



CT DPH Immunization Provider Electronic Health Record System Survey

Date: March 11, 2013
To: Pediatric and Family Providers
From: DPH Immunization Program
Nancy Sharova
Re: CIRTS Provider Electronic Health Record System Survey

The Department of Public Health (DPH) Immunization Program is moving forward in its efforts to establish electronic reporting of immunization data between provider electronic health record systems (EHRs) and the Connecticut Immunization Registry and Tracking System (CIRTS). Using federal Affordable Care Act funding, we are working with two EHR vendors to establish this interoperability capability by August 2013.

Several of you have contacted us about electronic immunization reporting and have asked to be put on the waiting list for enrollment. To be able to assess provider qualification and readiness for interoperability, we would ask that you complete the attached one page survey. This would enable us to plan which provider sites would be ready for the second phase of this project.

Survey Instructions:

1. Please complete a survey for each provider site (location).
2. Due date: **March 28, 2013**.
3. Options for completing survey:
 - a. Use fillable pdf format* that will be available on the DPH website at [DPH Immunization Program Provider Survey](#) (this will be posted shortly)
Complete survey, save it, and email to **dph.cirts@ct.gov**
 - b. Print the survey from the website and fill in or use the faxed copy.
Fax completed survey to **860-509-8370 Attention: Nancy Sharova**

THANK YOU IN ADVANCE FOR COMPLETING THIS SURVEY!

*Note: fillable pdf requires use of Adobe Reader v.10 or higher.

To update your Adobe Reader, follow this [link](#) or go to www.adobe.com



CT DPH Immunization Provider Electronic Health Record System Survey

Please complete a separate survey for each practice location.

1. Name of Practice/Provider _____
2. Practice Site Location Address
Street Address _____
City _____ State _____ ZIP Code _____
3. Name of person who completed survey and contact phone number
Name: _____ Phone _____
4. Please complete the following table.

Age Range	Approx. number of patients in your practice in this age range	Do you see patients in this age range CHECK ONE		
		Routinely	Infrequently	Do not serve this age range
Birth to 6 years of age				
7 through 18 years of age				
19 years of age and older				

5. Do you currently use an Electronic Health Record (EHR) system in your practice?
 Yes (complete a. – f. below) No (skip to Q 6.)
 a. If yes, what is the name of your EHR system? _____
 b. Please provide the name of your EHR vendor or client contact.
 Name _____ Title _____
 Phone _____ Email _____
 c. Is this system in full use (production) at this time? Yes No
 d. If not in production, are you in the testing phase of getting an EHR system? Yes No
 e. If in testing, do you have a date for full production? _____
 f. Does (or will) your EHR system have a module that supports electronic reporting of data to the Immunization Registry? Yes No Not sure
6. If you don't have an EHR system, which of the following best describes your current plans for acquiring an EHR system?
 No plans to acquire / deploy an EHR system during the next year.
 Currently in the planning phase – looking for a vendor and EHR product.
 Currently working with an identified vendor for customizing an EHR product.

THANK YOU FOR COMPLETING THE SURVEY!
 Fax completed form to 860-509-8370 Attention: Nancy Sharova OR
 Email completed pdf version of form to dph.cirts@ct.gov