ANNALS OF FAMILY MEDICINE

Online Supplementary Material

Supplemental Appendix. Advance Questionnaire for Site Visits

Clinic Site Details for *Practice Site*
What were your top goals in adopting e-prescribing?
Have you monitored or measured the achievement of any specific outcomes from e-prescribing? If so, what have you measured and how did you do?
What other services do you provide at your site? (eg, laboratory, radiology)
How is IT support provided? (Include number of IT staff FTEs and contractors)
What IT applications are installed at your site? (Practice management system, e-prescribing server, etc?)
Does the e-prescribing system have an active interface to your practice management system?
Number of staff FTEs at your site
Number of clinician FTEs at your site
Number of prescriptions written/month by e-prescribers (electronic & handwritten)
Distinct patients/year (approximate)
Visits/year (approximate)
Roughly, what is your patient mix (Medicaid HMO, Medicaid fee for service, Medicare, 3rd party, sliding fee, uninsured, etc)?
e-prescribing = electronic prescribing; FTE = full-time equivalent; HMO = health maintenance organization; IT = information technology.