Survey questionnaire (Certification standards of the Electronic Medical Record (EMR) certification system by the Korea Health Information Service was provided to the survey subjects along with the questionnaire.)

	Basic Demographic Information	
1.	Where is your affiliated organization?	
	Medical institution (\rightarrow please proceed to 2-1 and respond)	
	Non-medical institution (\rightarrow please proceed to 2-2 and respond)	
2.	2-1. Which medical institution do you belong to?	
	Clinic (hospitals and clinics with fewer than 100 beds)	
	General hospital (medical institutions with more than 100 beds)	
	Tertiary referral hospital (medical institutions with more than 500 beds that meet	
	the designated standards of the Ministry of Health and Welfare)	
	Other:	
	2-2. Which non-medical institution do you belong to?	
	University	
	Research institute	
	Government institution	
	Other:	
3.	What's your occupation?	
	Nurse	
	Doctor	
	Other:	
4.	How long is your work experience?	
	Less than one year	
	Between 1 and 5 years	
	Between 5 and 10 years	

Over 10 years

Other:

Patient-specific Educational Material (F061)

 What is the conditional item expected to be most effective* when providing patient-specific educational materials (PEMs) through the EMR system?

(effective*: increase compliance with treatment, positive effects on clinical results, and quality improvement, such as patient safety improvement effects)

* This question uses a 7-point Likert scale. Please avoid selecting the consistent value for the six detailed questions. (1 is close to disagreement and 7 is close to agreement.)

Items	1	2	3	4	5	6	7
Diagnosis/Disease							
Drugs/Side effects of drugs							
Demographics (gender, age)							
Examination/Test results							
Surgery/Intervention							
Pregnancy/Lactation							

Other:

2. What is the most expected effect of providing PEMs to patients?

* This question uses a 7-point Likert scale. Please avoid selecting the consistent value for the six detailed questions. (1 is close to disagreement and 7 is close to agreement.)

Items	1	2	3	4	5	6	7
Increase the patient's knowledge							
about their disease							
Enhanced understanding of the							
treatment processes and procedures							
by patients							
beware of contraindications related							

	Beware of side effects related to							
	disease/treatment							
	Changes in behavior related to							
	promote treatment effectiveness							
	Familiar with handling the							
	unexpected health condition (e.g.,							
	side effects, acute exacerbation of							
	disease progression, etc.)							
	Other:							
•	If we can provide PEMs to patients	through t	he EMR	R system	, which	method i	S	
	preferable? (choose 1)							
			1.		EMa aar	t often o		
	when healthcare providers enter a pr	escription	n or diag	gnosis, P	EIVIS SEI	it after a		
	separate confirmation process or sele	_	-					
		_	-					
	separate confirmation process or sele	ection pro	ocess (au	ito reque	est-sendi	ng after	a	
	separate confirmation process or sele confirmation) When healthcare providers enter a p	ection pro	ocess (au on or dia	ato reque	est-sendi PEMs se	ng after ent after a		
	separate confirmation process or sele	ection pro	ocess (au on or dia	ato reque	est-sendi PEMs se	ng after ent after a		
	separate confirmation process or sele confirmation) When healthcare providers enter a p separate confirmation process or sec confirmation).	rescription pro	ocess (au on or dia rocess (a	ito reque agnosis, auto req	est-sendi PEMs so uest-sen	ng after ent after a ding afte	r	
	separate confirmation process or sele confirmation) When healthcare providers enter a p separate confirmation process or set confirmation). When healthcare providers press a s	rescription pro- rescription pro- lection pro- eparate b	ocess (au on or dia rocess (a putton or	agnosis, auto req n the pat	PEMs so uest-sen ient's pr	ng after ent after a ding afte escription	n	
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	separate confirmation process or sele confirmation) When healthcare providers enter a p separate confirmation process or set confirmation). When healthcare providers press a s	rescription pro- rescription pro- lection pro- eparate b	ocess (au on or dia rocess (a putton or	agnosis, auto req n the pat	PEMs so uest-sen ient's pr	ng after ent after a ding afte escription	n	
	separate confirmation process or sele confirmation) When healthcare providers enter a p separate confirmation process or se confirmation). When healthcare providers press a s screen, PEMs automatically sent with	ection pro rescription lection pr eparate b hout furt	ocess (au on or dia rocess (a outton or her conf	agnosis, auto req n the pat	PEMs so uest-sen ient's pr	ng after ent after a ding afte escription e request	n :-	
	separate confirmation process or sele confirmation) When healthcare providers enter a p separate confirmation process or sele confirmation). When healthcare providers press a s screen, PEMs automatically sent with auto sending).	ection pro rescription lection p eparate b hout furt eparate b	ocess (au on or dia rocess (a outton of her conf	agnosis, auto req n the pat irmation	est-sendi PEMs so uest-sen ient's pr (passiv ient's pr	ng after ent after a ding afte escription e request escription	r n :- n	
	separate confirmation process or sele confirmation) When healthcare providers enter a p separate confirmation process or se confirmation). When healthcare providers press a s screen, PEMs automatically sent with auto sending). When healthcare providers press a s	ection pro rescription lection p eparate b hout furt eparate b	ocess (au on or dia rocess (a outton of her conf	agnosis, auto req n the pat irmation	est-sendi PEMs so uest-sen ient's pr (passiv ient's pr	ng after ent after a ding afte escription e request escription	r n :- n	
	 separate confirmation process or selection confirmation) When healthcare providers enter a provider separate confirmation process or selection confirmation). When healthcare providers press a secret secret	ection pro rescription lection p eparate b hout furt eparate b ne patient	ocess (au on or dia rocess (a putton of her conf putton of t can be	agnosis, auto req n the pat irmation	est-sendi PEMs so uest-sen ient's pr (passiv ient's pr and sen	ng after ent after a ding afte escription e request escription t (passive	n n e	

Other:

4.	 What do you think is most necessary condition for providing PEMs through the EMR system? * This question uses a 7-point Likert scale. Please avoid selecting the consistent value for the six 									
	detailed questions. (1 is close to disagreer				-	onsistent	value loi	uie s		
	Items	1	2	3	4	5	6	7		
		1	2	5	4	5	0	/		
	Government support for the									
	development of PEMs provision									
	system									
	Arrangement of national insurance									
	fee for PEMs									
	Itemization of "essential" according									
	to the EMR certification evaluation									
	criteria									
	Clinical/economic effect									
	verification study									
	Patient's active needs/group									
	activities									
	Other:									
j.	If you can provide PEMs through the	EMR sy	/stem, w	hat is the	e most aj	opropria	te			
	standard for setting a fee? (choose 1)									
	The number of cases for which PEMs	were p	rovided							
	The number of PEMs checked by the	patient								
	The number of cases confirmed by l	nealthca	are prov	iders in	which t	he patier	nt			
	understood the educational content									
	The number of cases confirmed by	/ health	ncare pr	oviders	in whic	h patier	nt			
	education is effective									

Other:

- 6. What is the appropriate fee per session if you can provide PEM to patients through the EMR system?
 Fee per session scale (0~100,000 won):
- 7. Do you have any other opinions on the PEMs function through EMR?

Healthcare Information Notification (F062)

1. What is the conditional item expected to be most effective* when providing health-related notifications/alarms (HNAs) through the EMR system?

(effective*: increase compliance with treatment, positive effects on clinical results, and quality improvement, such as patient safety effects.)

* This question uses a 7-point Likert scale. Please avoid selecting the consistent value for the six detailed questions. (1 is close to disagreement and 7 is close to agreement.)

Items	1	2	3	4	5	6	7
Diagnosis/Disease							
Drugs/Side effects of drugs							
Demographics (gender, age)							
Examination/Test results							
Surgery/Intervention							
Pregnancy/Lactation							

Other:

2. What is the most expected effect of providing HNAs to patients via email or mobile phone? * This question uses a 7-point Likert scale. Please avoid selecting the consistent value for the six detailed questions. (1 is close to disagreement and 7 is close to agreement.) Items 1 2 3 4 5 6 7 Health information can be viewed without omission

	The ability to check information							
	promptly							
	The ability to check the information							
	at all times							
	Follow the precautions/instructions							
	well							
	Increasing trust and positive							
	perception							
	Other:							
3.	If we can provide HNAs to patients th	rough	the EMR	system,	which r	nethod do)	
	you think would be preferable? (choose	se 1)						
	when healthcare providers enter a pre-	escriptio	on or dia	gnosis,	HNAs se	ent after a	a	
	separate confirmation process or sele	ection p	process (a	auto req	uest-sen	ding afte	r	
	confirmation)							
	When healthcare providers enter a pro-	escripti	on or dia	gnosis,	HNAs s	ent after a	a	
	separate confirmation process or sele	ection p	process (a	auto req	uest-sen	ding afte	r	
	confirmation).							
	When healthcare providers press a se	parate	button or	n the pat	ient's pr	escriptior	1	
	screen, HNAs automatically sent with	out fur	ther conf	irmatior	n (passiv	e reauest	_	
	auto sending).				u	1		
	<i></i>				·	· .		
	When healthcare providers press a se	parate	button or	n the pat	ient's pr	escription	1	
	screen, the appropriate content for the	e patien	t can be	checked	and sen	t (passive	e	
	request-sending after confirmation)							
	Other:							
4.	What do you think is most important for	or provi	iding HN	As to pa	tients th	rough the	EMR	system?
	※ This question uses a 7-point Likert s	cale. Pl	ease avoi	d selecti	ng the co	nsistent v	alue for	r the six

Items	1	2	3	4	5	6		
Government support for an EMR								
system to send HNAs								
Arrangement of a fee scale								
Itemization of "essentials"								
according to EMR certification								
evaluation criteria								
Clinical/economic effect								
verification study								
Patient's active needs or group								
activities								
Other:								
What is the appropriate fee for providing HNA to patients through the EMR								
system?								
Fee per session scale (0~100,000 w	on):							