

Supporting Statement
Health Resources and Services Administration, Bureau of Primary Health Care
Electronic Health Records (EHR) Readiness Checklist

JUSTIFICATION

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) is requesting Office of Management and Budget (OMB) review and approval for the application for support for construction and equipment under the American Recovery and Reinvestment Act (ARRA, P.L. 111-5). ARRA, signed into law February 17, 2009, provides \$1.5 billion in grants to support construction, renovation and equipment, and the acquisition of health information technology systems, for health centers including health center controlled networks receiving operating grants under section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). HRSA is requesting emergency processing procedures for portions of the application because the information is needed before the expiration of the normal time limits under regulations at 5 CFR Part 1320 to ensure the timely availability of data to make award determinations for receipt of funds under ARRA. Emergency processing is needed because of the critical timing of the application announcement for grantees.

The program application for these funds must be made available on May 1, 2009, in order to allow 30 days for grantees to prepare the application materials, which are due on June 1, 2009, and make awards by July 1, 2009. The major portion of the application uses the currently approved Standard Form (SF) 424 face page, and the SF 424C and SF 424D for Construction projects. In addition to this information, applicants must provide information that demonstrates readiness for electronic health records if they propose to use funds for electronic health record (EHR) related purchases. This information must be submitted with the program application and budget information required on the SF 424 (OMB No. 4040-0004; 4040-0008; 4040-0009); therefore, information on assessing readiness for EHR implementation must be available for grantees when the application is made available.

Funds made available by the Recovery Act will support health centers to expand their capacity to provide primary and preventive health care services to medically underserved populations nationwide as well as create employment opportunities in underserved communities over the next 2 years. This application is for the funding opportunity available for existing Health Center Program grantees under the Capital Improvement Program (CIP) initiative to address pressing capital improvement needs in health centers, such as construction, repair, renovation, and equipment purchases, including health information technology systems.

Current section 330 grantees may submit a request for financial assistance to support one or more capital improvements in health center facilities such as: alteration/repair/renovation (may include equipment); construction of a new site or expansion of an existing site (may include equipment); and/or information technology (IT)/equipment purchase, including health information technology (HIT) systems and Electronic Health Record related enhancements that

are certified by a certification body recognized by the Secretary of Health and Human Services (HHS).

HRSA will award approximately \$850 million, through limited competition grants, for one-time CIP grant funding in fiscal year (FY) 2009 to support existing section 330 funded health centers. CIP grant funding will be awarded in a single Notice of Grant Award (NGA) (i.e., all funds will be made available at the start of the project/budget period) for a 2-year project/budget period. Consistent with intent of the Recovery Act, grantees are encouraged to implement projects that address immediate and pressing health center facility and equipment needs.

We are requesting OMB's emergency review and approval of this data collection with a 120-day approval period. During this 120-day approval period, HRSA will publish a *Federal Register* notice announcing the initiation on an extensive 60-day public comment period and begin the process for a routine information collection request.

2. Purpose and Use of Information

Applicants must provide information using the EHR Readiness Checklist that demonstrates comprehensive planning and readiness for implementing EHRs. As stated in the CIP as far as allowable cost, an applicant can use ARRA funding for the purchase of HIT and certified EHR-related items; however, grantees must demonstrate readiness to purchase an EHR system. Purchasing an EHR system that is not certified by a certifying body is recognized by the Secretary of HHS as an unallowable cost. Therefore, answers to these questions will assist HRSA in identifying grantees that have considered the necessary pre-readiness areas and are ready to beginning a full planning process to adopt EHR/HIT systems immediately upon receipt of funding.

The EHR Readiness Checklist is comprised of a subset of questions that were pulled together from detailed EHR Readiness Assessments within the Health IT Adoption Toolkit that HRSA developed and is a public resource on the AHRQ National Health IT Resource Center website.¹ The Toolkit is comprised of tools and resources that were created for or by health centers, health center controlled networks, and safety net providers to assist in the effective adoption of EHR/HIT systems. The toolkit provides extensive technical assistance for how to implement EHR systems in health centers, and it was vetted through various subgroups of health centers and health center controlled networks prior to releasing it publicly. The questions in the EHR Readiness Checklist are basic pre-readiness questions that a health center needs to address prior to beginning a full planning process for EHR/HIT.

The ARRA states that agencies “shall require in contracts or agreements with health care providers, health plans, or health insurance issuers that as each provider, plan, or issuer implements, acquires, or upgrades health information technology systems, it shall utilize, where available, health information technology systems and products that meet standards and implementation specifications adopted under section 3004 of the Public Health Service Act, as added by section 13101.”

¹ See the Health IT Adoption Toolkit at: http://healthit.ahrq.gov/portal/server.pt?open=512&objID=1135&mode=2&cid=DA_986294&p_path=/DA_986294

HRSA will use this information along with the overall application to determine eligibility for awards and award amounts. The following types of existing health centers that have had applications approved for grant support in FY 2009 under the Health Center Program are eligible for CIP grant funds to purchase EHRs:

- Community Health Centers (CHC) - section 330(e)
- Migrant Health Centers (MHC) - section 330(g)
- Health Care for the Homeless (HCH) - section 330(h)
- Public Housing Primary Care (PHPC) - section 330(i)

Standard Forms for Grant Applications

Applicants to the CIP opportunity will submit information through Grants.gov using Standard Forms (SF) from the set of the SF 424 family of forms. The development of these forms was an effort to reduce duplication of similar or identical forms and data sets across Federal agencies. The set of SF 424 forms also implemented the streamlining and simplification provisions of P.L. 106-107 and provides support for applicants of Federal grants to apply for grant funds online. A cross-agency work group developed the original set of forms.

The SF forms assist agencies in implementing the Office of Management and Budget (OMB) memorandum (M-04-05). OMB established Grants.gov as the Federal government's single, online portal for any person, business, or State, Local and Tribal government to find and apply for Federal grants. The CIP funding opportunity utilizes three of the 424 forms available on www.grants.gov : the SF 424, the SF 424C, and the SF 424D.

The SF 424 is the common Federal form or cover page used to provide basic or core information on the applicant and to identify the appropriate funding opportunity for which support is sought. The core information on the applicant includes the applicant name, address, contact information, EIN number, DUNS number, etc. Information on the funding opportunity includes identifying the CFDA number, the title, etc.

The SF 424C is the common Federal form used to provide budget information when applying for construction Federal grants. It has replaced numerous agency-specific budget forms thus reducing the administrative burden to the Federal grants community that includes applicants/grantees and to Federal staff involved in grants-related activities. The form provides data to assist Federal program staff and grants officials in assessing the adequacy of applicant's proposals to accomplish project objectives and determine whether the business aspects of applications reflect program needs and grants policies. Information reported on the form is used for the evaluation of award and general management of Federal assistance program awards.

The SF-424D is the common Federal form for providing assurances of compliance with existing laws for construction grant applications. It has replaced numerous agency-specific assurances forms in order to reduce the administrative burden to applicants/grantees applying for Federal grants and to Federal staff involved in grants-related activities.

3. Use of Improved Information Technology

The application and supporting documentation can be submitted electronically through HRSA's Electronic HandBook system (EHB). Information related to Health Center funding opportunities under the Recovery Act can be found at <http://bphc.hrsa.gov/recovery>.

4. Efforts to Identify Duplication

The information requested for this opportunity under ARRA is specific to grantees' readiness for electronic health records and is not available elsewhere.

5. Involvement of Small Entities

This activity does not have a significant impact on small entities.

6. Consequences if Information Collected Less Frequently

Grantees requesting ARRA funds under the Capital Improvement Program and Facility Improvement Program must submit required information and demonstration of EHR readiness for HRSA to administer funds responsibly. If such information is not submitted, HRSA will be unable to award funds as mandated under the legislation.

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

The data are collected in a manner consistent with guidelines contained in 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

Questions and requirements were developed based on consultations with the Office of the National Coordinator through the CIP guidance comment process. The questions themselves are a subset of questions that were pulled together from detailed EHR Readiness Assessments within the Health IT Adoption Toolkit that HRSA developed and is a public resource on the AHRQ National Health IT Resource Center website. In addition HRSA informally consulted several grantees in the process and no issues were raised.

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

This request does not involve the collection of individual level or personally identifiable information.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The program estimates that approximately 568 grantees (approximately half of all health center grantees) will apply for the CIP funds and propose to use them to purchase EHRs, requiring a burden of 0.25 hours per response to the questions regarding EHR readiness.

The annual estimate of burden is as follows:

Form	Number of Respondents	Hours per Response	Total Burden Hours	Total Wage Rate	Total Cost Burden Hours
EHR Readiness Checklist	568	.25	142	\$30	\$4,260
Total	568	-	142	-	\$4,260

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or start up costs for this activity.

14. Estimated Cost to the Federal Government

The estimated annual cost to the federal government for this activity is approximately \$7,310 for 10% of 1 FTE at a GS 12 level.

15. Changes in Burden

This is a new project.

16. Time Schedule, Publication and Analysis Plans

There will be no statistical analysis done on the information received from the checklist. In addition, there will be no publication of the information reported.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certifications

This project fully complies with CFR 1320.9. The certifications are included in this package.

Attachments

Attachment A – Electronic Health Record Readiness Checklist