

## **Responses to Public Comments on the Study Using Health Information Technology in Practice Redesign: Impact of Health Information Technology on Workflow**

In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), the Agency for Healthcare Research and Quality (AHRQ) published a 60-day notice in the Federal Register on October 31, 2012 regarding the project “Using Health Information Technology in Practice Redesign: Impact of Health Information Technology on Workflow.”

AHRQ received comments from the following organization:

- Texas Medical Association (TMA)

AHRQ appreciates TMA’s interest in the project and their thoughtful comments. TMA provided comments on both the overall study design and some specific components of the study. After careful consideration of all of the comments, AHRQ believes that the current qualitative design of the study will best address the issues raised. We have not identified any concerns or recommendations that we feel necessitate changing any specific aspects of the study design or the interview protocols.

AHRQ provides a response to the specific comments provided by TMA in the section below.

### **Response to Comments**

*Comments 1 and 2:* TMA states that some EHRs are more “workflow-friendly” than others and suggests that the practices included in the study should use different EHRs. TMA also recommends that all primary care specialties (pediatrics, internal medicine, family medicine, and obstetrics and gynecology) be included in the study because primary care specialties may have different workflow needs.

*Response:* The goal of the study is to understand interactions between workflow and health IT as changes take place during practice redesign which includes IT changes, staff changes, and workflow changes. Therefore, practices are being selected to be comparable in certain ways: to have similar practice redesign programs, similar EHRs, similar care coordination modules, and similar practice characteristics (small primary care practices). It might be valuable, in a different study design, to include various EHRs and various primary care specialties, but in the current study, having different EHRs and different clinical specialties would weaken the intended design of the study.

*Comment 3:* TMA recommends the study focus on practices with 1 to 5 physicians.

*Response:* The majority of small practices included in the study will have 5 or fewer physicians. One or two practices (of six) may have up to 7 physicians.