

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

Supporting Statement

Term of Clearance: None

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 the Health Center Controlled Network (HCCNs) Grantees. Two forms will be used to electronically collect progress reports from the network grantees of the grant funding initiative. This information collection is authorized by section 330(c)(1)(C) and 330(c)(1)(B) of the Public Health Service (PHS) Act, as amended, (42 U.S.C. 254(b), as amended).

A key priority for BPHC is to provide grants to HCCNs to support and advance the adoption, implementation, and meaningful use of Health Information Technology (HIT) to improve the quality of care provided by existing Health Center Program grantees. HCCNs will support participating health centers through their participation in the current and future stages of meaningful use included in the Medicare and Medicaid EHR Incentive Programs. The CMS EHR Incentive Program provides incentive payments to the eligible health care providers as they adopt, implement, upgrade and demonstrate meaningful use of certified EHR technology. Stage 1 sets the baseline for electronic data capture and information sharing. Also, Stage 1 meaningful use criteria focus heavily on establishing the functionalities in certified EHR technology that will allow for continuous quality improvement and ease of information exchange. The goals for Stage 2 meaningful use criteria expand upon Stage 1 criteria to encourage the use of HIT for continuous quality improvement at the point of care and the exchange of the information in the most structured format possible. It is expected that Stage 3 will focus on the promoting improvements in quality, safety, and efficiency leading to improved health outcomes.

2. Purpose and Use of Information Collection

There are two progress report forms and both are designed to collect aggregate performance data from grantees funded. The Project Work Plan Update and Annual Progress/Interim Evaluation Progress Report forms have three parts: 1) Adoption and Implementation of HIT (including EHR); 2) Attainment of Meaningful Use Requirements; and 3) Quality improvement measures (e.g., Healthy People 2020 clinical quality measures, PCMH recognition status).

Grantees will submit two progress reports (accumulative yearly reports) each fiscal year of their grant award. The information collected from the progress report forms will serve multiple purposes. The data are 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 the funding initiative. The progress reports 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 are critical for HRSA grantees and individual providers to assess the status of existing EHR systems and health outcomes for patients. The partnership between HRSA, grantees, providers, and patients provides a unique opportunity to ensure that all parties share in the benefits of accurate information, lessons learned, major accomplishments, barriers encountered, and technical assistance to promote improved care and efficiency.

3. Use of Improved Information Technology and Burden Reduction

The progress reports are designed to collect unduplicated, aggregate-level data about network services and the patients they serve for better planning and funding allocation for HCCN programs. **100** percent of respondents will report electronically, and this in turn will reduce burden on the HCCN programs. By collecting the progress reports 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.

Once OMB approval is obtained, grantees will electronically submit their accumulative report in **December** of each fiscal year. Grantees will be required to submit information pertaining to planned and conducted activities. They will report on their updates, accomplishments, software and HIPAA compliance, and evaluation of performance outcome measures, sustainability plans, and contingency plans. All grantees will use the same form to complete their progress reports.

The progress reports will be submitted electronically (pending OMB approval) to the appropriate Project Officer and it will contain 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 HCCN grantees will submit their progress reports in EHB. BPHC

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.

staff will conduct training and provide technical assistance for use of the web based system.

Training will 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 and Use of Similar Information

This data type is required to evaluate or monitor the HCCN program, and is not available elsewhere. The progress reports are necessary to monitor the program's progress towards the objectives which the funding initiatives are designed to achieve.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in the study.

6. Consequences of Collecting the Information 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 EHR is 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. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

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

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on July 5, 2012, Vol. 77, No. 29, pp. 58395). There were no public comments.

Section 8B:

Representatives from two (2) existing HCCNs were asked to provide input on the progress report and instructional documents for completing them in summer 2012. The HCCN representatives were asked to evaluate and provide feedback on the proposed data/information fields and performance outcome measures. The comments that the HCCN representatives provided were used to enhance the development of the submitted progress reports.

The HCCN representatives who provided feedback are listed in the table below.

| |
|---|
| Richard Turner Georgia Association for Primary Health Care 404-270-2167 rturner@gaphc.org |
| Christopher Viavant Health Choice Network of Utah 801-879-9000 Chris@HCN-Utah.org |

9. Explanation of any Payment/Gift to Respondents

Respondents were not offered and will not receive payment and/or a gift.

10. Assurance of Confidentiality Provided to Respondents

The progress reports do 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. Justification for Sensitive Questions

There are no questions of a sensitive nature collected in the progress reports. 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 and Cost Burden

The estimate of average annualized hour burden for respondents is shown in Table 1. As Table 1 shows, an estimated total of 30 respondents will submit the progress reports. Each respondent will submit two responses - (1) Work Plan Update and (2) Annual Progress Report/Interim Evaluation Progress Report. Each grantee’s report will take approximately 10.9 hours on average to complete for the Work Plan Update and 44.5 hours for the Annual Progress Report/Interim Evaluation Progress Report. The total number of respondents (30) times two responses per grantee times and the estimated hours per response results in a total burden estimate of 1,662 hours for this activity.

12 A. Estimated Annualized Burden Hours

| Type of Respondent | Form Name | No. of Respondents | No. Responses per Respondent | Average Burden per Response (in hours) | Total Burden Hours |
|--------------------|---|--------------------|------------------------------|--|--------------------|
| | Work Plan Update | 30 | 1 | 10.9 | 327 |
| | Annual Progress Report/Interim Evaluation | 30 | 1 | 44.5 | 1,335 |
| Total | | 30 | - | - | 1,662 |

12 B. Estimates of Annualized Cost Burden to Respondents

| Type of Respondent | Total Burden Hours | Hourly Wage Rate | Total Respondent Costs |
|---|--------------------|------------------|------------------------|
| Project Manager (from BLS 2010, Administrative services managers) | 1,661.2 | \$ 33.63 | \$ 55,866.16 |
| | | \$ | \$ |
| Total | 1,661.2 | \$ 33.63 | \$ 55,866.16 |

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

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

14. Annualized Cost to Federal Government

HRSA estimates the first year investment is approximately \$520,000 for data infrastructure enhancements. Afterwards, the annualized investment is about \$350,000 for the following: the 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. The annualized cost to Federal Government is \$406,667.

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

The HCCNs will submit their progress reports to be uploaded annually to HRSA’s EHB. 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 and after the built-in quality assurance checks have been completed, the Web application manager will be able to supply a complete dataset in SQL, SPSS, SAS, or spreadsheet format for analysis. HRSA will analyze 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 the annual component, is expected to be ready for analysis in December of each reporting year (4 weeks after Report submission).

17. Reason (s) Display of OMB Expiration Date is Inappropriate

The expiration date will be displayed.

18. Exception to Certification for Paperwork Reduction Act Submissions

This information collection fully complies with 5 CFR 1329.9.

List of Attachments

| | |
|--------------|--|
| Attachment A | Health Center Controlled Networks Grant Funding Initiative |
| Attachment B | Progress Report Templates |
| Attachment C | Progress Report Instructional Aids |