

**1Health Resources and Services Administration  
National Health Service Corps - Site Survey**

SUPPORTING STATEMENT

**A. Justification**

**1. Circumstances of Information Collection**

This is a request for an approval from the Office of Management and Budget (OMB) to the Health Resources and Services Administration's (HRSA's) existing National Health Service Corps (NHSC) Site Survey reporting tool, formerly known as the Uniform Data System (UDS) Report, OMB Control Number 0915-0232. Approval for the current Site Survey expires 12/31/2011. The survey collects data from sites in response to Federal mandates for reports and in support of efficient and effective program management. The approval will permit the NHSC to continue to monitor and review data similar to the system of data collection utilized by the Bureau of Primary Health Care (BPHC) for its grant-supported sites. The legislative authority for the need for the information collected in this survey is found in Section 331 of the Public Health Service Act (PHSA) (42 United States Code (USC) 254d), as amended; Sections 333-335 of the PHSA (42 USC 254f-254h), as amended; Section 333A of the PHSA (42 USC 254f-1), as amended; Section 334 of the PHSA (42 USC 254g), as amended; Sections 338C & 338D of the PHSA (42 USC 254m & 254n), as amended.

The NHSC Site Survey is an annual report prepared by all sites with NHSC-obligated clinicians. The survey is designed for sites which do not receive grant support from any of the federal HRSA programs identified in Sections 330 (e), (g), (h), and (i) of the Public Health Service Act (i.e. the Community Health Center Program, the Migrant Health Center Program, the Healthcare for the Homeless Program and the Public Housing Primary Care Program). Data reported through the Site Application, the Health Professional Shortage Area (HPSA) designation request form, or the NHSC Loan Repayment Program (LRP) application is not duplicated in the NHSC Site Survey.

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.

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 primary care physicians, nurse-midwives, nurse practitioners, physicians assistants and dentists. The NHSC Loan Repayment Program is available to the above identified health care professionals as well dental hygienists and mental and behavioral health professionals upon completion of their training.

Both the Scholarship and Loan Repayment assistance programs incorporate a service obligation based on the level of support received.

NHSC clinicians provide health care services at more than 3,000 sites. Approximately 50% of sites served by the NHSC receive grant support from BPHC under a variety of programs authorized by the PHS Act (refer to Section 330 programs mentioned above). These grantees report their activities using BPHC's UDS Report (OMB Control Number 0915-0193). The remaining sites, approximately 1,200 sites, are not supported by grants; however they are centers where NHSC clinicians are assigned. The NHSC primarily provides support to sites with their recruitment and retention efforts. Similar to the grant supported sites, the size and location of these entities 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 setting.

As data from the non-grant supported sites were not being reported, the NHSC began to experience difficulties in monitoring and evaluating the impact that the NHSC-supported clinicians were having on the communities they served. In addition, the lack of data created problems for the NHSC in developing comprehensive health care policy recommendations based on program activities.

This deficiency of data also resulted in a declining ability of the NHSC to identify sites that were struggling to adequately maintain clinical and administrative operations. Over time, several sites underwent challenges in recruiting and retaining providers. As a result, the NHSC developed its own survey tool to obtain information for program monitoring and management of sites with NHSC providers. Approval is being sought to continue using this survey tool for such purposes.

## **2. Purpose and Use of Information**

The purpose of the NHSC Site Survey is to serve as an information management system which provides insight and an overview of the health services, patient population, staffing levels, production, finances, and managed care enrollment provided at sites receiving NHSC support. The Site Survey allows the sites to assess the age, sex, race/ethnicity of, and provider encounter records for its user population. The survey reports are site specific.

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 have problems. In addition, the data provided by highly successful sites will serve as a model in assisting sites facing similar challenges.

### **3. Use of Improved Information Technology**

The NHSC Site Survey is fully electronic, and the data are received by the contractor electronically (<https://surveys.questionpro.com/a/TakeSurvey?id=1951810&rd=93830164>). 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.

If sites have significant Management Information System (MIS) needs related to the Site Survey 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 Site Survey 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.

The 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 Report, the NHSC Site Survey 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.

## **8. Consultation Outside the Agency**

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on August 26, 2011 (Vol. 76, No. 166, pages 53478-53479). No comments were received.

In partnership with the Bureau of Primary Health Care in 2000, a data work group was established to review the forms from both the BPHC and NHSC Site Survey (formerly the NHSC UDS Report). Representatives of the work group included both grant funded and non-grant funded sites, and were tasked to review both the survey collection and manual. No changes were suggested for the survey report for this clearance request. Two individuals, who were members of this workgroup, reviewed the NHSC Site Survey requirements:

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## **9. Remuneration of Respondents**

Respondents will not be remunerated.

## **10. Assurance of Confidentiality**

The NHSC Site Survey 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 entity 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 Site Survey:

NHSC Site Survey Hour and Cost Estimates

| <b>Number of Respondents</b> | <b>Responses per Respondent</b> | <b>Total Responses</b> | <b>Hours per Response</b> | <b>Total hour Burden</b> | <b>Wage Rate</b> | <b>Total Hour Cost</b> |
|------------------------------|---------------------------------|------------------------|---------------------------|--------------------------|------------------|------------------------|
| 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 survey 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 Site Survey 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 start-up costs are primarily for computer programming, in the amount outlined below:

Start-up Costs for Sites

| <b>Number of Sites Incurring programming Costs</b> | <b>Computer Costs per Site</b> | <b>Total Cost</b> |
|--|--------------------------------|-------------------|
| 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**

It is estimated that the annual cost to the Federal government for data processing will be in the amount of \$59,117. This amount includes the following:

| <b>Instrument</b> | <b>Organization</b> | <b>Pay Rate</b>   | <b>Project Time per FTE</b> | <b>Number of FTEs</b> | <b>Annual Cost</b> |
|-------------------|---------------------|-------------------|-----------------------------|-----------------------|--------------------|
| NHSC Site Survey  | HRSA                | GS-12<br>\$74,872 | .05                         | 2                     | \$7,487            |
|                   | Contractor (FCG)    | GS-9<br>\$51,630  | .20                         | 5                     | \$51,630           |
| <b>TOTAL</b>      |                     |                   |                             |                       | <b>\$59,117</b>    |

### 15. Changes in Burden

There are no changes in the estimate of burden.

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

#### Time Schedule:

Calendar year reports are due on December 19<sup>th</sup> or approximately 45 days following the close of the reporting year.

#### Analysis Plans:

The NHSC Site Survey 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 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.