

Supporting Statement A

Telehealth Resource Center Grant Program Performance

Office for the Advancement of Telehealth

OMB Control No. 0915-XXXX

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A. Justification

1. Circumstances Making the Collection of Information Necessary

The Office for the Advancement of Telehealth (OAT) promotes the use of telehealth technologies for health care delivery, education, and health information services. The Office is part of the Office of Rural Health Policy, located within Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services. HRSA's mission is to assure quality health care for underserved, vulnerable, and special needs populations.

The primary objective of the Telehealth Resource Center Grant Program (TRC Grant Program) is to provide technical assistance and share expertise with health care organizations, health care providers and health care networks interested in implementing telehealth technology. The resource centers serve as focal points for advancing the effective use of telehealth technologies in their respective communities and regions. In 2010, HRSA awarded grant funds to support eight ("Regional" TRCs). The TRC grant program is authorized under §330I(d)(2) of the Public Health Service Act (42 U.S.C. 254c-14(d)(2), as amended by the Health Care Safety Net Amendments of 2002 (P.L. 107-251).

As required by the Government Performance and Review Act of 1993 (GPRA), all federal agencies must develop strategic plans describing their overall goal and objectives. These annual GPRA plans contain quantifiable measures of each program's progress in meeting its respective goals and objectives.

In order to ensure the best use of public funds and to meet GPRA requirements, the Office for the Advancement of Telehealth contracted with John Snow, Inc. (JSI) to work in collaboration with the Telehealth Resource Centers (TRCs) to develop a set of performance measures to evaluate the technical assistance services provided by the TRCs. The goals of creating a performance measure set and collecting performance data are:

- 1) To show how the TRC program is performing using standard, nationally adopted metrics
- 2) To allow identification of best practices; and
- 3) To allow OAT to empirically demonstrate and communicate the TRCs' value to Congress and other stakeholders

The collection of TRC grant program performance data is based on HRSA's statutory authority under Sec. 301 of the Public Health Service Act (42 U.S.C. 241).

Terms of Clearance: None

2. Purpose and Use of Information Collection

The *TRC Performance Indicator Data Collection Tool* contains the data elements that would need to be collected by TRCs in order to report on the performance measures. This paper tool is intended to be translated into a web-based data collection form in the Performance Improvement Measurement System (PIMS) database. TRCs will be expected to complete data entry using the TRC Performance Indicator Data Collection tool bi-annually (every six months).

SAIC-PIMS database programmers, will program two standard reports utilizing the data entered from the electronic TRC Performance Indicator Data Collection Tool. The two standard reports have been developed by JSI as part of this project. The first standard report is an aggregate report entitled Aggregate TRC Grant Program Performance Indicator report that presents all the TRCs analyzed data. This aggregate report will be used by OAT to report on the following: performance and progress of the TRC Grant program to Congress, program monitoring, tracking trends, and assessing progress for quality improvement purposes. Also, OAT hopes to use the reported information to demonstrate the “value-added” that the TRC Grant program offers. The second standard report entitled Individual TRC Grant Program Performance Indicator Report is an individual/TRC level report that will allow TRCs to examine their own data for internal project monitoring and quality improvement purposes.

3. Use of Improved Information Technology and Burden Reduction

The use of improved information technology was considered throughout the process of developing the TRC Performance Indicator Data Collection Tool (“the Tool”) to reduce data entry burden to TRCs. The improved information technology capacity of PIMS was maximized in an effort to reduce burden to TRCs. Following is a description of how the functionality of the database was used to reduce burden.

- 1. Data Upload functionality-** The section of the Tool that requires TRCs to capture name, address information, and site type data for all originating sites in their service area can also be submitted by uploading a .csv file to PIMS. The option to submit this data by uploading to PIMS was developed to reduce data entry burden, since some TRCs already capture this data in their own local data collection systems, this data can be easily uploaded into PIMS instead of being directly key-entered.
- 2. Automated data elements-** The generation of some required data elements in the TRC Performance Indicator Data Collection tool will be automated in PIMS, to avoid unnecessary data collection and entry for TRCs. Specifically, the PIMS database will be directly linked to the HPSA finder database so that when TRCs upload originating site level data those sites will be automatically cross-mapped to their respective county and underserved area designations specifically Medically Under-Served Areas and Health Professional Shortage Areas (MUA and HPSA) required data elements.
- 3. Pre-population of existing records-** PIMS has the capability to store program-level data and originating site level data, so that in subsequent reporting periods TRCs would have the ability to update existing pre-populated records of this data rather than enter new records within each reporting cycle.

4. Efforts to Identify Duplication and Use of Similar Information

The data that TRCs are being asked to collect on the TRC Performance Indicator Data Collection Tool is unique, in that it captures data elements for performance measurement. This will be the first time that required standardized data elements will be collected from TRCs for this purpose. A review of the TRCs progress report template and their continuation applications was completed, to ensure that efforts were made to identify any areas of possible data collection duplication. The data collection in the Data Collection Tool supplements rather than duplicates data being captured in the TRCs progress report template. After close review, it was determined

that the performance measurement data elements were not being captured from any other source.

5. Impact on Small Businesses or Other Small Entities

We do not anticipate that any small business will be involved in this data collection effort.

6. Consequences of Collecting the Information Less Frequently

TRCs are expected to complete the TRC Performance Indicator Data Collection tool bi-annually (every six months). A bi-annual reporting period will allow OAT Project Officers to use the performance data to continuously improve the quality of the TRC grant program. Also, this frequency of data collection is required because OAT is also expected to report to HRSA and Congress around the performance of the program. To collect performance data less frequently would mean that OAT would not be able to regularly report to Congress in a timely manner, nor would OAT Project Officers be able to use this data to support their grantees in making timely program improvements.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No other special circumstances apply.

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 August 2nd, 2012, vol. 77, No. 149; pp. 46097-46098 (see **Attachment B**). As of date, there were no public comments.

Section 8B:

OAT contracted with JSI from 9/29/2010 to 9/28/2012 to work in collaboration with 8 currently funded TRCs on an Advisory Committee to develop the final performance measures and data collection Tool. A total of 16 TRC Advisory Committee meetings were convened over the two- year contract period with several e-mail exchanges in between meetings. The Advisory Committee's input and feedback was solicited at every stage of developing the performance measures and data collection tool. TRCs were continuously engaged in an iterative process to develop the performance measures and data collection tool. TRCs were asked to provide their views on feasibility of data collection of proposed data elements, clarity of instructions, and reporting format. All TRC Advisory Committee members participated in a pilot test of the data collection tool.

As part of the project orientation process, JSI reviewed prior performance measure development work from the Telehealth Network Grant program (TNGP) and used some of that work to inform the development of a preliminary list of potential key questions and measures relevant to the TRC Grant program goals and objectives. OAT Senior Advisor, Dena Puskin had been directly involved with the TNGP's process to develop performance measures and was able to provide guidance based on her experience.

Below is a table with the contact information of the members of the TRC Advisory

Committee:

Organization	Contact Person	Phone Number	Email Address
Southwest TRC	Elizabeth Krupinski	520-626-4498	krupinski@radiology.arizona.edu
Northwest TRC	Doris Barta	406-237-3602	doris.barta@svh-mt.org
Heartland TRC	Ryan Spaulding	(913) 588-2081	rspaulding@kumc.edu
South Central TRC	David Fletcher	501-686-6036	dafletcher@uams.edu
South Central TRC	Sarah Rhoads	501-240-5268	rhoadssarahj@uams.edu
Great Plains TRC	Stuart Speedie	612-624-4657	Speed002@umn.edu
California Telemedicine and EHealth Center (CTEC)	Christine Martin (has since left CTEC in July 2012 and was replaced by Rebecca Roland)	916-341-3372	cmartin@cteconline.org roland@caltelehealth.org
Pacific Basin TRC	Deborah Peters	808-692-1090	dbpeters@hawaii.edu
Southeastern TRC and Georgia	Rena Brewer	1-888-738-7210 Cell: 229-291-0494	rena.brewer@gatelehealth.org

9. Explanation of any Payment/Gift to Respondents

There will be no payments or gifts offered to respondents of the TRC Performance Indicator Data Collection Tool. The collection of this data by TRCs will be a required activity for all TRCs that are awarded by OAT.

10. Assurance of Confidentiality Provided to Respondents

The information that will be collected from TRCs does not contain any individual-level identifiable data from the telehealth programs in their service area. There is no legal basis required for a promise of confidentiality other than that offered by the Privacy Act. This data collection activity does not require IRB approval.

11. Justification for Sensitive Questions

The TRC Performance Indicator Data Collection Tool does not contain any questions of a sensitive nature such as data on sexual behavior, religious beliefs and so on. Furthermore, the data collection tool does not require the collection of sensitive data, including but not limited to, social security number, race/ethnicity, and personal identifiable information from telehealth programs.

12. Estimates of Annualized Hour and Cost Burden

The time burden estimates provided in Table 1 were generated from results from a pilot test of the TRC Performance Indicator Data Collection Tool that was conducted in March of 2012 with 8 TRCs. In the pilot test of the Data Collection Tool TRCs were asked to estimate how long it would take them to complete the entire form, an average of their responses was used to estimate the average time it would take a respondent to complete the form in hours.

Table 2 shows the estimated cost burden associated with the projected respondents time to complete the Data Collection Tool.

Table 1. Estimated Annualized Burden Hours

Instrument	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours
Telehealth Resource Center Performance Data Collection	10	76	760	0.07	53
Total	10	76	760	0.07	53

Table 2. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Telehealth Resource Centers	53	\$20.00*	\$1,060.00
Total	53	\$20.00*	\$1,060.00

*Based upon the mean average wages from May 2011 National Occupational Employment and Wage Estimates United States. US Department of Labor, Bureau of Labor Statistics. (Statistical Assistants, \$19.49/hour). http://bls.gov/oes/current/oes_nat.htm . Accessed 8/30/2012.

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

Capital and maintenance costs include the purchase of equipment, computers, computer software or services, or storage facilities for records, incurred in order to comply with this data collection activity. There are no direct capital costs required for respondents to incur in order to participate in this data collection effort. The data collection would occur throughout the grant term for a maximum of 4 years. The estimated annual costs for TRC respondents are \$1060.

14. Annualized Cost to Federal Government

HRSA's OAT has planned and allocated resources for the efficient and effective management and use of the information to be collected, including the processing of the information in a manner that shall enhance, where appropriate the utility of information to agencies and the public.

HRSA’s OAT estimates an annual investment of approximately \$497,238 for data system operation and maintenance, data analysis and report preparation. The cost for a GS-13 at 25 percent time to monitor the project (approximately \$24484). The total annual cost to the Federal Government is \$571,722.

15. Explanation for Program Changes or Adjustments

This is a new data collection effort.

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

The primary purpose for collection of TRC grant program performance data is for OAT to report this data to Congress and to use the findings for program improvement. Data from the TRC Performance Indicator Data Collection tool will be analyzed in the PIMS database and standard reports will be generated from PIMS for the OAT Project Officer and TRCs to use. Basic data analysis methods will be used to summarize and tabulate the data in the reports, such as frequencies of categorical data elements and means of continuous data elements. JSI and SAIC have developed a data analysis plan, that will be used to guide SAIC (PIMS database programmers) to program the two standard reports in PIMS that analyzes data entered from the TRC Performance Indicator Data Collection Tool. The data analysis plan document entitled Guide for Translating Paper TRC Performance Indicator Data Collection Tool and Related Reports into PIMS document can be found in **Attachment C**. It is highly unlikely that these standard reports will be published on the internet or in any other public domains.

Timeline for data collection and analysis

Task/Activity	Timeline
Anticipated OMB approval for data collection	January 2013
TRCs begin to enter data into electronic version of TRC Performance Indicator Data Collection Tool in PIMS	March 2013
Bi-annual submission of performance data to OAT using PIMS for 2012-2013 program year	September 2013
Generation of standard reports from PIMS	October 2013
Bi-annual submission of performance data to OAT using PIMS for 2013-2014 program year	March 2014
Generation of standard reports from PIMS	April 2014

Data collection from the TRC Performance Indicator Data Collection Tool is recurring; therefore the maximum 3-year clearance is requested.

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

OAT does not seek this exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to this certification.

Attachments:

Attachment A: TRC Performance Indicator Data Collection Tool

Attachment B: 60 day Federal Register Notice

Attachment C: Guide for Translating Paper TRC Performance Indicator Data Collection
Tool and Related Reports into PIMS