AEHR SURVEY

SECTION I: GENERAL INFORMATION

Practice Name:

Practice Type:

Practice Specialty(s):

Number of Providers: _____ MDs _____ DOs _____ NPs _____ PAs

Practice Administrator/Manager: _____ _____ _____ _____ _____

Practice Administrator/Manager Contact Information:

Phone Number.

Email Address.

Participation in MIPS:

SECTION II: INFORMATION TECHNOLOGY INFORMATION

AEHR Utilization: _____ Vendor Conversion Plans:

Epic Conversion Subsidy Interest:

AEHR Vendor: _____ Version:

Meaningful Use Certification: _____ MU Stage:

AEHR Hosting: _____ If Third-Party Hosted, By Whom?

Practice Management System: _____ Version:

Consolidated Clinical Document Architecture (CCD-A): _____ CCD-A Available? _____ Exporting CCD-A?

Health Information Exchange Participation:
List HIE Names

Disease Registry Participation:
List Registry Names.

E-Prescribing (eRx) Utilization:

Patient Portal Utilization: