



Nebraska
Medical
Association

Advocating for Physicians and the Health of all Nebraskans

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Lincoln, NE 68508
Phone: 402.474.4472

Creighton
UNIVERSITY
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School of Pharmacy
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2500 California Plaza
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February 1, 2007

Dear Physician:

The Nebraska Medical Association (NMA) has been awarded a grant to help office-based physicians and their clinic staff evaluate their need for electronic health records and support them in the selection and implementation of an electronic health record system. To assist in determining your needs, the NMA has contracted with Creighton University to conduct a survey to ascertain the readiness of practices in Nebraska.

By completing the survey you will help us determine the information you need and want to have provided in town hall meetings to be held across the state. These hands-on, interactive sessions will provide you with the information and education necessary to evaluate and implement an electronic health record system. In addition, a website is being constructed to provide tools to assist you with health information technology decisions for your practice and will include an ongoing forum for discussion as you move through the process.

Preliminary information is needed to construct the survey and ensure that respondents meet the inclusion criteria for the sample of office-based physicians. By completing and providing this preliminary information form, you are consenting to participate in completing the survey about your practice, your clinic staff and environment, and use of health information technology. No sensitive data (e.g., patient-related or economic) will be requested. Participation is voluntary and all individual data will be confidential.

Please complete the attached document and return it to Creighton University by FAX (866-426-0676).

Respectfully,

Sandy Johnson
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This project is being supported by the grant "Enhancing Clinical Practices through the Adoption of Health Information Technology in Nebraska" through the Nebraska Medical Association. Partial support is also being contributed through the Creighton Health Services Research Program grant no. 1P20 HS015816 Building Research Infrastructure Capacity from the Agency for Healthcare Research and Quality (AHRQ).

Enhancing Clinical Practices through the Adoption of Electronic Health Records Nebraska Medical Association Project

1. Do you see patients in an office-based practice in the state of Nebraska?

YES - Complete questions 2 through 5.

NO - Return this to us at FAX No. (866-426-0676).

YOU HAVE COMPLETED THE SURVEY. THANK YOU!

2. Where is your practice in the process of evaluating and/or adopting electronic health records?

I do not intend to adopt an electronic health record system.

I am in the process of evaluating the need for an electronic health record system.

I am in the process of selecting products for an electronic health record system.

I am in the process of implementing an electronic health record system.

I have fully implemented an electronic health record system.

3. The Nebraska Medical Association is planning *free* town hall meetings in locations across the state. These sessions will consist of interactive, hands-on work sessions to help physicians evaluate and implement electronic health records. Please indicate your interest in participating by checking all that apply:

Yes, I would plan to attend

Yes, a physician in my practice will plan to attend

Yes, I would send a representative of my practice (e.g., office manager)

No, I do not plan to attend

4. An in-depth survey about your practice's plans to adopt and implement an EHR will be sent to you. Please indicate the method by which you would prefer to complete the survey:

Internet based website survey (you will receive an email invitation, or post card with instructions to access the website)

FAX (you will receive the survey via FAX and return it either via FAX or via U.S. mail)

U.S. mail (you will receive the survey via U.S. mail and return it via FAX or prepaid U.S. mail)

Telephone assistance (you will be contacted for a telephone appointment to complete the survey)

Code No. EHRNebraska Website Form

5. Please provide the following contact information:

Name: _____

Street: _____

City, State, Zip: _____

Business Name: _____

Phone: _____

Fax: _____

Email: _____

Please return this to us by FAX (866-426-0676). All individual data will be confidential. YOU HAVE COMPLETED THE SURVEY. THANK YOU!



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