SUPPORTING STATEMENT

The Agency for Healthcare Research and Quality (AHRQ)
Health Care Innovations Exchange
Innovator Interview and Innovator Email Submission Guidelines

OMB CONTROL NO. 0935-0147

Version: April 29, 2011

Agency for Healthcare Research and Quality (AHRQ)

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Introduction

This request for Office of Management and Budget (OMB) review is for renewal of the existing collection that is currently approved under OMB Control No. 0935-0147, AHRQ Health Care Innovations Exchange Innovator Interview and AHRQ Health Care Innovations Exchange Innovator Email Submission Guidelines, which expires on March 31, 2011. Attachment H addresses the Terms of Clearance that OMB specified when it last approved this information collection on March 16th, 2009.

A. Justification

1. Circumstances that Make the Collection of Information Necessary

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see Attachment A), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and

2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and

3. initiatives to advance private and public efforts to improve health care quality.
The 2009 AHRQ National Healthcare Quality Report[1] emphasized the need to accelerate progress if the Nation is to achieve higher quality health care. The report indicated that:

- Health care quality needs to be improved, particularly for uninsured individuals, who are less likely to get recommended care.
- Some areas merit urgent attention, including patient safety and health care-associated infections (HAIs).
- Quality is improving, but the pace is slow, especially for preventive care and chronic disease management.

The health care environment is ripe for novel changes to shape how health care is delivered and funded.[2] Innovation is at the heart of these novel changes and AHRQ seeks

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Agency for Healthcare Research and Quality. *2009 National Healthcare Quality Report*. Rockville, MD: U.S. Department of Health [1] and Human Services, Agency for Healthcare Research and Quality; March 2010. AHRQ Pub. No. 10-0003. .http://www.ahrq.gov/qual/nhqr09/Key.htm. Accessed 08/12/2010

Dougherty D, Conway PH. The "3T's" Road Map to Transform US Health Care: The "How" of High-Quality Care. JAMA, May 21, [2] 2008—Vol 299, No. 19

to find health service delivery innovations and support their accelerated diffusion and adoption, with the goal of having a more profound impact on improvements in the quality of the nation's health care and significant reductions in its disparities.

The Health Care Innovations Exchange provides a national-level information hub to foster the implementation and adaptation of innovative strategies that improve health care quality and reduce disparities in the care received by different populations. The Innovations Exchange's target audiences, broadly defined, are current and potential change agents in the U.S. health care system, including clinicians (e.g., physicians, nurses, and other providers), health system administrators, health plan managers, health service purchasers, regulators, and policymakers from relevant Federal and state agencies.

To develop the target of 150 profiles per year, a purposively selected group of approximately 167 health care innovations will be selected annually for potential consideration. These 167 innovations will be selected to ensure that innovations included in the Innovations Exchange cover a broad range of health care settings, care processes, priority populations, and clinical conditions.

The goals of the Health Care Innovations Exchange are to:

1) Identify health care service delivery innovations and provide a national level repository of searchable innovations and QualityTools that enables health care decisionmakers to quickly identify ideas and tools that meet their needs. These innovations come from many care settings including inpatient facilities, outpatient facilities, long term care organizations, health plans and community care settings. They also represent many patient populations, disease conditions, and processes of care such as preventive, acute, and chronic care;

2) Foster the implementation and adoption of health care service delivery innovations that improve health care quality and reduce disparities in the care received by different populations.

To achieve the first goal of the Innovations Exchange the following data collections will be implemented:

1) Email submission – Based on experience during the current approval period, approximately 10% of the 167 health care innovations considered for inclusion annually, and their associated innovators, will submit their innovations via email to the Innovations Exchange without prior contact (about 17 annually). Innovators who submit their innovations for possible publication through the email submission guidelines process (see Attachment B) will be considered as will innovations identified by project staff through an array of sources that include: published literature, conference proceedings, news items, list servs, Federal agencies and other government programs and resources, health care foundations, and health care associations.

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2) Health care innovator interview – To collect and verify the information required for the innovation profiles, health care innovators will be interviewed by telephone (see Attachment C) about the following aspects of their innovation: health care problem addressed, impetus for the innovation, goals of the innovation, description of the innovation, sources of funding, evaluation results for the innovation, setting for the innovation, history of planning and implementation for the innovation, and lessons learned concerning the implementation of the innovation. Interviews will be conducted with innovators identified by project staff and those identified through email submission.

3) Annual follow-up reviews – After the innovation profile is published, on a yearly basis, innovators will be contacted by email to review and update their profiles (see Attachment D).

The second goal of the Innovations Exchange is achieved by serving as a "one-stop shop" that provides:

1) Digested and reliable information about innovations in an adoption-friendly format;

2) Learning resources including expert commentaries, articles, adoption guides and educational Web events, and

3) Networking opportunities that allow innovators and potential adopters to share information about implementation strategies and lessons learned, including in-person meetings, interactive online events, and the ability for users to post comments and engage in discussions on specific innovations.

To be included in the Innovations Exchange all identified health care delivery innovations must meet six inclusion criteria with respect to the nature of the activity, the level of documentation, and the participation of the innovator, which are minimum requirements to participate.

The six inclusion criteria are:
- The innovation relates to patient care delivery processes.
- The innovation aims to improve one or more domains of health care quality.
- The activity is truly innovative in the context of its setting or target population.
- Information about the innovation is publicly available.
- The innovator (or a representative) will contribute information to the Health Care Innovations Exchange.
- There is reason to believe that the innovation will be effective.

Over the course of the initial approval period, these six inclusion criteria have not been modified. However, project staff have refined their understanding of these criteria and their ability to apply them. In addition, based on experience during the initial project period, project staff developed specific exclusion criteria that were made available on the Innovations Exchange Web site in July 2009.

In addition to criteria for Innovation Profiles, the Innovations Exchange also solicits Innovation Attempts (i.e., innovations that did not work/was not effective). They are separated in the database and each type of innovation is clearly labeled. The distinction between Innovation Profiles and Attempts is clearly explained in the following FAQ displayed on the Web site at http://www.innovations.ahrq.gov/submit/submit.aspx?#1. Innovations that fall into any one of the following categories are excluded from the Innovations Exchange:

- Product or technical innovations;
- Policy innovations;
- Educational innovations;
- Clinical innovations; and
- Health service delivery innovations without any evidence of effect.

The rationale for excluding applications are documented based on the criteria above, are inventoried monthly and provided to AHRQ for review.

The ultimate decision to publish a detailed profile of an innovation depends on several factors, including an evaluation by AHRQ, AHRQ's priorities, and the number of similar ideas in the Innovations Exchange. AHRQ's priorities include identifying and highlighting innovations (1) that will help reduce disparities in health care and health status; (2) that will have significant impact on the overall value of health care; (3) where the innovators have a strong interest in participating; and (4) that have been supported by AHRQ. The AHRQ priorities are provided as a part of the instructions to applicants found in the "Submit Your Innovation" section of the Web site, accessible at: http://www.innovations.ahrq.gov/submit/submit.aspx?#1. Of note, however, while the AHRQ Health Care Innovations Exchange is a database of innovative interventions, is not intended to be an exclusive showcase for AHRQ's funded projects.

AHRQ's definition of "truly innovative" is provided as a part of the instructions to applicants again, shown in the Submit Your Innovation section of the Web site at: http://www.innovations.ahrq.gov/submit/submit.aspx?#1
As noted above, AHRQ aims to provide reliable information about innovations. Each innovation is systematically assigned a level of evidence, which is prominently shown on each profile in the Summary section. The Innovations Exchange has three categories: strong, moderate and suggestive, described on the Web site at: http://www.innovations.ahrq.gov/evidencerating.aspx

Over the course of the current project period, AHRQ has gained experience that has allowed project staff to refine processes and increase project efficiency. For example, experience with the profile development process has provided valuable insight for identifying new leads and conducting interviews; exclusion criteria have been developed; and the annual review process has been streamlined to reduce the number of hours required for project staff to update profiles; respondent burden remains the same. The information contained within this request for renewal is based on actual project experience.

These research activities are not required by regulation, and will not be used by AHRQ to regulate or sanction its customers.

The Innovations Exchange was recently certified by the Health on the Net Foundation, which promotes and guides the deployment of useful and reliable online health information[3].

This data collection is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities (1) with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services, 42 U.S.C. 299a(a), and (2) to promote innovation in evidence-based health care practices and technologies. 42 U.S.C. 299b-5.

Users of the site may contact program staff through the Info@innovations.ahrq.gov e-mail address. The address is staffed during business hours. In most cases correspondents receive a personalized reply within one business day. In addition, for the assistance of users, the Web site offers frequently asked questions (FAQ) related to an array of questions in part that have been submitted by users and include: Subscribing to Email Updates, QualityTools information and Other Topics. The complete list of FAQs are available at http://www.innovations.ahrq.gov/faq.aspx.

2. Purpose and Use of Information

The AHRQ Health Care Innovations Exchange's use of the interview guide and email submission guidelines assists in determining if the suggested innovation: 1) meets established eligibility criteria of the Innovation Exchange, and 2) addresses AHRQ's priorities.

Access to the AHRQ Health Care Innovations Exchange is freely available to the public at http://www.innovations.ahrq.gov/.   Diverse groups use the Innovations Exchange, ranging from nurses and health administrators, quality improvement professionals, researchers and educators. See http://www.innovations.ahrq.gov/about.aspx displaying users by role for 2010-2011.

The AHRQ Health Care Innovations Exchange uses the services of an independent company, ForeSee Results, to conduct randomized customer satisfaction surveys as a means to evaluate user satisfaction. Satisfaction scores for the Innovations Exchange have consistently averaged close to or above 80 over the course of the project period. As a point of comparison, the average score for government sites for Q4 2009 was 75, which is cited as an all-time high in customer satisfaction with federal government websites. Sites that score over 80 are cited as high performers.

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[3] https://www.healthonnet.org/HONcode/Conduct.html?HONConduct434989

ForeSee customer satisfaction surveys also provide a mechanism for users to submit free text comments about their experience using the Web site.

Additional sources of evaluation can be derived from the innovators themselves, since a part of the data collection process includes gathering their names and contact information to post on the Innovations Exchange Web site in an effort to encourage collaboration.

In addition, AHRQ intends to gather user feedback through:
- Social media strategies (e.g., Twitter)
- An in-person meeting of innovators scheduled in conjunction with AHRQ's annual September conference
- Webinar evaluations
- The Community Care Coordination Learning Network, a community of practice aimed at implementing an innovation in care coordination to at risk populations
- User comments submitted within Innovation Profiles and Innovation Attempts
- Emails submitted through the email line (Info@innovations.ahrq.gov).

3. Use of Improved Information Technology

The Innovations Exchange currently offers guidelines to innovators on how to submit their innovations by email for the purposes of providing project staff with preliminary information about their innovations. Innovators are provided with an email address to which they are asked to send a description of the innovation.

Based on experience during the current project period, innovators rarely submit their innovations by email without prior contact.

4. Efforts to Identify Duplication

Duplication of this effort neither exists with respect to other Federal agencies nor with respect to the private sector. There are a number of Web sites that present information on health care innovations sponsored by foundations and the private sector. These Web sites tend to be limited in their focus. They may consider innovations that focus on one or a few diseases, funding sources, patient populations, or theoretical foundations. A list of healthcare innovation-oriented websites is located in Attachment E.

The Innovations Exchange is the only readily accessible, single source of information concerning innovations in patient care service delivery, multiple patient populations, multiple care settings, multiple diseases, multiple care processes, and multiple funding sources.

5. Involvement of Small Entities

While we anticipate that innovators within small entities will continue to be included in the pool of respondents, participation in and submissions to the Innovations Exchange are voluntary. We do not expect that our data collection procedures will result in any

significant additional burden for small entities. Rather the data collection efforts are designed to minimize burden on all respondents.

6. Consequences if Information Collected Less Frequently

Without this data collection effort and annual updates, detailed information about current innovations in patient care service delivery would not be available in one location. It is essential that AHRQ continues these data collection activities, which are even more important in the context of health reform.

7. Special Circumstances

This data collection will be consistent with the general information collection guidelines of 5 CFR 1320.4(d)(2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8. a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on (XX date) for 60 days (Attachment F).

8. b. Outside Consultations

In developing this project AHRQ consulted a broad range of experts, including staff in-house, in other Federal agencies such as the (National Library of Medicine, National Institutes of Health), and in other organizations who have extensive expertise in health service delivery systems, workflow processes, identifying and disseminating innovative processes across industries, and in health classification systems. Ongoing consultations in these areas are necessary to guide appropriate practices for identifying, organizing, classifying and disseminating innovations that result in health care quality improvements and disparities reduction. Several examples of expert consultations in support of the Innovations Exchange include the following.

- Guided by AHRQ officials, Westat, the contractor for this project, consulted targeted senior AHRQ staff to identify prospective program sources that might yield eligible innovations through AHRQ grant and contract programs. Additionally, AHRQ staff have been instrumental in helping to establish criteria that refine various definitions of innovation, degrees of innovativeness, and applications of innovations in addressing various care processes in diverse clinical and community-based settings.

- Silverchair, a subcontractor to Westat, is a nationally recognized health information technology firm with a substantial track record in developing high-value, information-critical products for the health care community. For the Innovations Exchange, Silverchair's role is to help create domain specific taxonomies, facilitate the adaptation of legacy systems, to operate and maintain the Web site. Supported by a cadre of professional medical indexers, Silverchair provides assistance with taxonomy refinement and semantic tagging.

- Dr. Brian Mittman, an internationally regarded senior social scientist with expertise in implementation science, provided insight into service systems for veterans via his position as Director for the VA Center for Implementation Practice and Research Support, Department of Veterans Affairs.

- Paul Plesk, a nationally recognized expert in health care innovation has consulted on an ongoing basis relative to criteria development/refinement, positioning of quality improvement innovations and message development to promote adoption of effective practices.

- Tamra Minnier, Chief Quality Officer for the University of Pittsburgh Medical Center, an integrated health care delivery system with over 18 hospitals and a 1.3 million member health plan, provides expertise in nursing and quality improvement.

- Dr. Greg Pawlson, an executive leader of the National Committee for Quality Assurance (NCQA)—a premiere quality improvement health care organization—provides leadership to the project as the Chair of the Expert Panel. In this capacity, Dr. Pawlson facilitates dialogue and garners input from a broad range of health care experts in support of the Innovations Exchange.

The above descriptions represent a few examples of the experts consulted, the types of issues discussed and queries that have been made. Attachment F provides a more extensive list of other experts who have been engaged during both the development and ongoing operations of the Innovations Exchange project.

9. Payments/Gifts to Respondents

No payments or gifts will be offered to respondents.

10. Assurance of Confidentiality

No assurance of confidentiality will be made to respondents.

11. Questions of a Sensitive Nature

No questions of a sensitive nature are included in the interview guide or email submission guidelines.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this project. Approximately 167 innovators will participate in the initial data collection each year with 150 of those being added to the Innovations Exchange. About 17 innovations will be submitted by email, which requires 30 minutes. All 167 potential innovations will participate in the health care innovator interview, including the 17 submitted via email. The interview will last about 60 minutes and an additional 15 minutes is typically required for the innovator to review and comment on the written profile.

Based on experience, approximately 10% of the candidate innovations either will not meet the inclusion criteria or their innovators will decide not to continue their participation, after the interview. Therefore, about 90% (150) of the 167 candidate innovations will move into the publication stage each year. Annual follow-up reviews will be conducted with all innovations that have been in the Innovations Exchange for at least one full year. With an expected total of 575 innovations in the Exchange by the end of the current approval period, and an additional 450 to be added over the course of the next 3 year approval period, an average of 725 reviews will be conducted annually and will require about 30 minutes to complete. The total annualized burden is estimated to be 581 hours.

Exhibit 1: Estimated annualized burden hours

Form name	Number of Respondents	Number of Responses per Respondent	Hours per response	Total Burden Hours
Email submission	17	1	30/60	9
Health care innovator interview	167	1	75/60	209
Annual follow-up reviews	725	1	30/60	363
Total	**909**	—	—	**581**

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this research. The total annualized cost burden is estimated to be $19,754.

Exhibit 2. Estimated annualized cost burden

Form Name	Number of Respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
Email submission	17	9	$34	$306
Health care innovator interview	167	209	$34	$7,106
Annual follow-up reviews	725	363	$34	$12,342
Total	**909**	**581**	--	**$19,754**

*Based upon the mean hourly wage for healthcare practitioners and technical occupations, Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment and Wages, May 2009.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3 shows the estimated annualized costs to the Government. The total cost to the Government of this data collection is approximately $592,922 over three years (on average, $197,642 per year). These costs cover data collection efforts for contacting candidate health care innovators, conducting innovator interviews, and contacting innovators annually to update profiles.

Exhibit 3. Estimated Total and Annualized Cost

Cost Component	Total Cost	Annualized Cost
Data Collection Activities	**$82,260**	**$27,420**
Website Maintenance	**$64,172**	**$21,391**
Project Management	**$27,096**	**$9,032**
Overhead	**$419,395**	**$139,799**
Total	**$592,922**	**$197,642**

15. Changes in Hour Burden

There is a net increase of 180 hours in the hour burden for this request from the previous burden of 401 hours. This is mainly due to two factors: (1) Based on experience, the estimated hourly burden for innovators to participate in the interview and review the draft profile is approximately 75 minutes rather than 30 minutes as initially estimated; and (2) The number of existing profiles currently in the collection (575 profiles) will require an annual review over the next three years.

16. Time Schedule, Publication and Analysis Plans

Schedule. This data collection is scheduled for April 2011 through April 2014. The data collection follows a four-month cycle, shown below in Table 3. The Innovations Exchange will publish new profiles to the Web site every two weeks, averaging 25 publication issues a year. AHRQ will publish approximately 6 new profiles per issue for a total of 150 innovations per calendar year. The timeline includes reviewing material from the email submission or identifying the potential innovation and conducting background research, contacting the innovator and conducting the innovator interview, developing the profile, requesting innovator review, and publishing the innovation to the Innovations Exchange.

Table 3: Anticipated schedule

Activity	Time schedule
Background research on innovation	4 months prior to publication
Innovator interview	3 months prior to publication
Develop profile	2 months prior to

	publication
Innovator review	1 month prior to publication
Publish profile	Every 2 weeks

Analysis. The Innovations Exchange portfolio of innovations will be systematically reviewed to ensure a broad representation of various settings of care, patient populations, disease conditions, and processes of care.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Attachment A: Healthcare Research and Quality Act of 1999

Attachment B: Email Submission Guidelines

Attachment C: Health Care Innovator Interview Guide

Attachment D: Annual Follow-up Emails

Attachment E: Websites that Offer Healthcare Quality Improvement and Innovation Information

Attachment F: Federal Register notice

Attachment G: Expert Consultation for the AHRQ Health Care Innovations Exchange