Supporting Statement A for Request for Clearance:

NATIONAL AMBULATORY MEDICAL CARE SURVEY: NATIONAL ELECTRONIC HEALTH RECORDS SURVEY

OMB No. 0920-NEW

Contact Information:

Eric Jamoom, Ph.D.
Health Scientist, Ambulatory Care Team
Ambulatory and Hospital Care Statistics Branch
Division of Health Care Statistics
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road, Room 3304
Hyattsville, MD 20782
301-458-4798
301-458-4032 (fax)
ejamoom@cdc.gov

January 9, 2014

Supporting Statement

NCHS National Electronic Health Record Survey

The National Center for Health Statistics (NCHS) requests approval to collect data for the National Electronic Health Records Survey (NEHRS) component of the ongoing National Ambulatory Medical Care Survey (NAMCS). The NEHRS has been a supplement under the NAMCS since 2008 and was known as the Electronic Medical Records Supplement (OMB No. 0920-0234: Expiration date 12/31/2014). This submission represents a New information collection request package for the National Ambulatory Medical Care Survey (NAMCS): National Electronic Health Records Survey (NEHRS)– (0920-New) for a period of 3 years.

The NAMCS NEHRS is a national survey of office-based physicians conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).The NAMCS NEHRS is sponsored by the Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services (DHHS). EHR adoption and meaningful use by other provider types and in other provider settings are tracked in separate efforts, coordinated by ONC such that the status of adoption and use across provider types and settings can be examined and compared. The continuing NAMCS NEHRS is partially funded by the American Recovery and Reinvestment Act of 2009 (ARRA) (Public Law 111-5), which includes the Health Information Technology for Economic and Clinical Health (HITECH) Act, as well as the Patient Protection and Affordable Care Act of 2010 (ACA). The NAMCS NEHRS is one source of data that HHS will use to measure progress towards the program goals of the HITECH Act. The NEHRS is intended to serve the particular goal of measuring progress in EHR adoption and meaningful use. The aim of both the HITECH Act and ACA include the overarching goals of enhancing efficiency and improving quality in the health care system, increasing the adoption rate of electronic health records (EHR), expanding access to care, and improving patient health. The NAMCS NEHRS will provide important information that will aid in the evaluation and implementation of electronic health records provisions laid out in ARRA and ACA.

We are requesting approval to:

- Collect data on the 2014, 2015, and 2016 NAMCS NEHRS cohorts using the updated instrument
- Collect additional data on half the 2014 cohort using the NAMCS NEHRS expansion instrument for 1 year
- Follow the 2014 cohort forward in time for two additional years using the NAMCS NEHRS expansion instrument in 2015 and 2016

A three-year clearance is requested. In addition to the requested approval summarized above and herein, we are also requesting the ability to submit non-substantive change packages, as needed, for form modifications occurring throughout the 2014-2016 study period.

A. Justification

1. Circumstances Making the Collection of Information Necessary

Background

The NAMCS NEHRS is an important source of information in measuring progress towards some of the program goals of the HITECH Act. The NAMCS NEHRS specifically measures progress in EHR adoption and meaningful use among office-based physicians. Many of the core questions in the NEHRS have been administered as part of NAMCS since 2001. The survey is conducted under authority of Section 306 of the Public Health Service Act (42 USC 242k) (**Attachment A**). Starting in 2008, the Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services (DHHS) has sponsored the NAMCS NEHRS as a supplement to the NAMCS. In both 2008 and 2009, the sample size of the supplement consisted of 2,000 physicians. Data from the supplement were combined with NAMCS data to produce statistical estimates of EHR adoption. To decrease the turn-around time in producing estimates from to combining the NAMCS mail supplement with the NAMCS, the NAMCS mail survey sample size was expanded in 2010 in order to make timely national and state-based estimates. ONC funded an increase in the sample size, from 2,000 physicians in 2009 to 10,302 physicians starting in 2010 in order to measure adoption rates by state in order to better evaluate and understand the impact of key HITECH programs and to obtain state baseline estimates that can be used to develop programs and approaches to support providers becoming meaningful users of EHRs in 2011 and beyond.

Several modifications in the questions are proposed for the 2014 NAMCS NEHRS; they are summarized in **Attachment B.** The new questions on the 2014 NAMCS NEHRS are designed to be responsive to decisions made in the context of the Stage II meaningful use rule promulgated in Medicare and Medicaid Programs; Electronic Health Record Incentive Program — Stage 2, 42 CFR §§ 412-413-495 (2012). The suite of meaningful use rules are designed to guide the creation of a private and secure 21st century electronic health information system. Meaningful use is being implemented in three stages. Specifically, Stage 1 began in 2011; Stage 2 will begin in 2014, and will add more requirements and new reports; and Stage 3 will begin in 2016 and is expected to add more requirements. The survey instrument will continue to evolve as the requirements for functionality evolve. Several questions were deleted from the 2013 NAMCS NEHRS relating to various types of consults and computerized capabilities that were not deemed as important to ONC. The proposed new questions will not increase the survey burden for physicians; that is, for each question that will be added, we have removed or modified an existing question in order to keep the survey length constant.

In 2014, half the NAMCS NEHRS sample will receive the regular NEHRS questionnaire described above and the other half will receive the NEHRS expansion questionnaire, which contains both the items in the regular questionnaire and additional content related to effects that EHRs have on clinical workflow and efficiencies as well as issues of access, quality, and costs associated with the delivery of health care that were asked on the NAMCS Physician Workflow Supplement in 2013. The expanded content will only be administered to half the sample in order to operate within funding constraints. Not administering the expanded survey to all participants will have the analytical impact of only being able to provide national rather than state-based estimates on the expanded 2014 NEHRS. This expanded content contains information that will help to understand how physician advanced care processes (e.g., patient management,

coordination of care, and patient engagement/access to health services), are affected by using EHRs. Additional information about unintended consequences and factors around experience with EHRs, such as training and time using any system, are included. The regular 2014 NAMCS NEHRS questionnaire is shown in **Attachment C**. The 2014 NAMCS NEHRS expansion questionnaire contains additional content is shown in **Attachment D.** We are also requesting clearance for longitudinal follow up of the 2014 cohort in 2015 and 2016, however, implementation is contingent upon availability of funding. For 2015 and 2016, a follow-up survey that has similar content as the NAMCS NEHRS expansion and will occur if funding is available.

1.1 Privacy Impact Assessment

The substantive information required for this section is provided in detail in "Overview of Data Collection System" below. The section titled "Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age" includes discussion of the NAMCS website.

Overview of the NAMCS NEHRS Data Collection System

The target universe of the NAMCS NEHRS includes nonfederally employed physicians, excluding those in the specialties of anesthesiology, radiology, and pathology, who were classified by the American Medical Association (AMA) or the American Osteopathic Association (AOA) as "office-based, patient care."

The NAMCS NEHRS data collection follows the Dillman[1] survey method with some modifications. The NAMCS NEHRS is a self-administered paper questionnaire that is sent from NCHS and returned in the mail by the sampled physician. The mail survey will include an introductory letter (**Attachment I**), a NCHS report that used previous NAMCS NEHRS data (http://www.cdc.gov/nchs/data/databriefs/db111.htm), and a survey questionnaire. Two subsequent mailings which include modified introductory letters and the survey questionnaire will be sent to non-respondents. After all three mailings, telephone calls will be made to all non-responding physicians in a final attempt to obtain survey data. If the physician is contacted and agrees to participate, the information will be obtained via telephone.

Items of Information To Be Collected

The NAMCS NEHRS collects information on a range of data to address evaluation and research questions about measuring EHR adoption and meaningful use. The specific data involved in such data collected on the NAMCS NEHRS includes:

- physician characteristics (e.g., specialty, visit volume)
- practice characteristics (e.g., ownership, practice revenue, number of mid-level providers).

[1] The Dillman survey method, also known today as the Tailored Design Method (TDM) is often regarded as the standard for mail surveys. The Dillman survey method includes steps such as sending a personalized letter, the questionnaire with return postage prepared, a follow-up postcard, and duplicate packets to non-respondents.

- EHR adoption and meaningful use (e.g., use of any type of EHR systems, availability of EHR functions, intent to apply for meaningful use incentives, intent to install a new EHR system, and the extent to which physicians are sharing patient health data electronically)

The follow-up surveys and the NAMCS NEHRS expansion collect additional data:

- effects that EHRs have on clinical workflow, efficiencies, unintended consequences of using EHRs
- effects of EHR adoption and use on issues of access, quality, and costs associated with the delivery of health care
- additional measures of physician arrangements that may be related to EHR adoption (e.g., ACO, PCMH, P4P)

Information in Identifiable Form (IIF)

The NAMCS NEHRS provides numerous and varied national estimates on provider and practice characteristics. Although a majority of the data collected is not considered personally identifiable, some fit the definition of information in identifiable form (IIF). A list of all IIF data items is highlighted below, and all were approved by OMB for the NAMCS Information Collection (0920-0234). None of these data are released to the public or become part of public-use files.

Information in Identifiable Form Categories:

Obtained from the sample file
● Physician name

Obtained or verified in the survey
● Practice county, state, and zip code
● Physician telephone number
● Physician e-mail address

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

There are no websites directed at children under 13 years of age.

The ambulatory health care data website dedicated to NAMCS and NEHRS (http://www.cdc.gov/nchs/ahcd/namcs_participant.htm) describes the survey, answers questions respondents may have on why they should participate, and describes how the Privacy Rule permits data collection for NAMCS.

2. Purpose and Use of Information Collected

The general purpose of this study is to collect information about EHR adoption in physician offices. The resulting published statistics and data sets help policymakers track EHR adoption and associated system characteristics over time as well as progress towards the HITECH Act

program goals measurement. If NAMCS NEHRS data were not collected, there would be no known national and state-level estimates on EHR adoption in physician offices outside of the PII form from the traditional NAMCS, which produces national estimates and estimates for the most populous states. However, the NAMCS NEHRS allows for more detailed and more timely estimates on EHR adoption than is feasible with the traditional NAMCS. We would not be able to produce the estimates needed to track adoption of EHRs in physicians' offices and measure progress towards HITECH program goals. Complementary attitudinal data on physician experiences with EHRs will help us understand how physicians' care has been affected since implementing EHR systems. If funding and resources permit, the eligible 2014 NAMCS NEHRS respondents may receive longitudinal follow-up questionnaires in 2015 and 2016 to evaluate the effect of EHR use on the delivery of health care over time. There are some limitations with a short follow-up period, and extending the time between surveys may help to provide more accurate conclusions on EHR effectiveness across several domains. However funding may not be available for such an effort. Therefore, follow-up components may be delayed until funding is available.

Having data that identify a physician office's ability to perform a particular computerized task help track the adoption of new health information technologies across various physician and practice characteristics (e.g., specialty, office type, and ownership) over time.

Estimates from 2010-2012 EHR data have recently been published by NCHS staff and show that EHR adoption varies considerably as a function of practice location and type of EHR system. The highlighted reports and papers below are of great utility for ONC in measuring physician's access to interoperable EHR adoption by 2014.

- Hsiao CJ, Jha AK, King J, Patel V, Furukawa MF, Mostashari F. Office-Based Physicians Are Responding To Incentives And Assistance By Adopting And Using Electronic Health Records. *Health Affairs.* 2013 Jul 9. [Epub ahead of print]
- Hsiao CJ, Decker SL, Hing E, Sisk JE. Most physicians were eligible for federal incentives in 2011, but few had EHR systems that met meaningful-use criteria. *Health Affairs.* 2012 May;31(5):1100-7
- Hsiao CJ, Hing E, Socey TC, Cai B. Electronic Medical Record/Electronic Health Record Systems of Office-Based Physicians: United States, 2009 and Preliminary 2010 State Estimates. *NCHS Health E-Stat*. 2010 December. (see http://www.cdc.gov/nchs/data/hestat/emr_ehr_09/emr_ehr_09.htm)
- Hsiao CJ, Hing E, Socey TC, Cai B. Electronic Health Record Systems and Intent to Apply for Meaningful Use Among Office-Based Physician Practices: United States, 2001-2011. *NCHS Data Brief*. 2012 February. (see http://www.cdc.gov/nchs/data/databriefs/db79.htm)
- Hsiao CJ, Hing E. Use and Characteristics of Electronic Health Record Systems Among Office-Based Physician Practices: United States, 2001-2012. *NCHS Data Brief*. 2012 December. (see http://www.cdc.gov/nchs/data/databriefs/db111.htm)

Privacy Impact Assessment Information

The survey is designed so that NCHS receives no identifiable patient information, such as patient names, Social Security numbers, or health identification numbers. Hard copies of the survey forms will be stored in a locked file cabinet in a secure building at NCHS. Prior to 2003, NAMCS was exempted from IRB review because physician practices were not considered to be human subjects, the medical record data already existed, and no patient identifiers were collected. However, with the implementation of the Privacy Rule mandated by the Health Insurance Portability and Accountability Act (HIPAA) in April, 2003, a full review of NAMCS protocol was required by the IRB.

The NAMCS data collection plan has been approved by CDC's Research Ethics Review Board (IRB) (Protocol #2010-02) based on 45 CFR 46. In addition, the Board has granted a waiver of the documentation of informed consent by physicians

The Research Ethics Review Board's letter granting approval for continuation of Protocol #2010-02 NAMCS for the maximum allowable period of one year is presented in **Attachment H**.

In this survey, as in others, NAMCS will include a routine set of measures to safeguard confidentiality, including the following: all staff who have access to confidential information are given instruction by NCHS staff on the requirement to protect confidentiality, and are required to sign a pledge to maintain confidentiality; only such authorized personnel are allowed access to confidential records, and only when their work requires it; when confidential materials are moved between locations, records are maintained to ensure that there is no loss in transit, and personally identifiable information is shipped separately from providers' contact information; and when confidential information is not in use, it is stored in secure conditions.

In keeping with NCHS policy, NAMCS data are made available via public-use data files to the public. Confidential data are never released to the public. All personal identifiers such as physician/provider name, address, patient date of birth, and any other specific information are removed from the public release files. All data releases are reviewed by the NCHS Disclosure Review Board to avoid data breaches, such as release of detailed geographic information that may allow anyone to identify practices or individuals in the general population.

In the introductory letter from the NCHS director, it states that participation in the NAMCS is voluntary. There is no effect on the respondent for not participating. NAMCS data are used to monitor office-based ambulatory health care utilization. The information is not shared with anyone, although public-use data files are available on the NAMCS website once individually identifiable information is removed. The legal authority for NAMCS data collection is Section 306 of the Public Health Service Act (42 U.S.C. 242k).

3. Use of Improved Information Technology and Burden Reduction

The 2014-2016 NAMCS NEHRS will use mail and phone follow-up for modes of data collection. NCHS plans to reduce burden for the potential follow-up of eligible physicians from 2014 by electronically collecting data via the web in 2015 and 2016 (~33% or responses).

4. Efforts to Identify Duplication and Use of Similar Information

NCHS staff have had extensive contacts regarding survey items with organizations and individuals in both the private and public sectors who are familiar with EHR adoption. Advice from consultants, attendance at relevant meetings, and literature reviews have been used to identify other sources that collect data on EHR adoption similar to those collected by the NAMCS NEHRS; however, outside of the NAMCS NEHRS and the traditional NAMCS PII data, there have been no other sources that would be able to provide annual national and state-level estimates.

5. Impact on Small Businesses or Other Small Entities

Many NAMCS NEHRS respondents are physicians in solo practices. In order to reduce respondent burden for these and all respondents, the sampling procedures are designed to limit participation to once every three years for the combined samples of the traditional NAMCS and regular NAMCS NEHRS.

6. Consequences of Collecting the Information Less Frequently

The rapidly changing environment of health information technology makes it important to have annual data for decision making, describing the current EHR adoption rate, monitoring the trend, and planning possible changes in policies.

The NAMCS NEHRS will assist in measuring the progress of EHR Adoption and the overarching goals of the HITECH Act and ACA. The items for the NAMCS NEHRS will help guide the policymaking process surrounding Stage II meaningful use. The meaningful use rule is part of a coordinated set of regulations to help create a private and secure 21st century electronic health information system. The information obtained from these questions (questions related to the health information exchange and the EHR functionality questions) will provide great value to ONC and NCHS. If not collected annually this will make measuring trends and the progress of EHR Adoption and the overarching goals of the HITECH Act and ACA more difficult.

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

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. Federal Register Notice

This project fully complies with all guidelines of 5 CFR 1320.8(d). The 2014-2016 NAMCS NEHRS was published for public comment in the Federal Register August 26, 2013, Vol. 78, No. 165, pages 52769-52770 (**Attachment E**).

One public comment, which suggested that annual administration of this survey is not necessary, was received in response to the notice and shown in **Attachment F**. The following CDC response was forwarded to the individual providing comments:

> Thank you for your comments concerning the CDC 60 Day Federal Register Notice for OMB No. 60-Day-13-13AFV, National Ambulatory Medical Care Survey. We have given the concerns you described careful consideration. For further information regarding the unique mission of CDC, please refer to our website at www.cdc.gov.

B. Efforts to Consult Outside the Agency

Both ONC and NCHS have worked closely on the development of the EHR questions currently used in the survey. NCHS will continue to work closely with these individuals and agencies as the need for consultation arises. There are no outstanding unresolved issues. A list containing the names of the consultants is provided in **Attachment G**.

9. Explanation of Any Payment or Gift to Respondents

The NAMCS NEHRS will not offer a monetary incentive to respondents for participation. However, a non-monetary token has been shown to boost physician response rates (Beatty & Jamoom, 2013). The decision to use a non-monetary token would be based on available funds and the need for NCHS to boost physician response rates to maintain nationally representative data. An example of a potential non-monetary item would be a pen valued at $1.83, and would cost $20,778 annually. NCHS will request clearance from OMB for any change to paid incentives.

Beatty, P. Jamoom, E.W. “The Effect of Non-Monetary Incentives in a Longitudinal Physician Survey.” AAPOR, Boston, MA, May 17, 2013.

10. Assurance of Confidentiality Provided to Respondents

An assurance of confidentiality is provided to all respondents according to section 308 (d) of the Public Health Service Act (42 USC 242m) which states:

> "No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section...306 (NCHS legislation),...may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose and (1) in the case of information obtained in the course of health statistical or epidemiological activities under section...306, such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form,..."

In addition, legislation covering confidentiality is provided according to section 513 of the Confidential Information Protection and Statistical Efficiency Act (PL 107-347) which states:

> "Whoever, being an officer, employee, or agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by section 512, comes into possession of such information by reason of his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this title, willfully discloses the information in any manner to a person or agency not entitled to receive it, shall be guilty of a class E felony and imprisoned for not more than 5 years, or fined not more than $250,000, or both."

Privacy Impact Assessment Information

A. This submission has been reviewed by the Information Collection Review Office (ICRO), who determined that the Privacy Act does apply. The applicable System of Records Notice is 09-20-0167 Health Resources Utilization Statistics. The NCHS Privacy Act Coordinator and the NCHS Confidentiality Officer have also reviewed this package and have determined that the Privacy Act is applicable.

B. The survey collects personal identifiable information for analysis purposes and because we may contact physicians for future surveys. Hard copies of the survey forms will be stored in a locked file cabinet at NCHS for 2 years after data collection. Thereafter, the records will be sent for storage at the National Archives.

The NAMCS NEHRS data collection plan has been approved by CDC's Research Ethics Review Board (IRB) (Protocol #2010-02) based on 45 CFR 46. In addition, the Board has granted a waiver of the documentation of informed consent by physicians.

The Research Ethics Review Board's letter granting approval for continuation of Protocol #2010-02 NAMCS NEHRS for the maximum allowable period of one year is presented in **Attachment H**.

In this survey, as in others, the NAMCS NEHRS will include a routine set of measures to safeguard confidentiality, including the following: all staff (NCHS and contractual staff) who have access to confidential information are given instruction on the requirement to protect confidentiality, and are required to sign a pledge to maintain confidentiality; only such authorized personnel are allowed access to confidential records, and only when their work requires it; when confidential materials are moved between locations, records are maintained to ensure that there is no loss in transit; and when confidential information is not in use, it is stored in secure conditions.

In keeping with NCHS policy, NAMCS NEHRS data are made available via the Research Data Center. NCHS is working on creating public-use data files. Confidential data are never released to the public. All personal identifiers such as physician name, address, and any other specific information will be removed from the public release files. All data releases are reviewed by the

NCHS Disclosure Review Board to avoid data breaches, such as release of detailed geographic information that may allow a person to identify practices or individuals in the general population.

C. In the introductory letter from the NCHS director, it states that participation in the NAMCS NEHRS is voluntary. There is no effect on the respondent for not participating. NAMCS NEHRS data are used to monitor adoption of EHR. The legal authority for NAMCS data collection is Section 306 of the Public Health Service Act (42 U.S.C. 242k).

11. Justification for Sensitive Questions

It is necessary for the NAMCS NEHRS to collect some protected and approved information, such as practice's county, and ZIP code. These data are used internally to create geographic variables, such as region and Metropolitan Statistical Area status. Strict procedures are utilized to prevent disclosure of respondent identities. Name and other contact information are collected in order to re-contact the participants for future surveys. No sensitive data are shared.

12. Estimates of Annualized Burden Hours and Costs

A. Burden Hours

This submission requests OMB approval for three years of NAMCS NEHRS data collection. The current design prevents selection of an individual to new NAMCS samples more than once every 3 years, and only eligible respondent physicians in the 2014 survey are included in the follow-up surveys each year. The burdens for one complete survey cycle are summarized in the tables below. The NAMCS NEHRS samples 10,302 physicians annually. In 2014 half of the sample will receive the regular NAMCS NEHRS and half will receive the expanded NAMCS NEHRS. A separate longitudinal follow-up of those who participated in the 2014 NAMCS NEHRS will occur in 2015 and 2016 if funding and resources permit. The estimated annualized burden hours were based on previous years' response experience in administering the NAMCS EHR mail supplement and NAMCS Workflow mail supplement. The table represents an estimate for one year of data collection over the approval period (2014-2016). The estimated annual burden is 7,155 hours.

Table of Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (Hours)	Total Burden (Hours)
Office-based physicians	Regular NAMCS NEHRS	8,585	1	20/60	2,862
Office-based physicians	Expanded NAMCS NEHRS	1,717	1	30/60	859
Office-based physicians	NAMCS NEHRS expansion (Follow-up)	6, 868	1	30/60	3,434
Total					7, 155

The estimated total sample size of the regular NAMCS NEHRS for three years was averaged across the 2014-16 survey period ([5,151+10,302+10,302]/3=8,585). For the 2014 expanded NAMCS NEHRS, the estimated sample size for 2014 was also averaged across the 2014-2016

survey period (5,151/3=1,717). Since the follow-up survey will only be fielded in 2015 and 2016, the estimated total number of eligible respondents for two years was averaged across the 2014-16 survey period ([10,302+10,302]/3=6,868).

B. Burden Cost

The average cost to providers for each of the five data collection cycles is estimated to be $135,549. The hourly wage estimates for completing the forms mentioned above in the burden hours table are based on information from the Bureau of Labor Statistics web site (http://www.bls.gov). Specifically, we used the "May 2012 National Occupational Employment and Wage Estimates" for (1) health care practitioners and technical occupations, and (2) office administrative and support administrative support occupations. Data were gathered on mean hourly wage in 2010 for physicians and other professionals involved in managing a private office-based practice (e.g., nurses, receptionists, etc.). The total cost estimate for office-based physicians includes estimates for completing the NAMCS NEHRS. The average hourly wage for these respondents is weighted based on who typically completes the form. For example, to better approximate costs, the estimate of $92.70 (office-based physicians) was an average based on the hourly salary of family and general practitioners, general internists, obstetricians and gynecologists, general pediatricians, psychiatrists, surgeons, and a catch-all category "Physicians and Surgeons, All Other." The following table shows the total annual respondent cost.

Table of Annualized Respondent Cost

Type of Respondent	Response Burden (in hours)	Average Hourly Wage	Total Cost
Office-based physicians, mail survey	7,155	$92.70	$663,269
Total			$663,269

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

For this project there will be no annual capital or maintenance costs to the respondent resulting from the collection of information.

14. Annualized Cost to the Government

The estimate of average annual cost to the government for the 2014-2016 regular NAMCS NEHRS is as follows:

$ 161,765 Printing, mailing and postage
$ 22,668 Web data collection
$ 216,685 Telephone follow-up of initial non-respondents
$ 20,778 Cost of pens
$ 344,629 Coding, processing, and data entry
$ 298,140 Staff salaries

$ 1,064,665 Average Total cost for 12 months

15. Explanation for Program Changes or Adjustments

This is a newly submitted data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The timetable for key activities for the 2014 survey is:

Month of OMB approval	Finish sample selection
One month after OMB approval	Begin data collection for 2014 NAMCS NEHRS
Five months after OMB approval	End data collection
Eight months after OMB approval	Begin data analysis
Eleven months after OMB approval	Publish Data Brief

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

An exception for displaying the expiration date is not requested.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

The data encompassed by this project will fully comply with all guidelines of 5 CFR 1320.9, and no exception is requested to certification for Paperwork Reduction Act Submission.

19. List of Referenced Attachments

A. Applicable Laws and Regulations

B. Changes to 2014 NEHRS

C. Regular 2014 National Electronic Health Records Survey

D. Expanded 2014 National Electronic Health Records Survey

E. Federal Register / Vol.78, No. 165, 52769-52770 / Monday, August 26, 2013 / Notices

F. Federal Register Public Comments

G. Consultants for 2014-2016 NAMCS National Electronic Health Records Survey

H. IRB Continuation of Protocol Approval Letter

I. 2014 NAMCS NEHRS Letters