DOCUMENTATION FOR THE GENERIC CLEARANCE FOR THE COLLECTION OF QUALITATIVE RESEARCH & ASSESSMENT – 0990-0421

TITLE OF INFORMATION COLLECTION: Maximizing The Promise of Health Information Technology through the Promotion of Interoperability: Value-Based Care

[X] INTERVIEWS
[ ] SMALL DISCUSSION GROUPS
[ ] FOCUS GROUPS
[ ] QUESTIONNAIRES
[ ] OTHER (EXPLAIN:)

DESCRIPTION OF THIS SPECIFIC COLLECTION

1. **Intended purpose:** To collect information from a range of relevant stakeholders including health care providers and care coordinators, administrators, regional and state policymakers, payers, and health information exchange organizations, about the extent to which data integration are occurring, the existing barriers and facilitators to data interoperability, and its use to support value-based care.

2. **Need for the collection:** Data from interviews are needed to inform the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE)'s and the Office of the National Coordinator for Health Information Technology (ONC)'s understanding of the process of data integration and extent to which integration occurs across major exchange partners—including the barriers and facilitators to integrating data from outside sources. This information will inform future work to define, measure and promote more widespread, advanced levels of data integration to support value-based care.

3. **Planned use of the data:** The qualitative data will be used as part of an in-depth assessment of five case study sites to identify what data integration looks like on the ground, to identify factors that may promote or impede interoperability, as well as the use of data integration to promote patient care. The results will be summarized in a final case study report for ASPE and ONC.

Results of this study are expected to inform ASPE and ONC on future research proposals that may identify and further investigate promising approaches to strengthen interoperability. Since 2014, ONC has measured interoperability based on the extent to which providers engage in electronically sending, receiving, finding, and integrating electronic health information. Among these four domains of interoperability, providers have struggled the most with data integration. ONC's Cures Act Final Rule implements mandates under the 21st Cures Act and is designed to further the seamless and secure access, exchange, and use of electronic health information. Therefore, identifying promising approaches as well as specific barriers hindering data integration will be helpful to guide ONC's work related to advancing interoperability. The findings from this work will help to inform ONC's data

standardization efforts and well as interoperability measurement. The results from this work may also be used to identify specific policy solutions or education needed to address providers' concerns about incorporating data. The nature of the next steps related to this work will depend on the findings; however, having greater insight into these issues will provide ONC with the information it needs to guide its future actions to address a known problem.

4. **Date(s) and location(s):** Interviews will be conducted via phone across five Hospital Referral Region (HRR) sites in the country. Accordingly, each site will consist of hospitals and their referral partners (i.e., office-based physicians, home health agencies, and skilled nursing facilities) with whom they share a large volume of patients and are engaged in efforts to share and integrate data about their patients. The sites will represent a range of HRR characteristics such as number of hospitals, level of engagement in data integration, state maturity in value-based care, use of a national exchange network among hospitals, and the variety of EHR vendors. In consultation with ASPE & ONC, the Urban Institute team will select five sites based on these HRR characteristics. Please see Attachment A for detailed description of site selection criteria. Data collection will occur between April and June 2020.

5. **Collection procedures:** The Urban Institute staff will conduct interviews via telephone. A discussion guide will be used to guide the semi-structured interviews, which are estimated to last between 30 to 90 minutes.

6. **Number of collections (e.g., focus groups, surveys, sessions):** Each study participant will be asked to participate in one interview. We will conduct an average of 7 interviews per HRR site for a total of 35 interviews across all 5 sites.

7. **Description of respondents/participants:** Participants will include stakeholders most relevant to understanding data integration at each site and will vary by site. 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.

8. **Description of how results will be used:** The Urban Institute staff will summarize key themes and findings in a final case study report for ASPE & ONC. The team will also present findings in a federal briefing to ASPE & ONC leadership, as well as through a webinar. The results are expected to inform ASPE and ONC on future research proposals to strengthen interoperability.

9. **Description of how results will or will not be disseminated and why or why not:** ASPE & ONC plan to publically disseminate the overarching findings from this study by publicly posting the case study report.

AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE – NONE

BURDEN HOUR COMPUTATION *(Number of responses (X) estimated response or participation time in hours (/60) = annual burden hours):*

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in Hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Chief executives	5	1	1	5	$96.22	$481.10
General and operations managers	5	1	1	5	$59.56	$297.80
Medical and health service managers	10	1	1	10	$54.68	$546.80
Family and general practitioners	5	1	1	5	101.82	$509.10
Medical records and health information technicians	5	1	1	5	21.16	$105.80
Database and Systems Administrators and Network Architects	5	1	1	5	45.09	$225.45
TOTALS	35	35		35		$2,166.05

OTHER SUPPORTING INFORMATION

REQUESTED APPROVAL DATE: June 30, 2020

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DEPARTMENT/OFFICE/BUREAU:
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services