# Information Needs and Use Survey

This survey asks about information you need during follow-up visits for adult patients with diabetes, and about the utility of using MU's electronic medical record to obtain this information and document care. The questions ask about the importance of various types of information, how often you obtain this information, and how much time it currently takes you to obtain it.

**All responses are voluntary, anonymous, and will be kept strictly confidential.**

| | | | | |
|---|---|---|---|---|
| 1. Which Department or Division do you work in? (circle one) | Family and Community Medicine | Division of General Internal Medicine | | |
| 2. What is your clinical role? (circle one) | Faculty physician | Resident physician | Nurse partner or Nurse practitioner | |
| 3. In a typical *week,* approximately how many <u>follow-up</u> office visits for adult patients with diabetes do you provide? (circle one) | None | 1-4 | 5-9 | 10-19 | > 20 |
| 4. In a typical week, what is the total number of half-day and evening clinic sessions that you work? (circle one) | 3 or fewer | 4-6 | 7-10 | |
| 5. As you think about the typical follow-up visit for an adult patient with diabetes, about how long does it take you to <u>obtain</u> the needed diabetes-related clinical information from the patient's medical record? (circle one) | About 1 minute | 1-2 minutes | 2-3 minutes | 4-5 minutes | More than 5 minutes |

6. How long does it take you to <u>document</u> a return visit for an adult patient with diabetes:

| | | | | |
|---|---|---|---|---|
| Using **PowerNote**, including only documentation time whether during the visit or not (circle one) | I don't use Power Note | About 1-4 minutes | 5-10 minutes | 11-20 minutes | More than 20 minutes |
| Using **dictation**, including the time to review and sign the note later (circle one)* | I don't dictate | About 1-4 minutes | 5-10 minutes | 11-20 minutes | More than 20 minutes |

* Please respond even if you don't currently dictate.

7. <u>How often</u> do you need to locate or obtain the information listed below from the medical record when you see adult patients with diabetes for follow-up clinic visits? Please indicate your response by placing a check mark in the box below the column that best represents your answer.

| Information | Rarely or never need | Need some of the time | Need most of the time | Need all of the time |
|---|---|---|---|---|
| a. Current problem list | [  ] | [  ] | [  ] | [  ] |
| b. Current medications | [  ] | [  ] | [  ] | [  ] |
| c. Medication allergies | [  ] | [  ] | [  ] | [  ] |
| d. Most recent creatinine value | [  ] | [  ] | [  ] | [  ] |
| e. Date of most recent mammogram | [  ] | [  ] | [  ] | [  ] |
| f. Most recent microalbumin value | [  ] | [  ] | [  ] | [  ] |
| g. Most recent glucose value | [  ] | [  ] | [  ] | [  ] |
| h. Most recent HgbA1c value | [  ] | [  ] | [  ] | [  ] |
| i. Most recent lipid profile | [  ] | [  ] | [  ] | [  ] |
| j. Date of most recent foot exam | [  ] | [  ] | [  ] | [  ] |
| k. Date of most recent eye exam | [  ] | [  ] | [  ] | [  ] |
| l. Date and findings of most recent colonoscopy | [  ] | [  ] | [  ] | [  ] |
| m. Smoking status / whether cessation counseling ordered | [  ] | [  ] | [  ] | [  ] |
| n. Date of most recent pneumococcal vaccination | [  ] | [  ] | [  ] | [  ] |
| o. Use of aspirin | [  ] | [  ] | [  ] | [  ] |
| p. Time since last visit | [  ] | [  ] | [  ] | [  ] |
| q. Other _____ (please specify) | [  ] | [  ] | [  ] | [  ] |

r. Comments or other clinical information you routinely need for follow-up visits with adult patients having diabetes:

8. As you think about how you <u>currently</u> obtain the clinical information you need for caring for an adult patient with diabetes during a follow-up visit, please indicate the extent to which you disagree or agree with the following statements by placing a check mark in the box below the column that best represents your answer.

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|---|---|---|---|---|---|
| a. I am comfortable using MU's electronic medical record | [ ] | [ ] | [ ] | [ ] | [ ] |
| b. I know where the information I need is located in MU's electronic medical record | [ ] | [ ] | [ ] | [ ] | [ ] |
| c. I am frustrated with the <u>time</u> it takes to document a patient visit in MU's electronic medical record | [ ] | [ ] | [ ] | [ ] | [ ] |
| d. I am less <u>efficient</u> because I have to use MU's electronic medical record to obtain clinical information | [ ] | [ ] | [ ] | [ ] | [ ] |
| e. Documenting a patient visit in MU's electronic medical record is easy for me | [ ] | [ ] | [ ] | [ ] | [ ] |
| f. It is easy to collect the information I need from MU's electronic record just before or during a clinic visit | [ ] | [ ] | [ ] | [ ] | [ ] |
| g. I often forget to review one or more pieces of clinical information because they are located in different places | [ ] | [ ] | [ ] | [ ] | [ ] |
| h. Accomplishing tasks in MU's electronic medical record is intuitive | [ ] | [ ] | [ ] | [ ] | [ ] |
| i. I have a systematic approach to review quality indicators for my diabetic patient population | [ ] | [ ] | [ ] | [ ] | [ ] |
| j. It is easy for me to send and receive messages with other providers by using MU's electronic medical record | [ ] | [ ] | [ ] | [ ] | [ ] |
| k. MU's electronic medical record makes it easy to follow current diabetes care best practices | [ ] | [ ] | [ ] | [ ] | [ ] |

9. As you think about seeing an adult patient with diabetes for a follow-up visit, please indicate how useful it would be to have the patient's clinical data provided to you as described below by placing a check mark in the box below the column that best represents your answer.

| | Not Useful at All | A Little Bit Useful | Somewhat Useful | Quite Useful | Very Useful |
|---|---|---|---|---|---|
| a. Having all the key clinical information located either on one page in the paper or one screen in the electronic medical record | [ ] | [ ] | [ ] | [ ] | [ ] |
| b. A summary of the patient's clinical values for the last year presented in a <u>table</u> | [ ] | [ ] | [ ] | [ ] | [ ] |
| c. A summary of the patient's clinical values for the last year presented in a <u>graphical format</u> | [ ] | [ ] | [ ] | [ ] | [ ] |
| d. An indication for specific clinical data such as HbA1c, glucose levels, etc. as to whether the patient's care or status falls within recommended practice guidelines | [ ] | [ ] | [ ] | [ ] | [ ] |
| e. For specific clinical data such as HgbA1c or lipid levels, to compare a patient's values to a summary of these data for all of my adult diabetic patients | [ ] | [ ] | [ ] | [ ] | [ ] |
| f. Automated reminders for things such as the need for eye and foot examinations, and selected laboratory tests | [ ] | [ ] | [ ] | [ ] | [ ] |
| g. Having the ability to personally tailor the electronic record to present the information that is important to me | [ ] | [ ] | [ ] | [ ] | [ ] |

10. The next two questions ask you about potential computer problems you might have during clinic sessions where you see diabetic patients. Please indicate how often you encounter these problems by placing a check mark in the box below the column that best represents your answer.

| | Every clinic session | Every 2-4 clinic sessions | Every 5-10 clinic sessions | Every 11-30 clinic sessions | Rarely |
|---|---|---|---|---|---|
| a. How often do you lose documentation you are entering due to problems with PowerChart? | [ ] | [ ] | [ ] | [ ] | [ ] |
| b. How often does PowerChart close unexpectedly? | [ ] | [ ] | [ ] | [ ] | [ ] |
| c. Comments on technical problems with PowerChart: | | | | | |

| 11. While working at the University of Missouri Health Care, have you ever studied or evaluated your practice patterns and/or the outcomes of <u>your adult patients with diabetes</u>? (circle one) | No<br>(go to 12) | Yes, once<br>(go to 13) | Yes, more than once<br>(go to 13) |
|---|---|---|---|

12. <u>If you answered no</u> to item 11, please indicate the reason(s) why and/or the barriers you experienced that prevented you from studying your practice patterns:

Please check all those that apply and/or fill in additional comments:

____ Too expensive

____ I'm too busy, not enough time

____ Not easy enough to do

____ Not sure it would change anything

____ Other (please specify):

(please continue to question 14)

13. <u>If you answered yes</u> to item 11, please answer the following three questions.

| a. How often do you study your practice patterns? (circle one) | Monthly | Quarterly | Yearly | Less often than yearly |
|---|---|---|---|---|

b. Approximately how many patients did you study? _____

c. How long did it take to perform your study/chart review? _____

d. Please indicate what your study was focused on (check all that apply)

| | |
|---|---|
| __ LDL level | __ Blood pressure level |
| __ LDL frequency | __ Eye exam |
| __ HgA1c level | __ Foot exam |
| __ HgA1c frequency | __ Immunizations |
| __ MicroAlbumin frequency | __ Other (please specify) |
| __ Smoking cessation | |
| __ ASA use | |

14. Other comments related to your information needs to care for adult patients with diabetes:

**Thank you!**