SUPPORTING STATEMENT

Part A

Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality

OMB Number 0935-0124

Version: November 26, 2007

Agency of Healthcare Research and Quality (AHRQ)

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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.

The Agency for Healthcare Research and Quality (AHRQ) requests that the Office of Management and Budget (OMB) re-approve for three years, under the Paperwork Reduction Act of 1995, the generic pre-testing clearance 0935-0124 to facilitate AHRQ's efforts to employ evaluation-type methods and techniques to improve AHRQ's current data collection and estimation procedures, to develop new collections and procedures, and to revise existing collections and procedures. AHRQ and other Federal agencies use techniques to simplify data collection and estimation procedures, reduce respondent burden, and improve efficiencies to meet the needs of individuals and small business respondents who may have reduced budgets and staff. AHRQ believes that developing, testing, and evaluating data collection and estimation procedures using survey methods and other techniques in anticipation of agency-sponsored studies can improve its information collection efforts, improve the products it develops and be more responsive to fast-changing developments in the healthcare research field.

This clearance request is limited to research on data collection and estimation procedures and reports and does not extend to the collection of data for public release or policy formation. The current clearance was granted on January 31st, 2005 and expires on

January 31st, 2008. See Attachment B for examples of surveys conducted under this clearance.

This generic clearance will allow AHRQ to draft and test survey instruments and other data collection and estimation procedures more quickly and with greater lead time thereby managing project time more efficiently and improving the quality of the data it collects. It is envisioned that in some instances the ability to test and evaluate data collection and estimation procedures in anticipation of work or early in a project may result in the decision not to proceed with additional survey activities, thereby saving both public and private resources and effectively eliminating respondent burden.

Many of the tools AHRQ develops are made available to sponsors in the private sector. The health and health care environment changes rapidly and requires a quick response from the agency to provide the refined tools. This generic clearance will facilitate the agency's response to this changing environment.

It is particularly important to refine these survey/data collection and estimation procedures because they are frequently made available to help the private sector to improve health care quality by providing information to consumers and purchasers so that they can use marketplace forces to improve health care quality.

These preliminary research activities are not required by regulation, and will not be used by AHRQ to regulate or sanction its customers. They will be entirely voluntary and the confidentiality of respondents and their responses will be preserved.

In accordance with OMB guidelines for generic clearances for voluntary surveys and Executive Order 12862, AHRQ will establish: (1) an independent internal review process to assure the development, implementation, and analysis of high quality data collection and estimation procedures; (2) AHRQ will provide a year-end summary report describing the collections and procedures conducted under this clearance.

2. Purpose and Use of Information

The information collected through preliminary research activities will be used by AHRQ to employ techniques to improve AHRQ's current data collection and estimation procedures, and to develop new collections and procedures and to revise existing collections and procedures in anticipation or in response to changes in the health or healthcare field. The end result will be improvement in AHRQ's data collections and procedures and the quality of data collected, a reduction or minimization of respondent burden, increased agency efficiency, and improved responsiveness to the public.

3. Use of Improved Information Technology

One of the goals of this effort is to identify and evaluate advanced techniques that will help AHRQ obtain the necessary amount of information with a minimum amount of burden through the use of electronic submission to substitute for paper and automated processes whenever feasible.

4. Efforts to Identify Duplication

Work carried out under this clearance will be designed to reflect specific program and customer population needs of the program for which the work is being conducted and it is not anticipated to duplicate any other evaluation or testing of data collection and estimation procedures being done by AHRQ or other Federal agencies.

5. Involvement of Small Entities

The survey instruments and procedures for completing the instruments will be designed to minimize burden on all respondents and will not have a significant impact on small businesses or other small entities.

6. Consequences if Information Collected Less Frequently

Only testing and evaluation of data collection and estimation procedures ensures the efficiency in terms of respondent burden and quality of the resulting information to inform policy.

7. Special Circumstances

Data collections conducted under this generic clearance will be 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 October 15th, 2007 for 60 days, and again on December 6th, 2007 for 30 days (see Attachment C). No comments were received.

8.b. Outside Consultations

AHRQ will consult with statistical and other expert staff in-house, in other Federal agencies, and in other organizations who have conducted, or may engage in similar preliminary research activities. According to OMB guidelines for generic clearances and as indicated in 'Item 1' above, AHRQ will establish an independent internal review process to assure the development, implementation, and analysis of high quality.

9. Payments/Gifts to Respondents

In some instances, participants in these evaluation activities may be offered remuneration for their response. When appropriate, participants may receive remuneration ranging from $15 to $40 per individual; individuals participating in focus groups may receive a larger amount ranging from $50 to $75. The specific proposed remuneration, if any, will be specified in each specific submission under this generic clearance.

10. Assurance of Confidentiality

Individuals and organizations 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.

Individuals and organizations contacted will be further assured of the confidentiality of their replies 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

It is possible that in developing data collection and estimation procedures, potentially sensitive questions may be included. One of the purposes of these efforts is to identify such questions, determine sources of sensitivity, and alleviate them insofar as possible before an actual data collection or estimation procedure is conducted. If questions of a sensitive nature are proposed, this will be noted and a justification will be included in the materials submitted to OMB for their review and approval.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden hours for the respondents. Mail surveys are estimated to average 20 minutes, telephone surveys 40 minutes, web-based surveys 10 minutes, focus groups two hours, in-persons interviews 50 minutes, automated data collection 1 hour, and lab experiments are estimated to average 1 ½ hours. Mail surveys may also be sent to respondents via email, and may include a telephone non-response follow-up. Telephone non-response follow-up for mailed surveys does not count as a telephone survey.

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 $130,050. The total estimated annualized burden hours are 4,335 hours.

Exhibit 1. Estimated annualized burden hours

Type of Information Collection	Number of Respondents	Number of Responses per Respondent	Hours per Response	Total Burden Hours
Mail/email*	8,000	1	20/60	2,667
Telephone	200	1	40/60	134
Web-based	2,000	1	10/60	334
Focus Groups	100	1	2.0	200
In-person	200	1	1.0	200
Automated**	500	1	1.0	500
Cognitive Lab Experiments	200	1	1.5	300
Totals	11,200	na	na	4,335

* May include telephone non-response follow-up in which case the burden will not change
** May include testing of database software, CAPI software or other automated technologies.

Exhibit 2. Estimated annualized cost burden

Type of Information Collection	Number of Respondents	Total Burden Hours	Average Hourly Wage Rate*	Total Cost Burden
Mail/email	8,000	2,667	$30.00	$80,010
Telephone	200	134	$30.00	$4,020
Web-based	2,000	334	$30.00	$10,020
Focus Groups	100	200	$30.00	$6,000
In-person	200	200	$30.00	$6,000
Automated	500	500	$30.00	$15,000
Cognitive Lab Experiments	200	300	$30.00	$9,000
Totals	11,200	4,335	$30.00	$130,050

*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 respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Information collections conducted under this generic clearance will in some cases be carried out under contract. Assuming four data collections per year (either mail/email, telephone, web-based or in-person) at an average cost of $150,000 each, and two focus groups, automated data collections or lab experiments at an average cost of $20,000 each, total contract costs could be $640,000 per year.

15. Changes in Hour Burden

The current clearance is for 5,200 hours. In this renewal clearance, based on actual data collections, we have adjusted the response times, resulting in a decrease of 865 burden hours.

16. Time Schedule, Publication and Analysis Plans

The information will be used for data collection and estimation procedure development and to employ new techniques to improve AHRQ's current data collections and procedures, to develop new collections and procedures, and to revise existing collections and procedures. AHRQ will disseminate findings only when appropriate and may include presentations at professional meetings; publications in AHRQ internal media vehicles, or policy guidelines; or publications in professional journals or books whose focus is evaluation methods and/or testing. Definitive plans for analysis or timetable of key activities will be provided for each information collection under this generic clearance at the time that it is submitted to OMB. Information collection will not begin until OMB has been notified of a proposed activity and approved of the activity.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.