

# PHYSICIAN OFFICE COMMUNICATION NEEDS ASSESSMENT

The following needs assessment should take less than 5 minutes to complete. Your input will help atom Alliance work to improve communication between your physician office practice and other healthcare providers.

1. Please share your contact information.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_

2. Does your office use an electronic medical record?  Yes  No

If you answered yes, which one? \_\_\_\_\_

3. To which hospital are most of your patients admitted? \_\_\_\_\_

4. Do you have access to this hospital's electronic medical record?  Yes  No

5. In general, does your practice follow its own patients in this hospital?  Yes  No

6. Do you designate a person in your office to communicate with other health care providers?

Yes  No If you answered yes, which position in your office? \_\_\_\_\_

7. How do you typically communicate and receive information from other healthcare providers?

Telephone  Fax  E-mail  Other \_\_\_\_\_

8. How would you prefer to communicate and receive information from other healthcare providers?

Telephone  Fax  E-mail  Other \_\_\_\_\_

9. When a patient comes to your office for a post hospital visit, do you typically review any of the following information with the patient?

Discharge Summary:

Yes  No

Medical History:

Yes  No

Medication List:

Yes  No

If you answered no, can you explain why? \_\_\_\_\_

10. Do you have any suggestions for improving a patient's transition between healthcare settings or for improving the communication and flow of information with this hospital or other healthcare providers? Please write your feedback on the other side of page.

