

IN01

1. Welcome to

Dear participants,

The [Consumer Health Informatics \(CHI\) working group of the GMDS](#) (Society for Medical Informatics, Biometry and Epidemiology) is conducting a **survey on the use of electronic patient records (EPR)**.

The aim of this survey is to gather your expectations and opinions on the opportunities and barriers to implementation of electronic patient records. Every completed questionnaire helps us to do this. We therefore kindly ask you to complete the questionnaire in full. Participation in the survey is voluntarily. Of course, we assure you that we will comply with all statutory data protection regulations. Your answers will only be analyzed anonymously. No reference to your person can be made at any time.

We will also be happy to provide you with the evaluation results afterwards. If you are interested in the results, please enter your e-mail address at the end. We will then be happy to send you the results. If you have any questions or would like further information, please do not hesitate to contact us by e-mail at ag.chi@gmds.de.

It will take about 15 minutes to complete the questionnaire. Please only take part in the survey if you are at least 18 years old.

What should I do?

Please read each statement carefully. For each question, decide how much the statement applies to you and select the option that suits you best. For some questions, you can choose multiple answers or enter free text. If this is the case, a note is inserted there. Please avoid free text answers that could reveal your identity.

Please do not skip any answers and answer spontaneously. If you have difficulty **a n s w e r i n g** a statement, choose the answer option that best applies to you.

If you are participating via a smartphone, we recommend that you use it in landscape format. Note:

There are no right or wrong answers.

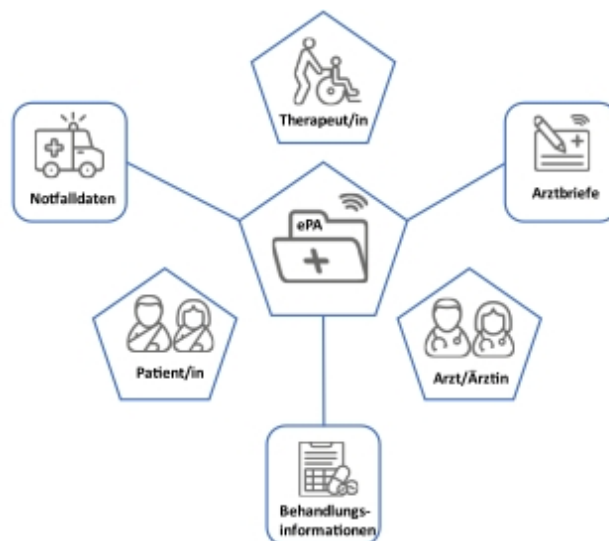
Thank you for your support in this project!

Auf einen Blick: Was ist die elektronische Patientenakte (ePA)?



Bild: Strichfiguren.de; AdobeStock

- Die ePA stellt eine digitale Sammlung von medizinischen Informationen und Dokumenten dar. Das bedeutet, dass alle für die Behandlung notwendigen Informationen vom PC, Laptop oder über das Smartphone abrufbar sind.
- In der ePA können bspw. Röntgenbilder, Arztbriefe, Entlassbriefe, die Patientenverfügung, Notfalldaten und Laborergebnisse gespeichert werden.
- Der Zugriff auf die ePA kann von verschiedenen Orten erfolgen. Es ist mit der ePA nicht mehr notwendig, zu Behandlungsterminen alle medizinischen Unterlagen mitzunehmen. Alle Dokumente sind ortsunabhängig verfügbar.
- Wesentliche Ziele der ePA sind, dass alle wichtigen medizinische Informationen rasch verfügbar sind, Patienten*innen einen besseren Einblick in das Behandlungsgeschehen erhalten und unnötige Doppeluntersuchungen möglichst vermieden werden.
- Die Nutzung einer ePA ist freiwillig. Nur die Patientin/der Patient kann entscheiden, dass auch andere Zugriff auf ihre/seine Daten und medizinischen Dokumente haben.
- Die ePA unterliegt hohen Anforderungen an Datenschutz und Datensicherheit. Alle verwendeten Systeme sind von der zuständigen Behörde überprüft und zertifiziert.



Das Prinzip der Elektronischen Patientenakte (Bild: ZTG GmbH)

2. Are you currently working in a medical specialty?

IN03

In this survey, we include: doctors, nurses, medical documentalists, medical assistants and other healthcare professions (physiotherapy, speech therapy, etc.) and administrative staff.

☐

Yes

☐

No

2 active filter(s)**Filter IN03/F1**If one of the following answer option(s) was selected: **1**Then show question/text **EB05** later in the questionnaire (otherwise hide)**Filter IN03/F2**If one of the following answer option(s) was selected: **1**Then show items **5,6** in question **EV06** (otherwise hide)**3. Do you receive treatment more often than once a month on average (e.g. in a doctor's practice, in a clinic, as part of a rehabilitation or physiotherapy program, etc.)?**

IN07

☐

Yes

☐

No

8 active filter(s)**Filter IN07/F1**If one of the following answer option(s) was selected: **1**Then show items **1** in question **EV06** (otherwise hide)**Filter IN07/F2**If one of the following answer option(s) was selected: **1**Then show items **3** in question **EV06** (otherwise hide)**Filter IN07/F3**If one of the following answer option(s) was selected: **1**Then hide items **2** in question **EV06****Filter IN07/F4**If one of the following answer option(s) was selected: **1**Then hide items **4** in question **EV06****Filter IN07/F5**If one of the following answer option(s) was selected: **2**Then hide items **1** in question **EV06****Filter IN07/F6**If one of the following answer option(s) was selected: **2**Then hide items **3** in question **EV06****Filter IN07/F7**If one of the following answer option(s) was selected: **2**Then show items **2** in question **EV06** (otherwise hide)**Filter IN07/F8**If one of the following answer option(s) was selected: **2**Then show items **4** in question **EV06** (otherwise hide)

4. Have you ever heard of the electronic patient record (EPR)?

IN04

☐

Yes

☐

No

1 active filter(s)

Filter IN04/F1

If one of the following answer option(s) was selected: 1

Then show question/text IN05 later in the questionnaire (otherwise hide)

5. Do you already use the electronic patient record (EPR) as part of your healthcare?

IN05

☐

Yes

☐

No

1 active filter(s)

Filter IN05/F1

If one of the following answer option(s) was selected: 1

Then hide question/text BH02 later in the questionnaire

Barriers and obstacles to use

BH01

The following section deals with barriers and obstacles to using the electronic patient record (EPR).

6. If you have decided not to use an ePA so far: What are the reasons for this?

BH02

Multiple answers possible

- ☐ Technical understanding
- ☐ Lack of access
- ☐ Concerns about data protection ☐

Linguistic barriers

- ☐ Missing information
- ☐ Negative reports/comments in the media ☐ No

need

- ☐ Lack of time Other

☐ reason

- ☐ No answer

7. How much do you agree with the following statements about the ePA?

BH04

For each opinion, please indicate how strongly you agree with it.

	at all not yes	rather not	neutral	rather	fully and compl etely	No answer
I think that access to my ePA must be protected against misuse.	☐	☐	☐	☐	☐	☐
I think that security is more important than ease of use.	☐	☐	☐	☐	☐	☐
I think that registration should be quick and uncomplicated.	☐	☐	☐	☐	☐	☐
I think that creating my ePA should take less than 20 minutes.	☐	☐	☐	☐	☐	☐
I think that it should be possible to set up the ePA from home without visiting a branch of my health insurance company.	☐	☐	☐	☐	☐	☐
I think that training should be offered on the private use of the ePA	☐	☐	☐	☐	☐	☐
I think that my health insurance company should create my ePA at my request	☐	☐	☐	☐	☐	☐

8. How much do you agree with the following statements?

BH06

Please indicate how strongly you agree with each statement.

	at all not yes	rather not	neutral	rather	fully and compl etely	No answer
In general, I am concerned about the privacy and security of my personal data in everyday life.	☐	☐	☐	☐	☐	☐
I am concerned about the privacy and security of my personal data when I use a mobile app.	☐	☐	☐	☐	☐	☐
I do not want my personal identifiers (such as name, telephone number, e-mail address, etc.) to be stored in save mobile apps.	☐	☐	☐	☐	☐	☐

9. What security measures give you the confidence that an ePA protects your patient data?

BH07

Note: The term "mobile device" is used in the answer options. This refers to your cell phone, smartphone, tablet, laptop or similar device with which you can access the ePA.

- ☐ Encryption of the data stored on my mobile device and the data transmitted to a server ☐ User authentication (using password, PIN, facial recognition, etc.)
- ☐ Possibility of remote deletion of my personal data in the event of a lost mobile device ☐ Access control
- ☐ Easy-to-understand privacy policies that make it clear that my personal data is well protected ☐ Data transfer via a secure channel
- ☐ Easily adjustable security settings for different types of data
- ☐ Logging of all data access activities by medical staff so that access can be checked retrospectively
- ☐ Regularly update the password Other measures

☐

☐ I cannot assess these technical measures No answer

☐

Expectations and needs

EB01

The following section deals with expectations and needs that you associate with the electronic patient record.

10. How much do you agree with the following statements?

EB02

For each statement, please indicate how strongly you agree with it.

	at all not yes	rather not	neutral	rather	fully and compl etely	No answer
I expect the ePA to improve the quality of life of people with chronic illnesses.	☐	☐	☐	☐	☐	☐
I expect the ePA to have a positive impact on my quality of life.	☐	☐	☐	☐	☐	☐
I expect the ePA to increase my safety as a patient.	☐	☐	☐	☐	☐	☐
I expect the ePA to ensure my safety, especially in the event of an accident or medical emergency increased.	☐	☐	☐	☐	☐	☐
I expect my data to be adequately protected in the ePA.	☐	☐	☐	☐	☐	☐
I expect the ePA to be easy for me to use.	☐	☐	☐	☐	☐	☐
I expect the ePA to be easily accessible for me.	☐	☐	☐	☐	☐	☐

11. Which of the following ePA functions do you consider useful?

EB03

Please rate how useful you think the functions listed are. Where 1 is not useful and 5 is very useful.

	not useful 1	useful 5	No answer
Making appointments with the family doctor and/or specialist Automatic	☐	☐	☐
reminders of scheduled medical appointments Medication reminders	☐	☐	☐
Reminders for preventive or early detection appointments (e.g. colonoscopy for cancer screening)	☐	☐	☐
Transfer your own data from smartwatches/apps to the ePA, regardless of the device used	☐	☐	☐
Easier exchange of my patient data between medical facilities (e.g. between my GP and my hospital)	☐	☐	☐
Obtaining advice from medical experts (e.g. via a chat function)	☐	☐	☐
Imparting knowledge about clinical pictures and health in general Imparting	☐	☐	☐
knowledge about my specific clinical picture	☐	☐	☐
Explanation of medical terms in patient-friendly language	☐	☐	☐
Overview of my treatment and therapy history (e.g. completed medical appointments, medical findings)	☐	☐	☐
Symptom diary	☐	☐	☐
Alerting relatives and/or my doctor in the event of abnormal vital signs	☐	☐	☐
Highlighted warning in the event of abnormal vital signs documented in the ePA	☐	☐	☐
Collection of medical documents (e.g. X-rays, maternity record, vaccination record)	☐	☐	☐
Collection of legal documents (e.g. organ donor card, patient decree, power of attorney for care)	☐	☐	☐
Display of exercise videos (e.g. for back pain) Emergency	☐	☐	☐
data (e.g. regular medication, allergies) Emergency contacts	☐	☐	☐
(e.g. relatives with contact details)	☐	☐	☐

EB04

12. What other function(s) would you consider useful?

☐ No answer

13. How much do you agree with the following statements?

EB05

Please indicate how strongly you agree with each statement.

	at all not yes	rather not	neutral	rather	fully and compl etely	No answer
The ePA has a positive impact on my professional life.	☐	☐	☐	☐	☐	☐
The ePA places new complex demands on me.	☐	☐	☐	☐	☐	☐
The ePA makes it easier to treat patients.	☐	☐	☐	☐	☐	☐
The use of the ePA increases patient safety.	☐	☐	☐	☐	☐	☐
The ePA helps to save time on routine tasks (e.g. making appointments with patients).	☐	☐	☐	☐	☐	☐
Patient data is adequately protected in the ePA . ☐	☐	☐	☐	☐	☐	☐
Patients find it easy to use their ePA.	☐	☐	☐	☐	☐	☐
The ePA simplifies communication with other service providers.	☐	☐	☐	☐	☐	☐
If applicable: As a medical practice, we are responsible for the creation and maintenance of the electronic health record. remunerated. ☐	☐	☐	☐	☐	☐	☐

Acquiring and teaching skills

EV01

The following section deals with whether and how you were informed about the electronic patient record and whether you would have liked more information.

14. Have you been informed about the ePA introduced in 2021?

EV02

☐

Yes

☐

No

3 active filter(s)

Filter EV02/F1

If one of the following answer option(s) was selected: **1**

Then show question/text **EV03** later in the questionnaire (otherwise hide)

Filter EV02/F2

If one of the following answer option(s) was selected: **1**

Then show question/text **EV04** later in the questionnaire (otherwise hide)

Filter EV02/F3

If one of the following answer option(s) was selected: **1**

Then show question/text **EV05** later in the questionnaire (otherwise hide)

15. Who informed you about the ePA?

EV03

Multiple answers possible

☐ Doctor☐ Health insurance☐ Federal Ministry of Health

Employer

☐ Family members or acquaintances☐ As part of my training or professional qualification☐ Media☐ Other☐☐ No answer

16. In what form were you informed?

EV04

Multiple answers possible

☐ Information brochure(s) in printed form

Electronically in writing, i.e. by e-mail

☐ Electronically digital, i.e. via overlay in an app☐ Online information campaign, i.e. via banner insertion

Radio or TV

☒ **Social media**☐ Twitter☐ Instagram☐ Facebook☐ YouTube

Other:

☐ Other:☐ No answer**17. What specific ePA information material was available to you?**

EV05

Multiple answers possible

☐ Brochure (paper)

Flyer (paper)

☐ Information letter☐ Technical article (electronic / paper)☐ Video(s)☐ Social media posts☐ Other☐ No answer

18. How much do you agree with the following statements?

EV06

For each statement, please indicate how much you agree with it.

	at all not yes	rather not	neutral	rather	fully and compl etely	No answer
As a patient , I feel involved in the introduction of the ePA	☐	☐	☐	☐	☐	☐
As a citizen , I feel involved in the introduction of the ePA	☐	☐	☐	☐	☐	☐
As a specialist , I feel involved in the introduction of the ePA	☐	☐	☐	☐	☐	☐
As a patient , I feel informed about the introduction of the ePA	☐	☐	☐	☐	☐	☐
As a citizen , I feel informed about the introduction of the ePA	☐	☐	☐	☐	☐	☐
As a specialist , I feel informed about the introduction of the ePA	☐	☐	☐	☐	☐	☐

19. How would you like to be informed so that you feel sufficiently well informed about the ePA?

EV07

Multiple answers possible

☒ **By talking to** ☐ a doctor ☐

a health insurance

company

☐ my employer☐ Persons within the scope of my education or professional qualification ☐

Family members, e.g. grandparents/parents, siblings, children, etc.

☐ Acquaintances or friends☐ Other:☒ **In writing, in**☐ in printed form, e.g. by information letter or flyer ☐ in

electronic form, i.e. by e-mail

☐ Other:☒ **Digital, per**☐ My health insurancecompany's app ☐ Social media

campaign

☐ Multimedia offer, e.g. video ☐

Other:

☒ **Through media offerings, in**☐ Radio☐ TV☐ Podcast☐ Newspapers / magazines☐ Other:☐ No answer

20. Who have you already spoken to about the possibilities of using the ePA?EV09 

Multiple answers possible

☐ Doctor ☐Health insurance
company☐ Family members, e.g. grandparents/parents, siblings, children, etc.☐ Acquaintances or friends☐ Work colleagues☐ Other☐ None of theabove ☐ No

answer

21. Which of the following people or institutions have informed you about using the ePA?EV10 

Multiple answers possible

☐ Doctor ☐Health insurance
company☐ Family members, e.g. grandparents/parents, siblings, children, etc.☐ Acquaintances or friends☐ Work colleagues☐ Other☐ None of the☐ above No

answer

Demographic data

Personal data is requested in the following section. These questions are formulated in such a way that you cannot be identified on the basis of your details.

SD02 **22. How old are you?**

- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80 years and older

☐ No answer

SD03 **23. What is your highest educational qualification?**

- ☐ No school leaving certificate
- ☐ Elementary/main school certificate
- ☐ Realschule (Mittlere Reife)
- ☐ Completion of an apprenticeship or vocational school
- ☐ Abitur
- ☐ Technical/university degree
- ☐ Degree from a university of applied sciences or a university of cooperative education
- ☐ Doctorate

☐ No answer

24. What is your gender?SD04 ☐ Female

Male

☐ Non-binary / genderqueer

No gender

☐ Own information☐ Not specified**25. What is your employment status?**SD05 ☐ Employed☐ In training☐ Retired / retiring

Not employed

☐ Self-employed / freelance

Civil servant

☐ Miscellaneous☐ No answer

26. How many known pre-existing conditions do you have?

SD06

☐ None

1

☐ 2

☐ 3

☐ 4 or more

☐ No answer

27. How do you have health insurance?

SD07

☐ Statutory

Private

☐ No answer

28. Do you have any comments that you would like to share with us?

SD08

Are you interested in receiving the results of the survey by e-mail? Then write to ag.chi@gmds.de

Thank you for your participation!

We would like to thank you very much for your help.

Your answers have been saved, you can now close the browser window.