



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

May 2010

Dear Medicaid Provider:

Electronic Health Records (EHRs) are becoming increasingly important tools in the delivery of health care and in health reform efforts. The American Recovery and Reinvestment Act of 2009 (ARRA) provides significant financial incentives, up to \$63,750 per eligible professional, to encourage the adoption and "meaningful use" of EHRs in ways that improve quality, increase efficiency, and promote safety.

The Michigan Medicaid program will launch an EHR incentive program in 2011 and needs your help to make it successful. ***We are asking providers to take five minutes to complete the enclosed survey, or you may complete the survey on line at [www.MichiganHealthIT.org](http://www.MichiganHealthIT.org).*** Your responses will provide the state with the baseline information necessary to understand Michigan's current health information technology (HIT) capacity and plan for future HIT activities. Additional information on the survey may be found on the next page.

As details of the EHR incentive program are finalized, we will provide additional information to the Medicaid provider community. The first round of informational and listening sessions around the state was just announced and future educational sessions will take place in the fall. You are encouraged to visit [www.MichiganHealthIT.org](http://www.MichiganHealthIT.org) and sign up to be on the email list to receive periodic updates.

For more information about ARRA's HIT programs, please visit [www.MichiganHealthIT.org](http://www.MichiganHealthIT.org).

Thank you for completing the survey.

Sincerely,

A handwritten signature in black ink that reads 'Stephen Fitton'.

Stephen Fitton, Director  
Medical Services Administration

Attachment

### **Additional Information about the Survey**

The survey is designed to collect baseline information about your EHR current use and future plans. The Michigan Department of Community Health (MDCH) will use the information collected to plan for the EHR incentive program and help develop a long-term state Medicaid Health IT Plan. The survey should only take a few minutes to complete.

### **How should I answer the questions?**

- The survey should be answered from the point of view of your whole practice.
- The survey is anonymous; responses will be aggregated.
- How accurate does the information need to be? You are asked to complete each question as best as you can. Some questions ask about patient volume information that you may not have readily available; please provide your best estimate for these questions.
- A few questions reference patient encounters. The federal Centers for Medicare & Medicaid Services (CMS) is still in the process of defining "patient encounter," but for the purposes of this survey, a patient encounter is defined as a single episode of billable treatment or care per patient per day.

### **How do I complete the survey?**

- You are encouraged to fill out and submit the survey online at [www.MichiganHealthIT.org](http://www.MichiganHealthIT.org). For assistance with the survey, email [info@MichiganHealthIT.org](mailto:info@MichiganHealthIT.org) or call 877-338-7106.
- Alternatively, you can complete the enclosed paper copy and return it in the enclosed return envelope. Please only complete one version of the survey.

### **Who should complete the survey?**

- The survey should be completed by the provider to whom it is addressed or any staff member who is familiar with the EHR use/plans for the practice. Only one survey should be completed for the practice.
- Do I need to complete the survey to be eligible for the EHR incentive? The survey is voluntary and you do not have to complete the survey to be eligible for the EHR incentive. However, your input is vital and will help shape the EHR incentive program and long-term plans for HIT in Michigan.

**Please complete and return the survey by June 4, 2010.**

# Medicaid EHR Provider Scan

This information is being collected by the Michigan Department of Community Health (MDCH) to identify current interest in and use of electronic health records (EHRs) by health professionals in Michigan. The information will assist the MDCH in implementing the federal Medicaid EHR incentive program in Michigan. It will also help the MDCH develop a long-term state Medicaid health information technology (HIT) plan.

To best meet our planning needs, *only one survey should be completed for each practice*. If you are part of a group practice with multiple locations, complete one survey for each practice location. The information you provide is anonymous; no individually identifiable information is collected in this survey. Your participation is encouraged and appreciated. Please complete the survey and return it in the envelope provided.

If you prefer, you may complete the survey online by going to [www.michiganhealthit.org](http://www.michiganhealthit.org).

### MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ● INCORRECT: ☒ ☓ ○ ○

1. Do any providers in your practice plan to apply for the Medicaid incentive for EHR adoption? (Individual providers can apply for either the Medicaid incentive or the Medicare incentive, not both.)
- a) Yes ..... (A)
- b) No ..... (B)
- c) Unsure ..... (C)

# Example Survey

2. For each provider type listed provide a number for both columns.

	(A) Number of each provider type in your practice
1) Physician (other than a pediatrician) ..	1 2 3 4 5 6 7 8 9
2) Pediatrician ..	1 2 3 4 5 6 7 8 9
3) Dentist ..	1 2 3 4 5 6 7 8 9
4) Certified nurse-midwife ..	1 2 3 4 5 6 7 8 9
5) Nurse practitioner ..	1 2 3 4 5 6 7 8 9
6) Physician assistant ..	1 2 3 4 5 6 7 8 9

	(B) Estimate how many of these providers plan to apply for the Medicaid incentive for EHR adoption
1) Physician (other than a pediatrician) ..	1 2 3 4 5 6 7 8 9
2) Pediatrician ..	1 2 3 4 5 6 7 8 9
3) Dentist ..	1 2 3 4 5 6 7 8 9
4) Certified nurse-midwife ..	1 2 3 4 5 6 7 8 9
5) Nurse practitioner ..	1 2 3 4 5 6 7 8 9
6) Physician assistant ..	1 2 3 4 5 6 7 8 9

Use boxes for numbers >9

*Please note: For each answer, the number in column B should not be greater than the number in column A.*

3. Which best describes your practice? (Mark only one.)
- a) Primary care practice ..... (A)
- b) Single specialty practice (not primary care) ..... (B)
- c) Multi-specialty practice ..... (C)
- d) Community health center (FQHC, FQHC look-alike, RHC) ..... (D)
- e) Community mental health center ..... (E)
- f) Home health agency or hospice agency ..... (F)
- g) Nursing home or long-term care facility ..... (G)
- h) Other ..... (H)
4. What percentage of the care that your practice provides is based in a hospital or hospital-owned facility?
- a) Less than 90% ..... (A)
- b) 90% or more ..... (B)
5. About how many patient encounters does your practice handle on an annual basis? (Please provide your best estimate.)
6. What percentage of your practice's annual patient encounters is covered by Medicaid?
- a) Less than 10% ..... (A)
- b) 10–19% ..... (B)
- c) 20–29% ..... (C)
- d) 30–39% ..... (D)
- e) 40–49% ..... (E)
- f) 50% or more ..... (F)

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63

The following questions are about interest in and current use of electronic health systems in your practice.

- 7. Does your practice currently use an electronic practice management system?
  - a) Yes ..... (A)
  - b) No ..... (B)
  - c) Unsure ..... (C)
- 8. Does your practice currently use an electronic health record (EHR) system?
  - a) Yes ..... (A)
  - b) No ..... (B)
  - c) Unsure ..... (C)

- 9. If your practice uses an EHR system, is your EHR product certified by the Certification Commission for Health Information Technology (CCHIT)?
  - a) Yes ..... (A)
  - b) No ..... (B)
  - c) Unsure ..... (C)
- 10. What is the extent of EHR planning and implementation in your practice? (Mark **one**.)
  - a) Fully implemented / used by all providers ..... (A)
  - b) Used by some of the providers ..... (B)
  - c) Implementation is planned in the next 12 months ... (C)
  - d) Implementation is planned in the next 13–24 months (D)
  - e) We have decided not to implement an EHR ..... (E)
  - f) No decision has been made about implementing an EHR ..... (F)

The following question is for practices that currently have an EHR system in place.  
 Skip to question 11 if you do not use an EHR system.

# Example Survey

11. Please tell us whether the following EHR functions are available in your EHR system and indicate whether the function is being used.

**Function**

- a) Conduct drug-drug, drug-allergy, and drug-formulary checks ...
- b) Generate lists of patients by specific conditions .....
- c) Generate patient reminders for guideline-based interventions and/or screening tests .....
- d) Submit data electronically to public health agencies (including Michigan Care Improvement Registry [MCIR]) .....
- e) Generate and transmit permissible prescriptions electronically (e-prescribing) .....
- f) Computerized provider order entry (CPOE) for medications, labs, radiology/imaging, or referrals .....
- g) Generate a clinical summary of office visits for patients .....
- h) Maintain up-to-date problem list of active diagnoses .....
- i) Maintain active medication/allergy list .....
- j) Maintain active medication list .....
- k) Check insurance eligibility .....
- l) Submit claims .....

	Is the function available?			Is the function used?	
	Yes	No	Unsure	Yes	No
a)	(A)	(A)	(A)	(A)	(A)
b)	(B)	(B)	(B)	(B)	(B)
c)	(C)	(C)	(C)	(C)	(C)
d)	(D)	(D)	(D)	(D)	(D)
e)	(E)	(E)	(E)	(E)	(E)
f)	(F)	(F)	(F)	(F)	(F)
g)	(G)	(G)	(G)	(G)	(G)
h)	(H)	(H)	(H)	(H)	(H)
i)	(I)	(I)	(I)	(I)	(I)
j)	(J)	(J)	(J)	(J)	(J)
k)	(K)	(K)	(K)	(K)	(K)
l)	(L)	(L)	(L)	(L)	(L)

Please access the online survey at

[www.MichiganHealthIT.org](http://www.MichiganHealthIT.org)

The following question is for practices that do **not** currently have an EHR system in place.

12. To what degree are the following issues a concern for implementation of an EHR system in your practice?

	MAJOR CONCERN	MEDIUM CONCERN	MINOR CONCERN	NOT A CONCERN
a) Unsure which EHR system to purchase .....	(A)	(A)	(A)	(A)
b) Worry that EHR choice will become obsolete .....	(B)	(B)	(B)	(B)
c) Initial costs of implementation .....	(C)	(C)	(C)	(C)
d) Recurring costs of EHR system .....	(D)	(D)	(D)	(D)
e) Disruption to practice workflow .....	(E)	(E)	(E)	(E)
f) Patient privacy .....	(F)	(F)	(F)	(F)
g) Familiarity with computer technology .....	(G)	(G)	(G)	(G)
h) Internet access availability and reliability .....	(H)	(H)	(H)	(H)
i) No clear business value .....	(I)	(I)	(I)	(I)

Thank You!

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63