

# **Maximizing the Promise of Health Information Technology through the Promotion of Interoperability: Value-Based Care**

ASPE Generic Information Collection Request  
OMB No. 0990-0421

## **Supporting Statement – Section A**

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## Section A – Justification

### 1. Circumstances Making the Collection of Information Necessary Background

In an effort to reform health care, public and private payers are employing value-based care initiatives, which seek to deliver higher quality and lower cost care. For health systems to be successful in value-based payment models that hold them accountable for the health of the population they serve, providers must be able to engage in the interoperability of electronic health information systems to monitor their patients' patterns of care. This is particularly relevant when coordinating care for complex patients who frequently use the health care system across multiple settings.

Considerable federal support provided under the Health Information Technology for Economic and Clinical Health (HITECH) Act has equipped health systems with the necessary infrastructure to support interoperable health information exchange. While there has been progress in the adoption of health records that serve as the foundation of that infrastructure, more progress is needed in order to achieve widespread interoperability. Specifically, more progress is needed in data integration, or the extent to which data are available within a workflow to support the insight needed for patient care, analytics, and reporting without additional effort by the user. Presently, most hospitals have data interoperability capabilities, where they are able to integrate the health information received from external sources including their referral partners. However, such data integration is less likely from their referral partners (i.e., office-based physicians, home health agencies, and skilled nursing facilities), as providers across settings might only be equipped to send, receive, and find data from outside sources—and have a limited capability to integrate data. It is critical to strengthen data integration across major exchange partners in order to facilitate the widespread use of shared patient data at the point of care and ultimately to deliver value-based care.

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): Denver, CO, Manhattan, NY, Salt Lake City, UT, Indianapolis, IN, and Ann Arbor, MI. 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 and provide potential insights for new analyses in the future.

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. The project team will select interviewees based on our knowledge of the market and an initial discussion with someone local with a big picture view of who are the key stakeholders and innovators driving efforts to integrate data in their HRR. A discussion guide has been developed in conjunction with ASPE and ONC. This data collection is being conducted using the Generic Information Collection mechanism through ASPE – OMB No. 0990-0421. Qualitative data will be collected from state and regional administrators and IT coordinators, hospital and partner health IT staff and administrators, health information organization vendor network representatives, and others as appropriate. This information collection request seeks OMB's approval to conduct the qualitative interviews.

#### Items of Information to be Collected

A discussion guide will be used to collect qualitative data for this study (see Attachment C. Discussion Guide). The guide is designed to facilitate discussions that last between 30–90 minutes and questions will be open-ended. Discussions will take place via conference call. Discussion topics will be tailored based on the respondent's expertise and position. Overarching themes will include the existing challenges providers face to integrating data, strategies and interventions used by health systems to strengthen data sharing and integration from outside sources, types of information that are more readily integrated by hospitals/physicians, and the extent to which providers use data that is integrated into their EHRs.

- 2. Purpose and Use of the Information Collection** The purpose of this data collection is to:
- Describe the extent to which hospitals and major exchange partners have integrated data and identify the types of data that are being integrated into their EHRs
  - Examine the challenges and facilitators that providers experience with integrating data
  - Identify effective strategies used by providers and health systems that have enabled data integration from outside sources

- Determine the role of vendors and Health Information Organization (HIO) networks in supporting data integration

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 21<sup>st</sup> 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.

The dissemination plan has not yet been finalized, but will include a final case study report for ASPE, ONC, and EOP, a webinar presentation (potentially for provider organizations, health IT implementers, and/or technical assistance providers), and a federal briefing for ASPE, ONC and EOP leadership.

### **3. Use of Improved Information Technology and Burden Reduction**

All interviews will occur via phone to mitigate the cost and burden to participants.

### **4. Efforts to Identify Duplication and Use of Similar Information**

It is our understanding that no other prior or current research efforts have substantial overlap with our proposed investigation. A review of relevant literature revealed that there is little empirical evidence of what data integration is currently occurring, or on the barriers or facilitators to integration. We are not aware of any previous or ongoing qualitative research investigating this issue through interviews.

- 5. Impact on Small Businesses or Other Small Entities** Some of the interviewees may be from small businesses, although for the most part we expect that most organizations at the forefront of data integration efforts will be connected with larger health systems or organizations. To the extent possible we will attempt to ensure the least amount of burden possible on any small businesses.

### **6. Consequences of Collecting the Information Less Frequently**

This request is for a one time data collection. There are no legal obstacles to reduce the burden.

**7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

**8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

This data collection is being conducted using the Generic Information Collection mechanism through ASPE – OMB No. 0990-0421.

**9. Explanation of Any Payment or Gift to Respondents** ASPE will not provide payments or gifts to respondents.

**10. Assurance of Confidentiality Provided to Respondents**

The Privacy Act does not apply to this data collection. Regional and state administrators and practitioners who answer questions will be answering in their official roles and will not be asked about, nor will they provide, sensitive individually identifiable information. Data will be kept private to the extent allowed by law.

**11. Justification for Sensitive Questions**

No information will be collected that is of personal or sensitive nature.

**12. Estimates of Annualized Burden Hours and Costs**

The estimate for burden hours is 60 minutes per response. We plan to interview up to 7 participants from each site, totaling a maximum of 35 participants across all 7 sites. For each site, we expect to conduct one interview with at least one hospital health IT staff or administrator and one end-user (clinician), at least one referral partner health IT staff or administrator and one end-user. We also expect to hold interviews with health information organizations, payers offering value-based incentive programs, and regional and state officials involved in the data integration efforts.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) 2019 National Occupational Employment and Wage Estimates ([https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)). Table A-1 shows estimated burden and cost information.

**Table A-1:** Estimated Annualized Burden Hours and Costs to Respondents—  
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of Interoperability: Value-Based Care

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	\$93.20	\$466.00
General and operations managers	5	1	1	5	\$59.15	\$295.75
Medical and health service managers	10	1	1	10	\$55.37	\$553.70
General internal medicine physicians	5	1	1	5	\$96.89	\$484.45
Medical records specialists	5	1	1	5	\$22.40	\$111.50
Database and Network Administrators and Architects	5	1	1	5	\$46.33	\$231.65
<b>TOTALS</b>	35	35		35		\$2,143.05

**13. Estimates of Other Total Annual Cost Burden to Respondents or Record**

**Keepers** There will be no direct costs to the respondents other than their time to participate in each data collection.

**14. Annualized Cost to the Government**

The staff cost of the government task order attributable to the work is \$670. The contract cost is \$200,000.

**Table A-2:** Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Site	Average Hourly Rate	Average Cost
Social Science Analyst, GS 14	2	67.00	\$134
<b>Estimated Total Cost of Information Collection (x5 sites)</b>			<b>\$670</b>

**15. Explanation for Program Changes or Adjustments** This is a new data collection.

**16. Plans for Tabulation and Publication and Project Time Schedule**

After the site interviews are completed, the contractor will analyze collected data with NVivo qualitative analysis software to help identify cross-cutting key themes.

The contractor will prepare a case study report for ASPE & ONC to summarize study findings. ASPE & ONC plan to publically disseminate the overarching findings from this study by publicly posting the case study report. The dissemination plan has not yet been finalized, but will include a webinar and federal briefing.

Project Time Schedule

- February - April 2020: Develop discussion guide and recruitment plan
- June 2020: Outreach and scheduling of virtual site visits
- June - November 2020: Conduct phone interviews
- November 2020 - March 2021: Analyze interview findings and synthesize findings into case study report to ASPE & ONC

**17. Reason(s) Display of OMB Expiration Date is Inappropriate** We are requesting no exemption.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

**LIST OF ATTACHMENTS – Section A**

Note: Attachments are included as separate files as instructed.

- Attachment A. Site Selection Criteria
- Attachment B. Recruitment Plan
- Attachment C. Discussion Guide
- Attachment D. Script for Verbal Consent
- Attachment E. Initial Recruitment Email from ONC
- Attachment F. Recruitment Email from Urban
- Attachment G. Follow-Up Reminder Email