**Pre-Implementation Questionnaire**

1. Please list the top three EHR platforms are you considering:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What phase of the EHR adoption process are you currently in? (please circle any and all steps)
	1. Planning and selection
	2. Adoption and implementation
	3. Optimization and workflow redesign
	4. EHR replacement and data migration
2. What problems are you experiencing on your current EHR?

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1. Do you submit for Promoting Interoperability (Formerly Meaningful Use) or MIPS?

 Yes\_\_\_\_\_ No\_\_\_\_\_

1. How often do you optimize your EHR? Optimization includes processes to redesign workflow; database tables maintenance; redesign of documentation templates; roles and privilege audits for users; fee scheduling updates…please circle:
	1. Never
	2. At least annually
	3. At least semi annually
	4. Monthly
	5. Only when the need arises

**NOTE: This is a critical component to any system conversion and a KEY component of a successful implementation!**

1. Do you currently have trouble with interface mapping/communication/HIE in and out of your current EHR and what interfaces do you currently use?

Yes\_\_\_\_\_ No\_\_\_\_\_

1. How would you rate your practice’s ability to accurately capture quality improvement/regulatory data? **(0-5 with 0 being the not satisfied at all and 5 being extremely satisfied)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |

1. What are key documentation/system complaints from **your providers**?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What are your top billing challenges in your current EHR system?
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2. **Rate your satisfaction level with your current EMR related to the following: (0-5 with 0 being the not satisfied at all and 5 being extremely satisfied)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EMR service** | **0** | **1** | **2** | **3** | **4** | **5** |
| **Patient Scheduling** |  |  |  |  |  |  |
| **Patient Portal** |  |  |  |  |  |  |
| **Reporting** |  |  |  |  |  |  |
| **Provider documentation** |  |  |  |  |  |  |
| **Billing Services** |  |  |  |  |  |  |

1. Who are the main points of contact for Clinical/Systems and Billing/EDI?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **Contact Name:** | **Title** | **Phone Number** | **Email** |
| **Clinical/Systems** |  |  |  |  |
| **Billing** |  |  |  |  |
| **EDI** |  |  |  |  |
| **Administrative**  |  |  |  |  |