Supporting Statement
Health Resources and Services Administration: Uniform Data System

A. JUSTIFICATION

1. Circumstances of Information Collection

This is a request for an extension of OMB approval to collect the Uniform Data System (UDS), the annual reporting requirement for health centers funded under Section 330 of the Public Health Service (PHS) Act. The Health Resources and Services Administration (HRSA), has responsibility for the administration of the health center programs under Section 330. The UDS is currently approved under OMB No. 0915-0193 and expires on May 31, 2007.

The Bureau of Primary Health Care (BPHC) in HRSA has the responsibility for and oversight of programs designed to provide health services to medically underserved and vulnerable populations. These populations include the poor and near poor, migrant and seasonal farm workers, the homeless, and residents of public housing. The overall mission is to increase access to comprehensive primary and preventive health care and to improve the health status of underserved and vulnerable populations.

Health centers receive funding and support from a variety of sources, and HRSA grant dollars represent approximately 25% of health center revenues. Federally qualified health centers include centers that receive federal grants under Section 330 of the PHS Act and centers that qualify for special payment rates from Medicare and Medicaid because they meet the 330 grant requirements.

The term “health center” refers to a variety of different organizations and programs covered by subsections of Section 330. There is no “model” for health centers, yet all health centers share similar attributes, including the goal of providing primary and preventive health care services to underserved populations, and the delivery of high quality clinical services to those they serve.

Health centers are authorized to provide primary and preventive services to medically underserved and vulnerable populations. These populations face great barriers in accessing and obtaining primary and preventive services. Funded health centers form an integrated safety net for underserved and uninsured children, adults, migrant workers, homeless individuals, and public housing residents. An estimated 14 million people are served annually by health centers that would otherwise lack access to primary care providers.

The UDS is the annual reporting requirement for HRSA grantees that receive funding under the following primary care programs:

- Community Health Center (CHC) Program, Section 330(e) of the Public Health

Service Act.

- Migrant Health Center (MHC) Program, Section 330(e) of the Public Health Service Act.

- Health Care for the Homeless Program, Section 330(h) of the Public Health Service Act.

- Other 330 funded Grantees

Annual data are required from these grantees to ensure compliance with legislative mandates, to report to Congress and policy makers on program accomplishments and performance, and to prepare HRSA's annual performance plan and budget. No substantive changes have been made to the current UDS. Several minor revisions have been made, such as: adding a new response category to a table, renaming an existing category, updating ICD 9 codes to add more response options. These revisions are editorial in nature and are detailed in the one page Appendix accompanying this request.

2. Purpose and Use of Information

A core set of data are required annually to administer the grant programs funded under Section 330. The UDS is the tool that is used for monitoring and evaluating health center performance, and for ensuring compliance with legislative mandates. The UDS yields consistent information on patient characteristics and clinical conditions that can be compared with other national and state data. These data are also essential in assuring compliance with legislative mandates, facilitating reports to Congress, confirming accomplishments under the President's Health Center Initiatives, and reporting on the Government Performance Review Assessment (GPRA). The UDS is the mechanism used by HRSA to obtain these standardized data elements from funded health centers.

The type of data requested in the UDS provides program information on the following: the total number of low income and/or uninsured people served; services utilized and diagnoses made; services offered that are distinct from other providers of primary care (e.g., enabling services); and, staffing for major service categories. This information is used to track health center performance and monitor use of grant funds.

As required by the Government Performance and Results Act (GPRA), BPHC has developed annual program goals and objectives and related performance indicators. Examples of GPRA indicators that the UDS addresses are: services provided to low income individuals; services provided to minority individuals; and, percent of low birth weight births to health center patients. The UDS provides data for these and other performance indicators. In addition, the UDS provides information to address the following OMB approved efficiency measures, common measures used for certain health systems in the Department of Health and Human Services:

- OMB Efficiency Measure: Sustain the average cost per individual served at Health Centers.
- OMB Efficiency Measure: Sustain the number of annual encounters per medical worker.

The UDS provides uniformly defined data for HRSA's health center grant programs using standard formats and definitions. In addition, it yields consistent information on patient characteristics and clinical conditions that can be compared with other national and state data.

The UDS consists of two separate components. The first component is the *Universal Report,* which is completed by all grantees and contains nine tables. This report provides data on services, staffing, and financing across the five primary care system development programs included in the UDS. The second component is the *Grant Report,* which provides information on the characteristics of users whose services fall within the scope of a project funded under a particular grant. Each Grant Report includes three basic tables that employ the same formats and definitions as the Universal Report.

Grantees that receive only one BPHC grant or that receive only CHC and MHC grants are required to complete only the Universal Report. Multiple-award grantees other than C/MHC grantees complete a Universal Report for the combined projects and a separate grant report for each Homeless or Public Housing program grant.

3. Use of Improved Information Technology

This activity has been fully electronic since calendar year 2000. Grantees submit data electronically, eliminating extensive data entry activities and reducing the potential for errors and other data quality problems.

BPHC has implemented a hot line on the BPHC ACCESS Bulletin Board to address questions and provide assistance, including MIS concerns and constraints. At the BPHC home page (http://www.bphc.hrsa.dhhs.gov) grantees may download documents relative to the UDS such as the UDS Users Manual and forms.

4. Efforts to Identify Duplication

HRSA explored alternative sources for the cost information and found that, because of differences in coverage and definitions, there are no other existing sources that could be used for grant monitoring and administration.

5. Involvement of Small Entities

The UDS does not impose a significant burden on small entities. Every effort has been made to ensure that the UDS contains the minimum amount of data necessary to meet

important legislated monitoring and reporting requirements. Duplicative reporting has been eliminated. The UDS builds on data currently collected and maintained by grantees for internal administrative and clinical needs. As such, the UDS imposes few additional data collection demands on its grantees beyond what they are already collecting for internal purposes.

6. Consequences if Information Were Collected Less Frequently

Grant dollars are awarded annually; therefore, the UDS data are required annually in order to monitor program compliance and administer program funds.

7. Consistency with Guidelines in 5 CFR 1320.5(d)(2)

The data are collected in a manner consistent with guidelines contained in 5 CFR 1320.5(d)(2).

8. Consultation Outside of the Agency

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on February 14, 2007 (Vol. 72, No. 30, pages 7047-7048). No comments were received.

Representation from the National Association of Community Health Centers (NACHC), and members of the BPHC Data Workgroup were consulted in the review of the UDS tables and instructions.

Data Workgroup members are as follows:

Data Workgroup members
Eleanor Gray, CHAIR Director, Health Care for the Homeless Northeast Valley Health Corporation Phone: 818-898-1388 ext. 118
Doug Smith, Co-Chair Executive Director Greene County Health Care Phone: 252-747-8163 Ext. 14
David Vincent Manager, Offsite Services Family Health Centers of San Diego 619-515-2371

The following individual from NACHC provided review:

John Ruiz
Health Systems Specialist

National Association of Community Health Centers
202-659-8008

Additionally, Arthur Stickgold of Stickgold & Associates, who provides technical assistance to grantees on their data systems, was consulted and reviewed the UDS materials. The sources consulted felt that the annual burden estimate was reasonable and the instructions were clear.

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

No patient/user level information is reported. Only aggregate data are collected. The UDS does not involve the reporting of personally identifiable information about individuals. The UDS specifies the reporting of aggregate data on users and the services they receive, in addition to descriptive information about each funded grantee and its operations and financial systems.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature. All information is reported in an aggregate format. Individuals cannot be identified based on these aggregate totals. Grantees leave blank any cells where the total is less than five.

12. Estimates of Annualized Hour Burden

The burden is as follows:

Type of Report	Number of Respondents	Hours per Response	Total Burden Hours	Wage Rate	Total Hour Cost
Universal Report	1,055	28	29,540	$18	$531,720
Grant Report	145	18	2,610	$18	$ 46,980
Total	1,055		32,150		$578,700

Basis for the estimates:

Estimates of burden for the proposed UDS were obtained from consultation with grantees and other sources cited in item 8, above. They reported that they expect the burden estimates to remain the same for the Grant Report but have revised the estimate up by 1hour for the Universal Report.

The burden per respondent varies across grantees. This burden variation is tied predominantly to the type of data system(s) used by grantees. While nearly all grantees use an automated system to generate the required reports, systems vary in their ease of use and flexibility. Some grantees have hierarchically-structured systems requiring time-consuming processes for retrieving data in required formats. Others have relational databases that can easily accommodate the specifications. The majority of grantees, however, are expected to experience a level of burden near the averages cited.

The data reports are generated automatically via Practice Management Information Systems, so the work can be performed by a mid-level staff person with an average wage rate of $18 per hour.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or start up costs for the UDS. Most grantees currently use existing automated data systems to maintain data that are reported in the UDS and for reporting to other funding sources.

An estimated 22% (n=232) of grantees are new in 2007. Grantees have reporting requirements to other funding institutions; therefore, an estimated 40 percent of grantees have existing software contracts with outside vendors, which charge a flat fee to make reporting and other changes to the data systems. The remaining 60% of new grantees that might incur programming costs could average $700 per center for generating the tables for a total of $97,300. Costs will be incurred only during the first year of reporting for those grantees that are new and require programming. The necessary programming changes are made to their existing systems to generate data in the required formats.

14. Estimated Cost to the Federal Government

The estimated annual contract cost to the federal government for data processing, editing, verification, and generating reports is $481,800. In addition, costs include one FTE at 10% time at a GS 13 level for $9,350. Total costs to the government are $491,150.

15. Changes in Burden

The current OMB Inventory contains 27,090 burden hours for this activity. This request is for 32,150 hours, for an increase of 5,060 hours. The change is due to the following: 1) a revision in the burden estimate for the Universal Report, increasing the

burden from 27 to 28 hours per response; 2) an increase of 20 respondents completing the Grant Report; and, 3) an increase of 135 respondents completing the Universal Report. The total increase in burden is a program adjustment of 5,060 hours.

16. Time Schedule, Publication and Analysis Plans

The grantees are required to submit the reports 45 days after the end of the calendar year. No statistical analyses are planned; only summary descriptive reports from the tables are prepared.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certifications

This project fully complies with CFR 1320.9. The certifications are included in this package.