

EMR Adoption Survey

Instructions

This survey contains a series of multiple-choice questions corresponding to the 5-stage EMR Adoption Model.

If the respondent is a physician, ask all questions. If the respondent is a medical office assistant, ask the questions which begin with **(MOA)**.

- 1) For each question, select the choice that best describes the current situation or method used in the office.
- 2) If a response is clearly in between two choices, circle both and assign a value in the middle (e.g. 2.5). Comment on the discrepancy between the stages. This should be used rarely.
- 3) For questions where there is a blank, the scorer is meant to jump to the higher number with the additional functionality (e.g. from 1 to 3) as there may not be a corresponding activity / state.
- 4) Add any comments in the space provided under each question. Please flag any responses that require review and document in the comments section where the answer does not fit a known category.

To score the survey, use the EMR Adoption Survey Scoring Sheet.



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Health Information

1. **(MD & MOA)** How do you keep track of the patient demographics in your practice?

<input type="checkbox"/>	I store patient demographics in the patient chart and/or in my billing program .	0
<input type="checkbox"/>	Mainly in the patient chart and billing program . I may have some files on my computer also, such as a spreadsheet for some patients.	1
<input type="checkbox"/>	My billing program is the main source for patient information, I also duplicate (manually) patient information in my EMR or other electronic tools I use.	2
<input type="checkbox"/>		3
<input type="checkbox"/>	Exclusively in my EMR (which has an integrated billing system).	4
<input type="checkbox"/>	Exclusively in my EMR which can be synchronized with a provincial electronic patient registry (provincial EHR) .	5

Comments:

2. **(MD & MOA)** Where do you keep a patient's medical summary?

<input type="checkbox"/>	I maintain a separate (face) sheet in the paper chart that I manually update or I do not maintain a patient medical summary .	0
<input type="checkbox"/>	I use my electronic system, which include(s) free-text information on some patients. (Not an EMR.)	1
<input type="checkbox"/>	I use my EMR, which contains free-text or structured information for some patients.	2
<input type="checkbox"/>	I use my EMR, which stores nearly all or <i>all</i> my patient records, but mainly as free-text.	3
<input type="checkbox"/>	I use my EMR, which stores all my patient information in a <i>structured</i> form. (For example: standardized coded problem lists, medical history, medications, allergies, procedures, immunizations, etc.)	4
<input type="checkbox"/>	As in level 4, I use my EMR, which also syncs summary data with a provincial EHR.	5

Comments:

3. **(MD)** How do you record your patient visit or encounter notes?

<input type="checkbox"/>	They are written as entries in the paper chart .	0
<input type="checkbox"/>	They are dictated, transcribed and inserted in the paper chart.	1
<input type="checkbox"/>	I use an electronic tool for a subset of patients (e.g. for patients with chronic disease) OR we keep all transcribed notes electronically.	2
<input type="checkbox"/>	In my EMR as text that I enter in a SOAP note or equivalent for all patient visits. Most of my findings and plans are typed in as free text.	3
<input type="checkbox"/>	In my EMR using multiple structure templates to enter data. (I capture findings as structured elements where feasible).	4
<input type="checkbox"/>	In my EMR using multiple fields and templates with selected data that can be synchronized with a provincial EHR .	5

Comments:

Medications

4. **(MD)** How do you write new drug prescriptions?

<input type="checkbox"/>	I write them on my Rx pad and record them in the patient's paper chart .	0
<input type="checkbox"/>	I write them on my Rx pad and dictate / transcribe them as part of my note entry for filing in the patient's paper chart.	1
<input type="checkbox"/>	I write them using my EMR some of the time or document them in another electronic system . They are handwritten or printed and given to the patient .	2
<input type="checkbox"/>	I write them for all patients using my EMR , which has an updated formulary . I print the Rx to give to the patient .	3
<input type="checkbox"/>	I write them for all patients using my EMR , which has an advanced Rx module with clinical decision supports such as alerts for drug interactions. Prescriptions are printed or faxed.	4
<input type="checkbox"/>	I write them for all patients using my EMR which has an advanced Rx module and is linked to a province wide ePrescription system that is linked to pharmacies.	5

Comments:

5. **(MD)** How do you write renewal drug prescriptions during office visits?

<input type="checkbox"/>	I review my paper chart. Then I write them on my Rx pad and record them in the patient's paper chart	0
<input type="checkbox"/>	I review my transcribed notes. I write them on my Rx pad and dictate / transcribe them as part of my note entry for filing in the patient's paper chart.	1
<input type="checkbox"/>	When needed, I check a standalone system (e.g. a provincial repository) to confirm dose and when the prescription might be due, before writing the prescription.	2
<input type="checkbox"/>	I write them for all patients using my EMR and can review previous notes to see what was prescribed.	3
<input type="checkbox"/>	My EMR tracks medication prescriptions and I can pick from a list of "current" or "ongoing" medications and renew them quickly. I can also see when they are expected to be up for renewal as that is locally tracked in my EMR.	4
<input type="checkbox"/>	As in #4, but the EMR also syncs with provincial systems to confirm if / when the patient had medications prescribed / dispensed.	5

Comments:

6. **(MD & MOA)** Describe your process for managing medication prescription renewals outside of a visit.

<input type="checkbox"/>	Requests are processed manually by fax or phone and recorded in the patient's paper chart .	0
<input type="checkbox"/>		1
<input type="checkbox"/>		2
<input type="checkbox"/>	Requests are processed manually by fax or phone and I record them in my EMR (e.g. by creating a new prescription or a note).	3
<input type="checkbox"/>	Requests received by fax or phone are registered and sent by staff as an electronic request within my EMR for approval and responses are sent back by fax or phone .	4
<input type="checkbox"/>	Requests are received, processed and approved electronically from a province-wide ePrescribe system, linked to my EMR .	5

Comments:

7. **(MD)** How are you supported in making decisions about prescriptions? (e.g. alerts when writing or renewing a prescription)

<input type="checkbox"/>	Only by reading a medication's drug profile (e.g. in the CPS) or phoning a pharmacist .	0
<input type="checkbox"/>	I use a standalone PC or handheld device (smart phone, PDA) to manually check drug: drug interactions (which I enter manually for a patient).	1
<input type="checkbox"/>	I use an EMR that provides basic recommendations such as drug dose and frequency .	2
<input type="checkbox"/>	I use an EMR that automatically provides drug:drug and drug:allergy alerts.	3
<input type="checkbox"/>	I use an EMR with more comprehensive drug alerts including drug:disease , drug:lab to check against the local medication list in the EMR.	4
<input type="checkbox"/>	I use an EMR with an integrated clinical decision support system (CDSS) that is linked to updated provincial as well as local medication lists .	5

Comments:

Laboratory

8. **(MD)** How do you order lab tests?

<input type="checkbox"/>	I use the standard pre-printed lab requisition form and (may) re-write what I ordered in the paper chart .	0
<input type="checkbox"/>	I may use an electronic version of the standard requisition (e.g. a PDF) which I print out then re-write what I ordered in the paper chart (or photocopy).	1
<input type="checkbox"/>	I keep electronic copies of all requisitions on my office computer as standalone files (e.g. PDFs).	2
<input type="checkbox"/>	I use my EMR's electronic version of the standard, free-text lab requisition which automatically records what I ordered in the patient's file , and then print out the requisition.	3
<input type="checkbox"/>	My EMR has a lab requisition manager that lets me order tests , print out the form , gives me some clinical decision support prompts, and automatically records and reconciles tests and results.	4
<input type="checkbox"/>	As in #4, but my EMR can send orders and reconcile tests electronically. No paper requisitions are generated .	5

Comments:

9. **(MD)** How do you receive, review and process lab results?

<input type="checkbox"/>	Lab reports of tests I ordered (or were copied to me) are received in paper form by mail and/or fax and filed in the patient chart. Written follow up instructions are given to my MOA if needed.	0
<input type="checkbox"/>	I also view and print <u>some</u> lab reports electronically through software from the laboratories or a web interface and file them in the patient chart in the same way as paper reports.	1
<input type="checkbox"/>	I also view and print <u>all</u> lab reports electronically through software from the laboratories or a web interface and file them in the patient chart in the same way as paper reports.	2
<input type="checkbox"/>	Most lab results are downloaded into a structured database in my EMR to allow viewing in tabular and graphic formats . Results of tests that I ordered (or were copied to me) are reviewed and signed off from my inbox after sending follow-up instructions to my MOA as needed. Some lab reports are still only stored as scanned documents (non-structured).	3
<input type="checkbox"/>	ALL lab results of tests I ordered (or were copied to me) from multiple lab facilities are downloaded into a structured database in my EMR for viewing and processing.	4
<input type="checkbox"/>	All lab results of tests that I ordered (or were copied to me) are downloaded into my EMR , which also has a viewer to integrate and display all available lab data on a patient from multiple lab databases and hospitals .	5

Comments:

Medical Imaging

10. **(MD)** How do you order diagnostic tests? (i.e. x-rays, U/S, CT, MRI, PFT, stress tests, etc.)

<input type="checkbox"/>	I complete a paper requisition specific to each diagnostic centre.	0
<input type="checkbox"/>	I may use an electronic version of the diagnostic centre specific requisition (e.g. a PDF from the web) which I print out and complete and store in the patient chart.	1
<input type="checkbox"/>	I scan / copy in the requisition and / or document that I ordered the test in my EMR for some patients .	2
<input type="checkbox"/>	I scan / copy in the requisition and / or document that I ordered the test in my EMR for all patients .	3
<input type="checkbox"/>	My EMR has a diagnostic requisition manager that lets me order most tests and prints the order form .	4
<input type="checkbox"/>	I use an advanced diagnostic test requisition manager in my EMR that is securely linked to diagnostic test sites so I can order, record and reconcile tests electronically . No paper requisitions are generated.	5

Comments:

11. **(MD)** How do you receive, review and process Diagnostic Imaging reports?

<input type="checkbox"/>	They are received in paper form by mail and/or fax and filed in the patient chart after written follow-up instructions are given to my MOA if needed.	0
<input type="checkbox"/>	I print the reports from a CD and file them in the patient chart in the same way as paper reports.	1
<input type="checkbox"/>	I print the reports from a web interface or diagnostic imaging viewer and file them in the patient chart in the same way as paper reports.	2
<input type="checkbox"/>	Most or all of my paper X-ray reports are scanned (or copied from CD) and linked to the patient's record in my EMR.	3
<input type="checkbox"/>	Most of my X-ray reports are digitally downloaded into a structured database in my EMR , but we still need to scan some of them.	4
<input type="checkbox"/>	All of my X-ray reports are digitally downloaded into a structured database in my EMR.	5

Comments:

12. **(MD)** How do you view the images (e.g. X-rays, CT, MRI)?

<input type="checkbox"/>	I do not view the images.	0
<input type="checkbox"/>	I view images at the hospital or I receive a CD with the images that I can look at on a computer (not part of an EMR).	1
<input type="checkbox"/>	I view images using a remote viewer provided by the hospital or diagnostics imaging clinic. The system is standalone and I have to log into it separately from any office applications I might be running.	2
<input type="checkbox"/>	I view images using a remote viewer provided by the hospital or diagnostics imaging clinic. There is a link (e.g. a button) in my EMR that allows me to connect to the remote viewer for some of my image needs.	3
<input type="checkbox"/>	I view images using a remote viewer provided by the hospital or diagnostics imaging clinic. There is a link (e.g. a button) in my EMR that allows me to connect to the remote viewer for most of my image needs. OR, I copy images manually into my EMR either from a CD or I cut and paste them from the remote viewer.	4
<input type="checkbox"/>	The image viewer is part of my EMR. Images are automatically tagged and linked (e.g. downloaded) to my patient's EMR record.	5

Comments:

Referrals

13. **(MD & MOA)** How to you make a referral?

<input type="checkbox"/>	I hand-write the referral letter. My MOA calls to make the appointment .	0
<input type="checkbox"/>	I use a computer / word processor to generate the referral letter. My MOA calls to make the appointment .	1
<input type="checkbox"/>	I use a computer / word processor to generate the referral letter. My MOA calls to make the appointment . The office tracks referrals in a computer application (not and EMR).	2
<input type="checkbox"/>		3
<input type="checkbox"/>	I use my EMR's referral manager , which has an updated database of consultants and the ability to generate and fax a referral letter using selectable data from the patient record . My MOA calls to make the appointment .	4
<input type="checkbox"/>	I use my EMR's referrals manager , which is linked on a secure network with consultants located in private offices and/or hospitals. The consultant can view referral data when an electronic request is sent. Referral appointments can be made online within the network .	5

Comments:

14. **(MD & MOA)** If you receive referral requests (e.g. from GPs), how do you receive and review these?

<input type="checkbox"/>	I receive referral requests by mail and/or fax and these are managed entirely on paper.	0
<input type="checkbox"/>	I receive referral requests by mail and or fax and some limited data is input into a local database for some patients. (Not an EMR).	1
<input type="checkbox"/>	Paper referral requests are scanned and stored electronically but not in an EMR (e.g. as PDF files), or I receive some referrals electronically (e.g. by secure email).	2
<input type="checkbox"/>	Paper referral requests are scanned or manually stored electronically in my EMR .	3
<input type="checkbox"/>	I receive some referral requests electronically and these create patient records in my EMR.	4
<input type="checkbox"/>	I receive most or my referral requests electronically and these create patient records in my EMR.	5

Comments:

15. **(MD & MOA)** How do you receive and process consultation reports (i.e. the letter back from the consultant)?

<input type="checkbox"/>	They are received in paper form by mail and/or fax and filed in the patient chart after written follow-up instructions are given to my MOA if needed.	0
<input type="checkbox"/>	I can also scan paper consult reports into a standalone PC for electronic access.	1
<input type="checkbox"/>	I receive at least some referrals electronically through a standalone system (e.g. secure email).	2
<input type="checkbox"/>	All consult reports are manually linked to patient records in my EMR . (They may be scanned or received through secure email.)	3
<input type="checkbox"/>	Some or all consult reports I receive are automatically downloaded into my EMR as letters , reviewed and signed off from my inbox after sending follow up instructions to my MOA as needed.	4
<input type="checkbox"/>	Most or all consult reports are digitally downloaded into a structured database in my EMR and this can update my problem lists, medications and other summary data in my EMR .	5

Comments:

16. **(MD & MOA)** How do you keep track of which providers a patient sees (e.g. specialists, home care nurses, physiotherapist)?

<input type="checkbox"/>	I look through the paper chart for old referrals and letters.	0
<input type="checkbox"/>	I keep a paper list in the chart (e.g. on a patient summary page) with current specialists and care providers.	1
<input type="checkbox"/>	I use my billing program to view a list of who I have referred to in the past for that patient.	2
<input type="checkbox"/>	I can look through my EMR to find who I have referred to and review names on consult letters, etc.	3
<input type="checkbox"/>	My EMR has a specific list of providers that my patient sees. I maintain this and it is updated when I make referrals in my EMR.	4
<input type="checkbox"/>	My EMR maintains a list and it synchronizes with a provincial EHR.	5

Comments:

Decision Support

17. **(MD)** How do you store and access reference materials (excluding patient handouts)?

<input type="checkbox"/>	I use only paper (textbooks and journals) and keep copies in the office on the shelf or in filing cabinets.	0
<input type="checkbox"/>	I also use the web to search free sites / google.com.	1
<input type="checkbox"/>	I have access to a specific reference site, or I use standalone software on a PC or handheld device to look up medical reference material (e.g. Up to date, ePocrates, Skyscape).	2
<input type="checkbox"/>	Website links and/or reference databases are accessible from within my EMR , from its user interface (e.g. the menu bar) but are not patient-specific.	3
<input type="checkbox"/>	Website links and/or reference databases can also be accessed from a patient's file based on specified data elements such as diagnoses, problems, lab results, meds, specific templates, etc.	4
<input type="checkbox"/>	Information available from updated reference databases that also reflect local (Health Authority or Provincial) expertise and policies is accessible from general and patient-specific user interfaces in my EMR.	5

Comments:

18. **(MD)** How are clinical practice guidelines accessed and used in providing patient care in your practice?

<input type="checkbox"/>	I use paper-based guidelines and review them when I need to.	0
<input type="checkbox"/>	I also use a standalone PC or handheld device to look up guidelines when I need to.	1
<input type="checkbox"/>		2
<input type="checkbox"/>	I use an EMR with access to guidelines that I can read (e.g. there are links to guidelines in the EMR).	3
<input type="checkbox"/>	I use an EMR that has templates and reminders built from evidence . The CDM flow sheets / templates have embedded guidelines / evidence .	4
<input type="checkbox"/>	I use an EMR that has embedded guidelines updated from external sources to automatically adjust best recommendations (e.g. if evidence changes).	5

Comments:

19. **(MD & MOA)** How are patient reminders (for follow-up and prevention) generated in your office?

<input type="checkbox"/>	Manually: when I see a patient I record a follow-up in the patient's chart or I rely on my memory .	0
<input type="checkbox"/>	I also use a personally set-up, standalone reminder system (i.e. Excel spreadsheet) or my office's billing program , which has reminders for things like mammograms and pap tests.	1
<input type="checkbox"/>	I use an EMR that allows me to set up recall reminders for an individual or groups of patients.	2
<input type="checkbox"/>	I use an EMR that also has built-in automated reminders for prevention (that I cannot add to).	3
<input type="checkbox"/>	I use an EMR with a customizable rule-based reminder system that searches a structured database allowing me to setup multiple reminders using different parameters and reminds me of overdue reviews based on common conditions. It only uses information from within the EMR.	4
<input type="checkbox"/>	I use an EMR with a rule-based reminder system that also leverages information on provincial and other external repositories to adjust rules (e.g. will confirm if patients have had immunizations from public health).	5

Comments:

20. **(MD)** How do you manage your patients with chronic diseases (i.e. diabetes, hypertension, COPD, etc)? Do you use any tools such as flow sheets, recall lists or reminders?

<input type="checkbox"/>	There is no formal chronic disease management system .	0
<input type="checkbox"/>	I use flow sheets on paper which are part of the paper chart .	1
<input type="checkbox"/>	I use an electronic tool (e.g. a Provincial CDM Toolkit) but data must still be entered manually on a regular basis.	2
<input type="checkbox"/>	I use an EMR that has flow sheets , but it does not have recall lists, etc.	3
<input type="checkbox"/>	I use an EMR that has flow sheets and I then can generate reminders and recall lists .	4
<input type="checkbox"/>	As in #4, but my EMR also pulls in additional data from multiple providers across the care team (e.g. if immunizations have been completed elsewhere it would not remind me to complete this).	5

Comments:

Electronic Communication and Connectivity

21. **(MD & MOA)** How do you communicate about patient issues in your office (e.g. between providers or between providers and staff)?

<input type="checkbox"/>	We talk in my office / on the phone. Paper notes are stuck to the front of the chart and left on my desk or in an inbox for review.	0
<input type="checkbox"/>	We use paper and sometimes a secure tool like email (NOTE: NOT part of the patient chart but can be printed to put in the paper chart).	1
<input type="checkbox"/>	A standalone secure communication tool (e.g. secure email) is used for the majority of communication. It is not part of the paper chart .	2
<input type="checkbox"/>	A secure electronic communication tool as part of the EMR is used by some providers and the messages are tagged to the patient's EMR record .	3
<input type="checkbox"/>	A secure electronic communication tool as part of the EMR is used frequently by all providers in the office and the messages are tagged to the patient's EMR record .	4
<input type="checkbox"/>		5

Comments:

22. **(MD & MOA)** How do you access your records while you are out of the office?

<input type="checkbox"/>	I do not, or I can phone in and ask someone to review / fax information to me.	0
<input type="checkbox"/>		1
<input type="checkbox"/>	I access other tools remotely (e.g. hospital systems) but not my own records.	2
<input type="checkbox"/>	I occasionally access my EMR through a secure connection (e.g. by Remote Desktop, Citrix, or a secure website) while at home.	3
<input type="checkbox"/>	I regularly access my EMR through a secure connection (e.g. by Remote Desktop, Citrix, or a secure website).	4
<input type="checkbox"/>	As in #4, but I can also access my EMR from the hospital .	5

Comments:

23. **(MD & MOA)** How do you communicate about patient issues with providers OUTSIDE office (e.g. specialists, hospital), not including formal referrals?

<input type="checkbox"/>	For the majority of communication, it is by phone / fax . It is kept / documented in the paper chart	0
<input type="checkbox"/>		1
<input type="checkbox"/>	Standalone, secure electronic communication (e.g. secure email) is used in my community for most of my external communication.	2
<input type="checkbox"/>	Any external communication is generated outside my EMR but copied / scanned into the EMR for all patients .	3
<input type="checkbox"/>	I use my EMR to generate outgoing notes , which are printed and faxed . All notes are stored in my EMR .	4
<input type="checkbox"/>	We have an electronic communication network for much of the communication that is connected to my EMR . Messages arrive in my inbox from others electronically (i.e. are not scanned).	5

Comments:

Patient Support

24. **(MD)** How do you store and access patient handouts?

<input type="checkbox"/>	I use only paper handouts and keep copies in the office on the shelf or in filing cabinets.	0
<input type="checkbox"/>	I also use the web or other standalone software on a PC or handheld device to look up handouts and print them.	1
<input type="checkbox"/>	Our practice / group has a website with patient handouts and /or links to good resources for our patients.	2
<input type="checkbox"/>	Website links and/or reference databases are accessible from within my EMR , from its user interface (e.g. the menu bar) but are not patient specific.	3
<input type="checkbox"/>	Website links and/or reference databases can also be accessed from a patient's file based on specified data elements such as diagnoses, problems, lab results, meds, specific templates, etc.	4
<input type="checkbox"/>	Information available from updated reference databases that also reflect local (Health Authority or Provincial) expertise and policies is accessible from general and patient specific user interfaces in my EMR	5

Comments:

25. **(MD & MOA)** How do you share the patient's own information with them?

<input type="checkbox"/>	I provide paper copies of results when asked.	0
<input type="checkbox"/>	I routinely copy some patients on their own results.	1
<input type="checkbox"/>		2
<input type="checkbox"/>	Our practice uses secure email with patients for some activities, such as scheduling appointments, requesting refills (NOTE: flag if unsecure email is used).	3
<input type="checkbox"/>	Our EMR has a patient portal . Patients can view some of their data online and / or they can communicate with us to request appointments, etc.	4
<input type="checkbox"/>	Our EMR can send data to our patients' Personally Controlled Health Record (e.g. Google Health). This is used by at least 10% of patients in the practice.	5

Comments:

Administrative Processes

26. **(MD & MOA)** How do you schedule appointments for patients in the practice?

<input type="checkbox"/>	We have a paper scheduling system for the practice.	0
<input type="checkbox"/>	We have an electronic standalone scheduling system for the practice (NOTE: may / may not be part of the billing program).	1
<input type="checkbox"/>	We have an EMR with scheduling, but the electronic day sheet is only visible to office staff. Clinicians (e.g. physicians) review a paper print-out of the schedule.	2
<input type="checkbox"/>	We schedule in the EMR and both front staff and clinicians see the status of patients in the electronic schedule.	3
<input type="checkbox"/>	We use our EMR scheduler for complex scheduling, including document visit types and / or reason for visit. This is linked to the patient's electronic record.	4
<input type="checkbox"/>	Other people, outside of our office, request or schedule appointments electronically into our EMR for at least some visits (e.g. patients schedule directly or family physicians can book referrals directly).	5

Comments:

27. **(MD & MOA)** How do you bill in the practice?

<input type="checkbox"/>	I write my billings on paper and send them to a billing service (I do not know what they use) or I submit on paper.	0
<input type="checkbox"/>	I write my billings on paper and the office staff (or I directly) use an electronic billing system to submit and manage the bills.	1
<input type="checkbox"/>	I write my billings on paper and the office staff uses our EMR to submit and manage the bills.	2
<input type="checkbox"/>	I use the billing module in my EMR directly to add codes for visits (my office staff or I review and manage payment through the EMR).	3
<input type="checkbox"/>	I use my EMR and it autopopulates the billing codes based on my notes in the patient's chart, which can be edited / added to and then managed within the EMR.	4
<input type="checkbox"/>		5

Comments:

28. **(MD & MOA)** How do you keep a list of other providers that you regularly refer to (i.e. specialists)?

<input type="checkbox"/>	My lists are kept on paper (e.g. in a printed directory, on a rolodex or other).	0
<input type="checkbox"/>	I use my billing program to view a list or do a search or I have some other electronic list of providers that I refer to (e.g. electronic address book).	1
<input type="checkbox"/>		2
<input type="checkbox"/>	I use my EMR that has a list of providers that can be searched or selected as part of the referral process.	3
<input type="checkbox"/>	As in #3, plus I can have lists of favourite or common providers or the EMR automatically ranks my provider list based on who I have referred to.	4
<input type="checkbox"/>	As in #4, plus my EMR is synchronized and updated using a provincial electronic provider registry .	5

Comments:

29. **(MD & MOA)** How do you manage paper in the office?

<input type="checkbox"/>	All patient information is processed and filed in the paper charts .	0
<input type="checkbox"/>	We scan old records into files on a computer (e.g. as PDF files) that are not connected to any electronic information system.	1
<input type="checkbox"/>	We are scanning in some paper to an EMR – either for select patients or select pieces of information.	2
<input type="checkbox"/>	After any incoming results / reports are reviewed they are scanned into the EMR.	3
<input type="checkbox"/>	Most / nearly all paper is scanned into the EMR and tagged (e.g. as an X-ray or consult) once it is received and then it is reviewed electronically in the EMR.	4
<input type="checkbox"/>	We have almost no paper coming into the office anymore, all or nearly all patient information is received electronically into the EMR.	5

Comments:

Reporting and Population Health Management

30. **(MD & MOA)** Do you have any disease registries? If yes, how are they managed?

<input type="checkbox"/>	No.	0
<input type="checkbox"/>	We maintain paper lists for some key conditions OR we run reports out of our billing program.	1
<input type="checkbox"/>	We have our own spreadsheet or database to track some of our chronic disease patients or we use another standalone tool , such as the CDM toolkit (in BC) that is not linked to our EMR .	2
<input type="checkbox"/>	Our EMR can run reports of patients with specific diagnoses from our billing data. The reports are built in (we do not run our own).	3
<input type="checkbox"/>	We use our EMR and it creates registries from patient problem lists, not from billing data.	4
<input type="checkbox"/>	As in #4, but the EMR also uses additional information from the provincial EHR.	5

Comments:

31. **(MD & MOA)** How do you run reports or create recall lists in your practice?

<input type="checkbox"/>	We do not. OR We have paper lists and calendars where we put recalls for mammograms, etc. OR we rely on the provincial programs for recalls.	0
<input type="checkbox"/>	We use our billing program to run reports for patients who are overdue for chronic disease visits / immunizations.	1
<input type="checkbox"/>	We have our own spreadsheet or database to track some of our chronic disease patients or we use another standalone tool , such as the CDM toolkit (in BC) that is not linked to our EMR .	2
<input type="checkbox"/>	Our EMR can run reports of patients with specific diagnoses. The reports are built in (we do not run our own).	3
<input type="checkbox"/>	We have complex reports in our EMR that we use (e.g. diabetics with A1c over 8% who haven't been seen in 3 months) and we create our own reports .	4
<input type="checkbox"/>	As in #4, but the report queries used also include additional data from regional / provincial systems in some way.	5

Comments: