TITLE OF INFORMATION COLLECTION: Survey for Long-Term (LT) and Post-Acute Care (PAC) Electronic Health Records (EHR) and Health Information Exchange (HIE) Adoption

PURPOSE:

The Centers for Medicare and Medicaid (CMS) seeks to assess Electronic Health Record (EHR) and Health Information Exchange (HIE) adoption rates for Long-Term (LT) and Post-Acute Care (PAC) providers who were ineligible to receive EHR incentives or other funding under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009. The HITECH Act was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology in acute care settings. Given that LTPAC providers were not included as eligible providers in the HITECH Act and limited knowledge is available about the adoption of EHRs and HIE in these important and vastly utilized care settings, CMS seeks to better understanding the EHR and HIE adoption rates to support care for persons receiving LT and PAC.

PAC is provided in a variety of settings, including skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), and in patients' homes by home health agencies (HHAs). Often provided with the goal of shortening a patient's hospital stay, PAC is just one component of a broad care delivery continuum. Understanding EHR and HIE adoption to support transitions in care and shared care for persons receiving LTPAC is an important objective for CMS.

Due to the significant amount of LTPAC beneficiary care and costs and the need for coordination of care across the continuum of care, understanding the EHR and HIE adoption rates for LTPAC settings can provide CMS with important information for policy and program determination. In an effort to understand the EHR and HIE adoption rates in LTPAC settings, CMS is planning a voluntary, one-time, and brief online survey to the LTPAC provider community.

DESCRIPTION OF RESPONDENTS:

The survey will be disseminated to the following facilities for a one time, voluntary response:
- Long Term Care Hospital (LTCH)
- In-patient Rehabilitation Facility (IRF)
- Hospice (Home and In-patient)
- Home Health Agency (HHA)
- Skilled Nursing Facility (SNF) and Nursing Facilities (NF)
- Swing Bed

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [ ] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] Focus Group   [x] Other: <u>Voluntary, one time survey</u>

CERTIFICATION:

I certify the following to be true:
1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: __Stella Mandl

To assist review, please provide answers to the following question:

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [x] No
2. If yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?   [ ] Yes [x] No
3. If yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [x] No

Gifts or Payments:
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [x] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time (hours)	Burden
Long-Term Care Hospital (LTCH)	428	0.333333333	143
In-patient Rehabilitation Facility (IRF)	1159	0.333333333	386
Hospice (Home and In-patient)	4056	0.333333333	1,352
Home Health Agency (HHA)	12,528	0.333333333	4,176
Skilled Nursing Facility (SNF) and Nursing Facilities (NF)	15,647	0.333333333	5,216
Swing Bed	510	0.333333333	170
Totals	34328		11,443

FEDERAL COST: The estimated annual cost to the Federal government is $<u>2,591.10</u>

	Total Hours	Average Salary (per hour) http://www.fedsdatacenter.com/gs-pay-calculator/	Total cost
1.0 FTE at GS-9 Level	90	$28.79	$2,591.10

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents
Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

[x] Yes, a customer list [ ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)?   If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The Centers for Medicare and Medicaid Services (CMS) listserv will be used as the customer list that defines the universe of potential respondents. Given that the Survey for Long-Term (LT) and Post-Acute Care (PAC) Electronic Health Records (EHR) and Health Information Exchange (HIE) Adoption is a one time, voluntary survey for providers, the burden estimate was calculated based on the entire population of potential respondents. However, based on past experience with administering similar surveys and on industry standards for external surveys, CMS expects to see a 15%[12] response rate from all provider types.

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
       [x] Web-based or other forms of Social Media
       [ ] Telephone
       [ ] In-person
       [ ] Mail
       [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [x] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

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[1] http://www.surveygizmo.com/survey-blog/survey-response-rates/

[2] http://help.surveymonkey.com/articles/en_US/kb/How-many-respondents-do-I-need

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.
No. of Respondents: Provide an estimate of the Number of respondents.
Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)
Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.