SURVEY OF PLANNING GRANTEES

The purpose of this survey is to gain a better understanding of your experience as a grantee for the AHRQ-sponsored Funding Opportunity Announcement, Transforming Healthcare Quality through Information Technology-Planning Grant (RFA-HS-04-010).

This survey is about your participation in and results of the **planning grant (2004-2005)** described in the final report located here: **Click for Final Report**.

The survey contains eight brief sections, as follows:

Section I: Project Partnership
Section II: Stakeholder Involvement
Section III: Technical Assistance
Section IV: Planning Process
Section V: Results of Planning Process
Section VI: Facilitators and Barriers to the Planning Process
Section VII: Benefits of the Planning Process
Section VIII: Implementation Status

SECTION I: PROJECT PARTNERSHIP

1. What was your role in the Transforming Healthcare Quality through Information Technology (THQIT) planning grant?

    Check all that apply.

    | [ ]1 | Principal Investigator |
    | [ ]2 | Project Director or project coordinator |
    | [ ]3 | Other individual directly involved with the planning grant |
    | [ ]4 | An administrator at a participating organization during the grant period |
    | [ ]5 | A provider at a participating organization during the grant period |
    | [ ]6 | I did not work at a participating organization during the grant period |
    | [ ]7 | Other (please specify): _____ |

2. Our records indicate that you partnered with (collaborated with) the following organizations for this project:

    [org1]
    [org2]
    [org3]
    [org4]
    [etcX]

3. Please indicate any corrections to the partnered organizations here:

    -

4. Below is a list of types of organizations that <u>focus on the delivery of patient care</u>.

   In **Column A**, please indicate the types of partner organizations that were actively involved throughout the course of this planning grant project.

   In **Column B**, for partner organization types that were involved in the THQIT planning grant please indicate the total number of unique organizations involved.

   If involved organizations have multiple sites, please count the sites that were intended to be part of the health IT project that was being planned. For example, suppose a physician group with 9 small-to-medium practice sites partnered with a hospital system with 2 hospitals and a university. If the planning project was focused on health IT that would affect both hospitals and all 9 sites, count them all below. If the planning project was focused on a subset of the practice sites and/or one of the two hospitals, count the ones on which it was focused.

Type of Organizations	Column A Partner for THQIT Planning Grant	Column B Number of Organizations Involved
Organizations Focused on Delivering Patient Care		
a. Critical access hospitals	□ [1]	
b. Other rural hospitals with <100 beds	□ [1]	
c. Other non-rural hospitals with <100 beds	□ [1]	
d. Rural hospitals with 100 or more beds	□ [1]	
e. Non-rural hospitals with 100 or more beds	□ [1]	
f. Private physician practices with <5 physicians	□ [1]	
g. Private physician practices with 5-24 physicians	□ [1]	
h. Private physician practices with 25 or more physicians	□ [1]	
i. Long-term care organizations	□ [1]	
j. Home health care organizations	□ [1]	
k. Pharmacies	□ [1]	
l. Emergency medical service agencies	□ [1]	
m. Mental Health Centers or Behavioral Health Facilities	□ [1]	
n. Federally Qualified Health Centers	□ [1]	
o. Other safety net clinics	□ [1]	
Other point-of-care organizations* (please indicate below)		
p. _____	□ [1]	
q. _____	□ [1]	

*By point-of-care organizations, we mean organizations that focus primarily on patient care delivery.

5. Below is a list of types of organizations that <u>DO NOT</u> deliver patient care or that the delivery of patient care is <u>NOT</u> their main focus.

   In **Column A**, please indicate the types of partner organizations that were actively involved throughout the course of this planning grant project.

   In **Column B,** for partner organization types that were involved in the THQIT planning grant please indicate the total number of unique organizations involved.

   If involved organizations have multiple sites, please count the sites that were intended to be part of the health IT project that was being planned. For example, suppose a social service agency has 9 local offices. If the planning project was focused on health IT that would affect both the agency and all 9 local offices, count them all below. If the planning project was focused on a subset of the local offices, count the ones on which it was focused.

Type of Organizations	Column A Partner for THQIT Planning Grant	Column B Number of Organizations Involved
a. Universities (units that do not provide patient care)	[1]	
b. Other research-focused organizations	[1]	
c. Social service agencies	[1]	
d. Schools	[1]	
e. Health departments	[1]	
f. Health IT consulting firms	[1]	
g. Other consulting firms	[1]	
h. Health IT vendors	[1]	
i. Professional associations	[1]	
Other organizations that do not deliver patient care (please indicate)		
j. _____	[1]	
k. _____	[1]	

Programmer note: If Q5g=1, go to Q6. Else, Q7.

6. You indicated that other consulting firms were partners on the THQIT planning grant. Please specify the type of consulting firms in the space provided.

   _____
   _____
   _____
   _____

7. After the planning grant ended, to what extent did partner organizations work together to pursue a new activity (which may or may not have focused on health IT to improve quality)?

$\square$¹ All organizations continued to work together
$\square$² Some organizations continued to work together
$\square$⁰ No organizations continued to work together
$\square$⁻¹ I don't know if any organizations continued to work together

Programmer note: If Q7=0 or -1, go to programmer note before Q10.

8. Thinking about the new activity that partner organizations pursued, did it include an evaluation component?

$\square$¹ Yes
$\square$⁰ No ⟶ **Go to programmer note before Q10.**

9. Thinking about evaluation component, did it include internal researchers, external researchers, or both?

$\square$¹ Internal researchers
$\square$² External researchers
$\square$³ Both internal and external researchers

Programmer note: If Q7=2 or 0, then Q10. Else go to Q12.

10. What type(s) of partner organizations stopped working together after the grant project?

Check all that apply.

$\square$¹ Patient care delivery organization(s)
$\square$² Research organization(s) ⟶ **Go to Question 12.**
$\square$⁰ Other type ⟶ **Go to Question 12.**

11. Please indicate why some or all point-of-care partner organizations did not continue to work together after the planning grant ended.

Check all reasons that apply to one or more of the partner organizations.

$\square$¹ Financial constraints of a partner organization
$\square$² Lack of senior leadership endorsement (support) for health IT at a partner organization
$\square$³ Lack of clinicians' endorsement (support) at a partner organization
$\square$⁴ Differences in readiness to use health IT among partner organizations
$\square$⁵ Competition for patients and/or revenue among partner organizations
$\square$⁶ Divergence in the types of health IT, health IT vendor, or functions used across partners
$\square$⁷ Disagreements on the implementation plan
$\square$⁷ Issues with data sharing or data use agreements
$\square$⁸ Other (please specify): _____

12. The February 2009 passage of the American Recovery and Reinvestment Act (ARRA)/ Health Information Technology for Economic and Clinical Health (HITECH) may have changed the ways organizations work together. Did the extent to which you and your partners worked together change because of ARRA/HITECH?

HITECH is Title XIII of ARRA, also known as "The Stimulus Law"(ARRA Public Law 111-5). Among other things, it contains incentives designed to accelerate the adoption of electronic health records, beginning in 2011.

☐ [1] We collaborated <u>more</u> after ARRA/HITECH
☐ [2] We collaborated <u>less</u> after ARRA/HITECH
☐ [3] We collaborated <u>at about the same level</u> before and after ARRA/HITECH
☐ [-1] Don't know

SECTION II: STAKEHOLDER INVOLVEMENT

13. In **Column A**, please indicate if each group listed played a major role, a minor role, or no role in the planning process?

In **Column B**, please indicate the preferred role, from your perspective, of each group listed in the planning process.

	Column A Role in Planning Process			Column B Preferred Role in Planning Process		
	Major Role	**Minor Role**	**No Role**	**Major Role**	**Minor Role**	**Role is not critical**
a. CEO and administrative leaders	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
b. Information System leaders	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
c. Other Health IT personnel	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
d. Physicians	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
e. Nurses	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
f. Pharmacists	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
g. Other clinicians	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
h. Health IT vendors	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
i. Other external consultants	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
j. Patients or Families	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
k. Researchers	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
l. Local/State Governmental agencies	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]
Other stakeholder group (please specify below)						
m. _____	☐ [1]	☐ [2]	☐ [3]	☐ [1]	☐ [2]	☐ [3]

14. Were the types of health IT to be the focus of the planning grant determined by leadership in the organizations that deliver patient care prior to the decision to pursue the AHRQ planning grant?

☐ [1] Yes
☐ [0] No

Programmer Note: If Q13K, Col A=1 or 2, ask Q15-Q18, else go to Section III.

15. Regarding the researchers that were part of the planning process, which type of organization were they from?

Check all that apply.

☐ [1] University
☐ [2] Other research-focused organization
☐ [3] Research unit within a health care provider organization
☐ [4] Consulting firm
☐ [5] Other (specify):_____

16. For the researchers involved in the planning process, please indicate their training?

Check all that apply.

If you don't know the training of any of the researchers involved, please check here: ☐

☐ [1] Economist
☐ [2] Epidemiologist
☐ [3] Biostatistician
☐ [4] Human factors
☐ [5] Health Services Research
☐ [6] Other (please specify):_____

17. Please summarize any benefits you realized from having researchers involved in the project.

_____
_____
_____
_____
_____

18. Please summarize any drawbacks from having researchers involved in the project.

_____

_____

_____

_____

_____

_____

Programmer note: Skip Section III if both planning and implementation grantee. (Filter question will be contained within the web survey)

SECTION III: TECHNICAL ASSISTANCE

19. In **Column A**, please indicate if, during the planning grant period, you sought technical assistance **in planning** from (or via) any of the following.

In **Column B**, for those from whom you received technical assistance during the planning grant period, please indicate if the technical assistance received was critical to the development of a strong implementation plan.

	Column A Sought technical assistance	Column B Critical to development of strong implementation plan
a. Experts within your organization	[1]	[1]
b. Vendors of health IT products	[1]	[1]
c. Consultants	[1]	[1]
d. Provider or professional association	[1]	[1]
e. AHRQ's National Resource Center for Health IT (NRC)	[1]	[1]
f. Other AHRQ grantees	[1]	[1]
Other outside help (please specify below)		
g. _____	[1]	[1]
h. _____	[1]	[1]
i. _____	[1]	[1]

SECTION IV: PLANNING PROCESS

20. Planning grantees had different methods for planning. Some grantees followed an explicit work plan and schedule to set their goals, pick their technology, and identify potential barriers to implementation. Other grantees used a more evolutionary process, allowing the method for planning to evolve over time. Some grantees fell somewhere along this continuum. Please indicate where your organization's planning process for the THQIT grant would fall on the following continuum:

Used an explicit work plan and schedule									**Evolutionary process**
1	2	3	4	5	6	7	8	9	10
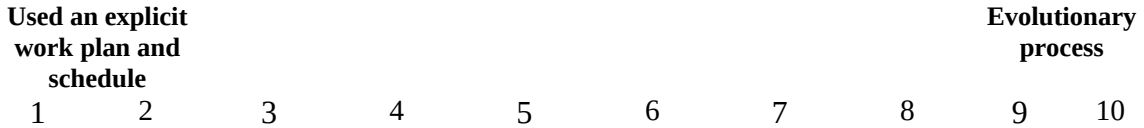
21. Please indicate if the following steps were undertaken during the THQIT planning grant project period.

	Undertaken during THQIT planning grant project period		
	Yes	**No, not needed**	**No, but should ideally have been undertaken**
a. Thoroughly prepared IT staff to support implementation / ongoing use	☐1	☐2	☐3
b. Identified a business case	☐1	☐2	☐3
c. Developed a payment model for participants	☐1	☐2	☐3
d. Created a detailed implementation plan, with barriers anticipated and mitigation strategies identified	☐1	☐2	☐3

22. In the following table, in **Column A**, please indicate if each of the following aspects of planning was a strength or weakness with regard to your planning grant project. If it had no impact, select that option.

In **Column B**, for each aspect that was a weakness, please indicate the **<u>primary</u>** cause of the weakness. If the cause is not listed, select "Other" and record the reason in the space provided in **Column C**.

	Column A			Column B	Column C
Planning Aspect	**Strength**	**Weakness**	**No Impact**	**Cause of Weakness**	
a. Involvement of partnered organizations in planning	☐1	☐2	☐0	Drop down Lack of time Insufficient funds Did not think more of this was needed Other (specify to right)	Other specify verbatim field
b. Continuity of project staff (do not include AHRQ staff)	☐1	☐2	☐0		
c. Involvement of targeted end users in planning	☐1	☐2	☐0		
d. Inclusion of patient perspectives in planning	☐1	☐2	☐0		
e. Readiness assessments	☐1	☐2	☐0		
f. The plan for governance (if applicable)	☐1	☐2	☐0		
g. The plan for privacy and security	☐1	☐2	☐0		
h. The plan for data sharing	☐1	☐2	☐0		
i. The plan for liability issues (if applicable)	☐1	☐2	☐0		
j. The plan for insurance (if applicable)	☐1	☐2	☐0		
k. Identification of barriers to implementation and potential solutions	☐1	☐2	☐0		
l. Administrative leadership support within your organization	☐1	☐2	☐0		
m. Administrative leadership support in partner organizations	☐1	☐2	☐0		

Planning Aspect	Column A			Column B	Column C
	Strength	Weakness	No Impact	Cause of Weakness	
n. Clinical leadership support within your organization	☐1	☐2	☐0		
o. Clinical leadership support in partner organizations	☐1	☐2	☐0		
p. Information systems leadership within your organization	☐1	☐2	☐0		
q. Information systems leadership support in partner organizations	☐1	☐2	☐0		
r. Progress on process redesign before health IT implementation	☐1	☐2	☐0		
s. Sufficient IT infrastructure	☐1	☐2	☐0		
t. Thorough process for selecting the health IT	☐1	☐2	☐0		
u. Identification of champions from targeted user groups	☐1	☐2	☐0		
v. The plan for training	☐1	☐2	☐0		
w. Determination of needed staff and financial resources for implementation	☐1	☐2	☐0		
x. Development of the outcome reports that would make the system useful	☐1	☐2	☐0		
y. Development of the goals for health IT implementation	☐1	☐2	☐0		

23. Did you issue a Formal Request for Proposal or other contractual document to acquire health IT equipment or support services?

☐ [1] Yes
☐ [0] No ⟶ **Go to Question 26.**

24. Did you contact other organizations who implemented health IT to ask for a copy of their formal Request for Proposal or other contractual document to acquire health IT equipment or support services?

☐ [1] Yes
☐ [0] No
☐ [-1] Don't know

25. Did you share your formal Request for Proposal or other contractual document with other organizations implementing health IT?

☐ [1] Yes
☐ [0] No
☐ [-1] Don't know

SECTION V: RESULTS OF PLANNING PROCESS

26. To what extent did your organization accomplish its goals (to date) for health IT implementation as determined through the THQIT planning grant project period?

☐ [1] All of our goals were accomplished
☐ [2] Most of our goals were accomplished
☐ [3] Some of our goals were accomplished
☐ [5] None of our goals were accomplished

27. If you could start over, would you make changes to your planning process?

☐ [1] Yes, I would make major changes to the planning process.
☐ [2] Yes, I would make minor changes to the planning process.
☐ [0] No, I would not make changes to the planning process. ⟶ **Go to Question 29.**

28. Please describe the changes you would make to the planning process.

_____
_____
_____
_____
_____

29. Did the planning process continue after you submitted your final report to AHRQ?

☐ [1] Yes
☐ [0] No ⟶ **Go to Question 35.**

30. For how many additional months did your planning process continue?

____ ____ (# of months) [Dropdown from 1 to more than 24 months]

31. Did the planning process need additional staff or financial resources?

☐ [1] Yes
☐ [0] No ⟶ **Go to Question 35.**

32. Please briefly describe the additional resources your organization needed.

_____

_____

_____

33. Were you able to obtain these resources?

☐ [1] Yes, we obtained all resources needed
☐ [2] Yes, we obtained some of the resources needed
☐ [0] No ⟶ **Go to Question 35.**

34. What was the source or sources of this additional support?

Check all that apply.

☐ [1] Resources from within your organization
☐ [2] Resources from a partner organization
☐ [3] AHRQ
☐ [4] HRSA
☐ [5] Other federal funding source
☐ [6] State funding source
☐ [7] Private foundations
☐ [8] Other (please specify):_____

E.13

SECTION VI: FACILITATORS AND BARRIERS TO THE PLANNING PROCESS

35. Please describe up to three features of your planning process that you believe <u>most contributed to successes</u> your organization experienced in planning for health IT implementation.

1. _____
   _____

2. _____
   _____

3. _____
   _____

_____

36. The following is a list of potential barriers to the planning process. For each, in **Column A**, please indicate if the barrier was experienced.

In **Column B**, for those barriers experienced, please indicate if it had a major impact on the planning process (such as major delay, major restructuring of plan, or need for major additional resources), a minor impact on the planning process (such as a minor delay, minor restructuring of the plan, or need for modest additional resources), or no impact on the planning process.

In **Column C**, for those barriers that had a major or minor impact, indicate if the barrier was overcome.

	Column A Experienced this Barrier		Column B For Those Barriers Experienced, Impact on Planning Process			Column C Was barrier overcome?	
	Yes	**No**	**Major Impact**	**Minor Impact**	**No Impact**	**Yes**	**No**
a. Clinician concerns about the usability of health IT products	☐1	☐0	☐1	☐2	☐3	☐1	☐0
b. Concern about fit between new and pre-existing system	☐1	☐0	☐1	☐2	☐3	☐1	☐0
c. Point-of-care* organizations' lack of understanding about health IT implementation.	☐1	☐0	☐1	☐2	☐3	☐1	☐0
d. Insufficient committed follow through by partner organizations	☐1	☐0	☐1	☐2	☐3	☐1	☐0
e. Turnover of staff at the point-of-care organization	☐1	☐0	☐1	☐2	☐3	☐1	☐0
f. Difficulty securing enough funds to obtain needed health IT	☐1	☐0	☐1	☐2	☐3	☐1	☐0
g. Difficulty identifying on-site technical support	☐1	☐0	☐1	☐2	☐3	☐1	☐0
h. Difficulty identifying sufficient funds for projected ongoing health IT costs	☐1	☐0	☐1	☐2	☐3	☐1	☐0
i. Difficulty meeting legal/regulatory requirements	☐1	☐0	☐1	☐2	☐3	☐1	☐0
j. Insufficient assistance from experts in health IT implementation (e.g., in house IT personnel, health IT vendors, consultants)	☐1	☐0	☐1	☐2	☐3	☐1	☐0
Other (please specify below):							
K. _____	☐1	☐0	☐1	☐2	☐3	☐1	☐0
L. _____	☐1	☐0	☐1	☐2	☐3	☐1	☐0

*By point-of-care organization, we mean any partnered organizations that deliver patient care

SECTION VII: BENEFITS OF THE PLANNING PROCESS

37. We are interested in learning about the specific benefits your organization experienced as a result of the health IT planning process. For each benefit, please indicate if it was experienced by your organization.

	Experienced benefit in this area as a result of planning process
a. Improved ability to work with health IT vendors	☐ [1]
b. Improved ability to articulate functionality sought from health IT	☐ [1]
c. Developed relationships with new partners	☐ [1]
d. Improved relationships with existing partners	☐ [1]
e. Identified barriers to health IT implementation	☐ [1]
f. Identified strategies for overcoming barriers to health IT implementation	☐ [1]
g. Improved understanding of organization's IT infrastructure	☐ [1]
h. Established feasible plan for health IT implementation	☐ [1]
i. Gained knowledge of the requirements needed for health IT implementation	☐ [1]
j. Recognized areas for organizational improvement other than health IT	☐ [1]
k. Developed competitive advantage when seeking subsequent grant/contract funding	☐ [1]
l. Increased end user support for health IT implementation	☐ [1]
m. Increased administrative support for health IT implementation	☐ [1]
n. Increased the likelihood this organization would plan for other types of health IT implementation	☐ [1]
o. Increased the likelihood this organization would apply for health IT research grants	☐ [1]
Other (please specify below):	
p. _____	☐ [1]
q. _____	☐ [1]

38. Did this organization or its partner organizations experience any long-term financial or strategic difficulties resulting from the planning process?

☐ [1] Yes
☐ [0] No ⟶ **Go to programmer note before Question 40.**

39. Please describe the long-term financial or strategic difficulties.

_____
_____
_____
_____
_____

SECTION VIII: IMPLEMENTATION STATUS

Programmer Note: This section will only be asked of grantees who did not receive an AHRQ THQIT implementation grant (those that did receive one will also receive an implementation grantee survey to complete, with planning questions omitted).

40. What form of health IT was featured in your planning grant?

    Check all that apply.

    ☐ [1] Electronic Health Record (EHR)
    ☐ [2] Health Information Exchange (HIE)
    ☐ [3] Clinical Decision Support (CDS)
    ☐ [4] Continuity of Care Record
    ☐ [5] Computerized Provider Order Entry (CPOE)
    ☐ [6] Telehealth
    ☐ [7] Clinical Data Repository
    ☐ [8] Interface Engine
    ☐ [9] Other (please specify): _____

41. Did you implement the technologies planned at the end of the grant period?

    ☐ [1] Yes, my organization implemented **all** of the planned technologies.
    ☐ [2] Yes, my organization implemented **some** of the planned technologies.
    ☐ [3] No, my organization did not implement any of the planned technologies. → • G o to • Q

42. How was implementation of the health IT planned at the end of the grant period funded?

    Check all that apply.

    ☐ [1] Internal funding
    ☐ [3] Funding from the Office of the National Coordinator for Health Information Technology
    ☐ [4] Funding from the Health Resources and Services Administration (HRSA)
    ☐ [5] Other federal funding
    ☐ [6] State or local public funding
    ☐ [7] Private foundation(s)
    ☐ [8] Other funding (please specify): _____

PROGRAMMER NOTE: If Q42=5, go to Q43. Else, go to Q44.

43. You indicated that implementation of the health IT planned was funded by some other federal agency.

    Please indicate the name of the federal agency in the space provided.

    _____

    _____

44. Were there any important pre-implementation issues that were not included in the implementation plan that had to be addressed prior to initial implementation?

    ☐ [1] Yes
    ☐ [0] No ⟶ **Go to programmer note before question 46.**

45. Please describe the issues not included in the implementation plan that had to be addressed prior to implementation.

    _____

    _____

    _____

    _____

Programmer note: If Q41=1 or 2, go to Q46. Else go to programmer note before Q47.

46. Please answer the following questions about the health IT that your organization planned to implement subsequent to the planning grant project period.

    Think about [fill from q37, repeat for each type of health IT]:

    a. Did your organization implement this health IT? (Yes/No)
    b. Go live date: [month dropdown including unknown] / [year dropdown]
    c. Was there partner organization involvement? [yes / no dropdown]
    d. Was a health IT vendor involved? (Y/N)
    e. One year following the go live date, was your organization satisfied with its decision to implement the health IT? [yes / no dropdown]
    f. Has the health IT your organization implemented been well-used by the targeted end users all of the time, most of the time, some of the time, or none of the time? [Dropdown of all of the time, most of the time, some of the time, none of the time, unknown]

PROGRAMMER NOTE: Next question is only asked if some or none of the planned health IT was implemented (Q41=2,3). Else go to Q51.

47. Why did your organization not implement all of the health IT planned at the end of the grant period?

    Check all that apply.

    ☐[1] Funding for implementation was not available
    ☐[2] Plan for sustainability and/or business case for ongoing use was not established
    ☐[3] Organization lacked infrastructure necessary for implementation
    ☐[4] Administrative support for implementation was insufficient
    ☐[5] End user support for implementation was insufficient
    ☐[6] Technical support for implementation was insufficient
    ☐[7] Other (please specify):_____

48. Did any of your organization's planning grant partners implement health IT after the planning grant ended?

    ☐[1] Yes, we worked on health IT implementation together
    ☐[2] Yes, they implemented health IT separately
    ☐[3] No, they did not implement health IT
    ☐[4] Don't know

49. Overall, how would you rate the importance of this organization's involvement in the THQIT Planning grant to pursuing subsequent health IT implementation?

Not very important								**Very important**	
1	2	3	4	5	6	7	8	9	10

50. How important was the planning grant in preparing your organization to participate in future large-scale research on health IT or healthcare improvements topics?

Not very important								**Very important**	
1	2	3	4	5	6	7	8	9	10

51. The Planning FOA supported up to $200,000 for a one-year project period. If AHRQ were to fund similar planning projects in the future, based on your experience what funding amount and planning period would you recommend?

Funding Amount Recommended:

☐ [1] $100,000
☐ [2] $200,000
☐ [3] $300,000
☐ [4] $400,000
☐ [5] Other (please indicate):_____

Recommended Project Period:

☐ [1] 6 months
☐ [2] 12 months
☐ [3] 18 months
☐ [4] Other (please indicate):_____

52. In general, how would you rate the importance of health care organizations and researchers being able to pursue a planning grant (e.g., one-year, $200,000) as a means to prepare them for future large-scale research on health IT or healthcare improvements topics?

Not very important								**Very important**	
1	2	3	4	5	6	7	8	9	10

53. If you would like to add comments to AHRQ about the THQIT program, please do so in the space provided.

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THANK YOU FOR COMPLETING
THE SURVEY OF PLANNING GRANTEES!