

**HEALTH RESOURCES AND SERVICES ADMINISTRATION
OFFICE OF HEALTH INFORMATION TECHNOLOGY
HEALTH CENTER CONTROLLED NETWORKS PROGRESS REPORTS**

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Health Resources and Services Administration's (HRSA) Office of Health Information Technology (OHIT) is requesting Office of Management and Budget (OMB) approval to electronically collect progress reports from grantees for the following grants: Health Information Technology Planning Grant, Electronic Health Records Implementation for Health Center Controlled Networks, Health Information Technology Innovations for Health Center Controlled Networks, and High Impact Electronic Health Records Implementation for Health Center Controlled Networks and Large Multi Sites Health Centers. One form will be used to electronically collect progress reports from the grantees from all four of the grant funding initiatives. This information collection is authorized by the Public Health Service Act, Title III, Section 330(c)1 C and 330(c)1 B, 42 U.S.C. 254(b) (as amended).

The mission of HRSA's OHIT is to substantially enhance the quality and efficiency of primary and preventive care through the effective use of Health Information Technology (HIT). For the purpose of the Health Center Controlled Networks grants, HIT is defined as the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. Common examples of HIT may include practice management systems, disease registries, clinical messaging, personal health records (PHR), electronic prescribing (eRx), electronic health records (EHR) and health information exchanges (HIE). Health Center Controlled Networks is a HRSA grant program that supports the creation, development, and operation of networks of safety net providers to ensure access to health care for the medically underserved populations through the enhancement of health center operations, including HIT. Health Center Controlled Networks are led by HRSA-funded health centers and may include other public or private non-profit health care providers who come together to form a network that plans, develops and implements systems that work to achieve the following: improve access to care; increase efficiency, revenue and productivity; and improve clinical quality and patient health status. See attachment A for a summary description of the four grant funding initiatives pertaining to this clearance package.

2. Purpose and Use of Information

The Progress Report is designed to collect aggregate performance data from grantees funded under the four different funding initiatives. The progress report has six parts: (1) Updates: status on progress in the network; (2) Accomplishments: report performance outcome measures; (3) HIPAA and Software: is it HIPAA compliant and the type of software used; (4) Sustainability Plan: plans to sustain the grant activities beyond the project period; (5) Contingency Planning: business recovery process in the event of a business interruption at the network level; and (6) Evaluation: measure the benefits of the funding

initiatives.

Grantees will submit two reports (semi and accumulative yearly reports) each fiscal year of their grant award. The information collected from the Progress Report will serve multiple purposes. The data is needed to substantially enhance the quality and efficiency of primary and preventive care through the effective use of HIT. The information will be used to plan new technical assistance needs and evaluate the performance outcome measures of these funding initiatives. The Progress Report will also enhance HRSA's ability to respond to departmental inquiries regarding the data collected through the Web based system in a timely and accurate manner. Information will also be used in the preparation of reports to Congress and other external agencies.

In addition to meeting the goal of accountability to Congress, clients, and the general public, information collected from the Progress Reports is critical for HRSA grantees and individual providers to assess the status of existing EHR systems. The partnership between HRSA, grantees, providers, and clients has provided a unique opportunity to ensure that all parties share in the benefits of accurate information, lessons learned, major accomplishments, barriers encountered, and technical assistance needs to promote improved care and efficiency.

3. Use of Improved Information Technology

The Progress Report is designed to collect unduplicated, aggregate-level data about network services and the patients they serve for better planning and funding allocation for HCCN programs. By collecting the Progress Report electronically, it will significantly enhance HRSA's ability to monitor and measure grantee performance; analyze and assess outcomes attributable to HCCN funding; review processes and take action to improve program operations; and identify successes and problems for policy and program development.

Once OMB approval is obtained, grantees will electronically submit their six month reports in March and their accumulative report in September of each fiscal year. Grantees will be required to submit information pertaining to planned and conducted activities. They will report on their updates, accomplishments, software and HIPAA compliance, evaluation of performance outcome measures, sustainability plan, and contingency plans. All grantees from the four funding initiatives will use the same form to complete their Progress Reports.

The Progress Report will be submitted electronically (pending OMB approval) to the appropriate Project Officer and it will contain multiple questions and worksheets to collect specific information about each funding opportunity. Grantees will submit their Progress Reports through HRSA's already established Electronic Hand Book (EHB)¹ run by HRSA's Office of Information Technology (OIT). Staff in OIT, in conjunction with OHIT staff, will (pending OMB approval) create the link in the EHB for grantees to submit their Progress Reports. OIT and OHIT staff will conduct training for use of the web based system and OIT staff will provide technical assistance.

Training will be conducted with grantees on the Progress Report and Instructional document that explains the Progress Report. Project Officers will provide technical assistance when requested by grantees. This

¹ The EHB allows business processes such as grants management to be broken down into discrete role-based handbooks. The EHB contains electronic forms which can be used in real-time.

technical assistance will be available from 9:00 AM to 5:00 PM EST during the OHIT duty hours. All technical assistance requested will be addressed within 24 hours of each request for assistance.

4. Efforts to Identify Duplication

Data of the type required to evaluate or monitor the HCCN program are not available elsewhere. The office of OHIT and funding for EHR by HRSA is new. The Progress Report is necessary to monitor the program's objectives that the funding initiatives are designed to meet.

5. Involvement of Small Entities

This information collection does not include small businesses or other small entities.

6. Consequences if Information Collected Less Frequently

Grants are awarded to grantees, and through those grantees, contracts are given to service providers on an annual basis. Without annual reporting on the use of grant funds, HRSA would not be able to carry out its responsibility to oversee compliance with the intent of congressional appropriations in a timely manner. Because EHR is new and expanding, annual reporting with Progress Reports is necessary to determine whether the administration of the funds are having the desired positive performance outcome on HCCNs market places.

If the information is not collected at all, HRSA will not know or be able to report the following:

- whether program funds are being spent for their intended purposes,
- what types of and how many individuals are receiving services with EHRs, and
- whether funded services are achieving planned client- and service-level outcomes.

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

The data will be collected in a manner fully consistent with the guidelines in 5 CFR 1320.6

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on July 9, 2007 (Volume 72, Number 130, Pages 37247-37248). No comments were received.

OHIT's Division of State Community Assistance (DSCA) conducted an inquiry with six Integrated Communication Technology (ICT) grantees. These grantees were funded to implement EHR and were successful. In early 2007, all six grantees were asked to provide input on the Progress Report and Instructional document for completing the Progress Report. The ICT grantees were asked to evaluate and provide feedback on the proposed data/information fields and performance outcome measures. The comments that the grantees provided were used to enhance the development of the submitted Progress Report.

The ICT grantees are listed in the table below. They provided feedback on the Progress Report's ability to identify key performance measures/indicators to be used to evaluate and monitor the progress of the following programs: Health Information Technology Planning Grant, Electronic Health Records Implementation for Health Center Controlled Networks, Health Information Technology Innovations for Health Center Controlled Networks, and High Impact Electronic Health Records Implementation for

Health Center Controlled Networks and Large Multi Sites Health Centers.

<p>Community Health Centers of Pinellas, Inc. (Health Choice Network, Inc.) Kevin Kearns kkearns@hcnetwork.org (305) 599-1015</p>	<p>Greene County Health Care, Inc. (Community Partners HealthNet, Inc.) Doug Smith CEO dsmith@greencountyhealthcare.com (252) 747-8162</p>
<p>Near North Health Service Corp (Alliance of Chicago Community Health Services, LLC) Fred David Rachman frachman@alliancechicago.org (312) 274-0068</p>	<p>Oregon Primary Care Association (Oregon Community Health Information Network) Abby Sears CEO searsa@ochin.org (503) 943-2500</p>
<p>Collaborative Network for Northern New England (CNNNE) (Maine Primary Care Association) Kevin Lewis kalewis@mepca.org (207) 621-0677</p>	<p>West Virginia Primary Care Network (WVPCN), Inc. David Campbell david@chnwv.org (304) 201-2678</p>

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

The Progress Report does not require any information that could identify individual clients. Names and personal identifiers are not included in the aggregate data report. All reports and tabulated data that are released to the general public are summaries of information across providers, which protect individual providers from being identified.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature collected in the Progress Report. No patient or client-level identifying data are reported. Identification of the grantees as recipients of HCCN funding is a matter of public record, as these agencies receive funds directly from HRSA. Only aggregate data summarizing HCCN’S Progress Reports will be included in reports published by HRSA.

12. Estimates of Annualized Hour Burden

The estimate of average annualized hour burden for respondents is shown in Table 1. As Table 1 shows,

an estimated total of 46 respondents will submit the Progress Reports. Each respondent will submit two responses - (1) semi annual Progress Report and (2) the accumulative annual yearly Progress Report. Each grantee's report will take approximately 6 hours on average to complete. The total number of respondents (46) times two responses per grantee times the estimated 6 hours per response results in a total burden estimate of 552 hours for this activity.

Table 1. Estimates of Average Annualized Hour Burden

Form	Estimated Number of Respondents	Responses per Respondent	Total Responses	Hours per response	Total Burden Hours
HCCN Progress Reports	46	2	92	6 hrs	552

13. Estimates of Annualized Cost Burden to Respondents

There is no capital or start up costs for respondents related to this effort.

14. Estimate of Annualized Cost to the Federal Government

HRSA estimates an annual investment of approximately \$400,000 for the following: data system operation and maintenance; ongoing support for grantee questions about the content and format of the report and the Web application system; data analysis; and report preparation.

15. Changes in Burden

This is a new collection of information.

16. Time Schedule, Publication, and Analysis Plans

Development has begun on the Web application and we anticipate completion by the end of September 2008. The Web application will give grantees the ability to upload the twice yearly Progress Reports to HRSA's EHBs.

Pending OMB approval, the first semi annual data submission will occur in March 2008. Since the Web based system will not be ready until September 2008, grantees will submit their first Progress Report electronically via e-mail to their project officers. These reports will then be uploaded in the Web based system in September 2008 (pending OMB approval). The first accumulative annual report will be submitted by the grantees in the Web based system in September 2008, and every subsequent year, grantees will submit their semi and annual accumulative Progress Report in the Web based system. HRSA staff or a contractor will provide support for the Web application system in the form of technical assistance to grantees as they complete and submit their Progress Reports.

After each data submission and after the built-in quality assurance checks have been completed, the Web application manager will be able to supply a complete dataset in SQL, SPSS, SAS, or spreadsheet format for analysis. HRSA will analyze these data for inclusion in annual Management Assessment Items (MAIs) reports, PART annual reports and Congressional data calls. The first full year of data, which includes data from both the semi and annual components, is expected to be ready for analysis in October of 2008 (4 weeks after Report submission).

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certifications

This information collection fully complies with 5 CFR 1329.9. The certifications are included in the package.

List of Attachments

- | | |
|--------------|--|
| Attachment A | Summary of Health Center Controlled Networks Grant Funding Initiatives |
| Attachment B | Progress Report Template |
| Attachment C | Progress Report Instructional Aid |