



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary for Health & Human Services

Washington, D.C. 20201

Date: July 21, 2014
To: Office of Management and Budget
From: Sherrette Funn, Report Clearance Officer, Office of the Secretary
On Behalf of: Dustin Charles, Contract Officer Representative, Office of the National Coordinator for Health IT
Subject: OMB No. 0955-0015 Nonsubstantive change on REC evaluation data collection

This memo describes two nonsubstantive changes to materials used in the Regional Extension Center (REC) evaluation and justification for the changes.

Change 1. Send thank you letter and incentive to participants who complete the screener and survey in one step. We are requesting this change because some study participants are completing all data collection in one step rather than in multiple steps as planned. The requested letter thanks study participants for their time and is accompanied by their cash incentive. The request is to change the survey introduction letter to address participants who completed the survey but did not receive the survey introduction letter (Appendix 1).

Change 2. Fax letter and screener to non-respondents instead of mailing materials. We are requesting this change because we want to try several different approaches to increase response rate. The revised letter and instrument are appropriate for use by fax. The requested change is to include a fax number to the end of the survey instrument (Appendices 2 and 3).

Appendix 1. Thank you letter (track changes)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

[Date]
[name]
[address]

Office of the National Coordinator
for Health Information Technology
Washington, D.C. 20201

Dear [participant's name]:

You or a colleague recently completed a survey describing the electronic health record (EHR) system at your practice. We thank you for providing this information.

We are writing to invite your continued participation in this **Thank you for participating in our research study about electronic health records (EHRs)**. The goal of the study is to understand challenges with adopting and using EHRs and the help you may have received to meet those challenges.

The ~~Office of the National Coordinator for Health Information Technology (ONC)~~ is conducting this study with the American Institutes for Research (AIR). We have worked with physicians and staff from the ~~American Academy of Family Physicians (AAFP), American Academy of Pediatrics, American College of Physician (ACP), and American Congress of Obstetricians and Gynecologists (ACOG)~~ to make sure this study is relevant to you.

Your participation will help **the Office of the National Coordinator for Health Information Technology (ONC)** and policy makers to improve existing programs, to create new programs that meet providers' needs better, to understand gaps and barriers to EHR adoption, and to prioritize these needs when making policy decisions.

We have randomly chosen practices that provide primary care services across the United States to participate in this study. Your participation is *crucial* as no one can be replaced, and each response is critical to the study's success.

An interviewer will be calling in the coming week to ask you a few additional questions. The call will take less than 30 minutes to complete. Your participation is voluntary, and you can stop at any time. You will not lose any benefits if you decide not to participate or to discontinue in the study. We will keep your responses confidential, and we do not anticipate any risks associated with participating. We have enclosed \$15 as a token of our thanks for **the time you spent completing the survey** being a part of this important interview.

Please contact: Dr. Grace Wang, American Institutes for Research, at ehrsurvey@air.org for questions about the study or about your rights as a participant. Thank you for your **participation** consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "K DeSalvo".

Karen B. DeSalvo, MD, MPH, MSc

National Coordinator for Health Information Technology

Appendix 2. Faxed letter (track changes)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

[Date]
[name]
[address]

Office of the National Coordinator
for Health Information Technology
Washington, D.C. 20201

Dear [participant's name]:

As you may recall, you received an invitation 2 weeks ago to participate in a new research study about electronic health records (EHRs). The goal of the study is to understand challenges with adopting and using EHRs and the help you may have received to meet those challenges.

The **Office of the National Coordinator for Health Information Technology (ONC)** is conducting this survey with the American Institutes for Research (AIR). We have worked with physicians and staff from the **American Academy of Family Physicians (AAFP)**, **American Academy of Pediatrics**, **American College of Physician (ACP)**, and **American Congress of Obstetricians and Gynecologists (ACOG)** to make sure this study is relevant to you.

We have been unable to reach you by mail or phone about our research study about electronic health records (EHRs). Your participation will help ONC and policy makers to improve existing programs, and to create new programs that meet providers' needs better, to understand gaps and barriers to EHR adoption and to prioritize these needs when making policy decisions.

We have randomly chosen practices that provide primary care services across the United States to participate in this study. Your participation is *crucial* as no one can be replaced, and each response is critical to the study's success.

Kindly fill out the enclosed **Please fax the completed** questionnaire to **651-486-0536** in the next day and return it using the enclosed postmarked envelope. The questionnaire should be completed by the person most familiar with EHR selection, implementation, and use in your practice. This may be you, another clinician, practice manager, nurse, or other employee. Information Technology staff may also help complete some questions.

This questionnaire will take less than 5 minutes to complete. Participation is completely voluntary, and you can stop at any time. You will not lose any benefits if you decide not to participate or to discontinue in the study. We will keep your responses confidential, and we do not anticipate any risks associated with participating. Depending on your responses, you may be contacted about taking a follow-up survey.

Your participation will help the Office of the National Coordinator for Health Information Technology (ONC) and policy makers to improve existing programs, and to create new programs that meet providers' needs better.

Please contact: Dr. Grace Wang, American Institutes for Research, at ehrsurvey@air.org for questions about the study or your rights as a participant. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'K DeSalvo', enclosed in a thin black rectangular border.

Karen B. DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology

Appendix 3. Faxed instrument (track changes)

Form Approved
OMB No. 0955-0015
Exp. Date 03/31/2017

This study seeks to understand challenges with adopting and using EHRs and the help that practices that provide primary care services, like yours, have received to meet those challenges. The survey should be completed by the person most familiar with EHR selection, implementation, and use in your practice. This may be you, another clinician, practice manager, nurse, Information Technology staff, or another employee.

It should take you about 5 minutes to answer these questions. All the information you provide will be kept confidential.

Please answer each question as best you can by placing a check mark or an X to the left of the answer you choose. Sometimes you will be asked to skip a question. When this happens, an arrow to the right of the answer choice will tell you what question to skip to.

For example:

Yes → **Go to Question 3**
 No → **Go to Question 3**

Please continue ~~Please Turn to the Other Side~~



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0955-0015. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

1. Does this practice use an electronic health record (EHR) or electronic medical record (EMR) system?
Do not include billing record systems.

- a) Yes, all electronic → **Go to Question 2**
- b) Yes, part paper and part electronic → **Go to Question 2**
- c) No → **Go to Question 3**
- d) Uncertain → **Go to Question 3**

2. In which year did you install your current EHR?

- Year (YYYY) → **Go to Question 5**
- Uncertain → **Go to Question 5**

3. At this practice, are there plans for installing a new EHR system within the next 12 months?

- a) Yes, currently in process of installing an EHR → **Go to Question 5**
- b) Yes, there are plans to install an EHR within the next 12 months → **Go to Question 5**
- c) No, there are no plans to install an EHR within the next 12 months → **Go to Question 4**
- d) Maybe → **Go to Question 4**
- e) Unknown → **Go to Question 4**

4. If you do not have an EHR system, why would your practice not plan on purchasing and installing an EHR system in the next 12 months? (*Check all that apply*).

- a) Physician(s) plan to retire soon
- b) Lack of time
- c) Lack of staff
- d) Lack of financial resources
- e) Privacy/security concerns
- f) No interest in doing so
- g) Don't see enough patients to justify purchasing and installing an EHR system
- h) Other. Please specify: _____

5. Which of the following would you classify your practice as? (*Circle only **one** response for each item.*)

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a) Private office-based solo or group practice?..... | Y | N |
| b) Freestanding clinic/urgicenter
(not part of a hospital outpatient department)?..... | Y | N |
| c) Community Health Center (e.g., Federally Qualified Health
Center (FQHC), federally-funded clinic or "look-alike" clinic)?..... | Y | N |
| d) Mental Health Center?..... | Y | N |
| e) Non-federal government clinic (e.g., state, county, city,
maternal-child health, etc.)?..... | Y | N |
| f) Family planning clinic (including Planned Parenthood)?..... | Y | N |
| g) Health maintenance organization or other pre-paid practice
(e.g., Kaiser Permanente)?..... | Y | N |
| h) Faculty practice plan (an organized group of physicians that
treat patients referred to an academic medical center)?..... | Y | N |

i) Hospital emergency department?..... Y N

6. How many of the following types of staff are working at this practice, including yourself? If none, please write 0.

- a) ___ Number of physicians (MD, DO)
- b) ___ Number of nurse practitioners (NP), certified nurse midwives, and physician assistants (PA)
- c) ___ Number of nurses
- d) ___ Number of medical assistants (MA) and other clinical staff (e.g., laboratory technician)
- e) ___ Number of Information Technology (IT) staff
- f) ___ Number of other administrative/other non-clinical staff (e.g., executives, practice managers, billing specialists, front office staff)

7. Roughly, what percent of the patients treated at this practice are:

- a) Insured by Medicare? ___%
- b) Insured by Medicaid? ___%
- c) Uninsured? ___%

8. We may call to hear more about your practice's experiences with EHR systems.

We would like to speak with the person most familiar with EHR selection, implementation, and use in your practice. This may be you, a clinician, a practice manager, a nurse, Information Technology staff, or some other employee. Who is the person most familiar with EHR selection, implementation, and use in your practice?

What is the name of this person? *(Please print name)*

First Name Last Name

What is the best time and day(s) of the week to call him/her?

Day(s) Time(s)

What is the best work number to reach him/her?

(_____) _____
Area Code Phone Number

Thank you very much for completing this survey. We appreciate your time. Please return this survey by fax to 651-486-0536. ~~in the enclosed envelope (no postage is necessary).~~