Communication Packet: Attachment D

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

(To be sent via email to interviewee confirming date/time of scheduled phone interview)

Overcoming Barriers to Expanded Health Information Exchange (HIE) Participation in Indiana''

The Agency for Healthcare Quality and Research or AHRQ, through its contractor, the Regenstrief Institute at Indiana University, is trying to understand the barriers that organizations like yours may see to participation in health information exchange (HIE) and how they could be overcome. This project is being conducted pursuant to AHRQ's statutory mandates to conduct and support research, evaluations and initiatives to advance information systems for health care improvement and to promote innovations in evidence-based health care practices and technologies by conducting and supporting research on the development, diffusion, and use of health care technology. Health information exchange or the ability to securely and privately share a patient's electronic health information between healthcare providers may improve the quality, safety and efficiency of a patient's care.

Health Information Exchange or HIE is different from adopting an electronic health record (HER) or electronic medical record (EMR). EHRs or EMRs provide information to and receive information from HIEs. In order to realize these improvements, it is important that physician practices, hospitals, laboratories and others participate in this information sharing. Healthcare providers may see a number of barriers or hurdles to participating in health information exchange. This survey is designed to help AHRQ understand what these barriers are and how they can be overcome.

If your organization currently participates in health information exchange we hope that you can help us identify the challenges you faced in participating and how your organization overcame them. If your organization does not participate in health information exchange, we hope that you can help us understand why not and what it make take to overcome these barriers.

Table A

Health Information Exchange Services

- Clinical Messaging/Results deliver
- Community data repository
- Electronically reporting laboratory results for public health
- Electronically reporting symptoms and diagnosis for public health
- Electronic prescribing

Table B

Health Information Exchange Organizations in Indiana

• Bloomington eHealth Collaborative/ HealthLink

Public reporting burden for this collection of information is estimated to average 20 minutes per response, the estimated time required to complete the phone interview. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

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- HealthBridge (Cincinnati)
- Indiana Health Information Exchange
- Indiana Network for Patient Care/Regenstrief Institute
- Indiana State Department of Health (ISDH)
- Louisville Health Information Exchange, Inc. (LouHIE)
- Mednet (Fort Wayne)
- Michiana Health Information Network (South Bend)
- Public Health Electronic Syndromic Surveillance (PHESS)

Table C

Types of data shared through health information exchange

- ADT/Admission Discharge Transfer (Hospital) or appointment schedule (Physician practice)
- Laboratory results
- Radiology results
- Transcribed documents
- Visit summaries
- EKGs
- Medication histories
- Enrollment / Eligibility

Table D

Barriers to participating in health information exchange

- Lack of awareness
 - I didn't know that anyone was doing health information exchange in my area
 - I'd never heard of the idea of health information exchange
 - Cost concerns
 - Costs too much to license the interface software from our vendor
 - Takes too much IT staff time to implement
 - Costs too much to operate
- No benefit
 - I don't believe that there are any real benefits to patients
 - I don't believe that there are any real benefits to us as an organization
- Business risks
 - Patient Disapproval/Public Perception
 - Concerns that someone will use the data in an anticompetitive way
- Privacy concerns/HIPAA limitations
- Competing priorities
 - Involved in a merger/acquisition

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