

Practice Name
EHR System Selection Project
Clinician Reference Call Form

<p><u>Product Name :</u></p> <p><u>Reference Site Name:</u></p> <p><u>Person(s) spoken to and titles:</u></p> <p><u>Name(s) of callers:</u></p> <p><u>Date of call:</u></p>

1. Installation and Training

- a. On a scale of 1 to 5 (1- strongly disagree, 5 – Strongly agree), please answer the following questions:

Question	Score
Rate the expertise and helpfulness of the vendor installation staff	
The implementation was well organized with few surprises	
Goals and milestones were met in a timely way	
Rate the expertise and helpfulness of the vendor training staff	
Rate the effectiveness of the training	

- b. What went well during the implementation and training process?
- c. What could have been improved about the implementation and training process?
- d. If you could do it over, what would you do differently?
- e. What advice would you give other clinicians learning to use this system?

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- f. Did you customize the vendor-supplied templates for your practice? If yes, comment on how easy this was to do.

- g. Do you attend the vendors User Group? Are the meetings helpful?

- h. Do you access an online customer forum or listserv? Is this helpful?

2. Functionality and Usability

- a. On a scale of 1 to 5 (1- strongly dissatisfied, 5 – Strongly satisfied), please answer the following questions:

Question	Score
Rate your satisfaction with electronic prescription writing	
Rate your satisfaction with the problem lists, procedure notes and progress notes	
Rate your satisfaction with document management (i.e retrieving scanned documents)	
Rate your satisfaction with E&M coding compliance and documentation	
Rate your satisfaction with electronic order entry (e.g. labs)	
Rate your satisfaction with electronic results review	
Rate your satisfaction with vital sign entry and review	
Rate your satisfaction with the office messaging and communication tools	
Rate your satisfaction with patient education materials	
Do you feel the system is intuitive and easy to use?	

- b. Do you access the system from home or other locations outside of the office? If yes, how well does that work?

- c. Do you use disease specific templates for chronic care management (e.g. diabetes)? How well do they work?

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- d. Do you feel that clinicians in your practice are fully using all features and functions of the system?
- e. What functions if any are not being used, and why?

- f. What do you like best about this system?

- g. If you could change anything about the system, what would it be?

3. Productivity and Outcomes

- a. On a scale of 1 to 5 (1- strongly disagree, 5 – Strongly agree), please answer the following questions:

Question	Score
This system has allowed me to see more patients	
This system has shortened my workday	
This system has helped me improve patient care and outcomes	
This system is easy and intuitive for a clinician to use	

- b. Approximately how long after starting to use the system did you return to your former productivity?