

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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1. What best describes your provider type?

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

2. Other Organization Types

- Federally Qualified Health Center
- Rural Health Center
- FQHC Look-A-Like or Community Health Center
- Community Mental Health Center
- Home Health Agency or Hospice Agency
- Dental Practice
- Other

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:

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

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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7. What specialties or subspecialties do your clinicians practice?

<input type="checkbox"/> Allergy & Immunology	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Neurological Surgery	<input type="checkbox"/> Periodontics
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Physical Medicine & Rehabilitation
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Obstetrics-Gynecology (OB/GYN)	<input type="checkbox"/> Plastic & Reconstructive Surgery
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Podiatric Medicine
<input type="checkbox"/> Endocrinology, Diabetes & Metabolism	<input type="checkbox"/> Oncology - Medical	<input type="checkbox"/> Preventive Medicine
<input type="checkbox"/> Endodontics	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Endovascular Surgical Neuroradiology	<input type="checkbox"/> Oral Maxillofacial Surgery	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Oral Surgery	<input type="checkbox"/> Pulmonary Disease
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Radiology
<input type="checkbox"/> General Dentistry	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Surgery (General)
<input type="checkbox"/> Hematology	<input type="checkbox"/> Otolaryngology (ENT)	<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Infections Disease	<input type="checkbox"/> Pain Management	<input type="checkbox"/> Urology
<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Pathology	<input type="checkbox"/> Vascular Surgery
<input type="checkbox"/> Medical Genetics	<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Other <input type="text" value="(please specify)"/>



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8. Please indicate your organizational ownership:

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

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9. Please identify all hospitals to which you have admitting privileges. Check all that apply. [\[Help\]](#)

- | | | |
|--|--|--|
| <input type="checkbox"/> Allen County Hospital | <input type="checkbox"/> Holton Community Hospital | <input type="checkbox"/> Providence Medical Center |
| <input type="checkbox"/> Anderson County Hospital | <input type="checkbox"/> Horton Community Hospital | <input type="checkbox"/> Ransom Memorial Hospital |
| <input type="checkbox"/> Anthony Medical Center | <input type="checkbox"/> Hospital District #1 of Rice County | <input type="checkbox"/> Rawlins County Health Center |
| <input type="checkbox"/> Ashland Health Center | <input type="checkbox"/> Jewell County Hospital | <input type="checkbox"/> Republic County Hospital |
| <input type="checkbox"/> Atchison Hospital | <input type="checkbox"/> Kearny County Hospital | <input type="checkbox"/> Rooks County Health Center |
| <input type="checkbox"/> Bob Wilson Mem. Grant Co. Hospital | <input type="checkbox"/> Kiowa County Mem. Hospital | <input type="checkbox"/> Rush County Memorial Hospital |
| <input type="checkbox"/> Central Kansas Medical Center | <input type="checkbox"/> Kiowa District Hospital & Manor | <input type="checkbox"/> Russell Regional Hospital |
| <input type="checkbox"/> Cheyenne County Hospital | <input type="checkbox"/> Labette Health | <input type="checkbox"/> Sabetha Community Hospital, Inc. |
| <input type="checkbox"/> Children's Mercy South | <input type="checkbox"/> Lane County Hospital | <input type="checkbox"/> Saint John Hospital |
| <input type="checkbox"/> Citizens Medical Center | <input type="checkbox"/> Lincoln County Hospital | <input type="checkbox"/> Saint Luke Hospital & Living Ctr. |
| <input type="checkbox"/> Clara Barton Hospital | <input type="checkbox"/> Lindsborg Community Hospital | <input type="checkbox"/> Saint Luke's South Hospital |
| <input type="checkbox"/> Clay County Medical Center | <input type="checkbox"/> Logan County Hospital | <input type="checkbox"/> Salina Regional Health Center |
| <input type="checkbox"/> Cloud County Health Center | <input type="checkbox"/> Meade District Hospital/Artesian Valley Health System | <input type="checkbox"/> Satanta District Hospital, Clinics & LTCU |
| <input type="checkbox"/> Coffeyville Reg. Medical Center | <input type="checkbox"/> Mercy Regional Health Center, Inc. | <input type="checkbox"/> Scott County Hospital |
| <input type="checkbox"/> Coffey County Hospital | <input type="checkbox"/> Medicine Lodge Memorial Hospital | <input type="checkbox"/> Sedan City Hospital |
| <input type="checkbox"/> Comanche County Hospital | <input type="checkbox"/> Memorial Health System | <input type="checkbox"/> Shawnee Mission Medical Center |
| <input type="checkbox"/> Community HealthCare System, Inc. | <input type="checkbox"/> Memorial Hospital, Inc. | <input type="checkbox"/> Sheridan County Health Complex |
| <input type="checkbox"/> Community Memorial Healthcare, Inc. | <input type="checkbox"/> Menorah Medical Center | <input type="checkbox"/> Smith Co. Memorial Hospital |
| <input type="checkbox"/> Cushing Memorial Hospital | <input type="checkbox"/> Mercy Health Center | <input type="checkbox"/> South Central Kansas RMC |
| <input type="checkbox"/> Decatur Health Systems, Inc. | <input type="checkbox"/> Mercy Hospital | <input type="checkbox"/> Southwest Medical Center |
| <input type="checkbox"/> Edwards Co. Hosp. and Healthcare Ctr. | <input type="checkbox"/> Mercy Hospital Inc. | <input type="checkbox"/> St. Catherine Hospital |
| <input type="checkbox"/> Ellinwood District Hospital | <input type="checkbox"/> Miami Co. Medical Center Inc. | <input type="checkbox"/> St. Francis Health Center |



- | | | |
|--|---|---|
| <input type="checkbox"/> Decatur Health Systems, Inc. | <input type="checkbox"/> Mercy Hospital | <input type="checkbox"/> Southwest Medical Center |
| <input type="checkbox"/> Edwards Co. Hosp. and Healthcare Ctr. | <input type="checkbox"/> Mercy Hospital Inc. | <input type="checkbox"/> St. Catherine Hospital |
| <input type="checkbox"/> Ellinwood District Hospital | <input type="checkbox"/> Miami Co. Medical Center, Inc | <input type="checkbox"/> St. Francis Health Center |
| <input type="checkbox"/> Ellsworth County Medical Center | <input type="checkbox"/> Minneola District Hospital | <input type="checkbox"/> St. Johns Maude Norton Mem. Hospital |
| <input type="checkbox"/> F.W. Huston Medical Center | <input type="checkbox"/> Mitchell County Hospital Health Systems | <input type="checkbox"/> St. Joseph Memorial Hospital |
| <input type="checkbox"/> Fredonia Regional Hospital | <input type="checkbox"/> Morris County Hospital | <input type="checkbox"/> Stafford County Hospital |
| <input type="checkbox"/> Geary Community Hospital | <input type="checkbox"/> Morton Co. Health System | <input type="checkbox"/> Stanton County Health Care Facility |
| <input type="checkbox"/> Girard Medical Center | <input type="checkbox"/> Nemaha Valley Comm. Hospital | <input type="checkbox"/> Stevens County Hospital |
| <input type="checkbox"/> Goodland Regional Medical Center | <input type="checkbox"/> Neosho Memorial RMC | <input type="checkbox"/> Stormont-Vail HealthCare, Inc |
| <input type="checkbox"/> Gove County Medical Center | <input type="checkbox"/> Ness County Dist. #2 Hospital | <input type="checkbox"/> Sumner County Dist. #1 Hospital |
| <input type="checkbox"/> Graham County Hospital | <input type="checkbox"/> Newman Regional Health | <input type="checkbox"/> Sumner Regional Medical Center |
| <input type="checkbox"/> Great Bend Regional Hospital | <input type="checkbox"/> Newton Medical Center | <input type="checkbox"/> Susan B. Allen Mem. Hospital |
| <input type="checkbox"/> Greeley County Health Services | <input type="checkbox"/> Ninnescah Valley Health Systems, Inc. | <input type="checkbox"/> Trego Co.-Lemke Mem. Hospital |
| <input type="checkbox"/> Greenwood County Hospital | <input type="checkbox"/> Norton County Hospital | <input type="checkbox"/> The University of Kansas Hospital |
| <input type="checkbox"/> Grisell Mem. Hospital Dist. #1 | <input type="checkbox"/> Olathe Medical Center, Inc. | <input type="checkbox"/> Via Christi Health |
| <input type="checkbox"/> Hamilton County Hospital | <input type="checkbox"/> Osborne County Mem. Hospital | <input type="checkbox"/> Via Christi Hospital-Pittsburg |
| <input type="checkbox"/> Hanover Hospital | <input type="checkbox"/> Oswego Community Hospital | <input type="checkbox"/> Wamego City Hospital |
| <input type="checkbox"/> Harper Hospital District #5 | <input type="checkbox"/> Ottawa County Health Center | <input type="checkbox"/> Washington County Hospital |
| <input type="checkbox"/> Hays Medical Center | <input type="checkbox"/> Overland Park RMC | <input type="checkbox"/> Wesley Medical Center |
| <input type="checkbox"/> Herington Municipal Hospital | <input type="checkbox"/> Pawnee Valley Community Hospital | <input type="checkbox"/> Western Plains Med. Complex |
| <input type="checkbox"/> Hiawatha Community Hospital | <input type="checkbox"/> Phillips County Hospital | <input type="checkbox"/> Wichita County Health Center |
| <input type="checkbox"/> Hillsboro Community Hospital | <input type="checkbox"/> Pratt Regional Medical Center | <input type="checkbox"/> William Newton Hospital |
| <input type="checkbox"/> Hodgeman Co. Health Center | <input type="checkbox"/> Promise Regional Medical Center - Hutchinson | <input type="checkbox"/> Wilson Medical Center |

Please enter hospital name(s) if not listed above:



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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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff that have prescriptive privileges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians on active medical staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Midlevel practitioners such as ARNP's, PA's and nurse midwives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Midlevel practitioners with prescriptive privileges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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?

- | | | |
|--------------------------------------|---|---|
| <input type="radio"/> Allscripts | <input type="radio"/> EHSMed | <input type="radio"/> McKesson Provider Technologies |
| <input type="radio"/> Aprima | <input type="radio"/> eMDs | <input type="radio"/> Meditech |
| <input type="radio"/> Athena | <input type="radio"/> EPIC Systems | <input type="radio"/> NextGen Healthcare Information Systems |
| <input type="radio"/> Cerner | <input type="radio"/> GE Healthcare | <input type="radio"/> Pulse System |
| <input type="radio"/> CPSI | <input type="radio"/> Greenway Medical Technologies | <input type="radio"/> Sage Software |
| <input type="radio"/> eClinicalWorks | <input type="radio"/> Healthland | <input type="radio"/> Siemens |
| <input type="radio"/> Eclipsys | <input type="radio"/> Ingenix | <input type="radio"/> Other <input type="text" value="(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



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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)	<input type="radio"/>				
Physician Order Entry	<input type="radio"/>				
Decision Support	<input type="radio"/>				
Clinical Documentation/Notes	<input type="radio"/>				
Medical History	<input type="radio"/>				
Follow up notes	<input type="radio"/>				
Lab Ordering	<input type="radio"/>				
Electronically sending orders for laboratory tests	<input type="radio"/>				
Lab Results	<input type="radio"/>				
Out of range levels highlighted for laboratory tests	<input type="radio"/>				
Radiology Ordering	<input type="radio"/>				
Electronically sending orders for radiology tests	<input type="radio"/>				
Radiology/Imaging Results	<input type="radio"/>				
Viewing electronic images of radiology results	<input type="radio"/>				
Patient Problem Lists	<input type="radio"/>				
Patient Allergy Lists	<input type="radio"/>				
Patient Medication Lists	<input type="radio"/>				
Reporting (quality measures)	<input type="radio"/>				
Discharge Planning	<input type="radio"/>				
Provider to Provider secure messaging	<input type="radio"/>				



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

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

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





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.	<input type="radio"/>				
Medication history for scripts prescribed by prescribers outside your practice	<input type="radio"/>				
Drug to drug interactions or contraindication	<input type="radio"/>				
Drug to allergy check	<input type="radio"/>				
Drug to formulary check	<input type="radio"/>				
Electronic (not fax) transmission of permissible prescriptions to pharmacy	<input type="radio"/>				
Electronic (not fax) refill requests from pharmacy	<input type="radio"/>				
Prescriptions faxed to Pharmacy via system (i.e. Fax Server)	<input type="radio"/>				



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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

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

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



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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



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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
- Other



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23. Does your organization currently use a practice management system? [\[Help\]](#)

Yes

No

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24. What is the name of your current Practice Management System vendor?

- | | |
|--------------------------------------|---|
| <input type="radio"/> Allscripts | <input type="radio"/> Lavender and Wyet |
| <input type="radio"/> Athenahealth | <input type="radio"/> Medent |
| <input type="radio"/> CPSI | <input type="radio"/> Meditech |
| <input type="radio"/> e-MDs | <input type="radio"/> NextGen |
| <input type="radio"/> eClinicalWorks | <input type="radio"/> Sage Software |
| <input type="radio"/> EPIC Systems | <input type="radio"/> McKesson |
| <input type="radio"/> GE Healthcare | <input type="radio"/> Prism |
| <input type="radio"/> Heartland | <input type="radio"/> Other <input type="text" value="(please specify)"/> |

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

Product Name:

Version Number:



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26. Are you considering replacing your practice management system?

- No
- Yes - in the next 3 months
- Yes - in the next 3 - 6 months
- Yes - in the next 6 - 9 months
- Yes - in the next 9 - 12 months
- Yes - in the next 1 - 2 years
- Other



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23. Does your organization currently use a practice management system? [\[Help\]](#)

Yes

No

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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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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





36. Please identify all Electronic Data Interface (EDI) capabilities your organization currently uses

Do you currently:	None	Medicare	Kansas Medicaid (HMO or FFS)	BCBS KS	BCBS KC	Preferred Health Systems (Coventry)	Tricare	United Healthcare (UHC)	Cenpatico	Unicare	Children's Mercy Family Health Plan	Other Commercial Payers
Submit primary insurance claims electronically through either a practice management system vendor or a clearinghouse application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submit secondary insurance claims electronically through either a practice management system vendor or a clearinghouse application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submit claims through website provided by the payer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify insurance eligibility electronically through either a practice management system vendor or a clearinghouse application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify insurance eligibility through a website provided by the payer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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37. Please identify all transactions you process electronically:

Do you currently:	Remittance Advice	Claims Status Request	Claims Attachments	Electronic Funds Transfer (EFT)
Conduct the following types of transactions electronically through either a practice management system vendor or a clearinghouse application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct the following transactions through a website provided by the payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Kansas Health Information Technology Survey



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	<input type="radio"/>	<input type="radio"/>
Send results electronically	<input type="radio"/>	<input type="radio"/>

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Kansas Health Information Technology Survey



38. Does your organization have an onsite lab?

Yes

No

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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)?

- Do not have internet access
- Dial Up
- Cable
- Satellite
- T-1
- Fiber Optic Cable
- FiOS
- DSL
- Other

42. What is the name of your internet provider?



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)?

- Do not have internet access
- Dial Up
- Cable
- Satellite
- T-1
- Fiber Optic Cable
- FiOS
- DSL
- Other

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Kansas Health Information Technology Survey



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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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.

- 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

45. What is your preferred method of contact?

- Phone
- Email
- US Mail



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.

- 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



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)	<input type="text"/>	<input type="text"/>	<input type="text"/>

46. Does your organization have more than one location? [\[Help\]](#)

Yes
 No





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)	<input type="text"/>	<input type="text"/>	<input type="text"/>

46. Does your organization have more than one location? [\[Help\]](#)

- Yes
- No

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Kansas Health Information Technology Survey



48. 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) for each individual clinician within the practice.

If the response has been pre-populated, please verify the data and update or delete clinicians as necessary. [\[Help\]](#)

	Clinician First Name	Clinician Last Name	NPI #	Total active patient count	% Medicare	% Medicaid
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Kansas Health Information Technology Survey



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.

[< Back](#) [Finish](#) [Save](#) [Review](#)



Kansas
Health Information Technology
Survey



Thank you for completing the Kansas Health Information Technology survey.

Your response has been saved.
