

Missouri Health Information Technology Survey Survey Question Worksheet Provider Type - Physician

Please Note: Survey responses must be entered online at www.missourihitsurvey.com Contact the Missouri HIT Survey support call center if you have any questions 866-295-3712 Call Center hours are Monday through Friday, 9 to 5.

Has your organization received more than 1 survey? If so, collect them and answer the survey once.

Respondent Key(s): _____

1. What best describes your organization or practice type?* (Select one option)

- Hospital
- Physician or Dental Practice
- Nursing Home
- Other
- Retired (**Note: not required to complete survey**)

2. What best describes your organization or practice?* (Select one option)

- Hospital
 - General Acute Care Hospital - Non Critical Access Hospital
 - General Acute Care Hospital - Critical Access Hospital
 - Specialty Acute Care Hospital
 - Children's Hospital
 - Academic Medical Center
 - Hospital-based physician (**Note: not required to complete survey**)
 - Other (please specify)
- Physician or Dental Practice
 - Solo primary care practice
 - Solo specialty care practice
 - Primary care group or partnership
 - Single specialty group or partnership
 - Multi-specialty group or partnership
 - Dental practice
 - Hospital-based physician (**Note: not required to complete survey**)
- Other Organization
 - Federally Qualified Health Center or Community Health Center
 - FQHC Look-A-Like
 - Rural Health Clinic
 - Community Mental Health Center
 - Mental Health Center
 - Public Health Department

* After Question Denotes Required Question

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