

**RESPONSE TO
Oregon Health Authority Office of Health Information Technology
Comments on SAMHSA’s Behavioral Health IT Survey
Submitted May 18, 2015**

We appreciate the careful review and thoughtful comments provided by the Oregon Health Authority Office of Health Information Technology (OHIT) to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) behavioral health IT survey. A response to OHIT’s comments and suggestions are included below. In some instances we have chosen not to incorporate the suggested content, but not because the additional information would not be interesting. Rather, we strove throughout the development process to keep the average time to complete the survey to under 25 minutes. To achieve this goal, we focused our attention on questions directly related to the research questions and of immediate interest and value to SAMHSA to support their health information technology strategic initiative.

General Comment Summary:

Responses to Comments

<p>The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) and Center for Behavioral Health Statistics and Quality (CBHSQ) are proposing a survey to assess health information technology (HIT) adoption among SAMHSA grantees.</p> <p>Overall, the Oregon Health Authority’s Office of Health Information Technology finds SAMHSA’s Behavioral Health (BH) Information Technologies survey to be a worthwhile effort that is likely to yield useful information and insights into the extent to which HIT is being adopted and the ways in which SAMHSA grantees are utilizing HIT. Given the dearth of information regarding the implementation of HIT among BH providers, the information gathered via this survey will help shed light on a critical component of care coordination and integrated health care.</p>	
<p><u>Comment:</u></p> <p>We agree with the chosen survey mode for data collection; that is, web-based with embedded skip logic. However, we believe the estimate of the burden is somewhat low and that respondents who do</p>	<p>Change made in revised instructions. As part of the development process, we pilot tested the survey on a group of nine (9) SAMHSA grantees from the programs of interest. As part of this pilot test, we recorded the time that it took respondents to complete the survey. Based on this pilot test, we found that the average time was just under</p>

<p>not skip items may take closer to 45-60 minutes to complete the survey. For example, survey participants may need to gather additional information from other sources before being able to appropriately respond.</p>	<p>22 minutes. The longest time any of these respondents took was 30 minutes.</p> <p>Revised instructions ask respondents to use their best judgment in answering questions, and note that it is preferred they do not ask for assistance from a third party.</p> <p>This is because the pilot process revealed that when the respondent sought assistance, the response validity was reduced and the response time was extended unnecessarily.</p> <p>The revised instructions reflect the fact that the survey collects data on the SAMHSA grant-funded program level of understanding and use of health information technologies, and what they are doing to incorporate these technologies into the grant-funded program.</p> <p>If the program manager is not satisfied with their “best judgment” response, they may also respond with “Not applicable,” “Not sure,” or “Other” with the opportunity to specify what this means. They may also include information in the section comment box or even leave the question unanswered, which the revised instructions also identify as an option.</p>
<p><u>Comment:</u></p> <p>We support the distribution of a Data Dictionary in order to ensure an accurate understanding and interpretation of the terms used in the survey. We are concerned, however that the document, in its current state, is not sufficiently user-friendly and does not adequately clarify the meaning of the various terms. In addition, the formatting of the document contributes to the ambiguity.</p> <p>Though we appreciate SAMHSA’s effort to provide definitions and meanings directly from authoritative sources, this language is</p>	<p>No change will be made. The Data Dictionary is not being offered as a resource for the respondent. It is included in the IRC to demonstrate the process by which the survey administrators arrived at shared definitions for terms used in the survey and the definitions to be used in the analysis. It will be available to participants upon request.</p> <p>The Web-based survey format fully leverages technology to support understanding of key terms.</p> <ol style="list-style-type: none"> 1) User-friendly definitions of key terms, introduced in the beginning of each section in the paper-based version of the survey, were tested and revised in the survey pilot.

<p>challenging to digest rendering the Data Dictionary only minimally useful. We strongly suggest that SAMHSA include definitions in lay person terms that are easily digestible as well as a link to the authoritative source for those interested.</p>	<ol style="list-style-type: none"> 2) In converting the paper-based version to the Web-based version, these user-friendly key terms definitions are included in the beginning of each screen. 3) Wherever they appear in the survey text, the key terms are hyperlinked to definitions. 4) The instructions direct the respondent to hover the cursor over the blue, underlined text for a “pop-up” of the key term definitions. <p>To further maximize understanding of key terms, the survey developers added video instructions that will be shared with respondents. Due to planning and production limitations, this could not be included in the FRN as an attachment, but it is included in the discussion of the pilot impact on the plans for the survey roll-out (Attachment X)</p> <p>Finally, the instructions encourage participants to access the “Help Desk” via a toll-free number and email address with any questions or concerns. Help Desk calls will be answered during office hours. Email may be used at any time. The Help Desk contact information appears on every screen in the Web-based version of the survey.</p>
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About the Oregon Health Authority’s Office of Health Information Technology:
 OHIT was established in 2011 as a part of the state’s health agency to support the adoption of electronic health records, the secure exchange of health information, and supporting meaningful use initiatives in the state. OHIT is a resource for both state programs and other public and private users of health information, providing planning, coordination, policy analysis and the development of public/private partnerships to further HIT in Oregon. HIT is a key part of Oregon’s efforts to create a system of better health, better care and lower cost for all Oregonians.

<p>Specific Comments</p> <p>Below we have included specific comments regarding the proposed research questions, research domains, and specific survey questions. Per the 'Comment Request' our remarks focus on suggestions to 'enhance the quality, utility, and clarity of the information to be collected'. We have also included additional questions for consideration.</p>	<p>We are grateful for this input. The survey is intended to collect a limited set of quantitative baseline data to determine if and how different types of health information technologies are used in SAMHSA-funded grant programs. The survey is necessarily limited. Qualitative data may be collected as part of this initiative under other activities, such as semi-structured interviews, site visits, and/or focus groups.</p>
<p>Comment:</p> <p>Note: For all questions that include a list of response options (e.g., check all that apply), we suggest that respondents be provided with an opportunity to add their own open-ended response.</p>	<p>No change will be made. Respondents are provided with multiple opportunities to add additional information to their quantitative data response. A comment box is included at the end of each section and in every question that includes the category "Other," which allows additional space for comment.</p>

Research Questions

SAMHSA Question	Oregon Health Authority Comment	NC Comments
2. How is HIT understood and used within SAMHSA-funded grants programs?	It is unclear what is meant by 'How is HIT understood'. How will this be measured and assessed?	Change to be made: Rephrase the Research Question to read: "What types of health information technologies (HIT) are used by SAMHSA-funded grant programs?"
3. What are the barriers of HIT use (e.g. cost, workforce) and facilitators (e.g. efficiency) of using HIT?	In addition to barriers and facilitators of HIT use, it may be worthwhile to inquire regarding the barriers and facilitators of HIT adoption and sustainability.	Change made: The original research uses the phrase "facilitators of using HIT" with "using" intended to encompass a range of activities related to the use of HIT, including adoption and sustainability. To lend further clarity, the question will be rephrased to read: "What are the barriers of HIT use (e.g. cost, workforce) and facilitators for adopting and sustaining (e.g. efficiency) use of HIT?"
4. Is there any collaboration between different state and local agencies to provide coordinated care using HIT?	This research question could be worded as open-ended: What types of collaborations exist between state and local agencies to provide coordinated care using HIT?	Change made: Rephrase the Research Question to read: "What types of collaborations exist between local agencies to provide coordinated care using HIT?"
Are there additional research questions to be considered?		We are grateful for this input. The survey is intended to collect a limited set of quantitative baseline data to determine if and how different types of health information technologies are used in SAMHSA-funded grantee programs. This is necessarily limited. Qualitative data may be collected as part of this initiative under other activities, such as semi-structured interviews, site visits and/or focus groups.

<p>1. In addition to what is currently being implemented, what is the vision for future HIT initiatives and/or infrastructure? Future endeavors to build/expand HIT infrastructure might be helpful in informing SAMHSA’s strategic plan or initiatives.</p>	<p>No change to be made. Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>
<p>2. To what extent does interoperability play a role in the use of HIT?</p>	<p>No change to be made. Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>
<p>3. How does HIT use (accessibility, dosage, engagement) vary between small practices and larger scale health systems or hospitals?</p>	<p>No change to be made. Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>
<p>4. To what extent has the SAMHSA-funded grant assisted the grantees with adopting, implementing, and/or upgrading their HIT capacity/infrastructure?</p>	<p>No change to be made. A question that partially captures this information is included as the last question in the survey (Section 6): “Does the grant-funded program enable technology-based services (i.e., services such as use of certified electronic health information technologies, telehealth, use of mobile technologies and social media) that would not be available without the grant infrastructure?”</p> <p>Evaluating the extent to which the SAMHSA-funded grant program enables the technology is a notable area for exploration but beyond the scope of this survey.</p>
<p>5. What strategies are grantees pursuing to ensure sustainability post-SAMHSA grant funding?</p>	<p>No change to be made. Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>

<p>6. What type of support or technical assistance do grantees need to increase the adoption and/or use of HIT?</p>	<p>No change to be made. Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p> <p>There are other initiatives underway to collect this information as qualitative data.</p>
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Domains

SAMHSA Question	Oregon Health Authority Comment	NC Comments
<p>2. Interoperability/health information exchange functionality</p>	<p>We suggest separating interoperability and health information exchange into discrete domains.</p> <p>Is Direct secure messaging included in the HIE functionality domain? If not, we recommend representing below as a separate domain.</p>	<p>No change to be made: The Data Dictionary includes precise definitions for the terms “interoperability” and “health information exchange.” This served as the guide for developing the survey instrument itself and for analyzing the responses. It treats “interoperability” and “health information exchange” as two different terms.</p> <p>“Interoperability” is not used at all in the survey instrument. The term “health information exchange” is used only in Section 3: Use of Certified Electronic Health Information Technology, Question 7. In the answer to this question, the respondent may select multiple answers in a range of responses that include “<i>Participation in the state or regional health information exchange</i>” and “<i>Participation in a specialty “behavioral health” state or regional health information exchange.</i>”</p> <p>There may be language in other parts of the Information Collection Request (ICR) that use these terms as though they may be interchangeable. Where this is the case, the text is quoted from a secondary source and as such cannot be edited.</p> <p>Direct Secure Messaging is included in Section 3: Use of Certified Electronic Health</p>

		<p>Record Technology, Question 7 which asks “What method(s) are available to grant funded program staff to electronically exchange patient health information?” with a definition for “electronic exchange” provided. One of the selections is “‘Direct’ secure messaging for point-to-point exchange of ‘specially protected’ patient health information.”</p>
<p>Are there additional domains to consider exploring?</p>		
<p>1. Direct secure messaging (see comment above)</p>		<p>No change to be made. See response above re: direct secure messaging. Included in Section 3: Use of Certified EHR Technology, Question 7.</p>
<p>2. Notification tools</p>		<p>No change to be made. The responder’s meaning for “notification tools” is not known, and there are many possibilities. They may be referring to clinical decision support tools, messaging tools included in the certified EHR for communicating with patients (“patient reminders”), implementation of a referral process between a certified EHR and a practice management component, and so on.</p> <p>Electronic exchange of patient summaries of care is the area of interest in Section 3.</p>

Survey Questions

Section 1 Grantee Program Information and Characteristics		
SAMHSA Question	Oregon Health Authority Comment	
4) How engaged are the organization's leaders in planning and implementing the grant?	This may be challenging for the grantees to assess without further defining 'level of engagement'.	No change to be made. The response options describe gradually escalating levels of involvement and also allow the participant to respond "Not sure" or "Other." Respondents may also skip the question entirely.
6) Are services provided within the grant-funded program eligible for reimbursement by any of these payer sources?	Consider a follow-up question that inquires about 'which services are eligible for reimbursement...'	No change to be made. The question collects this data to estimate overall SAMHSA-funded grant program sustainability, at the point in time in which the data are captured. Additional information would be of interest but would also require several questions to capture the range of reimbursement eligibility factors and scenarios; increasing survey duration.
Are there additional 'Grantee Program Information and Characteristics' survey questions to consider asking?		
1. If not known: How many patients are served by your practice or organization?		No change to be made. The survey will use the target numbers of patients to be served (as identified in the program Request for Applications). If there is interest in obtaining information on the actual numbers of patients served in these programs, the data are available through SAMHSA.
2. If not known: Describe the demographics of the patient population served by the grantee program (including measures of age, ethnicity, gender).		No change to be made. This level of detail is not necessary for answering the Research Evaluation questions. If there is interest in obtaining information on patient

	demographics in these programs, the data are available through SAMHSA.
3. Are there other funding sources that the grantee has invested in the SAMHSA-funded project/initiative?	No change to be made. As noted in the Section 1: Question 6 response, the survey includes a question concerning reimbursement by third party payers. Additional information extends duration and is out of scope for this survey.

Section 2 Grantee Program Information Technology Infrastructure		
SAMHSA Question	Oregon Health Authority Comment	
2) Do the work-computers used by the grant-funded program staff share printers or access a shared location for storing electronic files and folders? (Commonly called an Intranet).	If yes to question 2: If working offsite, can grant-funded program staff access the intranet?	<p>No change to be made. The question is intended to discover the degree of computer connectedness within the organization to assess how work-computers are leveraged. There are three “follow-up” questions:</p> <ul style="list-style-type: none"> • Question 3 determines that work-computers can access the Internet. • Question 4 asks if this access meets program needs when in the office. • Question 5 asks if this access meets program needs when in the field. <p>Accessing the Intranet from a remote location requires an Internet connection and varying levels of secure connectivity depending on the type of information accessed. The survey questions assess whether remote (i.e., out of office) Internet access via the work-computer meets the program grantee needs. This level of detail is adequate for the purposes of the survey.</p>

<p>7) For each of the grant award program-level activities, please indicate the type of data collection instrument(s) program staff use to complete most of their day-to-day activities. (Please check only one answer per activity).</p>	<p>Unclear why this question only allows for the selection of only one answer per activity.</p>	<p>No change to be made. The selection options are mutually exclusive.</p> <p>For a single activity (i.e., initial screening) the activity is either paper-based, or computer-based, or both paper and computer-based.</p> <p>The respondent can provide clarification if necessary in the comment box at the end of the section in the response marked “Other,” or else they may skip that particular service.</p>
<p>Are there additional ‘Grantee Program Information Technology Infrastructure’ survey questions to consider asking?</p>		
<p>1. What percentage of work is completed electronically (versus on paper)?</p>		<p>No change to be made. Such estimates would be purely subjective, unverifiable, and therefore not comparable or otherwise useful data.</p>

<p>Section 3 Certified Electronic Health Record Technology</p>		
<p>SAMHSA Question</p>	<p>Oregon Health Authority Comment</p>	
<p>1) Do the grant-funded program staff who use a computer have access to a certified Electronic Health Record to complete activities?</p>	<p>If no:</p> <ul style="list-style-type: none"> • Please identify the top 2 factors that contribute to the lack of access to a certified EHR. <p>If yes:</p> <ul style="list-style-type: none"> • Which one? • How long has the EHR been in place? • Was there a training program for staff? 	<p>No change to be made. An “If No” response implements skip logic and directs the patient to Questions 9 and 10 in Section 3.</p> <p>In the answers to these questions, a range of barriers - from personal staff and patient limitations to systemic issues -may be identified and rated for significance by the respondent.</p> <p>This will provide the information necessary to analyze the nature and significance of different</p>

		<p>types of barriers as they affect the SAMHSA grant-funded program and the patients they serve.</p> <p>If Yes: Notable areas for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest, which concern how certified EHRs are used in SAMHSA grant-funded program activities.</p>
<p>4) Do the grant-funded program staff encourage patients to access their personal health information via the certified Electronic Health Record system “patient portal?”</p>	<ul style="list-style-type: none"> Phrasing of this question may contribute to a (social desirability) response bias. 	<p>Change to be made. See revision below.</p>
	<ul style="list-style-type: none"> This question may not be relevant in circumstances where patients do not have the means to access a patient portal (e.g., due to lack of portal availability and/or access to the necessary technology). It may, therefore, be relevant to determine whether program staff assess patients’ access to a patient portal. 	<p>Change to be made: This question is in Section 3 (Certified EHRs). All certified EHRs are certified on their capacity to offer patient access to their health information via a secure EHR portal, accessible to the patient over the Internet. This is part of the “Meaningful Use” standard of care.</p> <p>Because the proposed revision aligns more closely with this standard, the question will be changed to:</p> <p><i>“Do staff assess Internet-based patient access to their personal health information via the certified Electronic Health Record’s secure patient portal?”</i></p>
	<ul style="list-style-type: none"> Also, it may yield more meaningful information to ask ‘for those patients who have the means to access a patient 	<p>No change to be made: Notable area for exploration; however, in the interest of limiting the amount of time to complete the</p>

	portal, what percentage of the time do program staff encourage patients...’.	survey, the questions will focus on capturing data on key areas of immediate interest.
	<ul style="list-style-type: none"> It may be of value to inquire about the ways in which program staff encourage patients to access their PHR. 	No change to be made: Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.
	<ul style="list-style-type: none"> It may be of value to ascertain the availability of disease management tools and health information resources as well as the frequency with which staff encourage their use. 	No change to be made: Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.
5) Do the grant-funded program staff use the certified Electronic Health Record to generate Patient Health Information Summaries ?	Will all grantees know what a Patient Health Information Summary is? Adding this term to the data dictionary would be helpful.	No change to be made. The definition for “Patient Health Information Summaries” is included in the key terms for Section 3, which refers to the <i>Transition of Care Summary</i> and the <i>Clinical Summary</i> . Clinical workflows that operationalize the exchange of these summaries are often part of daily routine.
6) Do grant-funded program staff electronically exchange Patient Health Information Summaries among a network of providers in order to coordinate individual patient care?	Grant-funded program staff may electronically exchange PHISs with some provider types and not others. It may therefore be more informative to ask ‘With which provider types do grant-funded program staff electronically exchange PHISs (physical health, mental health, SUD)?’ and ‘What is the purpose of the information exchange (referrals, billing, etc.)?’ It may also be worthwhile to inquire about whether the information exchange is occurring	No changes to be made. The survey is intended to collect a limited set of quantitative baseline data to determine if and how different types of health information technologies are used in SAMHSA-funded grantee programs. The question is aimed at determining the use of the electronic exchange the certified EHR supports. Also, “billing” is not part of the certified EHR standards and specifications.

	across settings.	
7) What method(s) are available to grant-funded program staff to electronically exchange patient health information? (Please check all that apply.)	We presume the list of methods includes Direct secure messaging.	No change to be made. The presumption is correct.
8) Please indicate your use of certified Electronic Health Record technology to implement the processes in the table below:	We cannot assess this question without more information about the content of the table referred to in the question.	No change to be made. This table was included in the version of the document available through the Federal Register Notice. Some sections of the survey seem to be missing from copies that were used for framing comments. This table was apparently missing from the copy that generated this comment.
9) Please rate the significance of grant-funded program staff and patient barriers to adopting certified Electronic Health Record technology.	It seems this question is intending to inquire about 'provider' rather than 'patient' barriers.	No change to be made. The survey is not intended to capture patient or staff perspectives on barriers to adopting certified EHR technology. The responses to this question allow the Program Manager to identify barriers they perceive in terms of staff and patients. The next question allows the Program Manager to identify systemic barriers, from their perspective.
10) Use the space below to add comments on the grant-funded program staff and patient barriers to adopting certified Electronic Health Record technology.	It seems this question is intending to inquire about 'provider' rather than 'patient' barriers.	No change to be made. Restates comment addressed above.
Are there additional 'Certified Electronic Health Record Technology' survey questions to consider asking?		
1. Please use the space below to identify potential solutions for addressing the identified barriers. (What would be the most helpful solution to address these barriers?)		No change to be made. As noted, this is a quantitative data collection effort. Qualitative data may be collected under other activities, such as semi-structured interviews, site visits

	<p>and/or focus groups.</p> <p>Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>
<p>2. What have been the most significant challenges with making workflow adjustments that were necessary to support the implementation of a certified EHR.</p>	<p>No change to be made. As noted, this is a quantitative data collection effort. Qualitative data may be collected under other activities, such as semi-structured interviews, site visits and/or focus groups.</p> <p>Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>
<p>3. What additional key functions does the certified EHR support (e.g., decision-support systems to improve compliance with best practices, computerized administration processes, electronic data storage)?</p>	<p>No change to be made. The use of a certified EHR means the capacity to implement numerous other services, including those listed here. Determining the extent to which the participant uses all aspects of EHR capacity is beyond the scope of this survey.</p>
<p>Overall comments on Section 3: It is unclear why this section only inquires about 'certified' EHRs. It seems gathering this information for those using 'not certified EHRs' would also yield useful information.</p>	<p>Explanation: There is no accepted definition of a "non-certified EHR." It is beyond the scope of this survey to create one.</p> <p>"Certified EHRs" all share demonstrated functionality and capacities regarding the use and exchange of patient health information.</p>

	<p>The certification process ensures adherence to the common, well-defined criteria for national data and technology standards.</p> <p>By definition, “non-certified” EHRs lack a common set of criteria that define functionality and capacities. Without such a shared definition, responses on non-certified EHRs are not valid or reliable.</p>
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Section 4 Use of Telehealth		
SAMHSA Question	Oregon Health Authority Comment	
3) What type of grant-funded program staff may provide these services using telehealth ? (Check all that apply.)	This is a valuable question, as the care coordination model encourages the provision of services by various staff, not just doctors and nurses.	
6) What are the barriers to using telehealth within the grant-funded program? (Please check all that apply.)	This is an important question since the greater the insight into the barriers to telehealth use, the greater the likelihood of overcoming them.	
Are there additional ‘Use of Telehealth’ survey questions to consider asking?		
1. How often do grant-funded program staff use telehealth to provide patient services?		No change to be made. Survey determines capacity to use telehealth only. There is a question about the nature of patient services offered in terms of reimbursement.
2. What are the benefits to implementing telehealth services (e.g., improvements in access or quality of care)?		No change to be made. Survey determines capacity to use telehealth. Benefits of telehealth are well documented.
3. As some telehealth services/technologies are intended for patient use, it may be useful to inquire about the frequency of telehealth use by patients.		No change to be made. Such estimates would be purely subjective, unverifiable, and therefore not comparable or otherwise useful data.

<p>4. Are telehealth services reimbursable? If so, which are more likely to be reimbursable across plans? For what percent of the patient population are telehealth services reimbursable?</p>	<p>No change to be made. Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>
<p>5. What is the grant-funded program’s current vision for sustaining telehealth services?</p>	<p>No change to be made Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>
<p>6. Are there organizations with whom the grant-funded program is partnering/collaborating to provide telehealth services? If so, what types of organizations?</p>	<p>No change to be made. Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>

Section 5 Use of Mobile Technology		
SAMHSA Question	Oregon Health Authority Comment	
<p>1) Do the grant-funded program staff use mobile technology to provide patient services?</p>		
<p>2) What types of mobile technology tools are used by the grant-funded project staff to support their day-to day work activities? (Check all that apply.)</p>	<p>We suggest the inclusion of the following answer options to obtain information regarding the purpose of the tool being used: tools that monitor, track and provide data visualizations of health progress over time; tools that allow individuals to take clinical measurements at home and transmit to clinicians remotely; products that are not condition-specific, but focus on overall health and wellness, etc.</p>	<p>No change to be made. The tools identified are actually defined in this section.</p>
<p>6) What are the barriers to</p>	<p>This is an important question since the greater the insight into</p>	

using mobile technology tools within the grant-funded program? (Please check all that apply.)	the barriers to mobile technology use, the greater the likelihood of overcoming them.	
Are there additional 'Use of Mobile Technology' survey questions to consider asking?		
1. It would be useful to assess the relevance of mobile technology tools by asking program staff to estimate the percentage of the patient population who has access to a compatible mobile device.		No change to be made. Such estimates would be purely subjective, unverifiable, and therefore not comparable or otherwise useful survey data.
2. What are the facilitators of using mobile technology tools within the grant-funded program?		No change to be made. See below.
3. What are the barriers and facilitators of mobile technology use by patients?		No change to be made. The pilot showed that facilitators to using mobile technology beyond those already known are unique. There was much more commonality among barriers to use. Responses to Question 6 in this section identifies barriers.
4. What are the benefits of mobile technology tool use (e.g., improvements in access or quality of care)?		No change to be made. Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.

Section 6 Social Media		
SAMHSA Question	Oregon Health Authority Comment	
2) In the table below, please identify the type of social media used by selecting the grant-funded program activities it supports. (Check all that apply for each	Perhaps the table included in the survey adequately clarifies the purpose of this question, however, without the table this questions seems unclear. It appears to ask respondents to identify the type of social media used but then asks the respondent to select program activities supported by social media.	No change to be made: This table was included in the version of the document available through the Federal Register Notice. Some sections of the survey seem to be missing from copies that were used for framing comments. This table was apparently

activity.)		missing from the copy that generated this comment.
4) Does the grant-funded program enable technology-based services (i.e., services such as use of certified electronic health information technologies, telehealth, use of mobile technologies and social media) that would not be available without the grant infrastructure)?	It seems a follow-up question to determine the ways and the extent to which the grant-funded program has enabled technology-based services would be useful.	<p>No change to be made: The purpose of the survey is to capture baseline, quantitative information with limited qualitative information on the use of health information technologies used by SAMHSA-funded grantees.</p> <p>Notable area for exploration; however, in the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>
Are there additional 'Social Media' survey questions to consider asking?		
1. Approximately how much time a week do staff members spend supporting patients using social media?		No change to be made. Such estimates would be purely subjective, unverifiable, and therefore not comparable or otherwise useful data.
2. What are barriers/facilitators to grant-funded programs using social media? (Any legal or risk management concerns that discourage grantees from using social media?)		No change to be made. The pilot indicated that there is such a wide range of types of social media and therefore types of barriers that the barriers are difficult to generalize to social media as a category.
3. What are the benefits of social media use (e.g., improvements in access or quality of care)?		No change to be made: The purpose of the survey is to capture baseline, quantitative information with limited qualitative information on the use of health information technologies by SAMHSA-funded grantees.

	<p>Notable area for exploration however, responses would necessarily be subjective. In the interest of limiting the amount of time to complete the survey, the questions will focus on capturing data on key areas of immediate interest.</p>
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