospital or ancillary providers (16%), and diagnosis assistance (13%).



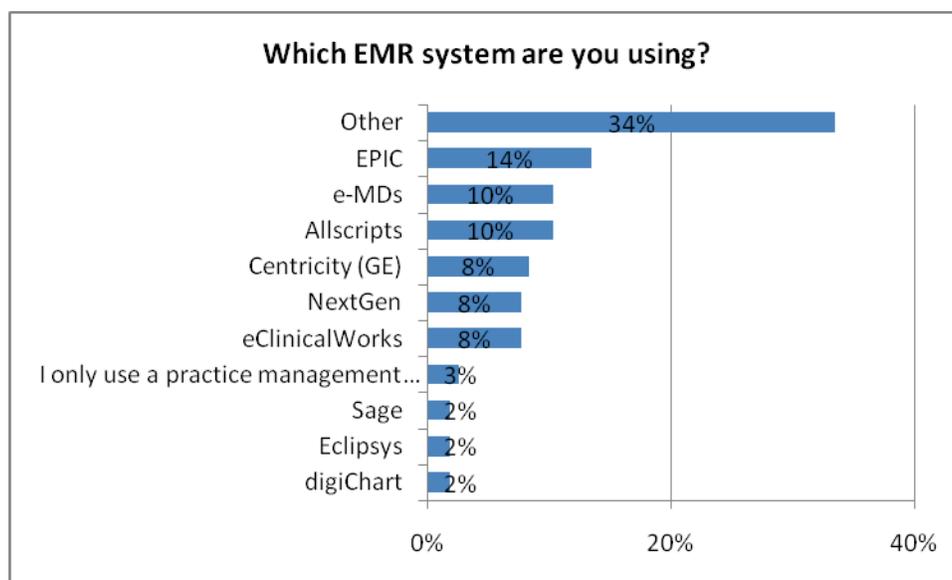
- Primary Care physicians are more likely than other physicians to report e-prescribing (57%), health maintenance reminders (26%), clinical alerts (55%), and coding assistance (53%) as the important features of their EMR. Indirect Access physicians are more likely to prefer their EMR share information with hospital or ancillary providers (50%).
- When asked what they like least, half of respondents report it is difficult, awkward, or time-consuming to input data (up from 45% in 2007).



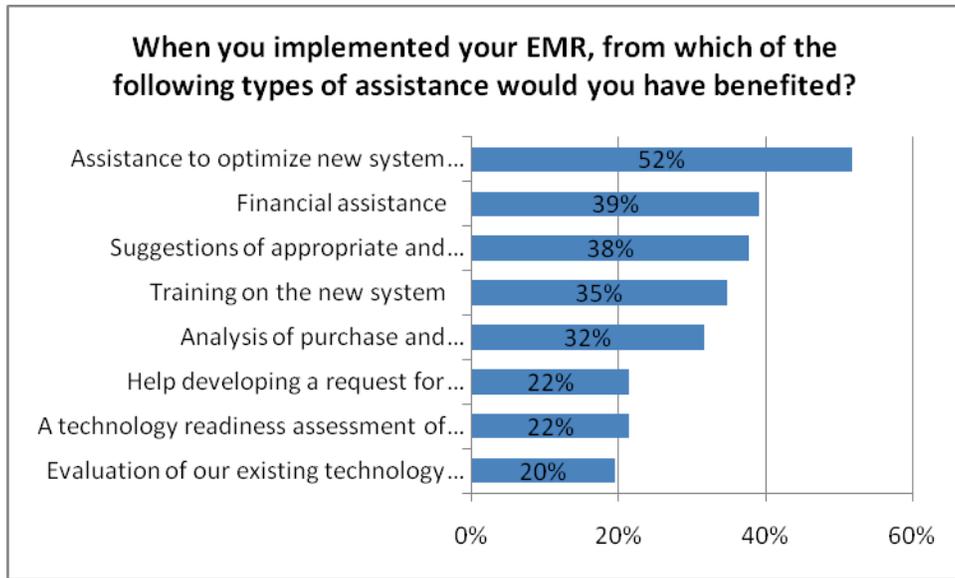
- Large minorities of respondents report new kinds of errors are possible (37%, down from 41% in 2007), reduced productivity beyond implementation and training (32%), and increased cost without offset savings (30%, up from 27% in 2007). Approximately a quarter of respondents report there is no interface with some hospital or ancillary provider systems (27%, down from 41% in 2007) and some historical documents are not captured (23%,

comparable to 2007). Other respondents report their EMR is unreliable (13%, up from 9% in 2007), reporting is difficult or inadequate (12%), and security and privacy concerns (7%, down from 10% in 2007).

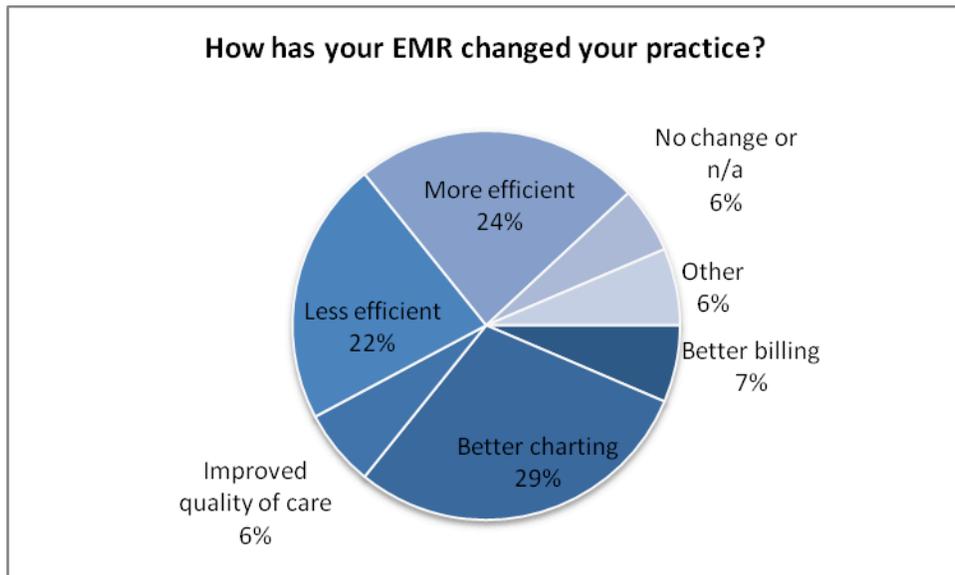
- Physicians age 60 and older are more likely to report security and privacy concerns as something they like least about their EMR (19%).
- Bexar county (75%), Dallas county (71%), Tarrant county (70%), and physicians in larger practices are more likely to report data entry is difficult, awkward, or time consuming. Harris county physicians and rural county physicians are less likely than others to report data entry as difficult, awkward, or time consuming (28% and 29% respectively).
- The EMR products with the largest numbers of users are EPIC (14%, up from 5% in 2007), e-MDs (10%, down from 15% in 2007), Allscripts (10%, up from 5% in 2007), Centricity (8%, up from 5% in 2007), NextGen (8%, up from 5% in 2007), and eClinicalWorks (8%, down from 9% in 2007). As was the case in 2007, the “other” EMRs are too numerous to list.



- EPIC is more likely to be used by Dallas county physicians (46%). Physicians in rural counties are more likely to report using e-MDs (57%).
- Respondents report they would have benefitted from assistance to optimize new system efficiency and effectiveness (52%, up from 43% in 2007) when they implemented their EMR. Large minorities report they would have benefitted from financial assistance (39%, down from 43% in 2007), EMR system suggestions (38%, up from 36% in 2007), and training (35%, down from 39% in 2007). Fewer would have benefitted from an analysis of purchase and implementation costs (32%, up from 30% in 2007), a technology readiness assessment (22%, up from 20% in 2007), help developing a request for proposal and communicating with vendors (22%, up from 7% in 2007), or an evaluation of the existing software (20%, down from 21% in 2007).



- Primary Care physicians are more likely than other physicians to report they would have benefitted from financial assistance (49%). Physicians in practices with 2 – 3 physicians are more likely than physicians in larger practices to report they would have benefitted from an analysis of purchase and implementation costs (48%).
- In an open-ended question, respondents were asked to describe how their EMR has changed their practice. The majority of physicians cited positive changes or both positive and negative changes.

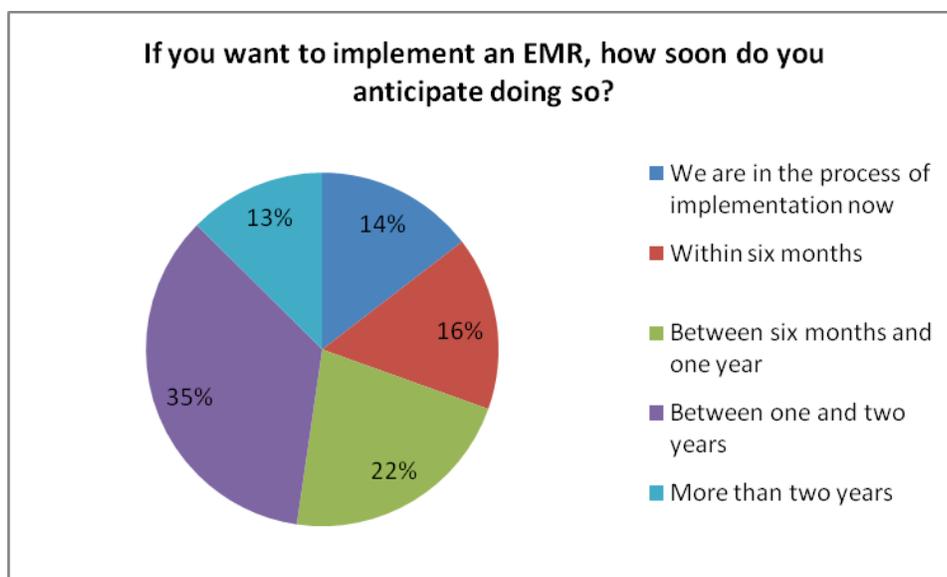


- An analysis of the first response shows a comparable number of physicians who believe their EMR has increased their efficiency and those who believe it has made them less efficient. Those who believed EMRs have made them more efficient (24%) cited reduced office

overhead, better organization, and the ability to see more patients in a less amount of time. Physicians who report their EMR has made them less efficient (22%) made statements such as, “It has cost us money, time, and patients.” Physicians in larger practices are more likely to feel their EMR has made them less efficient. On the other hand, physicians in larger practices are also more likely to report their EMR has improved charting. Physicians who report better charting (29%) mention the increased accessibility of their charts, legibility, enhanced documentation, completeness, reliability, and less paper burden. Physicians (7%) report their EMR has increased their provider reimbursement due to faster and more accurate billing. Physicians (6%) also believe their EMR has improved the quality of care they are able to deliver to their patients, including better communication and less medical errors. Some respondents (6%) were unable to comment because an EMR was put in place prior to their employment with a practice.

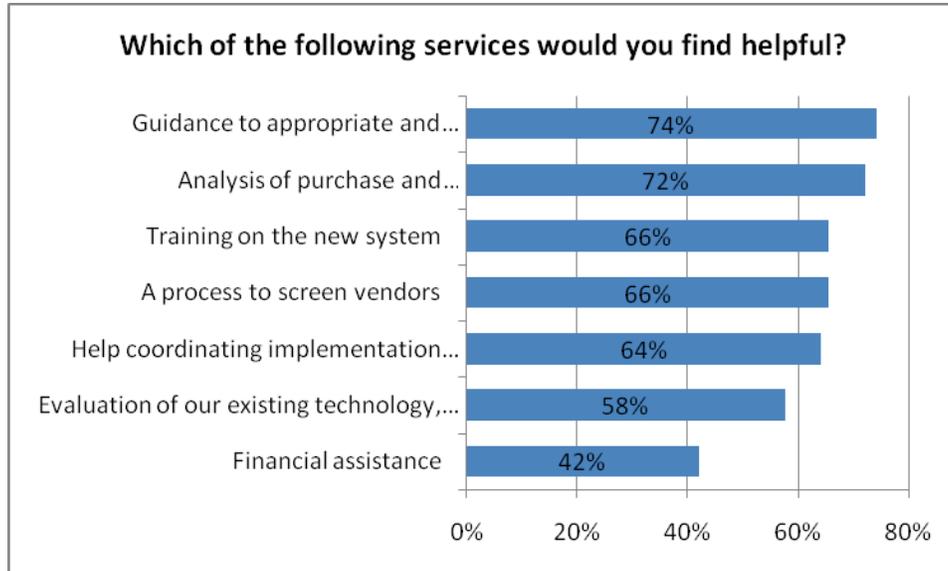
Practices with Plans to Implement

- Respondents who reported they want to implement or plan to implement an EMR were asked 5 questions. Their answers are as follows:
- Among physicians who plan to implement an EMR, 14 percent are implementing now (up from 11% in 2007), 16 percent will implement within 6 months (down from 17% in 2007), 22 percent plan to implement in 6 months to 1 year (down from 24% in 2007), 35 percent are planning for 1 to 2 years (down from 37% in 2007), and 13 percent report that it will be more than 2 years before they implement (up from 11% in 2007).



- Of those respondents who report waiting more than 2 years to implement an EMR the majority report the cost as being prohibitive (58%) or are waiting for critical mass adoption (21%).
- The services that implementing respondents predict they will need include guidance to appropriate and effective EMR products (74%, up from 63% in 2007), an analysis of

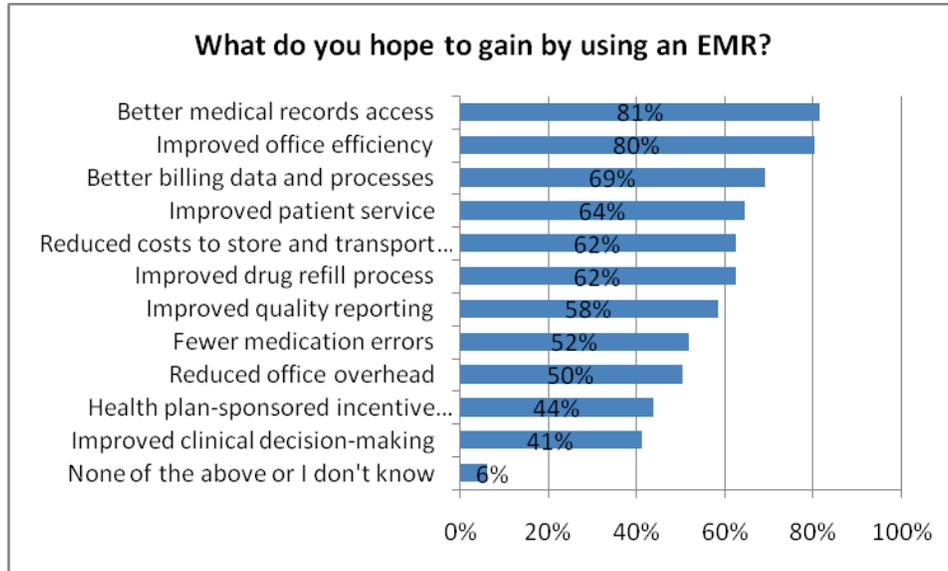
purchase and implementation costs (72%, up from 60% in 2007), training on the new system (66%, up from 58% in 2007), a process to screen vendors (66%), help coordinating implementation and optimization of the system (64%), evaluation of existing technology, software, and workflow (58%), and financial assistance (42%, down from 45% in 2007).



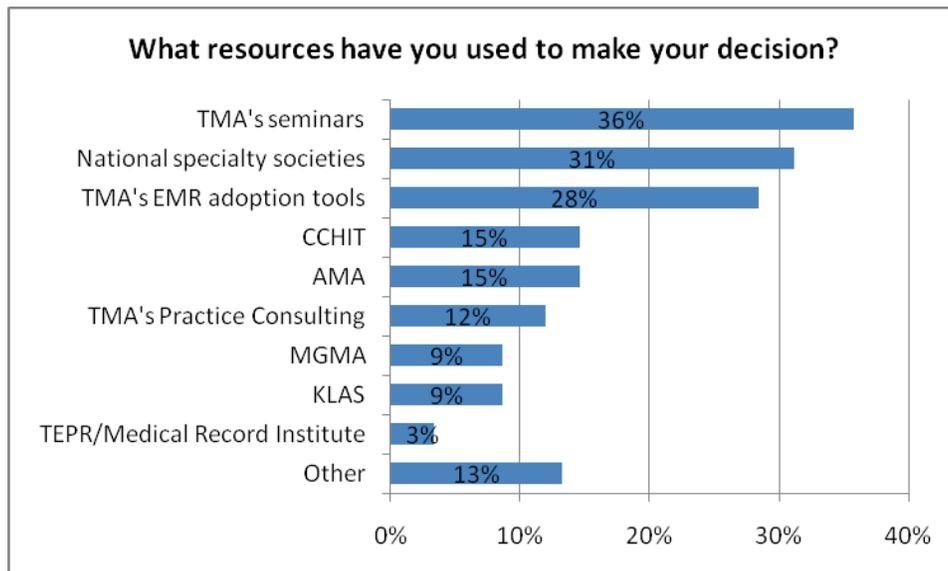
- Solo physicians are more likely than those in practices with 4 or more physicians to report EMR suggestions would be helpful (83%).

- The results respondents hope to gain by implementing an EMR include better medical record access (81%, steady from 80% in 2007), improved office efficiency (80%), better billing data and processes (69%), improved patient service (64%), reduced cost for medical record storage and transport (62%, down from 64% in 2007), improved drug refill process (62%, up

from 59% in 2007), and improved quality reporting (58%, down from 64% in 2007). Approximately half of respondents hope for reduced medication errors (52%, similar to 2007) and office overhead (50%). To a lesser degree, respondents hope for health plan-sponsored incentive payments (44%) and improved clinical decision-making (41%).



- When asked about resources available to help in EMR decision-making, a majority of respondents report using TMA, including seminars (36%, up from 31% in 2007), EMR adoption tools (28%), and Practice Consulting (12%).



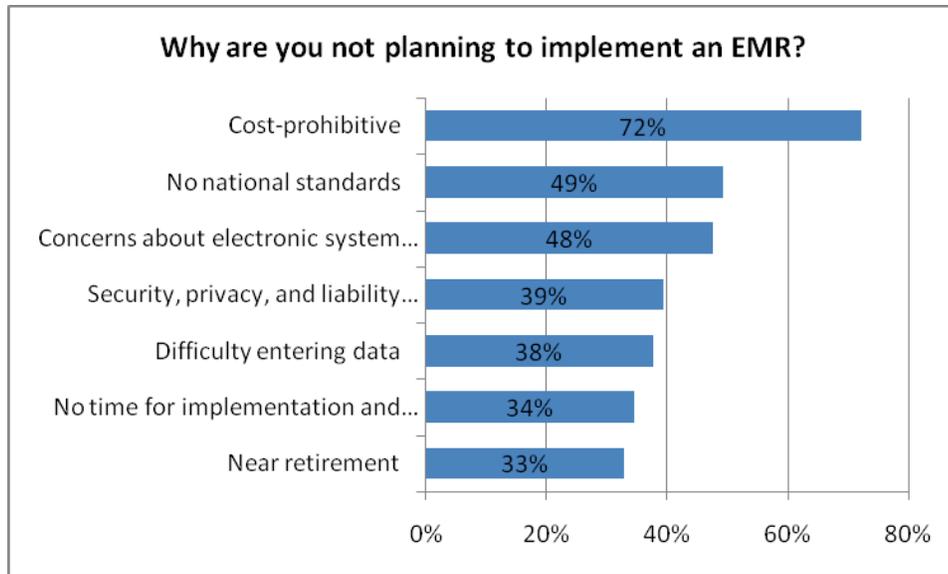
- Respondents also report using national specialty societies (31%), CCHIT (15%, up from 10% in 2007), AMA (15%, down from 20% in 2007), MGMA (9%), KLAS (9%), and TEPR/Medical Record Institute (3%) to make their EMR decisions.

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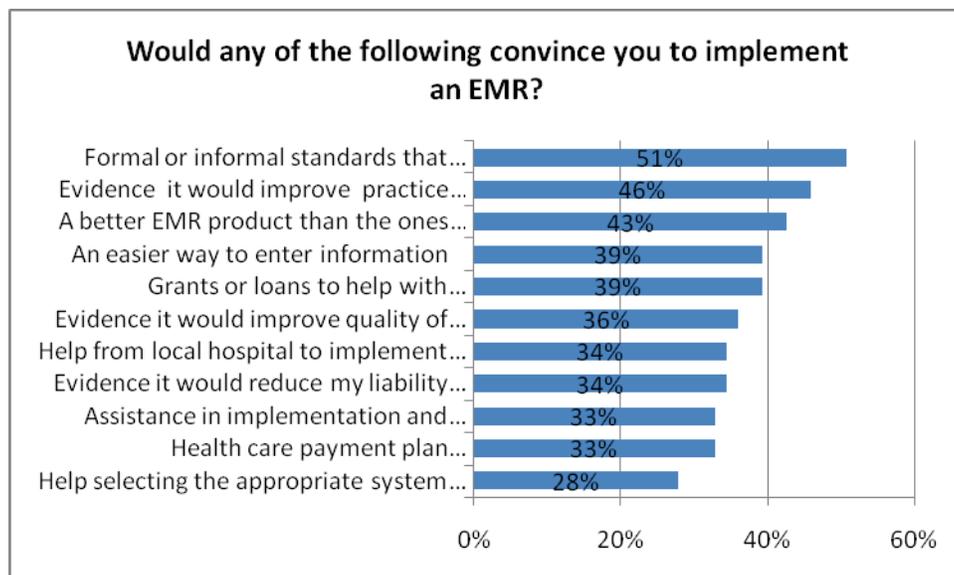
- Thirteen percent of respondents reported using other resources, primarily medical colleagues, to make a decision regarding EMR selection.
- When seminar attendees are excluded from analysis, 23 percent of respondents report using TMA's seminars, 22 percent report using TMA's EMR adoption tools, and 11 percent report using TMA's Practice Consulting.
- Tarrant County physicians report using national specialty societies (89%), MGMA (33%), and TEPR/Medical Record Institute (22%) more frequently than other physicians. Physicians in other metro counties (excluding Bexar, Dallas, Harris, and Travis) are less likely to use national specialty societies (22%). Harris county physicians are more likely to report using TMA's Practice Consulting (29%).
- Indirect Access and other specialists are more likely to report using national specialty societies as a resource when making their EMR decision (54% and 43% respectively). Primary Care physicians are less likely to report doing so (13%).
- Solo physicians are less likely to report using MGMA (3%) while physicians in practices with 9 or more physicians are more likely than others to report using MGMA as a resource (23%).

Practices with No Plan to Implement an EMR

- Respondents who reported no plans to implement an EMR were asked 2 questions. The results are as follows:
- The majority of respondents with no plans to implement an EMR report the cost as being prohibitive (72%, up from 63% in 2007). All other potential reasons listed for not planning to implement an EMR are up from 2007 as well, including no national standards (49%, up from 31%), concerns about electronic system reliability (48%, up from 32%), concerns about security, privacy, or liability (39%, up from 23%), difficulty entering data (38%, up from 23%), no time for implementation and training (34%, up from 32%), and nearing retirement (31%, up from 14%).



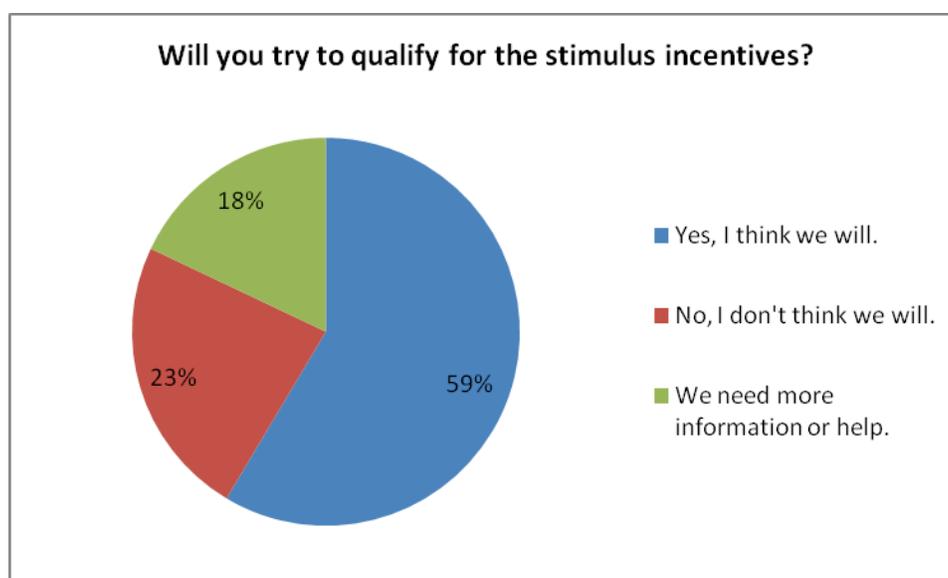
- No physician under the age of 50 reported nearing retirement as a barrier to EMR implementation.
- Primary Care physicians are more likely to report cost (94%) and lack of time (65%) as barriers to implementation. Indirect Access physicians are less likely to report cost (36%) and time (0%) as prohibitive.
- Solo physicians are more likely to have security, privacy, and/or liability concerns (59%).
- Approximately half of respondents with no plans to implement an EMR report they might be convinced to do so if there were formal or informal standards that ensure all systems can share information (51%).



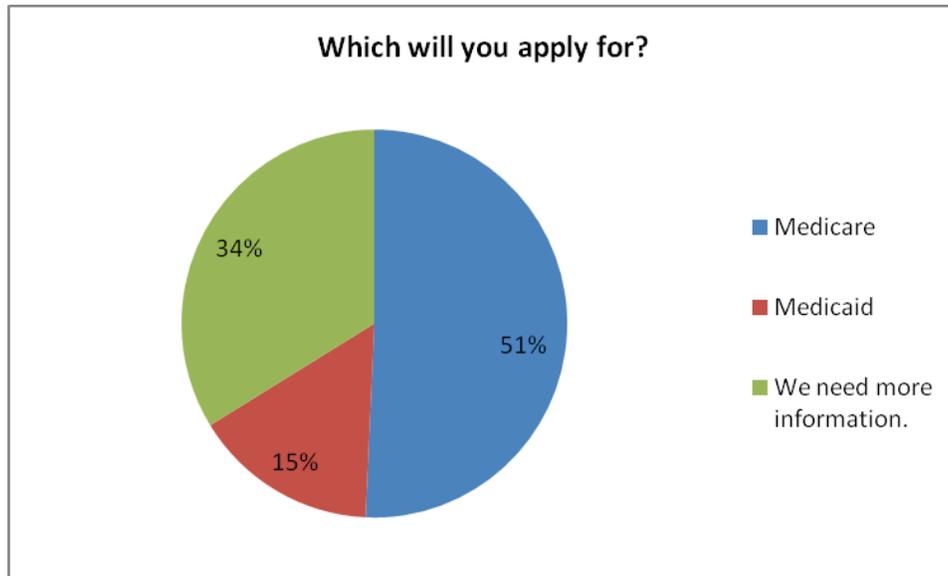
- A little less than half of respondents report they might adopt an EMR if they saw evidence the system would improve practice operations (46%, down from 57% in 2007). Large minorities of respondents wanted a better EMR product (43%, up from 30% in 2007), an easier way to enter information (39%, steady from 38% in 2007), grants or loans to help with the cost (39%, down from 52% in 2007), and evidence it would improve the quality of patient care (36%, down from 43% in 2007). Approximately a third want help from a local hospital (34%, up from 28% in 2005), evidence it would reduce liability risk (34%, down from 39% in 2007), assistance in implementation and training (33%, steady from 35% in 2007), health care payment plan reimbursement incentives (33%), and help in selecting the appropriate system (28%).

Questions Answered by All Respondents

- Respondents, all 370, answered the following questions:
- The Health Information Technology for Economic and Clinical Health (HITECH) Act allows incentive payments for physicians who show “meaningful use” of an EMR. The majority of respondents (59%) will try to qualify for the stimulus funds.

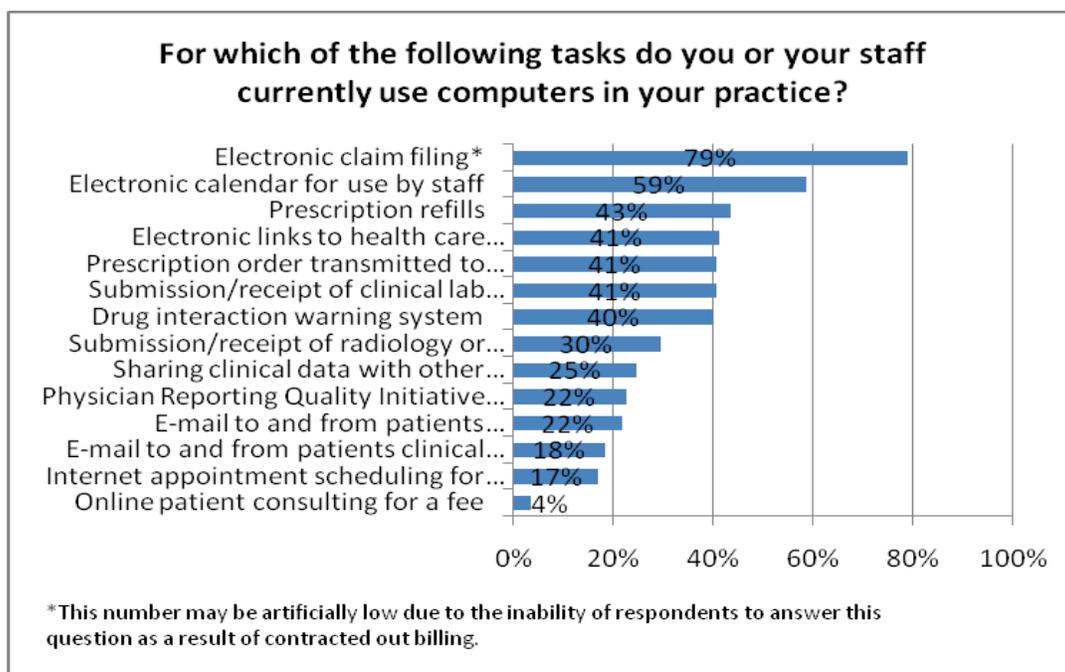


- Physicians in Indirect Access specialties are more likely to report they will not try to qualify for stimulus incentives (41%) or they need more information (24%) than physicians in other specialties.
- Respondents report a median of 25 percent of practice revenues from Medicare and 5 percent from Medicaid.
- A physician who applies for HITECH incentive payments will need to choose whether to qualify based on Medicaid participant (for up to \$63,750) or Medicare participation (for up to \$44,000). Half of respondents will try to apply for HITECH incentive payments based on Medicare participation (51%).



- Indirect Access physicians are most likely to report they need more information (70%) and less likely than other physicians to report they will try to qualify based on Medicare participation (20%).
- Other specialists are more likely to report qualification based on Medicare participation (60%).
- Primary Care physicians are more likely than others to report they will try to qualify based on Medicaid (25%). They are less likely to report needing more information (28%).

- The majority of respondents currently use a computer to file claims electronically (79%) and electronic calendars (59%, up from 45% in 2007).



- The percentage of respondents who report using a computer for new prescriptions and prescription refills has nearly doubled since 2007. Forty-one percent of respondents use a computer for new prescription orders (up from 20% in 2007) and 43 percent (up from 27% in 2007) report electronic transmission of prescription refills.
- Physicians in Indirect Access specialties are less likely to report using computers to submit or track referrals through health care payment plans (21%), for submission or receipt of clinical lab orders by staff or physician (29%), for PQRI participation (18%), prescription orders and refills (9%), and drug interaction warnings (27%).
- Primary Care physicians (53%) are more likely to report using computers to submit or receipt clinical lab orders and prescription refills (51%).
- Respondents with practices in rural counties are less likely to use electronic links to health care payment plans to submit or track referrals (22%) in comparison to respondents in other counties. Tarrant county physicians are more likely than other physicians to submit or track referrals using computers (53%). Dallas county physicians are more likely than others to use computers to e-mail to and from patients for clinical tasks (30%).

Demographics

- Respondents (94%) were physicians in active practice.
- By age, respondents were under 40 (14%), 40 – 49 (28%), 50 – 59 (35%), and 60 or over (23%).

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- The majority of respondents were male (67%), 26 percent were female, and 7 percent did not specify.
- Those who responded to the survey were primarily members of TMA (87%). Six percent of non-members responded to the survey and 7 percent are unknown.
- Respondents were primarily Caucasian (57%), Hispanic (7%), Asian or Pacific Islander (7%), African American (2%), and American Indian or Alaskan native (1%). Twenty-six percent of respondents did not specify their ethnicity.

Appendix: Survey Instrument



Physicians Caring for Texans

2009 Electronic Medical Records Survey

Electronic medical records (EMRs) are a hot topic in health care today. How exactly will EMRs work? Who will reap the benefit? How much will implementation cost, and who will pay for it? The Texas Medical Association is conducting this survey to assess EMR usage by Texas physicians. Your answers will help us determine where Texas physicians are in the process of adopting and using an EMR in their practice, and what services TMA should develop to help. Please take a few minutes to complete this short survey. Return it by **Nov. 1, 2009 to Jessica Davis, 401 West 15th Street, Austin, Texas, 78701 or fax (512) 370-1630** so you can be entered in a random drawing to win one of 10 \$25 Amazon gift cards, if desired.

All responses are confidential.

1. Are you a physician in active practice?
 Yes
 No
2. How many physicians are in your practice? _____
3. In which county is this practice located? _____
4. What is your specialty? _____
5. What is your age? _____
6. Approximately what percent of the practice revenues are from:
Medicare _____% Medicaid _____%
7. The Health Information Technology for Economic and Clinical Health (HITECH) Act allows some incentive payments for physicians who show “meaningful use” of an EMR system. Will you try to qualify for the stimulus incentives?
 Yes, I think we will
 No, I don’t think we will. →(Skip to question 9.)
 We need more information or help.
8. A physician who applies for HITECH incentive payments will need to choose whether to qualify based on Medicaid participation (for up to \$63,750) or Medicare participation (for up to \$44,000). Which will you apply for?
 Medicare
 Medicaid
 We need more information.
9. For which of the following tasks do you or your staff currently use computers in your practice? (Check all that apply.)
 Electronic claim filing
 Electronic calendar for use by staff

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- Internet appointment scheduling for patients
- Electronic links to managed care plans to submit or track referrals
- Submission/receipt of clinical lab orders by staff or physician
- Submission/receipt of radiology or imaging orders by staff or physician
- Physician Quality Reporting Initiative (PQRI) participation
- Prescription order transmitted to pharmacy
- Prescription refills
- Drug interaction warning system
- Sharing clinical data with other health care organizations
- E-mail to and from patients for administrative tasks
- E-mail to and from patients for clinical tasks
- Online patient consulting for a fee
- Other (please specify): _____

10. Did you previously use an EMR that you discarded or replaced?

- Yes
- No

11. Which statement best describes the current status of your practice?

- We do not plan to implement an EMR.
- We want to implement or plan to implement an EMR. → (Skip to question 14.)
- We currently use an EMR. → (Skip to question 19.)

This section to be answered by those who do not plan to implement an EMR:

12. Why are you not planning to implement an EMR? (Check all that apply.)

- Near retirement
- Cost-prohibitive
- No time for implementation and training
- Concerns about electronic system reliability
- Difficulty entering data
- No national standards
- Security, privacy, and liability concerns for myself or my patients
- Other (please specify): _____

13. Would any of the following convince you to implement an EMR? (Check all that apply.)

- Grants or loans to help with implementation cost
- Health care payment plan reimbursement incentives (i.e., stimulus package, pay-for-performance)
- Help in selecting the appropriate system for my office
- Assistance in implementation and training
- Evidence that it would help improve the quality of patient care
- Evidence that it would reduce my liability risk
- Evidence that it would improve my practice operations
- A better EMR product than the ones I've seen so far
- An easier way to enter information
- Formal or informal standards that ensure all systems can share information
- Help from the local hospital to implement a system that interfaced with theirs
- Other (please specify): _____

→Skip to question 39.

This section to be answered by those who want to or plan to implement an EMR:

14. If you want to implement an EMR, how soon do you anticipate doing so?

- We are in the process of implementation now. → (Skip to question 16.)

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- Within six months → (Skip to question 16.)
- Between six months and one year →(Skip to question 16.)
- Between one and two years →(Skip to question 16.)
- More than two years

15. Why will it take you more than two years to implement an EMR?

- Cost-prohibitive
- No time
- Waiting for critical mass adoption
- Other (please specify): _____

16. Which of the following services would you find helpful? (Check all that apply.)

- Evaluation of our existing technology, software, and workflow
- Guidance to appropriate and effective EMR products
- Analysis of purchase and implementation costs
- A process to screen vendors
- Help coordinating implementation and optimization
- Training on the new system
- Financial assistance
- Other (please specify): _____

17. What do you hope to gain by using an EMR? (Check all that apply.)

- Improved clinical decision making
- Improved office efficiency
- Improved patient service
- Better billing data and processes
- Improved drug refill processes
- Better medical records access
- Fewer medication errors
- Reduced office overhead
- Reduced costs to store and transport medical records
- Improved quality reporting
- Health plan-sponsored incentive payments
- None of the above or I don't know
- Other (please specify): _____

18. What resources have you used to make your decision? (Check all that apply.)

- National specialty societies
- American Medical Association (AMA)
- Certification Commission for Healthcare Information Technology (CCHIT)
- KLAS
- Medical Group Management Association (MGMA)
- TEPR/Medical Record Institute
- TMA's EMR adoption tools
- TMA Practice Consulting
- TMA's seminars
- Other (please specify): _____

→Skip to question 39.

This section to be answered by those who currently use an EMR:

19. Which type of EMR does your practice use?

- Internet-based

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- Purchased or licensed software for use in my office
 - Hospital system only
 - I don't know
20. How long has your EMR been implemented?
- Between zero and six months
 - Between six months and one year
 - Between one and two years
 - More than two years
21. What was the total purchase, training, and implementation cost **per** physician? \$ _____
22. What is the monthly maintenance cost (including any support, subscription, or operation fees) **per** physician? \$ _____
23. Were the purchase and implementation costs more than, equal to, or less than the initial vendor estimate?
- More than
 - Equal to → (Skip to question 25.)
 - Less than
24. By what percentage? _____%
25. Were the costs subsidized in any way by someone else (e.g., hospital, pharmacy, government entity)?
- Yes
 - No
26. What resources did you use to make your decision about which EMR to select? (Check all that apply.)
- National specialty societies
 - American Medical Association (AMA)
 - Certification Commission for Healthcare Information Technology (CCHIT)
 - KLAS
 - Medical Group Management Association (MGMA)
 - TEPR/Medical Record Institute
 - TMA's EMR adoption tools
 - TMA Practice Consulting
 - TMA's seminars
 - Other (please specify): _____
27. Is your EMR certified by CCHIT?
- Yes
 - No
 - I don't know.
28. Does your software have e-prescribing (**not** just fax) capability?
- Yes, we are using it now.
 - Yes, but we don't currently use it.
 - No
 - I don't know.
29. Can your software send health information electronically to other sources, as in a health information exchange?
- Yes, we are using it now.

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- Yes, but we don't currently use it.
 - No
 - I don't know.
30. Can your software produce reports on health care quality?
- Yes, we are using it, and it works to my satisfaction.
 - Yes, we are using it, but it doesn't meet my needs.
 - Yes, but we don't currently use it.
 - No
 - I don't know.
31. Does your software provide clinical decision support (e.g., alerts) for physician orders?
- Yes, we are using it now.
 - Yes, but we don't currently use it.
 - No
 - I don't know.
32. How satisfied are you with your EMR system?
- Very satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Very dissatisfied
33. Which statement best describes your system's reliability?
- Reliable — almost no system down time since implementation
 - Somewhat reliable — some system down time during implementation but reliable since then
 - Somewhat unreliable — occasional brief down-time periods
 - Unreliable — one or more extended periods of down time
34. What do you like most about your EMR? (Check all that apply.)
- Electronic charting
 - E-prescribing
 - Health maintenance reminders
 - Clinical alerts like drug interactions or allergies
 - Diagnosis assistance
 - Coding assistance
 - Shares information with your practice management systems
 - Shares information with hospital or ancillary providers
 - Cost savings
 - Good reports or reporting ability
 - Other (please specify): _____
35. What do you like least about your EMR? (Check all that apply.)
- Increased cost without offset savings
 - Difficult, awkward or time consuming to input data
 - Security and privacy concerns
 - Reduced productivity beyond implementation and training

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- Historical documents not captured
- New kinds of errors are possible
- System not reliable
- Does not interface with hospital/lab/ancillary provider systems
- Difficult or inadequate reporting capability
- Other (please specify): _____

36. Which EMR system are you using?

- Allscripts
- Centricity (GE)
- e-MDs
- eClinicalWorks
- EPIC
- MedInformatix
- NextGen
- Peak Practice (Eclipsys)
- Practice Partner (McKesson)
- SOAPware
- I only use a practice management system, e-prescribing system, hospital system, or home-grown system.
- Other (please specify): vendor: _____, product: _____

37. When you implemented your EMR, from which of the following types of assistance would you have benefited? (Check all that apply.)

- A technology readiness assessment of my practice
- Evaluation of our existing technology and software
- Suggestions of appropriate and effective EMR products
- Analysis of purchase and implementation costs
- Help developing a request for proposal and communicating with vendors
- Training on the new system
- Assistance to optimize new system efficiency and effectiveness
- Financial assistance
- Other (please specify): _____

38. How has your EMR changed your practice? _____

39. Would you like TMA to contact you with information about EMR assistance that is available to you (this will NOT be a sales call)?

- Yes
- No

40. Would you like to be entered to win one of 10 \$25 Amazon gift cards?

- Yes
- No

If you answered yes to either of the two questions above, please enter your name, address, and e-mail:

Name: _____

Address: _____ City: _____ State: __ ZIP: _____

E-mail: _____

Thank you for your participation!



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