

**Attachment B. Recruitment Plan: MAXIMIZING THE PROMISE OF HEALTH INFORMATION TECHNOLOGY THROUGH THE PROMOTION OF INTEROPERABILITY: VALUE-BASED CARE**

**A. Project objective**

In October 2019, ASPE & ONC jointly started a new project, “Maximizing the Promise of Health Information Technology through the Promotion of Interoperability: Value-Based Care,” to examine the barriers and facilitators to integrating data from a major exchange partner and to identify potential interventions aimed to strengthen data integration. The project consists of qualitative methods including literature review, input from subject matter experts and case studies examining five Hospital Referral Regions (HRRs). The Urban Institute along with its key partners including HealthTech Solutions, University of California, San Francisco, and Vanderbilt University, have been contracted by ASPE and ONC to collect and analyze the qualitative data. Their analysis will enhance our understanding of the mechanisms that facilitate or impede data integration and the lessons learned from promoting interoperability to ultimately foster value-based care.

**B. Study approach**

The contractor will conduct semi-structured phone interviews across 5 HRR sites. The sites will differ in level of data integration among hospitals other health care providers, state maturity in value-based care, presence of a dominant health information organization (HIO) network vendor, primary hospital EHR vendor, primary physician EHR vendor, geographic region and rurality. Participants may include providers, health IT staff and administrators from hospitals and their referral partners; accountable care organization (ACO) or health system administrators; representatives from the health information organization (HIO) or vendor network; quality improvement technical assistance community-based or other organizations providing care coordination services; public and private payers with initiatives to incentivize value-based care, the state health IT coordinator, regional CMS and state Medicaid HITECH staff, professional associations, and patient advocates. A discussion guide has been developed in conjunction with ASPE and ONC. Results of this study are expected to inform ASPE and ONC on future research to strengthen interoperability.

**Table 1. Study respondents and interviews per site**

Respondent category	Duration of interview	Number of interviews per site	Number of respondents per site
Chief executives	60 minutes	1	1
General and operations managers	60 minutes	1	1

Medical and health service managers	60 minutes	2	2
Family and general practitioners	60 minutes	1	1
Medical records and health information technicians	60 minutes	1	1
Total per site			
Total for 8 sites		64	64

We will recruit up to 8 participants from each site, for a total of 64 participants across all 8 sites. We estimate that interviews will last 60 to 90 minutes in length. For each site, we expect to conduct one to two interviews each with substance use and human services program administrators. We also expect to conduct one to two interviews with substance use treatment and recovery providers and human services practitioners or caseworkers. Depending upon specific circumstances and local contexts, we will adapt this plan to include other key informants involved in SUD treatment, recovery, and prevention, as appropriate.

### C. Participant recruitment

Given the central focus of the study on the SUD delivery system, the first point of recruitment will be state or local substance use treatment program administrators. The SAMHSA’s National Network to Eliminate Disparities in Behavioral Health will assist with identification and outreach to state or local substance use treatment program administrators and community-based organizations serving people with SUD. Please see Attachment E for the script of the initial outreach email from SAMHSA.

We will identify other potential informants through the environmental scan and background research on each selected site. We will also use a snowball sampling approach to solicit recommendations from interviewees at the point of initial contact of other possible study participants. Specifically, we will ask substance use administrators to identify representatives from human services agencies, substance use treatment and recovery services providers, health care providers, and other relevant stakeholders who may be interested in participating in the study.

We will focus on recruiting professionals from substance use treatment and human services agencies and substance use treatment providers, while also including stakeholders involved in SUD treatment, recovery, and prevention efforts, as appropriate in each site. To maintain the geographic scope of each site, we will prioritize recommendations of study participants to those within the site. However, if certain suggested participants, such as recommended substance use treatment providers, are not located within the selected city, county or counties, we will include respondents from outside the site location as needed.

Once SAMHSA has made the initial identification and outreach, the Urban team will begin recruiting study participants through email. The recruitment email provides information about (1) the study objectives and approach, (2) why the recipient was being asked to participate in the study, (3) the estimated duration of the interview, (4) study confidentiality, and (5) how to

participate in the study. Attachment F provides the script for the recruitment email from Urban. If the initial email outreach is unsuccessful and there is no response, Urban will follow-up with a reminder email to solicit their participation. Please see Attachment G for the script of the reminder email from Urban. If there is no response from the reminder email, we may conduct recruitment outreach via telephone. In those calls, we would share the same content that is contained in the recruitment email script.

Once we obtain a response from study participants, we will confirm their participation in an email and send suggested times to schedule the interview. Attachment H provides the script for the participant confirmation email from Urban.

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 0990-0421. The time required to complete this information collection is estimated to average 1 hour 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.