

Practice Assessment for EHR Selection & Implementation

The purpose of this assessment is to gather information that can be used to ascertain a practice's readiness to select and implement an electronic health record system. The responses of this assessment will help determine the appropriate next steps for a successful implementation.

General

Practice Name:		Practice Phone Number:	
Practice Address:			
Date REC Provider Agreement Signed:			

General Readiness Assessment

The following 20-question survey is used with the permission of AmericanEHR, a partnership between the American College of Physicians and Cientis Technologies. Select the response that most closely matches your current situation. If you're unsure, it is better to underestimate your level of readiness. Responses are rated on a scale of 1–5 (1 = Strong Disagree, 3 = Neutral, 5 = Strongly Agree).

Question	Response				
1. My practice has clearly defined goals for implementing an EHR that can be measured following implementation. E.g. Improve quality, Increase productivity/efficiency, Qualify for EHR incentives etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. EHR adoption is viewed by the practice as a mechanism to improve care delivery and workflow efficiencies.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. My practice has a good understanding of the benefits and challenges of implementing an EHR.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. The practice team has clear and documented expectations about the processes and workflows that will change and those that will remain unchanged after EHR implementation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. The practice has considered the need for a contracted IT specialist to provide hardware/software/network maintenance services after the EHR system has been implemented.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. My practice has considered how an EHR system can change the way that clinicians and office staff communicate internally.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. All clinicians and staff are proficient with foundational computer skills such as typing, email, using a word processor and the Internet.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 8. The practice will be fully staffed during the time of implementation of the EHR (clinicians and staff). | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 9. The practice does not intend to add clinicians or additional staff during the implementation phase or for three months thereafter. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 10. An individual who is knowledgeable and enthusiastic has agreed to take on the role of practice champion through the EHR selection and implementation process. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 11. The practice will not be moving or undergoing any major renovations for three months prior to and for twelve months after implementation of an EHR. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 12. My practice team works collaboratively and is able to embrace and optimize changes and new processes. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 13. Every member of the practice team is willing to invest the time and effort in training and skills development in order to effectively use and optimize use of an EHR | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 14. The practice understands the need to decrease patient load for an initial period of time after implementation of an EHR (approximately 3 months). | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 15. The practice is sufficiently stable financially and can withstand a temporary loss of productivity in order to purchase and implement an EHR. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 16. Every business partner in the practice understands how the costs of purchasing, implementing and ongoing support of an EHR will be shared within the practice. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 17. My practice has a strategy for decision making and incorporating feedback from clinicians and staff through the EHR selection and implementation process. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 18. My practice will meet on a regular basis during the EHR selection and implementation process in order to discuss and make adjustments to the implementation plan. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 19. My practice has a good understanding of the process we will follow in order to select an appropriate EHR software vendor. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 20. I understand the HIPAA privacy obligations with respect to the management of personal health information in an EHR. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Total Score

Readiness Score

70 – 100: You are likely well positioned to implement an EHR. Review recommendations to optimize your readiness.

56 – 69: You are close, but not quite ready to implement an EHR. Review recommendations before proceeding.

41 – 55: You are not ready to implement an EHR and have significant deficiencies that should be addressed before proceeding.

40 or less: You are not ready to implement an EHR and have a low possibility of success

Provider and Staff Profile –

1. Please provide the information for how the practice staff use and access technology within the practice:

Staff Type and Access to Tools											
Type	Number	Email	Disease Registry	Hi-Speed Internet	Document Imaging	Encrypted email	Locally networked computers	E-lab results	EMR	eRX	
MDs and DOs		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
RN		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
LPN		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
MA		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Front Office		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Back Office		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Scheduling		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Other		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

Labs

2. Thinking about the lab services the practice uses, please estimate what percentage of lab services are referred to each of the following settings.

___ % In office ___ % Community hospital or medical center
___ % Quest Diagnostic ___ % Other: _____
___ % LabCorp

3. Please estimate the percentage of the practice's lab reports that are received by each of the following methods:

___ % Electronic ___ % Hard copies (printer in office or delivery)
___ % Fax ___ % Other: _____

Practice Workflow Issues

4. Please check the workflow issues that cause problems in the practice: (Check all that apply.)

- Medical records unavailable at time of office visit
- Unable to stay on office schedule
- Poor legibility of medical records
- Patients unable to access physician when they want/need
- Long patient wait time
- Inefficient use of resources
- Chart chasing
- Phone and fax processing
- Results (e.g., labs, referrals), tracking
- Results (e.g., labs, referrals) follow-up
- Patient satisfaction
- Medication refills
- Timely referrals
- Appointments unavailable for necessary patient visits
- Other: _____

Health Information Technology

5. Who will lead the practice's EHR/HIT system implementation? (Check all that apply.)

- Physician(s)
- Office manager
- Mid-level provider(s) (e.g., NP)
- Clinical (e.g., RN, MA, etc.)

Administrative (e.g., medical records)

a. Please provide the name(s) of the lead(s) checked above _____

6. Does the practice conduct regularly scheduled all staff (including providers) meetings?

Yes No

7. If 'Yes,' what is the frequency of the meetings?

Once per week Once per year
 Once per month Other (If other, please specify): ____
 Once per quarter

8. Has the practice tried to implement clinical information systems, such as an EHR or electronic prescribing, in the past? Yes No

a. If 'Yes,' how successful were these efforts?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
very	somewhat	neither successful	somewhat	very
successful	successful	nor unsuccessful	unsuccessful	unsuccessful

8a. Who was the vendor? _____

9. How receptive has staff been to efforts to implement clinical information systems or other practice changes?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
very	somewhat	neither receptive	somewhat	very
receptive	receptive	nor unreceptive	unreceptive	unreceptive

10. Does the practice have other projects either currently going on and/or starting soon that might affect the planning for and/or success of the EHR/HIT implementation project? Yes No

b. If 'Yes,' please specify: _____

Adoption

11. What are the overall goals and reasons for implementing an EHR/HIT system that have been communicated to staff?

12. For each of the groups listed below, please indicate their level of support for an EHR/HIT system.

	Very Supportive	Somewhat Supportive	Neither Supportive Nor Unsupportive	Somewhat Unsupportive	Very Unsupportive
Physicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Mid-level providers (e.g., PA, NP)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Clinical staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Office manager	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Administrative staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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

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

Yes No

15. If Yes on above question, what percentage of each of the following areas is your budget devoted to:

- a. training: _____
- b. implementation: _____
- c. software: _____
- d. hardware: _____
- e. Other: _____

16. Please indicate how likely the following will be obstacles to the practice's implementation of an EHR.

	Very Likely	Somewhat Likely	Neither Likely Nor Unlikely	Somewhat Unlikely	Very Unlikely
Physician/Mid-level provider resistance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Clinical staff resistance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Office manager support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Administrative staff resistance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Availability of funds for purchasing an EHR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Inadequate project management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Inadequate training on EHR/HIT system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Inability of physicians/mid-level providers to enter data and use system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Insufficient time to implement a system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Insufficient funds for consultants/training	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

17. Are you anticipating qualifying for federal stimulus funds for meaningful use of an EHR?

Medicare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> No

18. Completed by (Name and Title) : _____

19. Date: _____