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 B

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Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

This study will seek to engage participants whose work is influenced by the integration of data from outside sources, such as health IT administrators within hospitals and their referral partners, as well as the end users such as clinicians and others who use the data to deliver value-based care. With guidance from ASPE and ONC, the Urban Institute has identifed 5 Hospital Referral Regions (HRRs): Denver, CO, Manhattan, NY, Salt Lake City, UT, Indianapolis, IN, and Ann Arbor, MI. The sites selected case studies are be based on the findings from an environmental scan coupled with input received from the technical expert panel (TEP) on locations likely to have advanced data integration efforts from which the field can draw lessons. The team has selected five HRRs based on sites meeting the following criteria: 1) a sufficient number of hospitals and skilled nursing facilities (SNF) for analysis, 2) percent of hospital and SNF respondents reporting engagement in data integration on the 2018 AHA IT Supplement Survey and the 2016 and 2017 SK&A Nursing Home Census, 3) maturity in value-based care and/or presence of Accountable Care Organizations (ACOs), 4) variety of EHR vendors dominant across sites, 5) variety in national Health Information Exchange networks used across sites, 6) other features of the health care and interoperability landscape relevant to data integration (such as rurality of the location, level of hospital competition, and consolidation of the health care delivery and payer markets).

Within each of the 5 selected HRRs, we will speak to up to 3 key stakeholder organizations involved with driving interoperability and data integration in the region, such as the Health Information Organizations or vendor networks, Accountable Care Organization (ACO) and/or dominant payers driving value-based care. We will select these organizations based on the project team's knowledge of the areas as well as input from our technical expert panel and based on our data sources to identify organizations that are likely engaging in or promoting advanced efforts to promote data integration for the purpose of advancing value-based care. In addition, we will speak to two hospitals and their referral partners (such as physician organizations or skilled nursing facilities) who share a large volume of patients. They will be selected based on a network analysis of referral patterns in the HRR.

We will also use a snowball sampling method to solicit recommendations for potential participants from interviewees at the point of initial contact. For example, we will ask hospital administrators to identify colleagues who specialize in IT, as well as for external stakeholder suggestions including representatives from partner referral sites, health care providers, and other relevant stakeholders who may be interested in participating in the study.

2. Procedures for the Collection of Information

The contractor will conduct virtual site visits consisting of phone interviews. The contractor will conduct 7 semi-structured individual interviews per site, for a total of 35 individual interviews across all 5 sites. We anticipate that at times, multiple people may participate in an interview. We estimate that interviews will each last 60 minutes. These interviews will further our understanding of the local context and structure of data integration within the designated hospital referral region, including factors that may promote or impede interoperability, and ultimately how data integration practices are leveraged to promote patient care.

We plan to record and take notes during each interview. To maintain confidentiality of participants, we will ask participants for consent and assign participants pseudonyms to use during the interviews so that participant names will not be mentioned during recorded discussions (see Attachment D. Script for Verbal Consent). Redacted transcriptions of the recordings will also be prepared to protect the identity of participants and the contractor will provide the redacted transcripts to ASPE & ONC. The contractor will code and analyze transcripts with NVivo to help identify key themes. The contractor will prepare a report for ASPE of up to 25 pages to summarize study findings. To ensure high quality, the case study report outline will go under preliminary review by the ASPE and ONC staff. Additionally, the final case study report will undergo internal review by the contractor, ASPE staff, and ONC staff. When writing the final report, we plan to name site locations, but will use generic language to describe administrative positions and organizations (for example, may refer to a "hospital executive") to keep identities confidential. We will keep in mind the size and nature of the market and not describe unique positions (for example if there were only one hospital – which is not the case in any of our locations) in a way that individuals could be identified.

3. Methods to Maximize Response Rates and Deal with Nonresponse

By engaging field experts from the technical expert panel in the initial outreach, we expect that our initial response rate will be higher than if the contractor directly identified and recruited study participants. It is also our assumption that the snowball sampling method will help to decrease the nonresponse rate during the outreach process. The contractor will recruit study participants though email (see Attachment E. Recruitment Email from Urban). If the contractor finds that initial outreach emails are unsuccessful, the contractor will follow up one week later with the contact using a reminder email to solicit their participation (see Attachment F. Follow-Up Reminder Email from Urban). Once we obtain a response from study participants, we will confirm their participation in an email and send suggested times to schedule the interview (see Attachment G. Participant Confirmation Email from Urban).

4. Test of Procedures or Methods to be Undertaken

All contractor staff who will be leading and participating in interviews and discussion groups will attend a training on the discussion guide protocols. All interviewers have subject matter expertise in the substance use and program evaluation. Discussion guide protocols will be developed by the contractor in close coordination with ASPE & ONC.

5. Individuals Consulted on Collecting and/or Analyzing Data

Contractor staff include subject matter experts in data integration with extensive experience with performing qualitative data collection. These experts are listed in the table below.

Individual	Affiliation and Position	Role
Christal Ramos	Urban Institute, Senior Research Associate	Project lead, senior site visitor
Fred Blavin	Urban Institute, Principal Research Associate	Project senior advisor, interviewer
Diane Arnos	Urban Institute, Research Assistant	Research assistant, interview scheduler and notetaker

LIST OF ATTACHMENTS – Section B

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. Recruitment Email from Urban
- Attachment F. Follow-Up Reminder Email from Urban
- Attachment G. Participant Confirmation Email from Urban