

Attachment A. Site Selection Criteria: MAXIMIZING THE PROMISE OF HEALTH INFORMATION TECHNOLOGY THROUGH THE PROMOTION OF INTEROPERABILITY: VALUE-BASED CARE

Overall Study Questions:

1. What challenges do providers face with integrating data (i.e. cost, technological challenges)?
 - a. To what extent does it relate to the lack of constraints in technical standards versus other policy or privacy and security concerns?
2. What strategies have providers and/or health systems employed to successfully integrate and use data received from outside sources?
 - a. Are there measurable differences before and after implementing any of these strategies? If so, how were these changes measured?
3. What is the role of vendors and Health Information Organization (HIO) networks, Health Information Service Providers (HISPs) and other entities in enabling (and hindering) integrating data?
 - a. Is the use, and if so how will the use of Application Program Interfaces (APIs) or other technical standards (Health Level Seven or other standards development organizations –SDOs) address some of the technical challenges?
4. What types of information (e.g. lab results, summary of care records) are hospitals and/or physicians already able to integrate versus those that are more challenging?
 - a. Why are those other data harder to integrate?
 - b. What are the barriers and facilitators to integration, and are there actions the government can take to facilitate integration? If so, what are they?
5. Are providers already making use of data integrated into their EHRs? If so, how?
 - a. What are the benefits of integrating data (e.g., patient safety, workflow, improved care delivery, improved reporting) in comparison to any perceived burden to data integration?
 - b. What are the drawbacks of having these data accessible (e.g., what are the unintended consequences)?

Six primary criteria will inform the selection of our sample of sites, as further described in Table 1 below:

- Sufficient number of hospitals and skilled nursing facilities (SNF) for analysis
- Reported hospital and SNF engagement in data integration
- Maturity in value-based care and/or presence of Accountable Care Organizations (ACOs)
- Variety of EHR vendors dominant across sites
- Variety in national Health Information Exchange networks used across site
- Other features of the health care and interoperability landscape relevant to data integration

We define a site as the area served by a Hospital Referral Region (HRR) consisting of hospitals and their trading partners with whom they share a large volume of patients and are engaged in efforts to share and integrate data about their patients.

Table 1. Site Selection Criteria

Selection Criteria	Description and Rationale
Sufficient number of hospitals and skilled nursing facilities (SNF) for analysis	<p>Sites will be selected where there is a substantial number of hospitals and skilled nursing facilities within the designated HRR.</p> <p>Number of hospitals in the HRR will be determined based on the AHA IT Supplement Survey data for 2018; Number of SNFs in the HRR will be determined based on the SNF Survey data from 2016 & 2017.</p>
Reported hospital and SNF engagement in data integration	<p>Among locations where there is a sufficient number of hospitals and SNFs, sites will be selected where there is high engagement in data integration between these two entities.</p> <p>Share of hospitals reporting regularly integrating will be determined based on the AHA IT Supplement Survey data for 2018; Share of SNFs reporting regularly integrating data will be determined based on the SNF Survey data from 2016 & 2017.</p>
Maturity in value-based care and/or presence of Accountable Care Organizations (ACOs)	<p>Site locations will be selected with varying degrees of the state level of maturity in value-based care and/or the presence of accountable care organizations.</p> <p>State level maturity in value-based care will be identified using the Change Healthcare Review of State Value-Based Payment Initiatives.</p> <p>Presence of Accountable Care Organizations in the HFF will be identified through the CMMI website.</p>
Variety of EHR vendors dominant across sites	<p>Among locations that meet the previous criteria, sites will be selected to represent different EHR vendors being used across the country (i.e., Epic, Cerner, Meditech, etc.) This diversity across sites will allow us to study sites that represent a range of EHR platforms that vary in terms of HIT capabilities.</p> <p>EHR vendor used by primary care physicians will be retrieved from the IQVIA Physician Database data from 2019; EHR vendor used by hospitals will be retrieved from AHA IT</p>

	Supplement Survey data from 2018.
Variety in national Health Information Exchange networks used across site	<p>Site locations will also be selected to represent sites with a varying degrees of engagement in regional and national Health Information Exchange networks.</p> <p>Hospital participation in regional and national HIE networks will be retrieved from the AHA IT Supplement Survey data from 2018.</p>
Other features of the health care and interoperability landscape relevant to data integration	Site locations may be selected based on additional features relevant to the health care landscape, such as project team or technical expert panel knowledge of health systems or other organizations at the forefront of using data integration for value-based care.

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