

AHRQ National Resource Center for Health IT Annual Technical Assistance Report

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HEALTH IT

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Executive Summary

The Agency for Healthcare Research and Quality (AHRQ) and the National Resource Center for Health IT (NRC) play a key role in enabling providers across all care settings to use health information technology (health IT) effectively. Since establishing its Health IT Portfolio in 2004, the Agency has invested in supporting the discovery of valid and reliable methods to determine the contribution of IT to improving care, diffusing success stories to stakeholders to encourage adoption of best practices, and tracking the impact of these efforts. The NRC serves as the Portfolio's central point for facilitating sharing of new findings that can transform clinical practice and for providing technical assistance to its health IT grantees, from the novice to the sophisticated. Technical assistance is an important mechanism to help the health IT grantees achieve their research and grant objectives and disseminate their findings to advance the field.

The objectives of this project year were to educate grantees about the availability of technical assistance services, to facilitate their synergistic partnering with each other and other subject matter experts, and to facilitate development of grantees' improved research and health IT implementation skills; thereby increasing the likelihood for successful and timely completion of their grants. To achieve these objectives, both one-on-one (henceforth known as grantee-specific) and multi-grantee technical assistance methods were used to identify and provide technical assistance to grantees.

While the objectives and interventions vary across grantee projects, the experience this year shows that many grantees continue to struggle with the same issues that often plague health IT research projects. Areas where grantees encountered challenges included limited patient recruitment and small sample size, development of surveys and data collection tools, and technology implementation.

A key desired impact of the Health IT Portfolio is the efficient and effective development, synthesis, and dissemination of knowledge gained from grantees' evidence-based research. The technical assistance support provided to grantees helps ensure results are disseminated to intended audiences in a timely manner by assisting the grantees to achieve progress and share practical information more efficiently.

Data Sources

This report is a compilation of grantee-specific technical assistance and multi-grantee technical assistance reports developed throughout the year, as well as insights derived by AHRQ and project staff resulting from the services provided. Four grantee-specific technical assistance reports were developed. These reports included an analysis of the grantee requests, as well as feedback from grantees on the usefulness and satisfaction of the technical assistance provided by AHRQ, project team staff, and subject matter experts (SMEs). Successful provision of technical assistance required strong collaboration across a diverse community of researchers and experts. The experts possessed deep content knowledge in health services research, health IT knowledge, and clinical practice expertise.

The multi-grantee technical assistance reports were developed after each of the six multi-grantee events. These reports included a summary of the demographics of the grantees participating in the event as well as their feedback on the functionality of the webinar technology, relevance, and usefulness of the content presented, and effectiveness of the overall presentations.

Results

Technical assistance was available to 129 active grantees funded by the AHRQ Health IT Portfolio during this project year, representing 17 different Funding Opportunity Announcements (FOA's).¹ Emphasis was placed on those grantees who either had just begun their projects or who were completing their final or no-cost extension year. Of the 129 grant projects, 33 percent were in their first year of funding (including grants that are only 1 year), 31 percent were in their final year of multiyear grants, and 13 percent were in a no-cost extension.²

This year, 32 grantee-specific technical assistance requests were received from grantees. Nearly 70 percent of those requests were made by grantees funded under the Ambulatory Safety and Quality (ASQ) Initiative, with grantees in the third year of their grant project submitting the most requests, accounting for 44 percent of all requests. Eight requests were received for projects under R18-HS-07-006, *Improving Quality through Clinician Use of Health IT*, and R18-HS-07-007, *Enabling Patient-Centered Care through Health IT*, respectively, the most under any FOA this reporting year. Each request received was triaged and assigned a category based on those listed in Table 1.

¹ During this project year, technical assistance support for AHRQ Health IT grants began November 2009. For purposes of this report, the term "reporting year" refers to the time frame from November 1, 2009, through September 15, 2010.

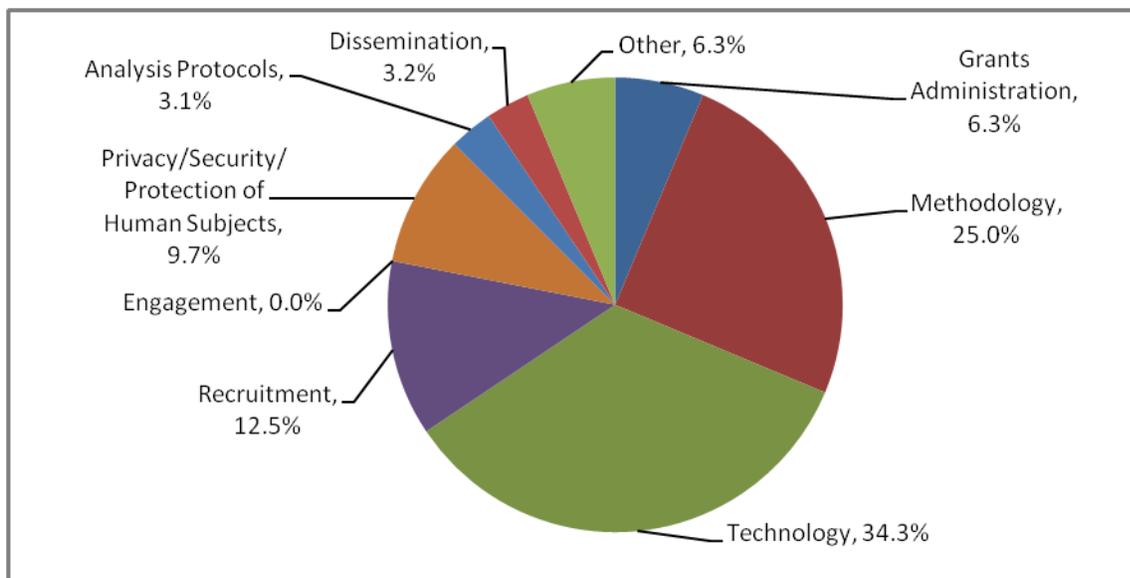
² Closeout period is defined as the 90-day period by which grantees are completing their final progress reports.

Table 1. Types of Technical Assistance Request

TYPES OF TECHNICAL ASSISTANCE REQUEST	
<ul style="list-style-type: none"> • Grants Administration (e.g.) <ul style="list-style-type: none"> – Reporting – Personnel Issues, e.g., turnover – Substantive Administrative Issues – Institutional Support – Scope • Methodology (e.g.) <ul style="list-style-type: none"> – Measurement, Metrics, Analytics • Technology (e.g.) <ul style="list-style-type: none"> – IT Infrastructure – Delays in Systems Implementation – Workflow • Recruitment (e.g.) <ul style="list-style-type: none"> – Patient Recruitment and Retention – Recruitment of Priority Populations • Engagement (e.g.) <ul style="list-style-type: none"> – Achieving Buy-In for Research Project from Clinical and Organization Leaders – Engaging Providers in Project – Application Adoption Lags by Providers and Institutions 	<ul style="list-style-type: none"> • Privacy/Security/Protection of Human Subjects (e.g.) <ul style="list-style-type: none"> – Data Privacy Concerns – Data Security Issues – IRB issues • Analysis Protocols (e.g.) <ul style="list-style-type: none"> – Data Quality Issues and Reporting Lags – Data Acquisition Issues – Evaluation – Surveys – Data Collection Issue • Dissemination (e.g.) <ul style="list-style-type: none"> – Sharing Information v. Exclusivity of Findings – Strategies for Submitting Manuscripts and Choosing the Right Publication Outlet – Preparing reports and Manuscripts – Message Development for Media and the General Public – Scope Issues • Other <ul style="list-style-type: none"> – Requests that do not clearly fall under one of the other eight established categories

Figure 1 below highlights the percentage of requests by technical assistance category during the reporting year.

Figure 1. Percentage of Technical Assistance Requests Received by Category



As illustrated in Figure 1, technical assistance requests related to methodology and technology issues accounted for 59 percent of all requests received during the reporting year. The requests related to these categories are described below.

- *Methodology*: Included requests by grantees related to surveys and other data collection tools concerning topics such as provider usage and satisfaction with health IT systems, instruments to capture provider experience with quality measurement and improvement, and surveys evaluating participation in quality initiatives. Additional methodological requests included assistance with medication reconciliation studies and appropriate sample size, as well as how best to measure adherence, self-efficacy, and medication knowledge.
- *Technology*: Included requests related to meaningful use standards and implications for research projects and Personal Health Record (PHR) standards, the exchange of a Continuity of Care Document (CCD) or Continuity of Care Record (CCR) with a PHR, linking electronic prescriptions with a claim record, and disease management tools.

Response rates for grantee-specific technical assistance evaluation forms were limited with an average response rate for the year of 23 percent. However, based on the feedback received, 80 percent of grantees responding were highly satisfied with the assistance provided, and all of the respondents felt the assistance was useful or highly useful.

Six multi-grantee meetings were conducted between January and July 2010, with topics covering a wide variety of issues that often occur within health IT-focused health services research. Each of the six meetings is described below.

Table 2. Multi-grantee Meeting Topics

Multi-Grantee Meeting	Topics
Successful Dissemination Strategies: A Practical Approach to Effective Dissemination of Research Findings	<ul style="list-style-type: none"> • Making the Case for Effective Dissemination • Innovative Ways for Researchers to Overcome Dissemination Issues • An Introduction to AHRQ's Office of Communications and Knowledge Transfer (OCKT) • AHRQ Health IT Grants: Closeout Reports
Institutional Review Boards: Challenges and Best Practices	<ul style="list-style-type: none"> • Dealing with the IRB for Health Information Technology Evaluation Trials: Real World Experience • IRBs: Perspective of a Former IRB Administrator and Current Researcher in a Community Setting • Insider Information on the IRB Process • Health IT and IRBs: Some AHRQ Perspectives
Patient Recruitment: Challenges, Trends, and Best Practices	<ul style="list-style-type: none"> • Unique Recruiting Challenges in Urban and Rural Settings • Patient Recruitment Using PHRs—A Case Study • Determining the Best Data Sources for Identifying Prospects • The Use of Social Media and Online Approaches for Recruiting

Grantee—Contractor Meeting: Grantee Roundtable Discussions	<ul style="list-style-type: none"> • Health IT Implementation • Medication Reconciliation • Provider Engagement • Quality Reporting
Ambulatory Safety and Quality (ASQ) Grants: Closeout Requirements and Final Reports	<ul style="list-style-type: none"> • Overview of Health and Human Services (HHS) Grant Closeout Requirements • Elements of the Ambulatory Safety and Quality Funding Opportunity Announcement That Need to Be Included in Final Reports

A total of 90 grantees or other members of the grant project team (e.g., project manager) participated in the multi-grantee meetings and grantees funded under 11 of the 17 active FOAs participated in at least one of the meetings. Sixty (60) percent of the participants were funded under R18-HS-07-006 (*Improving Quality through Clinician Use of Health IT*), R18-HS-07-007 (*Enabling Patient Centered Care through Health IT*), and R18-HS-07-002 (*Enabling Quality Measurement through Health IT*), which was expected given that two of the six multi-grantee meetings (Dissemination and Final Reports) were specifically targeted for them as projects in their final or no cost extension year.

Overall, the majority (93 percent) of grantees participating in the multi-grantee meetings who provided feedback felt that the content presented was relevant or highly relevant to their project. Close to 60 percent of both principal investigators and other project team members felt the material was highly relevant, with 32 of the 34 providing feedback reporting the information to be useful or highly useful for their projects. Most grantee participants who provided feedback agreed that the facilitator and presenters were knowledgeable on the topic (91 percent).

In addition, three peer-to-peer teleconferences were conducted on medication reconciliation and personal health records. These sessions were attended by four to seven grantees and designed to facilitate discussions and learning among the participants.

Based on the technical assistance provided this year, a number of recommendations emerged and are referenced below.

Technical Assistance Process Recommendations	Multi-Grantee Future Technical Assistance Topic Recommendations
<ul style="list-style-type: none"> • Provide opportunities for semi-structured sessions on topics unique to a smaller group of grantees. • Provide appropriate information gleaned from prior technical assistance to potential grantees during the application process. • Create a Technical Assistance Page on the National Resource Center Website so information can be more broadly disseminated. • Develop fact sheets, summary presentation slides, or other products and tools 	<ul style="list-style-type: none"> • Data Privacy and Security • Final Report Development • Health IT Implementation and Working with Vendors • Medication Reconciliation • Patient Consent • Patient Education and Literacy • Provider Engagement • Personal Health Record Implementation and Use • Organizational Interoperability