

# **SUPPORTING STATEMENT**

## **Part B**

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

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Agency of Healthcare Research and Quality (AHRQ)

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## **B. Collections of Information Employing Statistical Methods**

The purpose of this case study is to elicit and aggregate feedback from personnel at large and small physician groups, as well as small hospitals throughout the state of Indiana, to identify the gaps in understanding barriers and disconnects that may exist with these providers to participate in the local health information exchange (HIE), the Indiana Network of Patient Care (INPC). The INPC is a 13 year old community-wide secure data exchange operated in Indiana by the Regenstrief Institute. The INPC currently includes information from over 35 hospitals (mostly located in central Indiana), the county and state public health departments, and Indiana Medicaid.

While there will be some limited quantitative data, most of what will be learned in this case study will be qualitative in nature.

### ***1. Respondent universe and sampling methods***

The Regenstrief Institute will survey three key stakeholder groups in the State of Indiana: small hospitals (less than 150 beds), small physician practices (less than 5 providers) and large physician practices (greater than 20 providers) to identify barriers for each of these groups to participate in an HIE in general, and specifically the INPC. Regenstrief Institute operates the INPC and is able to provide details (entities and contact information) about current participants in the state.

Staff at Regenstrief Institute has obtained a list of all hospitals in the state. This list was purchased from the American Hospital Association and is understood to be the most complete list available. They have also obtained a list of physicians across the state from the Indiana Health Information Exchange (IHIE) based on its clinical messaging user list. While this is not a complete list of physicians, it includes 10,000 of the estimated 12,000 physicians in the state, and is believed to be the most comprehensive list available. From these lists, an initial random sample of 27 small hospitals, 53 small physician practices and 53 large physician practices will be selected.

The intent is to contact the CMO, CIO or CEO at the small hospitals, and the practice manager, director of the management group, director of technology, or similar role from each of the small and large physician groups to participate in the case study.

Two to three individuals from each hospital will be asked to respond to the questionnaire. For physician practices, one person from each practice will be asked to respond. The expected response rate for the data collection is at least 75 percent, given that 6 out of 6 of those approached from a pre-test all responded. This response rate will result in completed interviews with about 20 small hospitals, 40 small physician practices and 40 large physician practices

## **2. Information Collection Procedures**

We will identify individual respondents in an initial telephone contact to describe the purpose of the survey and the survey process and to request the hospital's or physician practice's participation in the survey. After a hospital or practice agrees to participate and the specific participants are identified, a "communication packet" will be sent by email to those individuals. The communication packet includes: (a) an HIE description and definition; (b) purpose for the contact, estimated time required to complete the telephone interview; and, (c) reference lists of key informants that may be useful during the phone interview.

The respondents will be contacted by telephone for the phone interview. The purpose of the interview is to directly elicit the potential or actual ways that barriers may be overcome and explore internal and external changes that might allow an organization to overcome the barriers the interviewee identifies.

The telephone interview is expected to last about 20 minutes.

In order to ensure that 75% of the organizations represented are non-participants, we will continuously track the number of respondents in each of the three categories that are participants in an HIE. If we reach the point where we have collected data from 5 small hospitals, 10 small practices and 10 large practices (25% in each category) that are participants in a health information exchange (including INPC), we will stop collecting data from organizations that participate. We will continue down our random sample until we have completed data collection from all 20 small hospitals, 40 small practices and 40 large practices. Following this approach, we will ensure that our focus is on the barriers encountered by non-participants with at least 75% of the respondents being non-participants.

## **3. Methods to Maximize Response Rates**

For the screener, six call attempts will be made to increase the chances of contacting potential respondents and securing their participation in the case study. For the second phase of the project, the telephone interview, a non-response follow-up will also consist of six telephone calls, after which the case will be noted as a non-response.

A data storage system will be developed for capturing interview results. Interview responses will be documented, aggregated, and summarized. A final report will focus on the following major topical areas:

- a. General perceptions on electronic sharing of health information
- b. The extent to which electronic health information sharing exists in the contact's current environment
- c. Barriers to the adoption / implementation of electronic health information sharing

- d. Recommendations for addressing/resolving issues (general as well as entity-specific recommendations)

Regenstrief will synthesize the findings. It is difficult to predict the barriers that will be identified; however, based on experience to date, it is anticipated that the cost of interfaces and the management attention needed to participate will be the two major barriers.

#### **4. Tests of Procedures**

A pre-test of 6 respondents including each type of respondent (small hospital, small practice, large practice) has been conducted and completed to fine tune the data collection instruments and activity. The final versions of the data collection instruments are attached.

#### **5. Statistical Consultants**

As this is a case study, statistical consultation was not required.

However, Health Evolutions was consulted on the design of the data collection instruments.

Health Evolutions, Inc. (317-815-0801) is a consulting firm, founded in 1995, which provides hospitals, health systems, independent physician groups, hospital-based physicians, and others with a wide range of skills and experience to provide healthcare expertise by assisting in development and implementation solutions to evolving healthcare challenges.

Health Evolutions consultants represent an expansive breadth of knowledge, skills, and practice experience gained in both the public and private sectors.