SUPPORTING STATEMENT

Part A

Technical Assistance for Health IT and Health Information Exchange in Medicaid and SCHIP

Version *April 25, 2008*

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.

AHRQ proposes a three year project to (1) assess the challenges facing Medicaid and State Children's Health Insurance Programs (SCHIP) agencies nationwide as they plan and implement health information technology (health IT) and health information exchange (HIE) programs and (2) provide the agencies with technical assistance to help them overcome these challenges. Health IT refers to the set of electronic tools and methods used for managing information about the health and health care of individuals, groups of individuals, and communities. HIE refers to organized efforts at the local, state, or regional levels to establish the necessary policy, business, operating, and technical mechanisms and structures that allow, support, and promote the exchange of health care information electronically across organizations. Health IT and HIE hold great promise for improving the quality and efficiency of health care in the United States. Medicaid and SCHIP agencies, which receive federal and state funding, serve the most medically and financially vulnerable populations. More than sixty percent of Medicaid beneficiaries have one or more chronic or disabling diseases. In addition, Medicaid and SCHIP beneficiaries frequently experience gaps in eligibility for benefits that cause beneficiaries to seek care from multiple settings, which compromises the accuracy and completeness of their health care records. These populations have much to gain from the

coordination of care that can be realized from the adoption of health IT and HIE. Furthermore, as the largest health care purchaser in the United States, Medicaid can influence the adoption of health IT and HIE by providers of care. However, Medicaid and SCHIP agencies face considerable challenges in the implementation of health IT and HIE (Alfreds ST, Tutty M, Savageau JA, Young S, Himmelstein J (2006-2007). "Clinical Health Information Technologies and the Role of Medicaid." *Health Care Financing Review*, Vol. 28, No. 2, pp. 11-20.).

AHRQ has an interest in supporting Medicaid and SCHIP program efforts to identify and adopt effective IT and to participate in electronic health information exchange (HIE) for the benefit of their programs and the people who rely on them. This initiative focuses primarily on identifying and addressing the specific barriers and risks related to IT adoption by Medicaid and SCHIP programs and on clarifying the value of Medicaid/SCHIP program involvement in HIE activities. By helping Medicaid and SCHIP programs improve the interoperability of their IT systems and integrate those systems with the larger, intersecting world of electronic HIE development, AHRQ aims to connect Medicaid/SCHIP programs more directly with on-going national initiatives in health care effectiveness, quality measurement/improvement, and patient safety. This initiative seeks to maximize the ability of policy makers and Medicaid/SCHIP programs to use health IT and HIE for improving the delivery and coordination of care and the proactive management of health for their beneficiaries, with the overall goal of improving health care for all Americans who rely on Medicaid or SCHIP.

This information collection will assist us to develop and evaluate a program of technical assistance that will efficiently meet the needs of Medicaid and SCHIP agencies to implement health IT and health information exchange programs that will improve the quality of care for this vulnerable population.

2. Purpose and Use of Information

Two types of information will be collected. The first is an assessment of need for technical assistance and the second is an evaluation of the technical assistance provided to the agencies to meet the identified needs. The needs assessment will be administered to Medicaid and SCHIP agencies to assess their needs for technical assistance to implement plans to adopt or implement a health IT or HIE initiative. The needs assessment is a new collection of information that will be conducted in years 1 and 2 of the project to inform the development of technical assistance to be delivered in years 2 and 3. The information collected will be used by AHRQ to develop a comprehensive program of technical assistance to include web-based and in-person educational workshops and seminars, a repository of Medicaid/SCHIP specific reference materials consisting of lessons learned, best practices, and toolkits, a knowledge library, and online access to tools and resources that will be made available to Medicaid and SCHIP agencies.

The information collection to evaluate the program will consist primarily of responses to questions asked of those who participate in the technical assistance program. The information will be used by AHRQ to evaluate the technical assistance program and to inform changes to the program for the following year, as appropriate. The evaluation

questions (see attachments D and E) will be asked following each activity (i.e., web seminar or workshop).

3. Use of Improved Information Technology

The information will be collected using semi-structured interviews conducted with the staff members at the Medicaid/SCHIP agency most knowledgeable about the agency's needs. Each interview will be conducted by an interviewer who is accompanied by a recorder who will capture the information either on paper or directly into a database on a laptop. If captured on paper, the information will be entered into the database when the interview is complete. All computers have Pointsec software installed, are password protected, and access to shared drives is limited to staff who have signed data confidentiality agreements. Any information collected in paper form will be stored in a locked file cabinet and only those staff who work with the data will have access to the file cabinet. Any paper-based data will be expediently entered into an electronic database, stored in a password- and write-protected location on the local and/or shared drives, and the paper files will be shredded.

4. Efforts to Identify Duplication

A review of the relevant literature has determined that the information needed to assess the need for technical assistance by Medicaid and SCHIP agencies to adopt and implement Health IT and HIE has not been collected previously. A report by the OIG dated August 2007 did conduct an assessment of health IT and health information exchange initiatives in Medicaid and SCHIP agencies but it did not assess the specific need for technical assistance to implement those initiatives (OEI-0 2-0 6-00270 State Medicaid Agencies' Initiatives on HIT and HIE, August 2007).
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The National Association of State Medicaid Directors (NASMD) has also conducted a brief survey of technical assistance needs of 20 states. The survey was not conducted with all states and territories and it did not include any SCHIP agencies (NASMD Transformation Grant Survey Results Summary, November 2007). In addition, the questions were focused on the needs of already formed work groups and were narrow in scope. Finally, the survey did not include questions about current systems or the agency's health IT programs overall which would allow us to identify commonalities between agencies so that we can better target the program of assistance. The information is helpful in that it did identify focus areas that we are able to use to develop our pilot needs assessment.

5. Involvement of Small Entities

No information will be collected from small businesses or other small entities.

6. Consequences if Information Collected Less Frequently

If the collection is not conducted, then the project will not have a comprehensive, informed and unbiased basis for developing a program of technical assistance that will meet the needs of all Medicaid and SCHIP agencies that are attempting to adopt or implement health IT or HIE. The information collected in year 1 will inform the program for year 2 and the information collected in year 2 will inform the technical assistance

program in year 3 of the project. The second data collection is important because the needs of the agencies will change as they advance their health IT and HIE initiatives.

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 February 20, 2008, Page 9334-9335 for 60 days (see attachment B).

No comments were received.

8.b. Outside Consultations

The project has consulted with representatives of the National Association of State Medicaid Directors (NASMD) for their input into the need for the information collection and the technical assistance program. The NASMD has organized a multistate collaboration of about 46 agencies that are focused on the implementation of health IT and HIE. The steering committee for this group as well as representatives of the 6 subgroups have met with the technical assistance project team to review the plans and processes for the needs assessment including availability of data, frequency of collection, the clarity of instructions and recordkeeping, and the data elements to be collected. There is immediate need for technical assistance and the representatives from the agencies are eager to begin the process. The project has also consulted with staff from the Office of the Inspector General which published a report on the state of Health IT and Health Information Exchange in Medicaid agencies in August 2007 to validate our process and to ensure that we were not duplicating effort. In addition, AHRQ has formed a technical advisory panel that includes representatives from CMS, HRSA, NASMD, the National Governors Association, and the National Council of State Legislatures who have reviewed the process and provided input into the data collection instrument and procedures.

9. Payments/Gifts to Respondents

Respondents will not receive any gifts or payments.

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.

Information that can directly identify the respondent, such as name and/or social security number will not be collected.

The consent form will be included in the information packet mailed to each Medicaid/SCHIP agency. Agencies participating in site visits will be required to provide a verbal and signed consent form. Agencies participating by phone will be required to provide verbal consent before the initiation of the interview.

The consent form will explain in depth the purpose of the project, study procedures, the duration of the assessment, as well as any benefits, risks or discomfort involved. The participant will be informed about confidentiality issues related to participation in the needs assessment. The number, method, and content of future contacts and rights of the participant will also be outlined.

All respondents will be provided with the informed consent form and asked for verbal consent before being interviewed through teleconference/webex and verbal and signed consent (for onsite interviews). Names will not be added to the database where the data are stored nor will we link it to the comments or responses. Data will be reported by type of initiative, by individual agency or state, and in aggregate.

The project team will impose several security measures to ensure protection of confidential information collected from project participants. All computers have Pointsec software installed, are password protected, and access to shared drives is limited to staff who have signed data confidentiality agreements. When any information is collected in paper form, this will be stored in a locked file cabinet, with only those staff working with the data having access to the file cabinet. Any paper-based data will be expediently entered into an electronic spreadsheet, stored in a password- and write-protected location on the local and/or shared drives, and the paper files shredded.

11. Questions of a Sensitive Nature

The information collection does require the collection of sensitive information.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden for this three-year project. The needs assessment will be conducted with an average of 30 agencies per year and will require about 4 hours and 10 minutes per agency. Approximately seven workshops will be conducted each year with five agencies participating in each. The workshop evaluations will take about 50 minutes to complete. An average of 10 web-based seminars will be conducted each year with 25 agencies participating in each. The seminar evaluations will take about 25 minutes to complete. The total annual burden for the respondents to provide the requested information is 260 hours.

Exhibit 1: Estimated Annualized Burden

Data Collection	Number of Respondents (agencies)	NUMBER OF Responses per Respondent	Average Burden Hours per Response	Total Burden Hours
Needs Assessment	30	1	4 10/60	125
Workshop evaluations	5	7	50/60	30
Web-based seminar evaluations	25	10	25/60	105
TOTAL	60	na	na	260

Exhibit 2 shows the estimated annualized cost burden to the respondent for their time to provide the requested information. The total annualized cost burden is estimated to be $10,506.

Exhibit 2: Estimated Annualized Cost Burden

Form Name	Number of Respondents (Agencies)	Total Burden Hours	Hourly Wage Rate	Total Cost Burden
Needs Assessment	30	125	40.41	$5,051
Workshop evaluations	5	30	40.41	1,212
Web-based seminar evaluations	25	105	40.41	4,243
TOTAL	60	260	……….	10,506

*Based upon the mean hourly wage estimate for NAICS 999000 - Federal, State, and Local Government (OES designation) occupation 11-1021 General and Operations Managers, Department of Labor, Bureau of Labor Statistics.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

The projected total cost to the Federal Government is $2,990,592 over a three-year period. The projected annual cost is $996,864. The projected annual cost to design and implement the needs assessment is $180,799. The projected annual cost to develop and implement the workshops is $271,254. The projected annual cost to develop and

implement the seminars is $98,187. The projected annual cost to analyze the data and report findings is $132,005. The projected annual administrative cost is $41,973 and the projected annual cost for other technical assistance support is $272,645.

15. Changes in Hour Burden

This is a new collection of information.

16. Time Schedule, Publication and Analysis Plans

The nature of this work is largely qualitative rather than quantitative, therefore no specific statistical analysis is planned beyond a descriptive analysis of the types of response received. The reports will provide a comparison of the similarities and differences among agencies to facilitate the transfer of knowledge and sharing of lessons learned between agencies engaging in similar activities aimed at resolving similar issues.

We will prepare a Needs Assessment Report summarizing our findings from the telephone and in-person interviews. In particular, the report will include:

1. An introduction providing background information on the project and the objectives of the needs assessment

2. A methods section detailing our data collection methods, including the telephone interviews and site visits

3. A results section that summarizes our findings, including a refusal analysis, summary data tables, a prioritization matrix, and related text describing the Agencies' programs and needs for assistance.

4. A recommendations section that provides recommendations for TA topics and activities to assist the Agencies, along with a rationale for our recommendations

5. An appendix with the state profiles organized in alphabetical order by state, territory or city name

Included in the results section will be a listing of agencies that have refused to participate in the study and their reasons for refusal. We will use an analysis of these reasons to inform our approach to engaging non-participating agencies in the following year.

Years 2 and 3: Approximately 1 year following the administration of the initial needs assessment, project staff will recontact the state agencies to update the needs assessment and will use the findings to refine the plan for the year 3 TA topics. Agencies that did not agree to the initial needs assessment in year 1 will be re-contacted and provided with an opportunity to engage in the follow-up assessment. If the agency agrees, a needs assessment will be conducted. We will then update the state profiles, summary tables, and prioritization matrix and submit a new round of recommendations for TA topics and activities in a Needs Assessment Report Update.

Task Description	Performance Period	
	Start	End
Attend multistate work group meetings and identify current needs for technical assistance	11/1/07	Continuing
Develop program of Assistance for Year 1 based on information learned from the Work Group Meetings	2/1/08	9/28/08
Evaluate program based on feedback from participants	3/20/08	9/28/08
Publish 60 day notice in Federal Register	2/21/08	2/21/08
Conduct Pilot Test with 9 Agencies	11/1/07	4/14/08
Submit OMB Clearance Package for Clearance	4/21/08	7/21/08
Contact all states and schedule site visits and telephone interviews	7/22/08	8/22/08
Conduct site visits and telephone interviews	7/22/08	9/1/08
Prepare report for Year 1	9/1/08	9/28/08
Implement targeted TA based on Initial Needs Assessment Findings	10/1/08	9/28/09
Evaluate program of technical assistance	10/1/08	9/28/09
Update state profiles and assessments on states that have participated in TA program	3/1/09	3/30/09
Update Needs Assessment for Follow-up	4/1/09	4/30/09
Recontact all states for year 2 visits	5/01/09	5/15/09
Schedule year 2 site visits and telephone interviews	5/15/09	6/1/09
Conduct year 2 site visits and telephone interviews	6/1/09	7/1/09
Prepare draft report based on follow-up needs assessment	7/5/09	8/5/09
Revise and submit follow-up report	8/19/09	8/30/09
Plan targeted TA program for year 3	8/6/09	9/27/09
Implement Targeted TA for year 3	10/1/09	9/27/10
Evaluate program of technical assistance	10/1/09	9/27/10

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

Attachments:

Attachment A: AHRQ's authorizing legislation
Attachment B: 60 Day Federal Register notice
Attachment C: Needs assessment interview
Attachment D: Workshop evaluation form
Attachment E: Webinar evaluation form
Attachment F1: AHRQ cover letter (project introduction)

Attachment F2: Contractor lead letter (project introduction)
Attachment F3: NASMD endorsement letter
Attachment F4: Project fast facts
Attachment F5: Resource list
Attachment F6: Fact sheet topics for needs assessment interview
Attachment F7: Pilot cover letter
Attachment G1: Contractor cover letter for needs assessment interview
Attachment G2: Technical assistance topics showcard
Attachment G3: Contact information magnet
Attachment H: Script for agency contactors
Attachment I: Consent form
Attachment J: Thank you letter from contractor