



Initial Readiness Assessment

Please complete this form if you have:

High speed internet connection

Practice management system with ability to store patient demographic information

Computer access to clinical staff

If you do not meet these minimum requirements:

Please contact - Walt Culbertson at: ePrescribeFlorida.com or via U.S. Mail at

XXXXXXXXXXXXXXXXXXXXX.

The purpose of this assessment is to provide you with an operational overview of your practice.

Instructions: Please follow the steps below for completing the assessment:

1. Select a staff member(s) who is/are most knowledgeable about the computing, clinical and administrative operations of the practice to complete the assessment.
2. Responses can be estimates. When you read the question, record your initial reaction.
3. Complete one form for each practice site.

General Information

1.*Please provide your practice information below:

Practice Name:	Date:
Practice Address:	
City:	Zip Code:
Phone:	
Fax:	
Email:	
Individual(s) Completing Assessment:	Title:
Number of additional office locations: _____	

Practice Profile *(this site only)*

2.*Please indicate the number per day of each of the following visit types

Visit type	Number/day	Comments
New patient		
Follow up (active)		

3.*Of your patients seen daily, what percentage obtain refills ?

%

4.*Percentage of practice's active patients within prior year which have one or more chronic illnesses

(e.g., coronary artery disease, diabetes, hypertension, osteoarthritis, heart failure):

%

5.*Please indicate the total number of staff in each of the following categories (*this site only*)

Clinical	Total	Administrative	Total
Physician		Office Manager	
Physician Assistant / ARNP		Receptionist/Secretary	
RN/LPN		Billing	
Medical Assistant		Other (specify)	
Other (specify)			

Existing Infrastructure (*this site only*)

**6.*What types of technology is the practice currently using on a regular basis?
(Check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> E-mail (administrative use) | <input type="checkbox"/> E-mail (clinical use) |
| <input type="checkbox"/> Disease registry | <input type="checkbox"/> E-prescribing |
| <input type="checkbox"/> High speed Internet connection | <input type="checkbox"/> Locally networked computers |
| <input type="checkbox"/> Document imaging system | <input type="checkbox"/> E-lab results |
| <input type="checkbox"/> Handheld Device (PDA) | <input type="checkbox"/> Wireless internet |

Technology Type	Vendor
Disease Registry	
EMR	
Document Imaging	
E-Lab	

7. What is the total number of computers in the practice? _____

8. Are your computers connected to a network? Yes No

9.*Do you share documents or information on your network? Yes No

10. Which staff members have direct access to a computer and/or workstation?
 MDs Clinicians Administrative staff Other _____

11. If you use an Internet connection, what are the primary uses for it? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Medical Research (or other online peer reviewed resource) | <input type="checkbox"/> E-labs |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Transcription |
| <input type="checkbox"/> Medical charts | <input type="checkbox"/> Voice recognition |
| <input type="checkbox"/> Health plan reports | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> E-mail | |

Electronic claims submission

Other: *(Please specify)*

12. Does the practice have a website? Yes No **List address:**

Information Systems *(this site only)*

13.*Has the practice tried to implement clinical information systems, such as an EHR or electronic prescribing in the past? Yes No

14.*Does the practice have other projects either currently going on and/or starting soon that might

affect the planning for and/or success of the EHR/HIT implementation project? Yes
 No

18 a. If "Yes," please specify: _____

15.*Does the practice use a document imaging system? Yes No Vendor: _____

Practice Management (PM) System

16.*Do you currently use a PM System?

YES If you are using a PM System, please answer the following:

A. Describe your system:

- I. Vendor name: _____
II. How long have you used the system? _____
III. Who was involved in the buying decision? *(Name and title)* _____

B. Please identify the components used:

Billing Scheduling Registration Other _____

C. Do all providers use the same system components?

Yes No If no, explain difference: _____

NO If not using PM System, please explain why you do not have a PM System

Outsourced Other: *(Please specify)* _____

I. Does the practice plan to have a PM system in place within 6 months? Yes

No

Electronic Health Record (EHR) *(this site only)*

17.*Does the practice use an EHR?

YES-If you are using an EHR, please answer the following:

A. Please identify the EHR used: _____

B. How do you utilize the EHR? (Check all that apply)

Patient demographics Diagnostic test results Ordering
 Review reports/notes Order/referral tracking Problem list

- Medication list Automated checks E-prescribing
 Other: *(Please specify)* _____

C. What problems have been encountered with the EHR system?

Please explain: _____

NO – If you are not using an EHR, please answer the following.

A. Have you explored any EHRs or E-rx solutions? Yes No

If Yes, which ones?

B. If yes,

i. What is your timeframe goal?

- < 6 months
 6-12 months
 > 1 year
 > 2 years

C. Will you have the system in place within 6 months? Yes No

18.*Does the practice have or will have any other information technology system(s) in place within 6 months? Yes No

If yes, please specify vendors/systems:

4 Please indicate whether the provider listed primarily practices at this office location.

For each process please identify: if it is electronic; if it works well, not a problem, cannot rate, etc. (Check all that apply); the priority of the problem with “1” being the highest priority and “5” being the lowest.

Process electronic?	Process	Works Well	Not a Problem	Small Problem	Real Problem	Totally Broken	Cannot Rate	W
	Schedule/appts.							
	Check in							
	Pt. documentation							
	Prescriptions/renewals							
	Order entry/tests							
	Referrals							
	Schedule procedures							
	Chronic Disease Management							
	Pt./family education							
	Results tracking							
	Check out							
	Wait time							
	Resource allocation							
	Chart pull							

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