Behavioral Health Information Technologies and Standards
In-depth Data Collection Activities

SUPPORTING STATEMENT

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

Focus Groups

The Behavioral Health Information Technologies and Standards (BHITS) team will conduct up to ten (10) focus group sessions of between 60 and 90-minutes in duration. The purpose of the focus groups is to acquire in-depth information on the adoption of health information technologies by behavioral health providers receiving funding from SAMHSA.

Setting organizational priorities for the adoption of health information technologies is a task performed by the executive-level leadership of these organizations. Therefore, focus group recruitment efforts will begin with the universe of Chief Executive Officers, Chief Operating Officers, Chief Information Officers, and Chief Financial Officers for these organizations. The SAMHSA BHITS Task Leader will also seek nominations from the Office of the National Coordinator for Health Information Technology.

The nominees for the respondent universe will be assessed and prioritized by the BHITS team subject matter experts with the following considerations in mind:

1) Department of Health and Human Services Region: The focus group sessions are organized around each of the ten (10) Department of Health and Human Services regions, with each focus group requiring executive-level representation from no less than six (6) and no more than eight (8) behavioral health provider organizations in that region.

2) Geographic setting: Geography plays a significant role in access to the national information technology infrastructure and may be a system driver when prioritizing the selection of technologies. The focus group sessions will require representation from both rural and urban settings.

3) Cultural diversity: Selection will consider the cultural diversity of each region and will seek to ensure representation of this level of diversity among focus group participants.

4) Knowledge base: Since the topic area is complex, participants will need to have at least some direct experience in adopting health information technologies, including certified electronic health record technologies, telehealth, social media, and/or mobile health.

5) Willingness and ability to participate: As with any focus group recruitment effort, willingness and ability to participate in the activity will be an important consideration.

6) Subject matter experts will review the nominated pool of participants. A number of participants from each region will be identified and recruited via email invitation until each region has identified a minimum of six (6) and a maximum of eight (8) participants.

<u>Site Visits</u>

The BHITS team will conduct up to ten (10) in-person site visits (of between six (6) and eight (8) hours in duration) at behavioral health provider organizations recognized for excellence in health information technology adoption and implementation in the area of certified electronic health record technologies, telehealth, social media and/or mobile health.

The timing for these site visits will be synchronized with focus group activities to consolidate travel and maximize project resources. The site-visit format was selected because it supports rigorous qualitative research methods including observation, interviews, and document collection. The visits will allow researchers to gain insight into the professional practices behavioral health providers employ in the exemplary use of health information technologies.

The Government Project Officers nominated candidates for consideration for the site visits. The SAMHSA BHITS Task Leader also sought nominations from the Office of the National Coordinator for Health Information Technology. These nominations will form the initial pool of potential participants. The nominations will be reviewed by BHITS team subject matter experts for exemplary adoption and use of technologies over five proposed categories (identified below). Each proposed category will receive a score of "High," "Medium," or "Low."

- Drivers for adoption
- Methodology for planning, adopting and using technology
- Challenges and barriers encountered
- Quality, availability, and utility of the data
- Financing and sustainability issues

These proposed categories will also serve as the basis for the "Proposed Topical Outline for Site Visit Case Studies."

The BHITS team members will conduct a thematic analysis of the qualitative data on pre-identified themes, looking for key information on factors contributing to project success. Each category for data collection contains a range of descriptors that enumerate the information to be gathered within that category. Collectively, the information compilation and analysis will result in a detailed "case study" of each initiative, and the identification of patterns in themes related to success.

See Attachment 5 "Site Visit Materials" for more details.

B.2. Information Collection Procedures

<u>Focus Groups</u>

Each focus group will convene participants from among the ten (10) Department of Health and Human Services regions. As the focus group meeting logistics are arranged and finalized, the availability of the identified participants for the focus groups will be re-confirmed. They will receive a formal invitation to attend the focus group, along with information concerning meeting logistics.

Participants will be made aware in advance of the intention to record the sessions. Participants will also be informed that although final report materials will not link content with individuals or organizations, SAMHSA will have access to the raw data from the focus group activities.

A focus group guide was developed to ensure a high level of quality and consistency when conducting the sessions. Each focus group will be led by an experienced moderator, supported by an assistant moderator who will take careful notes. The focus group itself will be conducted in a warm and friendly environment, with appropriate seating arrangements that will include table tents displaying participant names. The session will begin with a welcome, an overview of the topic area, and the identification of ground rules. Participants will be asked to introduce themselves and their organizations. This will be followed by the presentation and discussion of the focus groups' proposed topical areas for discussion. The moderator will ensure rich discussion content by posing the selected questions, but also by using unscripted probing questions that investigate the participants' responses. The moderator will also use closing questions at the end of discussion of a proposed topical area before moving on to the next. The closing questions will confirm understanding of the proposed topical area and seek to ensure that the proposed topical area has been thoroughly covered. Participants may use this opportunity to add content that may have been overlooked.

Participants will be encouraged to offer their opinions as the focus group explores open-ended questions about their plans for adopting and using health information technologies and the factors that facilitate or that act as barriers to success. Participants will be made aware that although the sessions will be recorded, comments will not be attributed to individuals or organizations in the final report. Finally, to help ensure thorough understanding, participant invitation materials will include a consent form that details the parameters for participating, including how the data will be documented and used.

The recorded discussion for each focus group will be transcribed and indexed (coded) for themes, including themes that are anticipated and themes that may emerge. The coded sources will also be cross-referenced for discovery of commonalities and differences in themes by geographic setting and between regions.

Sources for the proposed topical areas included:

- Practice Guidelines for Video-Based Online Mental Health Services (American Telemedicine Association)
- HIT Adoption and Readiness for Meaningful Use in Community Behavioral Health, 2012 conducted by the National Council for Behavioral Health (NCBH)
- Mental Health Practice in a Digital World (Editors N. Dewan, J. Luo, N. Lorenzi, eds.)

- Behavioral Healthcare and Technology: Using Science-Based Innovations to Transform Practice" (Editors L. Marsch, S. Lord, J. Dallery)
- "mHealth for Mental Health: Integrating Smartphone Technology in Behavioral Healthcare" (D. Luxton, N. Bush. Professional Psychology Research and Practice." 11/2011; 42(6):505-512.
- Naturally occurring peer support through social media: the experiences of individuals with severe mental illness using YouTube." Naslund, JA, et al. 2014 Oct 15;9(10):e110171. doi: 10.1371/journal.pone.0110171. eCollection 2014. http://www.ncbi.nlm.nih.gov/pubmed/25333470
- Ethical frameworks and guidance for the use of digital media from professional association codes of ethics and guidelines on telemental health, mobile health, social media and electronic health records (AMA, APA, NASW, etc.)

See Attachment 4 "Focus Group Materials" for more details.

<u>Site Visits</u>

The site visits will be conducted at SAMHSA-funded grantee program sites or other behavioral health provider sites that have demonstrated excellence in adopting and using health information technologies.

Each site visit will investigate the pre-determined proposed topical areas, including drivers for adoption and the methodologies used by the grantee to successfully adopt and use the technology. Findings will be documented in an individual case study format. Individual case studies will be collected in a final document that includes a cross-site thematic analysis.

The site visit structure and schedule will support:
- Discussion of the drivers behind the adoption and use of the technology
- Methodologies used by the grantee to:
  o Assess readiness to adopt the technology
  o Prepare the environment for change
  o Plan and implement the change
- Discussion of barriers and challenges encountered before, during, and after technology adoption and use
- Assessment of the data demonstrating the value of the technology
- Description of plans for continuing and even expanding the use of the technologies

B.2.a. Communication with Targeted Respondents

Focus Groups

Focus group administrators will contact potential participants via email to explain the nature of the focus group sessions, the anticipated timeframes, the criteria for participation, and their willingness to participate. An affirmative confirmation will trigger a "thank you" email communication. The participant will be asked in that email to review an attached consent form and re-confirm their continued interest in participation.

Once re-confirmed, the participant will be asked to watch for an email invitation for a conference call to include all focus group members for that region to discuss the purpose of the focus group and what participants may expect. Participants will be contacted via email at least six (6) weeks in advance of the actual focus group meeting with information concerning meeting logistics.

See Attachment 4 "Focus Group Materials" for more details.

Site Visits

The site visits will provide the opportunity for onsite interaction with provider staff involved in the successful adoption and use of health information technologies.

The individual roles for required participants will be identified in advance of the visit. Two (2) individuals from each site will be asked to participate. These will be staff who led the actual adoption and use of the technologies, and the administrator who supported the initiative.

Organizations will receive an invitation notifying them that their adoption and use of the given technology is exemplary and has been nominated for the collection of case studies of exemplary programs. Acceptance of this invitation will trigger a second email conveying gratitude to the program for their willingness to participate and asking the participant to view attached documents (a proposed site visit agenda template and a site visit consent form). The email will also invite the program to participate in a conference call to discuss the materials and to select a date for the site visits.

The conference call will be an opportunity to discuss the purpose of the site visit, what participants may expect during the visit, and next steps. Participants will be contacted at least six (6) weeks in advance of the actual site visit to re-confirm availability, and to review and make any necessary adjustments to the site visit agenda. This agenda will include the names, position titles and organizations of the individuals conducting the site visit, as well as the required participants from the site visit organization.

See Attachment 5 "Site Visit Materials" for more details.

B.2.b. Project Officer Support

The Government Project Officers who nominate grantees from the programs they support know the grantees well and are in frequent contact with project directors and program managers. They will provide valuable support in nominating and encouraging grantees to participate in the in-depth qualitative data collection activities. The Project Officers will communicate the value and importance of grantee participation in the initiative, providing summary information on the purpose of the focus groups and site visits and how the information collected will be used. The SAMHSA task lead for this effort will explain the relevance of the qualitative data collection efforts to the SAMHSA-funded grant program and keep the Project Officers abreast of this data collection effort.

Project Officer support will come in addition to their regular workload, and the BHITS team will implement several strategies to minimize the burden of their participation. SAMHSA will engage the Project Officers at least six months in advance of the data collection activities. This engagement will be used as an opportunity to maximize understanding of the data collection effort. The SAMHSA Task Leader will include the Project Officers in a review process of the planned information collection activities. Feedback will be carefully considered for incorporation with the materials.

Each Project Officer will receive updates on the implementation of the data collection activities schedule, and will be included in the distribution list for final reports.

B.3. Methods to Maximize Response Rates

Essential to the success of qualitative data collection is the nomination and selection of appropriate candidates for participation, active support from SAMHSA, and the skill that both focus group moderators and site visit facilitators bring to the activities. The duration of the activities, comfort and convenience of the settings, advance preparation and follow-up activities also play important roles.

The focus group moderators and site visit facilitators will be seasoned, experienced staff with demonstrated expertise in the adoption, planning, and implementation of a range of health information technologies by members of the behavioral health system.

Focus group moderators will ensure that the focus group participants receive ample advance notice about the focus group session. Participants will receive summary information on the purpose of the focus group and how the data will be used, detailed logistical information, a list of focus group participants, summary information about the moderator and assistant moderator, and a reminder that the session will be recorded.

Site visit facilitators will work with the participants to refine the site visit agenda in a "pre-site visit" planning conference call. The agenda will identify a mutually convenient date and time for the visit participants. The final agenda will include a purpose statement and a list of the individuals who will participate.

See Attachment 4 "Focus Group Materials" and Attachment 5 "Site Visit Materials" for more details.

B.4. Tests of Procedures

Qualitative responses will be examined using thematic analysis. The BHITS team will use deductive coding to analyze data from pre-determined themes that have been identified by SAMHSA. Next, inductive coding will be used to identify novel themes not previously defined. These combined approaches will ensure that the goals and objectives of the focus groups and site visits are met.

Data collected as part of the focus groups and site visits will inform the field and contribute to building a more robust understanding of health information technology adoption among behavioral health providers. The reports or publications that result from this project will not attempt to make any national estimates based on the information collected from this project. Instead, the data will help inform future performance reporting on health information technology for SAMHSA programs.

B.5. Statistical Consultants/Individuals Collecting and/or Analyzing Data

The in-depth qualitative data collection activities were designed and developed under a contract with FEi Systems, Inc. (FEi), which has a subcontract with the National Council for Behavioral Health (National Council).

The staff responsible for data collection and analysis are employed by the National Council for Behavioral Health and include:

Colleen O'Donnell, MSW, PMP, CHTS-IM. Ms. O'Donnell has extensive experience in qualitative data collection and analysis, HIT and HIE technologies, and the unique challenges faced by behavioral health providers in the changing technologies landscape. In FY 2012, Ms. O'Donnell led the successful National Council technical assistance effort on the selection and implementation of certified electronic health records technology in support of more than 50 behavioral health providers implementing the SAMHSA HIT Supplement to the Primary and Behavioral Health Care Integration grant (PBHCI). In her role as the Policy and Practice Improvement Specialist for HIT and HIE, she continues to provide a wide range of technical assistance on this topic area to Primary and Behavioral Health Care Integration program grantees and to National Council members.

Shelina D. Foderingham, MSW, MPH. Ms. Foderingham is a public health social work professional and Director of Practice Improvement at the National Council. She directs the National Behavioral Health Network for Tobacco and Cancer Control and Prevention, a new CDC-funded initiative that aims to support the enhancement of the quality and performance of specific public health programs, data and information systems, practice and services, partnerships, and resources that focus on tobacco-related and cancer health disparities in individuals with mental health and substance use disorders. Ms. Foderingham also serves as a quality improvement facilitator for National Council learning communities, facilitating practice change through web-based and in-person technical assistance.

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LIST OF ATTACHMENTS

Attachment 1 Deployment Strategy Schedule
Attachment 2 Focus Group Materials
Attachment 3 Site Visit Materials