SUPPORTING STATEMENT

Part B

Assessing the Feasibility of Disseminating Effective Health Care Products through a Shared Electronic Medical Record Serving Member Organizations of a Health Information Exchange

OMB No. xxxxxxx

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Agency of Healthcare Research and Quality (AHRQ)

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B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

All data collections will take place within 3 clinical care systems and 10 associated clinics:

- The Virginia Garcia Memorial Health Center (VGMHC) in Washington County, Oregon, operates 4 primary care clinic sites serving >33,100 unduplicated patients per year.
- OHSU Richmond in Portland, Oregon, serves >7,850 unduplicated patients per year.
- The Open Door Community Health Centers (ODCHC) in Humboldt County, California, has indicated that 5 of the 7 associated primary care clinic sites serve >41,300 unduplicated patients per year.

Attachment F provides detail on the clinic patient populations and demographics.

All clinicians who have potential access to the products, tools and resources to be integrated into the HIE will be invited to complete a brief questionnaire and indicate their interest in participating in a follow-up interview to obtain their perceptions of: the overall value, relevancy, currency and appropriateness of EHC Program products in addressing the health service needs of patients treated in clinical settings; the ease of use of these materials in terms of access via the EMR; the perceived success of our efforts to employ EHC Program products and related materials in addressing the needs of patients with limited language skills and/or low literacy levels; and the relative success of efforts to use the EHC Program products in concert with other tools in promoting patient engagement in their own health care or in the care of family members. From the pool of interview volunteers we will select up to 50 clinicians across the three clinical care systems on the basis of their usage of the EHC resource materials as well as limited demographic information that will be collected through the questionnaires. This quantity was selected to ensure maximum variation on potential indicators of interest, such as use of EHC Program resources and EMR capabilities, type of clinic, clinical specialty, and patient populations.

In addition, interviews will be conducted with up to 50 clinical support staff to characterize their perceptions of how the introduction of EHC Program products: affected clinic workflows and influenced the work that staff was required to do in supporting clinician-patient interactions; and facilitated or impeded efforts to inform patients about actions they could take in being more fully involved in their own health care. This sample size was selected to account for the diversity of clinical settings, workflow processes and functional roles played by the support staff in various clinics.

Although the primary intent of this feasibility study is to provide and expand EMR functionalities and decision support resources for healthcare providers, interviews will be conducted with a relatively small sampling of the patients for whom those materials were ordered. Specifically, a convenience sample of up to 90 patients (30 per clinical care system) will be interviewed by phone to determine if they perceived the EHC Program products that they were provided as useful to them in understanding their health issues, were able to understand the information sufficiently to take actions in their own health care, and have suggestions about how

the materials could be changed or their delivery improved. These patients will be passively recruited though information appearing on the informational materials that they will receive from their clinic. While we recognize that the small percentage of total clinic visitors to be included in our assessments will not allow for generalizations to the underlying population, we felt it necessary to include in the study the views of the beneficiaries of the educational materials provided through the EMR.

Due to constraints imposed by the participating health information exchange (HIE) and associated clinics, in this feasibility study we will not attempt to conduct a statistical sampling of clinicians, clinical support staff, or participating patients. Instead, invitations will be sent by HIE personnel inviting all clinicians and clinical support staff who may have access to the products, tools and resources to participate in interviews and/or complete a questionnaire. Patients will be invited to participate in interviews via a note included in clinic checkout materials. Respondents to the invitations will make up their respective convenience samples. **Consequently, no attempt will be made to generalize to hypothesized target populations, but instead, the data will be viewed as reflecting perceptions associated with those persons likely to respond to such invitations.**

2. Information Collection Procedures

All information collections will be conducted in a manner that is consistent with the following guidelines:

- Participation is completely voluntary, and non-participation will have no effect on eligibility for or receipt of future AHRQ-sponsored health services research or products.

- Approximate sample sizes are estimated for each activity to ensure that burden is minimized while valid and reliable data are collected, to the extent possible in a feasibility study in which generalizations are not being made to larger populations.

- Information collections are limited to those assessments necessary to evaluate the following:

    1) Identify facilitators and barriers to successful efforts to implement processes that: a) support use of EHC Program products by clinicians in practice, and b) place relevant clinical information in the hands of patients and family members in languages and formats that are appropriate to patients' information needs;

    2) Examine ways in which EHC Program products can be used in concert with other support programs and products ;

    3) Assess the extent to which EHC Program products are used (e.g., accessed by clinicians, provided to patients in relevant formats) in settings where use is supported by automated EMR features, such as on-screen prompts and reminders; and

4) Document the perceived value of integrating EHC Program products into systems of care supported by an EMR system as self-reported by clinicians involved in direct care of patients and clinic support personnel who interact with patients.

- Given the voluntary nature of the information collections, efforts will be made to obtain the highest possible response rates.

3. Methods to Maximize Response Rates

The design of each information collection will include approaches to maximize response rates, while retaining the voluntary nature of the effort, consistent with generally accepted survey methodology. These will include approaches such as sending one or more follow-up requests for participation/completion of assessment, provision of remuneration to encourage participation, and maintenance of data confidentiality and, when possible, anonymity, to encourage open and honest responses.

4. Tests of Procedures

The proposed data collection mechanisms have been informed by similar assessment instruments previously developed, tested and administered to clinical and non-clinical participants in health education research studies designed by Baylor College of Medicine and in other AHRQ contracts in their role as the Eisenberg Center. When feasible, instruments have been pretested with representatives of target audiences followed by refinement and finalization.

5. Statistical Consultants

Neither probability sampling nor complex statistical analytics will be employed in this study; therefore, no external entities will be engaged for consultation in such matters.

List of Attachments:

Attachment F: Description of OCHIN-Member Clinics