
Care Manager Survey

Final Version September 7, 2011

We appreciate the time you are taking to complete this questionnaire and hope that the information will help us better understand how new technology influences people.

Instructions

When completing the questionnaire, you can leave blank any questions that you do not want to answer. Remember that your responses are strictly confidential and will be closely guarded. This questionnaire has been designed to gather information about the work you do, the technology you use, and your quality of working life. Please try to answer all of the questions.

To answer the questions, check the appropriate box on the scale. For example:

	Never		It varies		Always		
<i>SoftwareName</i> has a negative impact on patient care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input checked="" type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Some questions will require answers similar to the scale above, while other questions will require different responses. Please try to be as accurate as possible.

Section A. About your job...

1. Please check your current job position: [WBS: Branch: 1,2,3 SKIP Section D, 4: responds to D, see flowchart]

<input type="checkbox"/> ₁ Beacon Inpatient care manager	<input type="checkbox"/> ₂ Beacon Community care manager	<input type="checkbox"/> ₃ Beacon Transition of Care (TOC) care manager	<input type="checkbox"/> ₄ Medical home case manager	<input type="checkbox"/> ₅ Community case manager
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2. What software do you currently use? [WBS: Branch: 1: Section B; 2: KeyHIE, 3 and 4: SKIP section B & C (see Flowchart last page of this document)]

(Please check all that apply)

₁ Wisdom ₂ KeyHIE ₃ EHR ₄ Other

3. How long have you been in this position? _____ years _____ months

4. Do you have any prior experience as a case manager? If yes... _____ years _____ months

5. With what percentage of your patients do you communicate by email (all e-mail systems: Outlook, Groupwise, MyGeisinger, EPIC, Patient Portal, KeyHIE, etc.)

₁ None ₂ 1-10% ₃ 11-25% ₄ 26-50% ₅ More than 50%

6. How many hours do you work at your job in an average week? _____ hours per week

Section B. About Wisdom

B1. Please check the box that best reflects your acceptance of Wisdom:

Dislike very much and
don't want to use

Like very much and
eager to use

<input type="checkbox"/>										
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Please rate the following characteristics of WISDOM.

B2. Learning to operate the system	Difficult	<input type="checkbox"/>	Easy									
B3. Exploring new features by trial and error	Difficult	<input type="checkbox"/>	Easy									
B4. Remembering names and use of commands	Difficult	<input type="checkbox"/>	Easy									
B5. Tasks can be performed in a straightforward manner.	Never	<input type="checkbox"/>	Always									
B6. Help messages on screen	Unhelpful	<input type="checkbox"/>	Helpful									
B7. Supplemental reference/training materials	Confusing	<input type="checkbox"/>	Clear									
B8. Experienced and inexperienced users' needs are taken into consideration	Never	<input type="checkbox"/>	Always									
B9. Correcting your mistakes	Difficult	<input type="checkbox"/>	Easy									

The following questions ask specifically about WISDOM. Based on your experience, please indicate whether the following statements about WISDOM are true.

	Never			It varies			Always
B10. The WISDOM system is reliable – it does its job consistently.	<input type="checkbox"/>						
B11. WISDOM improves my productivity.	<input type="checkbox"/>						
B12. WISDOM has a negative impact on patient care.	<input type="checkbox"/>						
B13. WISDOM reduces patient care errors.	<input type="checkbox"/>						
B14. The WISDOM system is easy to use.	<input type="checkbox"/>						
B15. I feel I had adequate training on WISDOM.	<input type="checkbox"/>						
B16. WISDOM improves the quality of patient care.	<input type="checkbox"/>						
B17. System response time on WISDOM is slow.	<input type="checkbox"/>						
B18. When I have a problem with WISDOM, I just ask someone for help.	<input type="checkbox"/>						
B19. I feel that I can benefit from refresher classes on WISDOM.	<input type="checkbox"/>						
B20. When I need help on WISDOM, I can find it.	<input type="checkbox"/>						
B21. Overall, WISDOM improves the safety of care I provide.	<input type="checkbox"/>						

	Never			It varies			Always
B22. Overall, <i>WISDOM</i> saves me time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
B23. Data I retrieve from <i>WISDOM</i> does make an impact on my decision-making	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
B24. Overall, I am satisfied with the <i>WISDOM</i> system.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

B25. What are the three things you like most about *WISDOM*?

B26. What are the three things you would like to change about *WISDOM* to make it better?



Section C. About Health Information Exchange (KeyHIE)...

	Never (SKIP to C1b)	A few times a year or less, almost never	Once a month or less, rarely	A few times a month, some- times	Once a week, rather often	A few times a week, nearly all the time	Every day
C1a How often do you use KeyHIE?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

C1b Why do you not use KeyHIE (Please check all that apply)?

a. I was never informed about KeyHIE	<input type="checkbox"/> ₁
b. I do not think the information in KeyHIE is very useful for me	<input type="checkbox"/> ₁
c. KeyHIE is too complicated to use	<input type="checkbox"/> ₁
d. I do not have enough time to use KeyHIE	<input type="checkbox"/> ₁
e. Using KeyHIE does not fit into my workflow	<input type="checkbox"/> ₁
f. Other...	<input type="checkbox"/> ₁

SKIP to SECTION E

C2. How long have you used KeyHIE?year(s)month(s)

C3. Did you receive training on the use of KeyHIE? ₁ Yes ₂ No (go to Question C4)

	Poor	Fair	Good	Very good	Ex- cellent
C3a. Overall, how would you rate the training you received for keyHIE?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C4. When your own paper or electronic records do not contain all the information you need about a patient, how do you find what you need? (Please check all that apply)

- Telephone other health care providers
- Telephone community resources
- Telephone (community) pharmacy
- Seek other provider or facility paper records/faxes
- Link to a Health Information Exchange
- Link directly into another EHR
- Proceed with whatever information the patient, family or others can provide
- Other (specify) _____

The next questions are about the use of KeyHIE and its usefulness

C5. For what percent of patients do you check KeyHIE for records?	___ %	<input type="checkbox"/> ₁ Check here if your HIE is not operational
C6. Of the patients you check KeyHIE, for what percentage do you find the patients you are looking for?	___ %	<input type="checkbox"/> ₁ Check here if your HIE is not operational

C7. For what percent of those patients that you locate in KeyHIE do you find useful patient information? _____ % ₁ Check here if your HIE is not operational

C8. Please check the box that best reflects your acceptance of KeyHIE:

Dislike very much and don't want to use Like very much and eager to use

₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀

C9. Currently, the KeyHIE Website for clinicians (the portal for physicians, nurses, case managers, etc.) ~~in~~ KeyHIE contains different kinds of information. How important is that information to you?

	Hardly or never use it	Use it sometimes	Use it very often	Not Important	Somewhat Important	Very Important
a. Patient History and Physicals (H&Ps)	<input type="checkbox"/> ₁ SKIP	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Discharge Summaries	<input type="checkbox"/> ₁ SKIP	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Lab Results	<input type="checkbox"/> ₁ SKIP	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Radiology Reports	<input type="checkbox"/> ₁ SKIP	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Patient Demographics	<input type="checkbox"/> ₁ SKIP	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Outpatient Notes	<input type="checkbox"/> ₁ SKIP	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

	Usually incomplete	It varies	Usually complete	Do not know
C10. What do you think about the <u>completeness</u> of the information in KeyHIE?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃

	Very Inaccurate	It varies	Very accurate	Do not know
C11. What do you think about the <u>accuracy</u> of the information in KeyHIE?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃

C12. What are the three things you like most about *KeyHIE*?

C13. What are the three things you would like to change about *KeyHIE* to make it better?

Section D. About future Health Information Exchange (KeyHIE) functions and information...

D1. In the near future (within the next two years), more information will be added to KeyHIE. How important will the following KeyHIE functions be to you? **For GHP and PGP CM only (QA1 = 4 or 5); KBC CM (1-3) skip to Section E.**

	Not Important	Somewhat Important	Very Important
a. Problem List	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Medication List	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Allergies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Consult Reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Secure e-Messaging between providers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. ED Summaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. EKGs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Pathology Reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Care Plans	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. Nursing Home Assessments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. Post-Discharge Level of Care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. Home Health Assessment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

D2. In the long term future (2013 and later), more information may be added to KeyHIE. How important would the following types of information be to you?

	Not Important	Somewhat Important	Very Important
a. Radiology Images	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Immunization Records	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Reminders for preventive and other interventions (e.g. LDL check)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

d. Advanced Directives	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Patient preferences (language, religion)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Family History	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Family and Social Supports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Insurance Information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Medication History	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Other, please specify	Text-box		

D3. The KeyHIE Website for **patients** will also contain different kinds of information and services. How important is that information and services to you, as a care manager?

	Not Important	Somewhat Important	Very Important
a. Secure e-Mail	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Patient access to their electronic healthcare records	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. The patient being able to enter data in KeyHIE (for example, their medication list)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Section E. About barriers in your work...

E1. How much of a barrier is each of the following aspects when it comes to the use of *multiple information systems* (local EHRs, EPIC, KeyHIE, WISDOM) in your work?

		Not a barrier	Minor barrier	Major barrier
a.	Remembering usernames and passwords	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b.	Computer skills of you and/or your colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c.	Lack of training in the different systems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d.	Lack of computer support for the different systems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e.	Inefficient use of the systems, such as duplicate data entry, because not all the systems are connected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f.	Finding out whether the patient has given universal authorization to transfer his or her data to other information systems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g.	Identifying patients in the system that are eligible for case management	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h.	Finding the most accurate patient information in the information system(s) (EHR, KeyHIE, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i.	Finding the patient's up-to-date contact information in the information system(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j.	Finding the correct information to perform a medication reconciliation in the information system(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k.	Finding psycho-social background information about the patient in the information system(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l.	Finding information about the patient's family background in the information system(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m.	Finding and retrieving information that other case managers have created in WISDOM	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n.	Using WISDOM to cover for co-workers during their absence and/or re-assignment of case load	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
o.	Documenting in WISDOM	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
p.	Transferring data from EPIC or KeyHIE to WISDOM or vice versa	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Section F. About your perceptions of work and quality of working life...

F1. How satisfied are you with the care you provide? totally dissatisfied ₁ ₂ ₃ ₄ ₅ ₆ ₇ completely satisfied

F2. How would you rate the quality of care you provide? lowest ₁ ₂ ₃ ₄ ₅ ₆ ₇ highest

The following questions deal with the workload that you experience in your job. Please put an 'X' on each of the following six scales at the point that matches your overall experience of workload.

F3. **Mental demand.** How much mental activity is required to perform your job (thinking, deciding, calculating, remembering, looking, searching, etc...)?

Low High



F4. **Physical demand.** How much physical activity is required to perform your job (e.g., pushing, pulling, turning, controlling, activating, etc.)?



F5. **Temporal demand.** How much time pressure do you feel due to the rate or pace at which the tasks or task elements occurred?



F6. **Effort.** How hard do you have to work (mentally and physically) to accomplish your level of performance?



F7. **Performance.** How satisfied are you with your performance at your job?



F8. **Frustration level.** How insecure, discouraged, irritated, stressed and annoyed versus secure, gratified, content, relaxed and complacent do you feel about your job?



F9. How many active cases (patients) do you currently manage? cases

F10. All in all, how satisfied would you say you are with your job?

Not at all satisfied	Not too satisfied	Somewhat satisfied	Very satisfied
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

F11. How likely is it that you will actively look for a new job in the next year?

Not at all likely	Somewhat likely	Quite likely	Extremely likely
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	

How often do the following statements describe how you have been feeling as a result of your job?

	Never	A few times a year or less, almost never	Once a month or less, rarely	A few times a month, sometimes	Once a week, rather often	A few times a week, nearly all the time	Every day
F12. I feel emotionally drained from my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
F13. I feel used up at the end of the workday.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
F14. I feel fatigued when I get up in the morning and have to face another day on the	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

job.

F15. Working all day is really a strain for me. ₁ ₂ ₃ ₄ ₅ ₆ ₇

F16. I feel burned out from my work. ₁ ₂ ₃ ₄ ₅ ₆ ₇

Section G. About you...

G1. What is your gender? ₁ Male ₂ Female

G2. What is the highest level of education you have completed?

- High school/GED
- Some college
- 2-year college degree (Associate)
- 4-year college degree (Bachelor, BA, BS, BSN, etc.)
- Certified NACCM care manager
- Master's degree (MA, MS)
- Professional degree (MD, PharmD)
- Doctoral degree (PhD, DNP, etc)

G3. How old are you? ₁ 34 or less ₂ 35-44 ₃ 45-54 ₄ 55+

G4. Are you of Hispanic or Latino origin? ₁ Yes ₂ No

G5. What is your racial background? (Check all that apply)

- ₁ American Indian / Alaska Native
- ₂ Asian
- ₃ Native Hawaiian or Other Pacific Islander
- ₄ Black / African American
- ₅ White
- ₆ Other (please specify): _____

G6. How many years of computer experience do you have? _____ years

G7. What description does best describe the level of your computer skills?

- Novice user** (You just started using computers)
- Average user** (You use word processors, spreadsheets, e-mail, surf the Web, etc.)
- Advanced user** (You can install software, setup configurations, etc.)
- Expert user** (You can setup operating systems; know some computer programming languages, etc.)

G8 Please write any comments you may want to share with the research team.

I need a new computer!



Thank you very much for your participation in this study.



