

Online Supplementary Material

Dhopeswarkar RV, Kern L, O'Donnell HC, Edwards AM, Kaushal R. Health care consumers' preferences around health information exchange. *Ann Fam Med*. 2012;10(5):428-434.

<http://www.annfammed.org/content/10/5/428>

Supplemental Appendix. Survey Questions

These next questions ask about electronic medical records. An **electronic medical record**, like a paper medical record, **contains a patient's medical information** including notes from physician visits and hospital stays, lab and radiology tests, medications prescribed, insurance information and identifying information such as social security number, date of birth, address and phone numbers. Unlike paper medical records, electronic medical records are created, stored, and viewed on computers.

In addition, electronic medical records **may be shared electronically** between different providers who are involved in your medical care. An example of this would be if you saw a specialist who was able to use their computer to send information from that visit to your primary care provider, such as notes, lab test results or x-rays. Another example would be if you went to an emergency room (ER) and the doctors there could get information about any of your other healthcare visits in the region on their computer.

1. If your medical record is shared electronically between healthcare providers, in which of the following ways are you comfortable with your record being shared? Please choose all that you are comfortable with.
 - A copy your entire medical record is stored on a small card, similar to an ATM card, which you would carry with you to your medical visits. The healthcare providers could read it and add to it using special machines during your visit.
 - Your medical records are kept at the different locations where you were seen and can be sent individually over a secure connection directly from one doctor to another.
 - A copy of your entire medical record is kept electronically in one database that your medical providers can access over a secure connection with a password in order to read and add to it.

For the next 5 questions (Q2-Q6), consider a system in which your medical information is stored in one central electronic database and you give permission to doctors for access to your information.

2. Who would you **most** trust to regulate the database and keep it private and secure? Please choose one.
 - My health plan
 - Office practices or an organization of doctors
 - Hospitals
 - The government
 - Other, please specify: _____
3. Would you want **all** your medical information from different healthcare visits and providers to be stored in the database automatically?
 - Yes → go to question 19.
 - No → please answer the second part of this question.

If no, how would you restrict what information goes into the database? Choose all that apply:

- I want to decide which of my **providers'** may send medical information that will be included in the database
- I want to decide which of my **visits** (such as outpatient doctor's visits, emergency room visits, or hospital stays, etc) will be included in the database
- I want to decide what **types** of medical information will be included in the database (For example, I may want to include all my test results and medications but not information about certain diagnoses)
- I want to approve **every piece of information** (including individual doctor's notes and test results) before it is included

4. Who do you think should be able to view your electronic medical records and is your permission required for viewing?

	Yes, may look at without my permission	Yes, may look at, but <u>only</u> with my permission	Never should be allowed to look at my record
a. Designated family members or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My primary care doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other doctors or health care providers who care for me (in clinic, the emergency room, or the hospital)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My health plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Once you give permission for a doctor to view and add to your electronic medical record, how long should this doctor continue to have access to your record? Please choose one.

- My doctor can have continuous access forever
- My doctor can have continuous access until I take away his or her permission
- My doctor can have continuous access for 1 year
- My doctor can only have access for one week after my visit with them

6. In the case of a medical emergency, **and you are not able to give permission**, who do you think should be able to view your medical records? Please check all that apply.

- Designated family members or friends
- My primary care doctor
- Other doctors or healthcare providers who care for me (in clinic, the emergency department, or the hospital)
- No one should access my medical record without my permission even in a medical emergency

7. How important is it to you that a method of sharing medical records electronically has the following things?

	Essential	Very Important	Somewhat Important	Not Important
a. Safeguards against unauthorized viewing of my medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The ability to see who has viewed my electronic medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The ability to choose which parts of my medical record would be shared electronically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The ability to stop my information from being stored electronically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The ability to stop all viewing of my electronic information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How old are you?
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65-74
 - 75 or older

9. Are you male or female?
 - Male
 - Female

10. Which describes the best estimate of your 2007 household income before taxes?
 - Under \$30,000
 - \$30,000- \$60,000
 - \$61,000- \$80,000
 - \$81,000 - \$100,000
 - More than \$100,000

11. Are you of Hispanic or Latino origin or descent?
 - Yes, Hispanic or Latino
 - No, not Hispanic or Latino

12. What is your race?
 - White
 - Black or African American
 - Asian
 - Native Hawaiian or Pacific Islander
 - American Indian or Alaskan Native
 - Other

13. What is the highest grade or level of school you have completed?
 - 8th grade or less
 - Some high school, but did not graduate
 - High school graduate or GED
 - Some college or 2-year degree
 - 4-year college graduate or greater