

National Health Service Corps - Uniform Data System

SUPPORTING STATEMENT

A. Justification

1. Circumstances of Information Collection

This is a request for Office of Management and Budget (OMB) approval of an **extension without change** of the existing National Health Service Corps (NHSC) Uniform Data System (NHSC-UDS). This project has OMB Approval Number 0915-0232, and expires on October 31, 2008. The NHSC-UDS is designed to collect data from National Health Service Corps Free Standing Sites in response to Federal mandates for reports and in support of efficient and effective program management. The approval will permit the Bureau to continue to monitor and review data similar to the system of a data collection utilized by the Bureau of Primary Health Care (BPHC) for its grant-supported sites. **There are no changes to the estimate of burden.**

The NHSC was established by Congress to eliminate Federally designated Health Professional Shortage Areas (HPSAs). HPSAs are geographic areas, facilities or population groups determined by the Secretary of Health and Human Services to have a shortage of health professionals. The NHSC provides funding support to encourage selected primary health care professionals to practice in HPSAs. The authorizing legislation and the current regulations have been submitted with this supporting statement.

To attract health care professionals to serve in HPSAs, the NHSC was authorized to assist selected primary health care professionals with education-related costs or student loan repayment. Currently, NHSC Scholarships support the training of physicians, nurse-midwives, nurse practitioners, physician assistants, and dentists. The NHSC Loan Repayment Program is available to the above identified health care professionals as well as dental hygienists and Mental and Behavioral Health specialists upon completion of their training. Both the Scholarship and Loan Repayment assistance programs incorporate a service obligation based on the level of support received.

Since 1972, the NHSC has channeled the services of more than 25,000 health care professionals for the benefit of the Nation's underserved and vulnerable populations. Based on actual and estimated data, approximately 3.6 million people who would otherwise lack access to primary health care services are currently receiving high-quality care from over 4,000 dedicated NHSC professionals.

The NHSC professionals provide health care services at more than 3,000 sites. Approximately 50% of sites served by the NHSC receive grant support from the Bureau of Primary Health Care under a variety of programs authorized by the PHS Act: Community Health Program, Section 330(e); Migrant Health Program, Section 330(g); Health Care for the Homeless Program, Section 330(h), and Public Housing Primary Care Program, Section 330(I). These grantees report their

activities annually using the universal data system (BPHC-UDS) OMB control number (0915-0193). The remaining sites, (approximately 1,200 Free Standing sites) are not supported by grants; however, they are centers where NHSC professionals are assigned. The NHSC provides support primarily in the form of assisting the sites in recruiting and retaining health care professionals. Similar to the grant supported sites, the size and location of these sites and centers vary from solo practitioner settings in rural Appalachia to group practices in urban low income areas such as Baltimore, Maryland. Many sites contain two to three health care professionals in smaller practices. Some sites are satellites of a larger community health center or hospital based practice settings.

In the 1970's, the BPHC began to collect a comprehensive data set through the Bureau of Common Reporting Requirements (BCRR). In 1991, the BCRR reporting requirements were changed to require a single annual report for Grant Supported Sites. The requirement for the Free Standing Sites to report was waived. The waiver for the Free Standing Sites was based on the idea that since the majority of placements at these sites were, in essence, non-Government supported private sector practices and therefore the NHSC should treat these sites differently from sites which received BPHC grant support.

As data from the Free Standing Sites were not being reported, the NHSC began to experience difficulties in monitoring and evaluating the effect that these NHSC supported health care professionals were having on the communities they served. In addition, the lack of data created difficulties for the NHSC in developing comprehensive health care policy recommendations based on program activities.

This lack of data also resulted in a declining ability of the NHSC to identify sites that were experiencing problems in maintaining adequate clinical and administrative operations. Over time some sites were having difficulties in attracting and retaining NHSC providers. Therefore, the NHSC-UDS was developed to obtain information for program monitoring and management for NHSC provider sites. Approval is being sought to continue using the current UDS system for these sites.

2. Purpose and Use of Information

The NHSC-UDS provides a uniform method of data reporting and obtains information on primary care services and supplemental services provided by NHSC clinicians. The report is completed by those sites which enter into an agreement with the Secretary of the Department of Health and Human Services for a NHSC provider placement and which are not currently receiving HRSA grant support for the site where the NHSC placement is made. The NHSC-UDS Reporting Instructions are attached.

Issues that the NHSC will be able to address with the information include:

- Obtaining the total number of low income and/or uninsured people served by the NHSC; data on the users of NHSC providers and sites, and types of service utilization; information

on specific services offered by NHSC sites and consistency with other national and state level primary care providers; cost effectiveness of NHSC providers compared with other providers; and, the impact of managed care on the NHSC.

- These data will also permit the NHSC to document the scope and location of services without resorting to special surveys or other types of data collection efforts. Issues that can be addressed include what areas are served by NHSC providers and what kinds of sites provide services in these areas, as well as the range of services offered by NHSC sites.
- The financial data builds on the information required by major payers, thereby reducing duplication and burden, and provides critical data that can be used in assessing the adequacy of third party reimbursement. These data will allow the NHSC to monitor the financial stability of the sites and identify those sites that may be having difficulty. In addition, the data provided by highly successful sites will serve as a model in assisting sites in difficulty.

3. **Use of Improved Information Technology**

The NHSC-UDS is fully electronic, and the data are received by the contractor electronically. The NHSC strongly supports the efforts of its sites to make the collection and aggregation of data as efficient as possible. On-site and web-based training are available to respondents, and contact information for training and assistance is provided in the instructions.

In the event that any of the Free Standing Sites have significant Management Information System (MIS) needs related to NHSC-UDS reporting, the NHSC will provide technical assistance as necessary.

4. **Efforts to Avoid Duplication**

There is no other source for the information provided in the NHSC-UDS as it is unique to the program.

5. **Involvement of Small Entities**

This project does not have a significant impact on small businesses or other small entities.

6. **Consequences If Information Collected Less Frequently**

Without these data, the NHSC will not be able to provide accurate and comprehensive reports on the total operations and outcomes of funds appropriated. In addition, there will be no method for the BPHC to accurately report on the full scope of supported activities. It is not useful to collect the type of information proposed less than annually.

Following are two examples that support the need for the data:

- A. The program data will be utilized by the NHSC for internal monitoring and evaluation of program operations and effectiveness. Such data will greatly assist the NHSC in placing health care professionals at sites with the greatest needs based on analysis of the data. The NHSC could identify trends in communities and/or parts of the county as to shifts in population profiles. This would allow the NHSC to respond by directing that more or less, and/or different types of services be provided as appropriate.
- B. Based on experience with the BPHC-UDS, the NHSC-UDS information is utilized by a number of organizations in establishing national, state and local policy. Such organizations include the Department of Health and Human Services, HRSA, National Association of Community Health Centers (NACHC), National Rural Health Association, Migrant Health Association, American Public Health Association, and State and local governments.

7. **Consistency with the Guidelines in 5 CFR 1320.6 (d) (2)**

The data will be collected in a manner consistent with guidelines contained in 5 CFR 1320.6 (d) (2).

8. **Consultation Outside the Agency**

The notice required in 5 CFR 1320.8(d) was published in the Federal Register on July 22, 2008 (Vol. 73, No. 141, pg. 42580. No comments were received.

In partnership with the Bureau of Primary Health Care, in 2000 a data workgroup was established to review the forms from both the BPHC-UDS and NHSC-UDS. Representatives of the workgroup include BPHC grant funded and NHSC free standing sites and have been tasked to both review the UDS collection and manual. No changes were suggested for the UDS report for this clearance request. Two individuals who are members of this workgroup, which have reviewed the NHSC UDS requirements, are:

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9. **Remuneration of Respondents**

Respondents will not be remunerated.

10. **Assurance of Confidentiality**

The NHSC-UDS does not involve the reporting of information that would identify individuals. This report collects only aggregate data on users and the services they receive, in addition to descriptive information about each grantee and its operations and financial systems.

11. **Questions of a Sensitive Nature**

There are no questions of a sensitive nature.

12. **Estimates of Annualized Hour Burden**

The following table summarizes the burden estimate and cost in staff time for completing the NHSC-UDS:

NHSC-UDS Hour and Cost Estimates

Number. of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total hour Burden	Wage Rate	Total Hour Cost
1200	1	1200	27	32,400	\$21	\$680,400

The information contained in the table above is based on the following factors: the burden estimate, based upon experience with the UDS and consultation with work group reviews was estimated to be 27 hours per respondent, and the wage rate of \$21 is the amount estimated per hour for mid-level administrative personnel.

13. **Estimates of Annualized Cost Burden to Respondents**

The NHSC-UDS contains the minimum amount of data necessary, and this collection builds on data currently collected and maintained by sites for internal administrative and clinical needs. The anticipated costs to the respondents are start-up costs for new sites.

The total estimated startup costs are primarily for computer programming, in the amount outlined below:

Start-up Costs for Free Standing Sites

Number of Sites Incurring programming Costs	Computer Costs per Site	Total Cost
150	\$700	\$105,000

Approximately 150 new sites are estimated to begin participation annually, and may incur estimated computer programming costs of \$700 per new site. This programming should be effective for 3 to 5 years.

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

Based on past experience with the NHSC-UDS, it is estimated that the annual cost to the Federal government for data processing will be in the amount of \$405,354. This amount includes the following:

Contracted data management and technical support	\$386,212	
Management, data validation & analysis by HRSA Offices	\$ 19,142	.20 FTE
Total	\$405,354	

15. **Changes in Burden**

There are no changes to the estimate of burden.

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

Time Schedule:

Calendar year reports are due on February 15th or approximately 45 days following the close of the reporting year.

Analysis Plans:

NHSC-UDS data will be analyzed to explore the following:

- Trend analysis of patient profiles to determine the efficacy for placing NHSC health care professionals in specific types of sites and to identify the most appropriate combination of health care disciplines for the populations served.

- Trend analysis of services provided compared to ethnicity, gender, age and income levels as a means of determining the need to continue enhance or expand the levels and types of services.
- Identification of those sites that are experiencing difficulties in the operation and management of the clinical and administrative functions of the practice for the provision of technical assistance.
- Comparison of the site profiles to State and/or National standards to substantiate the actions for addressing specific health care needs and possibly assisting with obtaining grants to address the identified needs.

Publication Plans:

There are no specific plans for publication of the UDS data except for purposes of producing reports as previously mentioned.

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

The expiration date will be displayed.

18. **Certifications**

This information collection fully complies with the guidelines in 5 CFR 1320.0. The required certifications are included in the package.