



General Information

Date _____

*1. Please provide your practice information below:

Practice Name:

System/Hospital Affiliations:

Lead Physician Name:

Practice/Office Manager Name:

DOQ-IT Contact for your practice (if different than above)

Address:

City:

Zip Code:

Telephone No.:

Fax No.:

E-mail Address:

Clinical website (if applicable):

What is your preferred method of contact? (Select one) Phone Fax E-Mail

What is your preferred time to be contacted? (Select one) Morning Afternoon

Number of additional office locations: _____

If the practice has multiple office locations each with an interest in enrolling, please complete a separate form for each location.

*2. Practice's group physician identification number (PIN): _____

*3. Does the practice use a single tax ID number to bill Medicare?

Yes

No

3a. If 'Yes,' please provide the tax ID number: _____

*4. Is the practice affiliated with an independent practice association (IPA) or medical group?

Yes

No

4a. If 'Yes,' please indicate which IPA or medical group: _____

Practice Profile

*5. Medical specialties (Check all that apply):

Family Medicine

Internal Medicine

Geriatrics

Cardiology

Endocrinology

Other(s) Please specify: _____

*6. Average number of daily patient visits per practice: Do Not Know

*7. Percentage of patients seen daily by the practice that are Medicare Fee-for-Service beneficiaries:

% Do Not Know

*8. Percentage of practice's active patients within prior year which have one or more chronic illnesses (e.g., coronary artery disease, diabetes, hypertension, or heart failure):

% Do Not Know

*9. Does the practice provide interpreter services for non-English speaking patients?

Yes No

*10. Would the practice be interested in learning more about how it can provide more culturally responsive care?

Yes No

*11. Please indicate the practice's average claims turnaround time for all payors:

Less than 30 days 30 - 60 days Greater than 60 days

*12. What is the practice's average collections ratio: % Unknown

*13. Please provide a breakdown of practice staff (excluding MD and PA/NP providers) by type:

Clinical (include RN, LPN and MA) Administrative

Health Information Technology

*14. What types of technology is the practice currently using on a regular basis? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> E-mail (administrative use) | <input type="checkbox"/> E-mail (clinical use) |
| <input type="checkbox"/> Disease registry | <input type="checkbox"/> E-prescribing |
| <input type="checkbox"/> High-speed Internet connection | <input type="checkbox"/> E-Lab results |
| <input type="checkbox"/> Document imaging system | <input type="checkbox"/> Locally networked computers (file sharing between computers in the same location) |

Technology Type	Vendor
Disease Registry	
E-prescribing	

Document Imaging	
E-Lab	

Please indicate whether the practice has or will have the following systems in place within 6 months:

*14a. Practice management system

Please specify vendor/system: _____

*14b. Electronic Medical Record (EMR) or Electronic Health Record (EHR) system

Please specify vendor/system: _____

Please specify if the system supports disease specific registries (yes/no): _____

*14c. Other Information Technology (IT) system(s)

Please specify vendors/systems: _____

Practice Contacts

*15. Please provide additional contact information below:

Primary Provider Contact: _____

Phone No: _____ Fax No: _____

E-mail Address: _____

Secondary Provider Contact: _____

Phone No: _____ Fax No: _____

E-mail Address: _____

Office Manager: _____

Phone No: _____ Fax No: _____

E-mail Address: _____

Provider Profile

*16. Please provide the following information for all providers (e.g., MD, DO, NP, PA) within the practice (Please use an additional sheet if necessary):

First Name	Last Name	PIN ¹	Tax ID Number ²	National Provider Identification (NPI) Number	Type (MD, DO, PA, NP)	Specialty ³	Primary Practice Location ⁴ (Y/N)

- 1 Please provide the Medicare Provider Identification Number (“PIN”) that is assigned by the Medicare Carrier in your state for use by this physician/clinician at this practice site only.
- 2 Please provide the Tax Identification Number that is used to bill Medicare for services provided by this physician/clinician as part of this practice site.
- 3 Please use the following codes to indicate specialty: Cardiology (C); Endocrinology (E); Family Practice (F); Geriatrics (G); Internal Medicine (I); Other (please specify)
- 4 Please indicate whether the provider listed primarily practices at this office location.

Readiness Assessment – Part II

General

1. Who will lead the practice's EHR/HIT system implementation? (Check all that apply.)
 - Physician(s)
 - Office manager
 - Mid-level provider(s) (e.g., NP)
 - Clinical (e.g. RN, MA, etc.)
 - Administrative (e.g., medical records)

2. Does the practice currently have an EHR/HIT implementation project manager?
 - Yes
 - No
 - 2a. If 'Yes,' how many hours per week will be devoted to managing the project? _____ hours
 - 2b. If 'No', does the practice plan on designating a project manager to the project?
 - Yes
 - No

3. Has the practice engaged a health information technology consultant (in addition to QIO staff)?
 - Yes
 - No
 - a) If "No" does the practice plan to hire a consultant: Yes No

4. Does the practice conduct regularly scheduled all staff (including providers) meetings?
 - Yes
 - No
 - 4a. If 'Yes,' how often does the practice staff meet?
 - Once per week
 - Once per month
 - Once per quarter
 - Once per year
 - Other If other, please specify: _____

5. Has the practice tried to address workflow issues or operational inefficiencies in the past?
 - Yes
 - No
 - 5a. If 'Yes,' how **successful** were these efforts? (Use a scale of 1-5: 5 = very successful, 4 = somewhat successful, 3 = neither successful nor unsuccessful, 2 = somewhat unsuccessful, 1 = very unsuccessful.)
 - 1
 - 2
 - 3
 - 4
 - 5

*6. Has the practice tried to implement clinical information systems, such as an EHR or electronic prescribing, in the past?

Yes No

*6a. If 'Yes,' how **successful** were these efforts? (Use a scale of 1-5, where 5 = very successful, 4 = somewhat successful, 3 = neither successful nor unsuccessful, 2 = somewhat unsuccessful, 1 = very unsuccessful.)

1 2 3 4 5

7. How **receptive** has staff been to efforts to implement clinical information systems or other practice changes? (Use a scale of 1-5: 5 = very receptive, 4 = somewhat receptive, 3 = neither receptive nor unreceptive, 2 = somewhat unreceptive, 1 = very unreceptive.)

1 2 3 4 5

*8. Does the practice have other projects either currently going on and/or starting soon that might affect the planning for and/or success of the EHR/HIT implementation project?

Yes No

8a. If 'Yes,' please specify: _____

*9 Please indicate the current status of the practice's EHR/HIT system implementation efforts:

Beginning the process of selecting a system. **Please answer questions 10-15, 28-30.**

In the process of implementing a system. **Please answer questions 16-22, 28-30.**

Currently live with a system. **Please answer questions 23-30.**

Adoption

10 Have the practice's overall goals and reasons for implementing an EHR/HIT system been communicated to staff?

Yes No

10a. If 'No,' why not? _____

11. For each of the groups listed below, please indicate their **level of support** for an EHR/HIT system. (Use a scale of 1-5: 5 = very supportive, 4 = somewhat supportive, 3 = neither supportive nor unsupportive, 2 = somewhat unsupportive, 1 = very unsupportive.)

Physicians 1 2 3 4 5

Mid-level providers (e.g., PA, NP) 1 2 3 4 5

Clinical staff 1 2 3 4 5

Office manager 1 2 3 4 5

Administrative staff 1 2 3 4 5

12. Please indicate the **extent** to which the providers feel an EHR/HIT system will do the following. (Use a scale of 1-5: 5 = very likely, 4 = somewhat likely, 3 = neither likely nor unlikely, 2 = somewhat unlikely, 1 = very unlikely.)

Make practice more efficient 1 2 3 4 5

Improve quality of care 1 2 3 4 5

Provide a financial return 1 2 3 4 5

Improve patient safety 1 2 3 4 5

Help staff with their jobs 1 2 3 4 5

Improve patient satisfaction 1 2 3 4 5

Provide value 1 2 3 4 5

13. Please indicate which of the following EHR/HIT implementation-related activities the practice has either done or plans to do (Check all that apply):

Have Done	Plan To Do	No Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establish a multi-disciplinary implementation team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Identify practice's inefficiencies, problems.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Map out and analyze key and/or problematic processes/workflows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Develop written list of EHR/HIT system requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Involve staff in EHR/HIT system selection process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Assess technical proficiency of staff and address identified needs

14. Please indicate how **likely** the following will be obstacles to the practice's implementation of an EHR/HIT system. (Use a scale of 1-5: 5 = very likely, 4 = somewhat likely, 3 = neither likely nor unlikely, 2 = somewhat unlikely, 1 = very unlikely.)

Availability of funds 1 2 3 4 5

Experience with IT 1 2 3 4 5

Physician/mid-level provider support 1 2 3 4 5

Clinical staff support 1 2 3 4 5

Office manager support 1 2 3 4 5

- Administrative staff support 1 2 3 4 5
- Inadequate project management 1 2 3 4 5
- Technical proficiency of staff 1 2 3 4 5
- Inability of physicians/mid-level providers to enter data and use system 1 2 3 4 5
- Insufficient time to select and implement a system 1 2 3 4 5
- Lack of IT infrastructure to support system 1 2 3 4 5
- Other: _____ 1 2 3 4 5

15. Has the practice established a written budget for implementing an EHR/HIT system?

- Yes No

15a. If 'Yes,' what is the budget? \$ _____

Please skip to question 28.

Selection and Implementation

16. When did the practice select the EHR/HIT vendor and system?

_____ month/year _____

17. Please indicate which of the following activities the practice completed during its EHR/HIT selection process (Check all that apply):

- Established a multi-disciplinary implementation team
- Identified practice's inefficiencies, problems, etc.
- Mapped out and analyzed key and/or problematic processes and workflows
- Developed a written list of EHR/HIT system requirements
- Involved staff in EHR/HIT system selection process
- Communicated to staff the overall goals and reasons for implementing an EHR
- Assessed technical proficiency of staff and developed plan for addressing identified needs

18. During the practice's EHR/HIT selection process, how **important** of a factor was the use of an EHR/HIT system for quality care improvement in its decision? (Use a scale of 1-5: 5 = very important, 4 = somewhat important, 3 = neither important nor unimportant, 2 = somewhat unimportant, 1 = not important.)

- 1 2 3 4 5

19. Does the practice have a written project plan for implementing the EHR/HIT system?

Yes No

20. Does the practice have a formal written training plan for implementing the EHR/HIT system?

Yes No

21. Please indicate how **likely** the following will be obstacles to the practice's implementation of an EHR. (Use a scale of 1-5: 5 = very likely, 4 = somewhat likely, 3 = neither likely nor unlikely, 2 = somewhat unlikely, 1 = very unlikely).

Physician/Mid-level provider resistance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Clinical staff resistance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
office manager support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Administrative staff resistance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Inadequate project management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Inadequate training on EHR/HIT system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Inability of physicians/mid-level providers to enter data and use system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Insufficient time to implement a system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Insufficient funds for consultants/training	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

22. Has the practice set a 'go-live' date for use of the system?

Yes No

22a. If 'Yes,' what is the date? _____

Please skip to question 28.

Practice Improvement

23. During the practice's EHR/HIT selection process, how **important** was the use of the system for quality care improvement in its decision? (Use a scale of 1-5: 5 = very important, 4 = somewhat important, 3 = neither important nor unimportant, 2 = somewhat unimportant, 1 = not important.)

1 2 3 4 5

24. How many providers are currently using a majority of the system's features and functionality on a regular basis?

_____ out of _____ providers

25. What effect on your office's overall productivity has the EHR had? Increased
Decreased _____ Unchanged _____ Comment: _____

26. Please indicate staff's **current attitude** towards the EHR/HIT system. (Use a scale of 1-5: 5 = very positive, 4 = somewhat positive, 3 = neither positive nor negative, 2 = somewhat negative, 1 = very negative.)

Physicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Mid-level providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Clinical staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Office manager	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Administrative staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

27. Does the practice use the EHR/HIT system to identify patients with one or more chronic conditions or who require preventive services (e.g., identify patients due for influenza vaccination or patients with diabetes who require an HbA1c test)?

Yes No Don't Know

27a. If 'Yes,' what does the practice do with the data? (Check all that apply)

- Submit for Pay-for-Performance programs
- Create reports to use for peer review and feedback
- Create reports to use for performance improvement projects
- Schedule preventive services
- Other (Please specify): _____

Practice Goals

28. What would you and your practice staff like to gain from participating in the program?

29. What would you and your practice staff like to gain from an EHR?

30. Completed by (Name and Title) : _____ Date: _____

Program Expectations

Participation in the Iowa Foundation for Medical Care (IFMC) program, which is an expansion of the Centers for Medicare and Medicaid Services' Doctor's Office Quality-Information Technology (DOQ-IT) special project, is voluntary and free of charge. However practices must commit to the following:

- Completion of the Program Application and Readiness Assessment form prior to program commencement
- Provide IFMC reasonable access to _____ to complete training and guide operational redesign in preparation for EHR implementation. (All reasonable attempts will be made to limit disruption to the practice)
- Complete a practice assessment (with support from IFMC)
- Make all reasonable attempts to maintain the timeline, which has been mutually established by IFMC and _____
- Select and implement an IT solution within (roughly) the next six to 18 months
- Apply improvement strategies that have demonstrated success to improve patient quality outcomes
- Consider using the IT solution to report quality indicator data to a data warehouse and receive benchmark reports
- Participate in CMS baseline and re-measurement survey activities regarding DOQ-IT participation (approximately August 2006 and November 2007)
- Submit a monthly status report to IFMC using template
- Share experiences and learning with other project participants through IFMC education calls.

IFMC will assist _____ in the following:

- Development of tools to assess the readiness of _____ in preparation for implementation of Health Information Technology (HIT)
- Consultation and education support of Clinical Informatics Specialist
- Development of tools and techniques to evaluate existing electronic health record (EHR) software that will enable practices to make an informed decision regarding the most appropriate software and vendor for the practice
- Development of tools to assist _____ with EHR vendor collaboration and facilitate the implementation of new HIT, both hardware and software
- Operational redesign of the physician practice that limits the disruption of day-to-day practice activities in preparation for HIT adoption
- Ongoing follow-up and support of the practices where new HIT has been installed
- Development of tools to track the progress of the project including responsible parties, activities, milestones, due dates, status toward completion and deliverables.

I have read the above expectations and acknowledge the commitments to the program.

Signature

Date
