Kansas
Health Information Technology
Survey

Welcome to the Kansas Health Information Technology survey.

This survey will help provide a clear picture of Health Information Technology adoption and utilization in Kansas among healthcare providers. The survey will establish the baseline measurement necessary to support the planning and operations of Kansas Health Policy Authority (KHPA), Kansas State Medicaid HIT Plan (SMHP), The Kansas Foundation for Medical Care (KFMC) Regional Extension Center and Kansas Department of Health and Environment's (KDHE) Health Information Exchange Initiative.

Your time in completing the survey is very much appreciated.

To begin the survey, Please click the "next" button.

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Kansas Health Information Technology Survey

1. What best describes your provider type?

- (●) Hospital
- ( ) Provider Practice
- ( ) Nursing Home or Long Term Care Facility
- ( ) Other Provider

2. Hospitals

- (●) General Acute Care Hospital - Non Critical Access Hospital
- ( ) General Acute Care Hospital - Critical Access Hospital
- ( ) Specialty Acute Care Hospital
- ( ) Children's Hospital
- ( ) Other (please specify)

Note: If you wish to pause the survey at any time, be sure to press the save button before closing your web browser. That way, the data will be saved and available when returning to the survey later.

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Question 3a

First Name:

Last Name:

Organization:

Mailing Address:

City: State: Zip Code:

Medicare Number:

Medicaid Number:

NPI # for Primary Location:

Tax ID Number:

CMS Certification Number CCN:

Click here if you are filling this out on behalf of the person named above: ☐

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Question 3b

Respondent First Name:

Respondent Last Name:

Which of the following best describes the survey respondent's position in your organization?

○ Business Office Staff	○ Nursing Home Administrator
○ Chief Executive Officer (CEO)	○ Practice Administrator (not a physician)
○ Chief Information Officer (CIO)	○ Physician or Physician Executive
○ Lead Clinician (not a physician)	○ Other (please specify)

Respondent Email Address:

Respondent Phone:

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Question 3c

Technology Contact First Name: [Help]

Technology Contact Last Name:

Technology Contact Email:

Technology Contact Phone:

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4. Do you plan to apply for provider stimulus incentives?

- (•) Yes
- ( ) No
- ( ) Unsure

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5. Will you seek stimulus funding for an EHR from Medicare or Medicaid?
Check all that apply.

- ☐ Yes - Medicare
- ☐ Yes - Medicaid
- ☐ No
- ☐ Unsure

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4. Do you plan to apply for provider stimulus incentives?

- ○ Yes
- ◉ No
- ○ Unsure

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6. What are the reasons for not seeking stimulus funding or incentives through Medicare or Medicaid?

- [ ] Need further information about these opportunities
- [ ] Stimulus funding available is less than the cost of a new system
- [ ] Unsure of what EHR system to purchase
- [ ] Connectivity (slow or no internet connection)
- [ ] Security and Privacy Requirements
- [ ] Inadequate training/lack of preparedness to implement
- [ ] Workflow Management
- [ ] Implementation Guidelines/Requirements
- [ ] Clinical Relevance
- [ ] Limited access to capital funding
- [ ] Do not serve Medicare or Medicaid patients

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8. Please indicate your organizational ownership:

- (●) Privately Owned For-Profit
- ( ) Privately Owned Not for Profit
- ( ) Federal Government owned
- ( ) State Government Owned
- ( ) County Government Owned
- ( ) Municipality Owned
- ( ) City Owned
- ( ) Tribal Owned
- ( ) Association Owned

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10. Please identify the following levels of staff in your organization.

	None	< 1	1-5	6-10	11-25	26-50	51-100	100+
Staff that will access clinical information at the individual patient level.	○	○	○	○	○	○	○	○
Staff that have prescriptive privileges.	○	○	○	○	○	○	○	○
Physicians on active medical staff.	○	○	○	○	○	○	○	○
Midlevel practitioners such as ARNP's, PA's and nurse midwives.	○	○	○	○	○	○	○	○
Midlevel practitioners with prescriptive privileges.	○	○	○	○	○	○	○	○

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12. Does your organization currently use an EHR system?

- (●) Yes
- ( ) No

13. What is the name of your current EHR vendor company?

( ) Allscripts	( ) EHSMed	( ) McKesson Provider Technologies
( ) Aprima	( ) eMDs	( ) Meditech
( ) Athena	( ) EPIC Systems	( ) NextGen Healthcare Information Systems
( ) Cerner	( ) GE Healthcare	( ) Pulse System
( ) CPSI	( ) Greenway Medical Technologies	( ) Sage Software
( ) eClinicalWorks	(●) Healthland	( ) Siemens
( ) Eclipsys	( ) Ingenix	( ) Other (please specify)

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14. What is the name and version number of your current EHR software product?

Name:

Version:

15. What year did you implement your EHR system? Enter 4 digit year (YYYY)

16. Describe how your organization's EHR system is hosted:

- (•) Onsite (in-house)
- ( ) At an affiliate hospital or other practice (remote server)
- ( ) At a third party reseller vendor site (remote server)
- ( ) Over the internet with an EHR vendor (remote server)
- ( ) Other (please specify)

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17. The following question focuses on your organization's use of EHR functionality. Indicate if your organization has a computerized system for each of the following features. For those features that your organization has a computerized system, indicate whether your clinicians currently use them.

	Available			In Use	
	Yes	No	Unsure	Yes	No
Electronic Prescribing (e-prescribing)	○	○	○	○	○
Physician Order Entry	○	○	○	○	○
Decision Support	○	○	○	○	○
Clinical Documentation/Notes	○	○	○	○	○
Medical History	○	○	○	○	○
Follow up notes	○	○	○	○	○
Lab Ordering	○	○	○	○	○
Electronically sending orders for laboratory tests	○	○	○	○	○
Lab Results	○	○	○	○	○
Out of range levels highlighted for laboratory tests	○	○	○	○	○
Radiology Ordering	○	○	○	○	○
Electronically sending orders for radiology tests	○	○	○	○	○
Radiology/Imaging Results	○	○	○	○	○
Viewing electronic images of radiology results	○	○	○	○	○
Patient Problem Lists	○	○	○	○	○
Patient Allergy Lists	○	○	○	○	○
Patient Medication Lists	○	○	○	○	○
Reporting (quality measures)	○	○	○	○	○
Discharge Planning	○	○	○	○	○
Provider to Provider secure messaging	○	○	○	○	○

Lab Ordering					
Electronically sending orders for laboratory tests	○	○	○	○	○
Lab Results	○	○	○	○	○
Out of range levels highlighted for laboratory tests	○	○	○	○	○
Radiology Ordering	○	○	○	○	○
Electronically sending orders for radiology tests	○	○	○	○	○
Radiology/Imaging Results	○	○	○	○	○
Viewing electronic images of radiology results	○	○	○	○	○
Patient Problem Lists	○	○	○	○	○
Patient Allergy Lists	○	○	○	○	○
Patient Medication Lists	○	○	○	○	○
Reporting (quality measures)	○	○	○	○	○
Discharge Planning	○	○	○	○	○
Provider to Provider secure messaging	○	○	○	○	○
Provider to Patient secure messaging	○	○	○	○	○
Exchange with other system (Please list systems in box below)	○	○	○	○	○
Reminders for guideline-based interventions and/or screening tests	○	○	○	○	○
Patient registry for grouping by chronic disease (i.e. diabetes, HTN, etc.) or by age	○	○	○	○	○
Patient specific care plans	○	○	○	○	○
Public Health reporting	○	○	○	○	○
Electronically sending notifiable disease notifications	○	○	○	○	○
Additional functions (Please list in box below)	○	○	○	○	○

Additional functions not listed above. (Please list additional functions)

Please list the other systems with which you exchange EHR data. (Please list additional systems)

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18. The following question focuses on your organization's use of electronic prescribing functionality. Indicate if your organization has a computerized system for each of the following features. For those features that your organization has a computerized system, indicate whether your clinicians currently use them.

	Available			In Use	
	Yes	No	Unsure	Yes	No
Medication history for scripts prescribed by your practice's prescribers.	○	○	○	○	○
Medication history for scripts prescribed by prescribers outside your practice	○	○	○	○	○
Drug to drug interactions or contraindication	○	○	○	○	○
Drug to allergy check	○	○	○	○	○
Drug to formulary check	○	○	○	○	○
Electronic (not fax) transmission of permissible prescriptions to pharmacy	○	○	○	○	○
Electronic (not fax) refill requests from pharmacy	○	○	○	○	○
Prescriptions faxed to Pharmacy via system (i.e. Fax Server)	○	○	○	○	○

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19. What type of patient portal does your organization currently provide? Please check all that apply.

- ☐ Do not currently provide a patient portal
- ☐ Secure access to clinical records
- ☐ Secure electronic communications with providers
- ☐ Access for the purposes of scheduling and payment only
- ☐ Other (please specify)

20. Is your EHR connected to any of the following? Please check all that apply.

- ☐ None
- ☐ Another physical location owned by this organization
- ☐ A hospital that owns this organization
- ☐ Pharmacy
- ☐ Other clinics
- ☐ Other Hospitals
- ☐ Health System
- ☐ Laboratory(s)
- ☐ Other (please specify)

21. Is your EHR hardware provided by your EHR software vendor?

- ○ Yes
- ○ No
- ○ Unsure

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22. How satisfied are you with your current EHR system?

- (•) Very Satisfied
- ( ) Somewhat Satisfied
- ( ) Somewhat Dissatisfied
- ( ) Very Dissatisfied

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22. How satisfied are you with your current EHR system?

- ○ Very Satisfied
- ○ Somewhat Satisfied
- ◉ Somewhat Dissatisfied
- ○ Very Dissatisfied

Reason for Dissatisfaction

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12. Does your organization currently use an EHR system?

- ○ Yes
- ◉ No

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27. How seriously have you considered an EHR for your organization?

- (●) Seriously
- ( ) Casually
- ( ) Not at all
- ( ) Considered but rejected

28. What is the degree of Electronic Health Record implementation readiness in your organization?

- ( ) Implementation is not planned within the next 2 years
- ( ) Implementation is planned in the next 3 months
- ( ) Implementation is planned in the next 3 - 6 months
- (●) Implementation is planned in the next 6 - 9 months
- ( ) Implementation is planned in the next 9 - 12 months
- ( ) Implementation is planned in the next 1 - 2 years
- ( ) Other (please specify)

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29. During the EHR implementation process, which of the following areas do you anticipate using non-vendor resources to assist with? Check all that apply.

- ☐ Do not expect to need assistance
- ☐ Assessment of current organization readiness
- ☐ Assistance with vendor selection and contracting
- ☐ Workflow redesign
- ☐ Project Management of EHR implementation
- ☐ Software configuration and data pre-load
- ☐ Optimization of your EHR after go-live
- ☐ Quality indicator reporting
- ☐ Electronic prescribing
- ☐ Interfacing with the Kansas HIE
- ☐ IT Services
- ☐ Other (please specify)

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30. Please check the main reasons your organization does not expect to invest in electronic health records (EHR) in the foreseeable future. Check all that apply.

- [ ] Too expensive
- [ ] Confusing number of EHR choices
- [ ] No currently available EHR product satisfies our needs
- [ ] Staff does not have the expertise or technical capacity to use an EHR
- [ ] EHRs lack interoperability with other information systems resulting in high interface costs
- [ ] Decreased productivity during implementation resulting in decreased revenue
- [ ] Concern that EHR choice will quickly become obsolete
- [ ] Staff is satisfied with paper-based records system
- [ ] Privacy and security concerns, including HIPAA
- [ ] Limited resources
- [ ] Limited broadband access
- [x] Other (please specify)

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31. Does your organization participate in a Health Information Exchange (HIE)? [Help]

- (•) Yes
- ( ) No

32. Please provide the name of the HIE: _____

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34. Do you currently have problems interfacing data with external healthcare systems? (for example: Immunization Registry, Labs, etc.. Do not include non-healthcare systems such as HR/payroll or financial systems.)

- (•) Yes
- ( ) No
- ( ) Unsure

35. Please list all healthcare systems you have trouble interfacing with:

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Kansas Health Information Technology Survey

31. Does your organization participate in a Health Information Exchange (HIE)? [Help]

- ○ Yes
- ◉ No

33. What barriers do you face in participating in health information exchange? Check all that apply. [Help]

- ☐ Limited funds
- ☐ Limited resources
- ☐ Product does not support HIE
- ☐ Vendor does not support HIE
- ☐ Limited broadband access
- ☐ No barriers
- ☐ Legal, privacy and security concerns, including HIPAA
- ☐ Other (please specify)

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38. Does your organization have an onsite lab?

- (●) Yes
- ( ) No

39. Does your onsite lab provide results to external entities?

- (●) Yes
- ( ) No

40. Does your lab have the capability to:

	Yes	No
Receive orders electronically	( )	( )
Send results electronically	( )	( )

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38. Does your organization have an onsite lab?

- ○ Yes
- ◉ No

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41. What type of internet access do you have at the point of care, in your location or locations (check more than one if multiple locations and differences apply)?

- [ ] Do not have internet access
- [ ] Dial Up
- [ ] Cable
- [ ] Satellite
- [ ] T-1
- [x] Fiber Optic Cable
- [ ] FiOS
- [ ] DSL
- [ ] Other (please specify)

42. What is the name of your internet provider?

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Kansas Health Information Technology Survey

41. What type of internet access do you have at the point of care, in your location or locations (check more than one if multiple locations and differences apply)?

- [x] Do not have internet access
- [ ] Dial Up
- [ ] Cable
- [ ] Satellite
- [ ] T-1
- [ ] Fiber Optic Cable
- [ ] FiOS
- [ ] DSL
- [ ] Other (please specify)

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43. Are you interested in receiving information on the following? Please check all that apply.

- [ ] Do not want to receive information
- [ ] Updates on EHR educational opportunities
- [ ] Information on federal Medicare EHR incentive
- [ ] Information on federal Medicaid EHR incentives
- [ ] Kansas HIE development

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44. Which areas related to installing/using EHR would you like to be contacted about?
Please check all that apply.

- [ ] Do not want to be contacted
- [x] Assessment of your current organization readiness
- [ ] Assistance with vendor selection and contracting
- [ ] Workflow redesign
- [ ] Project management during EHR implementation
- [ ] Software configuration and data pre-load
- [ ] Optimization of your EHR utilization after go -live
- [ ] Quality indicator reporting
- [ ] Electronic prescribing
- [ ] Interfacing with the Kansas HIE
- [ ] IT Services

45. What is your preferred method of contact?

- ○ Phone
- ○ Email
- ○ US Mail

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Kansas Health Information Technology Survey

44. Which areas related to installing/using EHR would you like to be contacted about?
Please check all that apply.

- [x] Do not want to be contacted
- [ ] Assessment of your current organization readiness
- [ ] Assistance with vendor selection and contracting
- [ ] Workflow redesign
- [ ] Project management during EHR implementation
- [ ] Software configuration and data pre-load
- [ ] Optimization of your EHR utilization after go -live
- [ ] Quality indicator reporting
- [ ] Electronic prescribing
- [ ] Interfacing with the Kansas HIE
- [ ] IT Services

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11. Please provide an estimate for the total number of all active patients and percentages of that total that were Medicare or Medicaid patients for the most recent full calendar year (2009). Summarize here the estimated patients for the entire organization, or the estimated hospital admissions, for all providers at all locations.

What is the unique number of patients served: [Help]	Estimated total active unique patient count/hospital admissions	Medicare %	Medicaid %
In the most recent calendar year (2009)			

46. Does your organization have more than one location? [Help]

- (•) Yes
- ( ) No

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47. For each organizational location, please provide an estimate for the total number of all active patients/number of hospital admissions, and percentages of that total that were Medicare or Medicaid patients for the most recent full calendar year (2009) for each organization location.

Also, please indicate whether EHR is available at the location.

If the response has been pre-populated, please verify the data and update or delete locations as necessary. [Help]

	Address	City	State	Zip	Total active patient count/number of Hospital admissions	% Medicare	% Medicaid	EHR Available? Yes	EHR Available? No
1.								○	○
2.								○	○
3.								○	○
4.								○	○
5.								○	○
6.								○	○
7.								○	○
8.								○	○
9.								○	○
10.								○	○

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11. Please provide an estimate for the total number of all active patients and percentages of that total that were Medicare or Medicaid patients for the most recent full calendar year (2009). Summarize here the estimated patients for the entire organization, or the estimated hospital admissions, for all providers at all locations.

What is the unique number of patients served: [Help]	Estimated total active unique patient count/hospital admissions	Medicare %	Medicaid %
In the most recent calendar year (2009)			

46. Does your organization have more than one location? [Help]

- ○ Yes
- ◉ No

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Thank You for completing the survey.

The information you have provided will be used in order to draw a baseline regarding the utilization of Health Information Exchange (HIE) and the adoption of Electronic Health Record (EHR)technology within Kansas. This will assist the State of Kansas in identifying priorities for Health Information Technology Investments over the next five years.

If you would like to review or print your responses, please click on the Review button below.

Please click on the Finish button below to submit your survey response.

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Thank you for completing the Kansas Health Information Technology survey.

Your response has been saved.