

DOCUMENTATION FOR THE GENERIC CLEARANCE FOR THE COLLECTION OF QUALITATIVE RESEARCH & ASSESSMENT

TITLE OF INFORMATION COLLECTION:

Understanding Changes to Local Health Department Clinical Service Provision

INTERVIEWS

SMALL DISCUSSION GROUPS

FOCUS GROUPS

QUESTIONNAIRES

OTHER (EXPLAIN:)

DESCRIPTION OF THIS SPECIFIC COLLECTION

1. Intended purpose

This is an exploratory project to identify and learn from local health departments (LHDs) who have been able to continue providing clinical services in states that have and have not expanded Medicaid. We aim to examine where supply of clinical services delivered by LHDs are meeting potential demand for these services as well as how LHDs may or may not have changed as a result of the changes in insurance coverage as a result of the Affordable Care Act (ACA). The goal of the project is to begin to understand if there are appropriate questions that can be asked of LHDs to determine, on a regular basis, if and how their service delivery mix changes over time or not.

2. Need for the collection

To our knowledge, there is no information that has been or is currently being collected similar to this. This is an exploratory study to answer questions that we currently do not have the data to answer through interviews.

3. Planned use of the data

Data will be collected and used for identifying potential mechanisms used by LHDs to potentially monitor if and how their service delivery mix changes over time or not.

4. Date(s) and location(s)

Data collection will begin in October 2015 and continue until August 2016.

5. Collection procedures

We are proposing to use interviews with local health departments (LHDs) identified through a positive deviance approach to understanding how LHDs may or may not be changing as a result of expanded insurance coverage. We anticipate a sample of 30-40 LHDs to be targeted for key informant interviews.

We have developed a telephone interview guide (not more than 1 hour in length) that focuses on the following topics: types of clinical services provided, changes in service provisions over the past 5 years, LHD funding sources, changes in funding over the past 5 years, interactions with payers (Medicaid, private payers, etc.), and challenges to service provisions and reimbursement, among other topics. Dr. Klaiman has convened an expert panel of six to seven federal experts in LHD services and billing for feedback on the interview guide prior to implementing it. She will also pilot the interview guide prior to administering it to participants with no more than nine individuals.

6. Number of collections (e.g., focus groups, surveys, sessions)

We anticipate a sample of 30-40 LHDs to be targeted for interviews.

7. Description of respondents/participants

Respondents will be LHD staff with oversight responsibilities of clinical service delivery and billing activities.

8. Description of how results will be used

Results will be used to determine if a tool for quantitative data collection may be useful to test theories developed in the qualitative analysis.

9. Description of how results will or will not be disseminated and why or why not

ASPE will not publish the data collected.

AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE

There is no proposed stipend or incentive.

BURDEN HOUR COMPUTATION (*Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours*):

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Local Health Department Staff	40	1	1	40	\$34.21	\$1,368.40
TOTALS	40	40		40		\$1,368.40

BURDEN COST COMPUTATION

Not applicable.

OTHER SUPPORTING INFORMATION

REQUESTED APPROVAL DATE: November 1, 2015

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DEPARTMENT/OFFICE/BUREAU: U.S. Department of Health and Human Services (HHS), Assistant Secretary of Planning and Evaluation (ASPE)