# SUPPORTING STATEMENT

# Part A

## AHRQ Grants Reporting System (GRS) 0935-0122

## Version: 11/13/2007

Agency of Healthcare Research and Quality (AHRQ)

**Table of contents**

## A. Justification

### *1. Circumstances that make the collection of information necessary*

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see Attachment A), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and

2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and

3. initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

AHRQ has developed a systematic method for its grantees to report project progress and important preliminary findings for grants funded by the Agency. This system, the Grants Reporting System (GRS), was approved by OMB on November 10th, 2004. The system addressed the shortfalls in the previous reporting process and established a consistent and comprehensive grants reporting solution for AHRQ. The GRS provides a centralized repository of grants research progress and additional information that can be used to support initiatives within the Agency. This includes future research planning and support to administration activities such as performance monitoring, budgeting, knowledge transfer as well as strategic planning.

<u>Scope of Effort</u>
The overall intent of the GRS project is to establish and document a systematic process that provides grantees with the ability to submit critical information in a timely manner throughout the lifecycle of a grant. In addition, the GRS project includes an infrastructure that is scalable and flexible to support information exchange throughout the Agency.

The GRS is based on a review of the previous processes that supported the solicitation and submission of data associated with patient safety grants. Following this review, a recommended process was prepared and presented to AHRQ stakeholders. The project team developed an initial system that addresses the immediate needs of the stakeholder community.

The project team, in conjunction with the stakeholder community will establish follow-on activities which will expand the capabilities of the initial system to meet the longer term goals of the project as directed by the executive management team of the agency. The specific activities that were accomplished in the short term and those established for the longer term are outlined below. A description of the current system and sample screens are contained in Attachment B and a list of Grants that have employed this reporting mechanism are contained in Attachment C.

Short-Term Objectives

The following initial objectives for the GRS project have been achieved through a sequence of prototype applications and a production application that has been deployed for approximately one year:

- Establish and document a systematic process which supports the voluntary reporting of project progress and important preliminary findings associated with patient safety research grants
- Collect, document, and prioritize the long-term objectives of the GRS
- Establish an infrastructure that satisfies the short-term objectives of the project and can be leveraged to meet the long-term objectives and anticipated expansion
- Establish an automated user-friendly resource that will be used by grantees, regardless of mechanism, for reporting to AHRQ
- Establish an automated user-friendly resource that will be utilized by Agency staff for preparing, distributing, and reviewing reporting requests to patient safety grantees
- Ensure that the necessary security requirements are established and implemented in order to maintain the intellectual property or publication rights of grantees
- Establish a solution that is consistent with the AHRQ enterprise architecture model and aligned with AHRQ systems development standards.

Long-Term Objectives

The AHRQ project team will continue to enhance the GRS to establish a single, common reporting system for research related activities by:

- Enhancing the initial system as necessary to accommodate features not addressed by the short-term solution
- Modifying the short-term solution to address new requirements and refine existing functionality for use across the agency for other programs and mechanisms.
- Expanding the deployment of the system to accommodate additional grants programs and other agency information exchange mechanisms.

### *2. Purpose and Use of Information*

AHRQ personnel use the information collected. These personnel are able to systematically search on the information collected and stored in the GRS database. These personnel use the information to address internal and/or external requests for information regarding grant progress and other requests.

### *3. Use of Improved Information Technology*

The GRS employs state of the art technology that is aligned with e-government "share in services principle" whereby federal agencies achieve savings through the provision of technologies that improve or accelerate their work. In addition, the GRS infrastructure increases the agency's compliance with the Government Paperwork Elimination Act (GPEA) by further enabling a "paperless" working environment and enables the agency to comply with e-government initiatives as reported on the PMA Scorecard.

The GRS supports the timely collection of important information related to the life cycle of a grant. This information includes: significant changes in project goals, methods, study design, sample or subjects, interventions, evaluation, dissemination, training, and key personnel; key preliminary findings; significant problems and resolutions; publications and presentations; tools and products; and new collaborations/partnerships with AHRQ grantees or others conducting related research. See Attachment B for description and sample of the current reporting application. Collecting this information in a systematic manner:

- Promotes the transfer of critical information more frequently and efficiently and enhances the Agency's ability to support research designed to improve the outcomes and quality of health care, reduce its costs, and broaden access to effective services
- Increases the efficiency of the Agency in responding to ad-hoc information requests, Freedom of Information Act requests, and producing responses related to federally mandated programs and regulations
- Establishes a consistent approach throughout the Agency for information collection regarding grant progress and a systematic basis for oversight and for facilitating potential collaborations among grantees
- Decreases the inconvenience and burden on grantees of unanticipated ad-hoc requests for information by the Agency in response to particular (one-time) internal and external requests for information.

### *4. Efforts to Identify Duplication*

There are no systems within the Agency collecting the same information.

### *5. Involvement of Small Entities*

We anticipate little or no impact on small business or other small entities. The GRS is intended for use by AHRQ personnel and grantees. The grantees submit a progress report on a quarterly basis which are reviewed by AHRQ personnel. Grantees are instructed to submit only relevant information for the quarterly reporting period and to skip those

questions that are not applicable. The information requested has been held to the absolute minimum required for AHRQ use.

### *6. Consequences if Information Collected Less Frequently*

Collecting the quarterly report data less frequently prohibits the Agency from capturing important information related to the life cycle of a grant. Furthermore, the Agency would be unable to have the up-to-date information required to effectively respond to requests for information and to monitor the quarterly progress of a grant.

### *7. Special Circumstances*

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

### *8. Federal Register Notice and Outside Consultations*

### *8.a. Federal Register Notice*

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on September 17, 2007 for 60 days (see Attachment D). No comments were received.

### *8.b. Outside Consultations*

Joint meetings with representatives of the ACTION Network and the Patient Safety and Health Information Technology centers at the agency are held on a quarterly basis to discuss requirements and ongoing use of the reporting instrument. End users of the system are included in these meetings via Web based teleconferencing to voice opinions and make suggestions related to content, format, update methods including frequency and prior period use, and instructions for use. These results are used to develop change requests that are vetted through coordinating center personnel and project officers at the agency to establish requirements and system enhancements that are used to development subsequent releases of the system to satisfy immediate and long term goals of the program, end users and AHRQ Managment. Currently, there are no outstanding issues that require immediate attention or resolution of differences related to data or content requested in the reporting instrument.

### *9. Payments/Gifts to Respondents*

Respondents do not receive remuneration for submitting the quarterly progress report. This process is currently voluntary and grantees are not required to complete the quarterly progress report form.

### *10. Assurance of Confidentiality*

Grantees will be assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose.

Grantees will be further assured of the confidentiality of their data under 42 U.S.C. 1306, and 20 CFR 401 and 4225 U.S.C.552a (Privacy Act of 1974). In instances where

respondent identity is needed, the information collection will fully comply with all respects of the Privacy Act.

### *11. Questions of a Sensitive Nature*

No questions of a sensitive nature are anticipated under this clearance.

### *12. Estimates of Annualized Burden Hours and Costs*

Exhibit 1 shows the estimated annualized burden hours for the respondents. It will take grantees an estimated 10 minutes to enter the necessary data into the Grant Reporting System (GRS) and reporting will occur three times annually. The total annualized burden hours are estimated to be 250 hours.

Exhibit 2 shows the estimated annualized cost burden for the respondents. The Bureau of Labor Statistics reported the average hourly wage for "healthcare practitioner and technical occupations" in the United States was $29.82 in May 2006. An estimate of $30 per hour allows for inflation and represents a conservative estimate of the wages of the respondents. The total estimated cost burden for respondents is $7,500.

**Exhibit 1. Estimated annualized burden hours**

| Form Name | Number of Respondents | Number of responses per respondent | Hours per response | Total Burden hours |
|---|---|---|---|---|
| Data entry into GRS | 500 | 3 | 10/60 | 250 |
| **Total** | 500 | na | na | 250 |

**Exhibit 2. Estimated annualized cost burden**

| Form Name | Number of Respondents | Total Burden hours | Average Hourly Wage Rate* | Total Cost Burden |
|---|---|---|---|---|
| Data entry into GRS | 500 | 250 | $30.00 | $7,500 |
| **Total** | 500 | 250 | na | $7,500 |

*Based upon the average wages, "National Compensation Survey: Occupational Wages in the United States, May 2006," U.S. Department of Labor, Bureau of Labor Statistics.

### 13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to grantees other than their time to enter data into the GRS.

### *14. Estimates of Annualized Cost to the Government*

The annual cost to the government is $100,000 for licensing, support and maintenance.

### *15. Changes in Hour Burden*

This is a continuing information collection activity. The estimated response burden is unchanged from what was previously approved by OMB.

### *16. Time Schedule, Publication and Analysis Plans*

There are no plans for tabulation or publication of results from this information collection.

### *17. Exemption for Display of Expiration Date*

AHRQ does not seek this exemption.

## Attachments:

Attachment A: AHRQ's Authorizing Legislation

Attachment B: GRS Instructions

Attachment C: List of Grants

Attachment D: 30 Day Federal Register Notice