HITOC Stakeholder Internet Survey: Overview of Results

Survey process:

- This web-based survey was open to the public, posted on HITOC website and announced via email to more than 900 Oregon HIT stakeholders. Stakeholders were also encouraged to share the survey link with their colleagues and within their professional networks to create the broadest reach. The survey closed Nov. 20th and received 160 responses.
- The purpose of the survey was to:
  - identify key stakeholders with interest and expertise in topics relevant to the statewide HIE planning process;
  - solicit priorities for phasing of statewide HIE services;
  - solicit preferences for stakeholder participation opportunities and communication methods; and
  - identify questions for a Frequently Asked Questions list on HITOC's website.
- Results reflect the perspectives of the mix of stakeholders responding to the survey and are not necessarily representative of all Oregon HIT stakeholders.
- This document provides an overview of the survey results. For more information, please see the full results included with the meeting materials for the December 2009 HITOC meeting.

Survey results:

Respondents:

- 85 from the health care provider community, including
  - 29 health systems representatives,
  - 26 individual providers (24 mental/behavioral health providers, 1 neuropsychologist, 1 physician),
  - 21 representatives of provider organizations/clinics/associations,
  - 9 from hospitals
- 14 from state or local government
- 9 private citizens and 9 consumer advocates
- 9 from HIT/HIE technology solutions companies
- 7 from health plans
- 4 purchasers
- 23 other, including educators/students, health plan agents, IT consultants and HIT service-related companies, Quality Improvement Organizations, Regional Tribal Health Organizations, and others.

Involvement in Oregon HIE or Integrated Health Systems:

- 39 respondents are current or past participants in one of Oregon's HIE efforts
- 76 respondents are current or past participants in one of Oregon's integrated health systems

Priorities for Phasing of HIE Information Sharing

- Respondents were asked to write in the types of information that should be shared in each phase of Oregon's HIE development. These open-ended responses have been summarized and grouped into categories for this analysis.
- 47 respondents selected "no opinion" and 97 provided some response
- Phase 1: Top five included:
    - Medications (38 respondents)
    - Problem list (32)
    - Demographics (28)
    - Allergy List (25)
    - Labs and Claims data (both had 20 respondents)
    - Other commonly reported items: Provider list (11), Patient ID (9), Non-lab diagnostic results (e.g., radiology, imaging) (8), Advance Directives/POLST (6)
- Phase 2: Top five included:
    - Medical history/notes/charts (22)
    - Labs (20)
    - Problem list (18)
    - Non-lab diagnostic results (13)
    - Medications (10)
    - Other common responses: Patient messaging (6), Advance Directives/POLST (5), Immunizations (4)
- Phase 3 or later: Common responses included:
    - Medical history/notes/charts (19) – many wrote in "full medical chart" or "complete medical record" under Phase 3,
    - Medications (6),
    - Public health reporting (4)
    - Problem list (4)
- Other comments: Many respondents shared comments, suggestions and concerns about the design of the HIE, priorities for the decision-making process, security and privacy issues, and interoperability and standardization of systems. See the summary of full results for the verbatim text of these comments.

Stakeholder Participation in HITOC Strategic and Operational State HIE Planning Process

- Stakeholders anticipate participating in the planning process by:
    - Staying informed (117)
    - Responding to direct solicitations for input (112)
    - Webinars (80)
    - Sending comments/questions to HITOC (67)
    - Attending HITOC meetings (59) and presenting public testimony at HITOC meetings (29)
    - Other (17): several respondents wrote in participation on workgroups
    - Location and time: respondents were asked their preferences for locations and availability for meetings. Several indicated a concern that efforts should be made to include rural stakeholders.
- High interest in responding to draft strategies and decisions
    - 129 respondents would be interested in responding (10 were not interested)
    - Stakeholders prefer to respond via:

        - Interactive webinars (96 first or second preference)
        - Surveys (72 first or second preference)
        - In-person stakeholder meeting (50 first or second preference)
        - Conference calls (34 first or second preference)
        - Other (13): several respondents would prefer to receive an email with draft documents attached, one warned of slow Internet connections in rural areas might disadvantage rural participants for webinars
- High interest in participating in a panel of stakeholders to provide input and expertise on specific strategic decisions
    - 92 respondents indicated an interest (48 were not interested)
    - These respondents were asked to provide information about their particular areas of interest and expertise. See the summary of full results for the aggregated results by topical area. HITOC staff will retain this information and the contact information provided by these respondents.

<u>Stakeholder Communication about HITOC's Work</u>

- Preferences for communication about HITOC's progress:
    - Regular email updates (99)
    - HITOC website, regularly updated (85)
    - Monthly e-newsletter (75)
    - Frequently Asked Questions on HITOC website (55)
    - Initiative update teleconferences or webinars (53)
    - Interactive website for posting and public comment (40)
    - Articles for reprint in organizational newsletters (31)
- Frequently Asked Questions: respondents expressed interest in more information about the following topics:
    - Oregon's HIE efforts (106)
    - How Oregon's HIE will affect the cost, quality, and delivery of health care in Oregon (99)
    - What kinds of changes consumers could expect to see with HIE (84)
    - New state and federal HIE-related programs (73)
    - Medicaid and Medicare provider incentives (62)
    - Grant and technical assistance opportunities (62)
    - Specific questions for the FAQs (27)

<u>Additional Comments:</u>

- Many respondents provided positive comments and thanks for the survey and the work of the HITOC so far.
- Some expressed particular concern around privacy of mental health records