

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0935-0179)**

**TITLE OF INFORMATION COLLECTION:** Health Information Technology Professional Interview Guide

**PURPOSE:** To understand IT staff’s experience with the implementation, semi-structured interviews will be conducted with one IT implementation staff at each of the 18 practice sites, focusing on satisfaction with the implementation process, preferences, and barriers.

**DESCRIPTION OF RESPONDENTS:** Target participants are the key assigned IT/IS point of contact at each pilot testing site who work closely with the technical core to ensure consistent technical setup, and seamless integration of data at each site.

**TYPE OF COLLECTION:** (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey       |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group             |
| <input type="checkbox"/> Focus Group                                   | <input checked="" type="checkbox"/> Other: <u>Interview</u> |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Alexandra Burn

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X ] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	18	30/60	9
<b>Totals</b>			<b>9</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$388.44\_

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
[ ] Yes [ X ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Target participants are the key assigned IT/IS point of contact at each pilot testing site who work closely with the technical core to ensure consistent technical setup, and seamless integration of data at each site.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ ] Web-based or other forms of Social Media  
[ ] Telephone  
[ X ] In-person  
[ ] Mail  
[ ] Other, Explain:
2. Will interviewers or facilitators be used? [ ] Yes [ X ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## Attachment A. Health Information Technology Professional Interview Guide

We are working on a study to learn more about your experience with implementation and integration of the PRO app. We want to get some general feedback and insight from you about the implementation process, and your overall technical perspective.

Name:	
Role:	
Office location:	
Physician(s) supported:	
Specialty:	

### **Demographics Questions**

1. What is your gender?
  - A. Male
  - B. Female
  - C. (Open field)
2. What level of education have you completed?
  - A. 8<sup>th</sup> grade or less
  - B. Some high school
  - C. High school diploma or GED
  - D. Associates degree
  - E. Bachelor’s degree
  - F. Master’s degree
  - G. Doctoral degree
3. What best describes your essential job function?
  - A. Application Developer
  - B. Technical Team Lead
  - C. Technical Operations Manager
  - D. Other: (enter)
4. How many years have you been in this role?
  - A. < 5
  - B. 5-10
  - C. 11-15
  - D. 16-20
  - E. >21

<p>Public reporting burden for this collection of information is estimated to average 30 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0179) AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.</p>
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## **Interview Moderator Guide:**

### **Process (Implementation and Integration)**

1. Were your needs met for implementation of the PRO application and its integration into the EHR? Did you experience any challenges?
  - A. Technical expertise?
  - B. Leadership buy-in?
  - C. Technical support?
  - D. Implementation time?
  - E. Financial?
  - F. Training clinical users?
  - G. Other?
2. What worked well during the PRO app implementation process?
3. What can be improved for the implementation process?
4. Were there any institutional barriers to integrating the PRO app to the EHR?
5. Were there any regulatory (anticipated and unanticipated) barriers to app integration? If so, what were they?
6. How did you store the PRO data (e.g., In cloud, on-premise, both)
7. What was your comfort level with the data storage? If you had other preferences, how do you think the data should have been stored?
  - A. What data storage option would provide the most secure data storage in accordance with MedStar (or other) standards?
  - B. What would be your preferred storage option?
  - C. Did you experience any data security issues? If so, please describe.
    - 1) How did you resolve the data security issues?
8. Where there any unforeseen resource shortages during implementation?
9. What were the unanticipated challenges to implementation of the PRO application?
10. Were there any resources that you would have liked to had but were unavailable for implementation? Did you require any external support from the EHR or application vendor?
  - A. Were you able to get the needed support? If yes, how? If no, why not?
11. Do you have any concerns about continued maintenance of data storage and app functionality?
12. Are there any lessons learned from implementing the PRO app?
  - A. If you had to implement a similar app, is there anything you would do differently?

### **Overall**

13. Did you receive any feedback from healthcare providers about their experience with the use of the PRO app and data?
  - A. Did the healthcare providers experience any barriers?
    - 1) Accessing patient data in the EHR
    - 2) Incorporating the app data review in their work flow
  - B. Are there any suggestions to increase adoption of the app?
14. Is there anything else we should know about the PRO app or the implementation /integration process?