Health Resources and Services Administration
Bureau of Primary Health Care
Health Center Controlled Networks Progress Reports

Supporting Statement

A. Justification

1. Circumstances of Information Collection

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) is requesting Office of Management and Budget (OMB) approval to electronically collect progress reports from grantees for the following grants: Health Information Technology Planning Grant, Electronic Health Records Implementation for Health Center Controlled Networks, and Health Information Technology Innovations for Health Center Controlled Networks. One form will be used to electronically collect progress reports from the grantees from each of the grant funding initiatives. This information collection is authorized by the Public Health Service Act, Title III, Section 330(c)1 C and 330(c)1 B, 42 U.S.C. 254(b) (as amended).

A key priority for HRSA's Bureau of Primary Health Care is to enhance the quality and efficiency of primary and preventive care through the effective use of health information technology (HIT), including health center attainment of meaningful use of HIT as defined by the Centers for Medicare and Medicaid Services (CMS). For the purpose of the Health Center Controlled Networks grants, HIT is defined as the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. Common examples of HIT include practice management systems, disease registries, clinical messaging, personal health records (PHR), electronic prescribing (eRx), electronic health records (EHR) and health information exchanges (HIE). Health Center Controlled Networks is a HRSA grant program which supports the creation, development, and operation of networks of safety net providers to ensure access to health care for the medically underserved populations through the enhancement of health center operations, including HIT. Health Center Controlled Networks are led by HRSA-funded health centers and may include other public or private non-profit health care providers who come together to form a network that plans, develops and implements systems that work to achieve the following: improve access to care; increase efficiency, revenue and productivity; and improve clinical quality and patient health status. See attachment A for a summary description of the grant funding initiatives pertaining to this clearance package.

2. Purpose and Use of Information

The Progress Report is designed to collect aggregate performance data from grantees funded under the different funding initiatives. The progress report has six parts: (1) Updates: status on progress in the network; (2) Accomplishments: report performance outcome measures; (3) HIPAA and Software: is it HIPAA compliant and the type of software used; (4) Sustainability Plan: plans to sustain the grant activities beyond the project period; (5) Contingency Planning: business recovery process in the event of a business interruption at the network level; and (6) Evaluation: measure the outcomes of the funding initiatives.

Grantees will submit two reports (semi-annual and accumulative yearly reports) each fiscal year of their grant award. The HCCN grant program has just transitioned into BPHC, and program has determined that semi-annual reporting is desirable moving forward. Due to the HITECH Act and Affordable Care Act provisions, BPHC has made health centers' adoption and Meaningful Use of HIT a key priority, and has identified the HCCN model as an ideal way to support that goal. Regular reports from HCCNs on their member health centers' adoption of HIT and their clinical quality data will allow BPHC to more effectively monitor the program, identify best practices, and address delays and challenges as they arise. In addition, as BPHC is frequently asked for updates on the number of health centers using HIT, semi-annual reporting from HCCNs allows for the reporting of such data in a more up-to-date manner than would annual reporting.

The information collected from the progress report will serve multiple purposes. The data is needed to enhance the quality and efficiency of primary and preventive care through the effective use of HIT. The information will be used to inform new technical assistance needs and evaluate the performance and outcome of these funding initiatives. The progress report will also enhance HRSA's ability to respond to Departmental inquiries regarding the program in a timely and accurate manner. Information will also be used in the preparation of reports to Congress and other external agencies.

In addition to meeting the goal of accountability to Congress, patients, and the general public, information collected from the Progress Reports is critical for HRSA grantees and individual providers to assess the status of existing EHR systems. The partnership between HRSA, grantees, providers, and patients has provided a unique opportunity to ensure that all parties share in the benefits of accurate information, lessons learned, major accomplishments, barriers encountered, and technical assistance needs to promote improved care and efficiency.

3. Use of Improved Information Technology

The progress report is designed to collect unduplicated, aggregate-level data about network services and the patients they serve for better planning and funding allocation for HCCN programs. By collecting the progress report electronically, it will significantly enhance HRSA's ability to monitor and measure grantee performance; analyze and assess outcomes attributable to HCCN funding; review processes and take action to improve program operations; and identify successes and problems for policy and program development.

Grantees will electronically submit their six month reports in spring and their accumulative report in fall of each fiscal year. Grantees are required to submit information pertaining to planned and conducted activities. They report on their updates, accomplishments, software and HIPAA compliance, and evaluation of performance outcome measures, sustainability plans, and contingency plans. All grantees use the same form to complete their progress reports.

The progress report will be submitted electronically to the appropriate Project Officer; it contains multiple questions and worksheets to collect specific information about each funding opportunity. Grantees will submit their Progress Reports through HRSA's already established Electronic Hand Book (EHB)[1]. The Web application, Performance Improvement and Measurement System (PIMS), which was developed specifically for HCCN grantees to submit their progress reports, is linked to EHB. BPHC staff routinely conducts training and provides technical assistance for use of the web based system.

Training will continue to be conducted with grantees on the progress report and the instructional documents which explain the progress report. Project Officers will provide technical assistance when requested by grantees. This technical assistance will be available from 8:30 AM to 5:30 PM EST during the BPHC helpline hours.

4. Efforts to Identify Duplication

Data of the type required to evaluate or monitor the HCCN program are not available elsewhere. The Progress Report is necessary to monitor the program's progress towards the objectives which the funding initiatives are designed to achieve.

5. Involvement of Small Entities

This information collection does not include small businesses or other small entities.

6. Consequences if Information Collected Less Frequently

Grants are awarded to grantees, and through those grantees, contracts are given to service providers on an annual basis. Without annual reporting on the use of grant funds, HRSA would not be able to carry out its responsibility to oversee compliance with the intent of congressional appropriations in a timely manner. Because EHRs are new and expanding, annual reporting with Progress Reports is necessary to determine whether the administration of the funds are having the desired positive performance outcome on HCCNs market places.

If the information is not collected at all, HRSA will not know or be able to report the following:

- whether program funds are being spent for their intended purposes
- what types of and how many individuals are receiving services with EHRs
- whether funded services are achieving planned patient- and service-level outcomes.

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

The data will be collected in a manner fully consistent with the guidelines in 5 CFR 1320.6

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[1] The EHB allows business processes such as grants management to be broken down into discrete role-based handbooks. The EHB contains electronic forms which can be used in real-time.

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on September 24, 2010 (Volume 75, Number 185, Page 58395). No comments were received. The 30 day notice was published in the *Federal Register* on January 10, 2011 (Volume 76, Number 6, Page 1440). No comments were received.

Previously, HRSA conducted an inquiry with six Integrated Communication Technology (ICT) grantees. These grantees were funded to implement EHR and were successful. In early 2007, all six grantees were asked to provide input on the progress report and instructional document for completing the progress report. The ICT grantees were asked to evaluate and provide feedback on the proposed data/information fields and performance outcome measures. The comments that the grantees provided were used to enhance the development of the submitted progress report. This activity was reported in previous reports to OMB.

In the fall of 2010, HRSA conducted an inquiry with three HCCN grantees, one from each grant type, in order to confirm that the burden of reporting has not changed. Two of the three responded with burden estimations slightly higher than those previously reported. The third (representing the sole Planning Grant, whose performance period ended on 8/31/2010 but is currently on a No Cost Extension until 2011) responded with an estimate below the previous one. The contacted grantees are listed in the table below.

Health Choice Network, Inc. Patrice Tulloch ptulloch@hcnetwork.org (305) 392-8807	Oregon Primary Care Association (Oregon Community Health Information Network) Abby Sears searsa@ochin.org (503) 943-2500
Community Health Net Stuart Neal Pullen stuart@pachc.com (814) 454-4530	

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

The progress report does not require any information that could identify individual clients. Names and personal identifiers are not included in the aggregate data report. All reports and tabulated data that are released to the general public are summaries of information across providers, which protect individual providers from being identified.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature collected in the Progress Report. No patient or client-level identifying data are reported. Identification of the grantees as recipients of HCCN funding is a matter of public record, as these agencies receive funds directly from HRSA. Only aggregate data summarizing HCCN'S Progress Reports will be included in reports published by HRSA.

12. Estimates of Annualized Hour Burden

The estimate of average annualized hour burden for respondents is shown in Table 1. As Table 1 shows, an estimated total of 89 respondents (1 Planning, 56 EHR Implementation, and 32 Innovations) will submit the Progress Reports. Each respondent will submit two responses - (1) semiannual Progress Report and (2) the accumulative annual yearly Progress Report. Each grantee's report will take approximately 10 hours on average to complete for the Planning grant and 18 hours for the other types. The total number of respondents (89) times two responses per grantee times the estimated hours per response results in a total burden estimate of 3,188 hours for this activity.

Table 1. Estimates of Average Annualized Hour Burden

Application	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours
Planning	1	2	2	10	20
Electronic Health Records Implementation	56	2	112	18	2016
Innovations	32	2	64	18	1152
Total	89	-	178	-	3,188

13. Estimates of Annualized Cost Burden to Respondents

There is no capital or start up costs for respondents related to this effort.

14. Estimate of Annualized Cost to the Federal Government

HRSA estimates an annual investment of approximately $350,000 for the following: data system operation and maintenance; ongoing support for grantee questions about the content and format of the report and the Web application system; data analysis; and report preparation.

15. Changes in Burden

The increase in burden since 2007 is due to an increase in the number of grantees (46 to 89), and an increase in the hours per response. The increase in the hours per response is due to a re-estimation of burden for grantees.

16. Time Schedule, Publication, and Analysis Plans

In 2008, a Web application, PIMS, has been used by grantees to submit their reports to upload the twice

yearly Progress Reports to HRSA's EHBs. HRSA staff or a contractor will provide support for the Web application system in the form of maintenance, updates, and technical assistance to grantees as they complete and submit their Progress Reports.

After each data submission, the Web application manager is able to supply a complete dataset in SQL, SPSS, SAS, or spreadsheet format for analysis. HRSA analyzes these data for inclusion in annual Management Assessment Items (MAIs) reports, PART annual reports and Congressional data calls. Full-year data, which includes data from both the semi and annual components, is expected to be ready for analysis in October of each reporting year (4 weeks after Report submission).

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certifications

This information collection fully complies with 5 CFR 1329.9.

List of Attachments

Attachment A	Summary of Health Center Controlled Networks Grant Funding Initiatives
Attachment B	EHR Implementation Guidance
Attachment C	HIT Innovation Guidance
Attachment D	HIT Planning Guidance