

Supporting Statement B

Uniform Data System

OMB Control No. 0915-0193

B. Collection of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

The respondent universe for the 2015 Uniform Data System (UDS) includes all Health Center Program grantees and look-alikes who receive HRSA funding or designation in CY 2015. The unit of analysis is at the health center level, and the entire universe will be included in the dataset (1302 health centers). Expected response rate for the data collection effort is 100%. UDS data have been collected annually since 1996, and the actual response rate has been 100% of the universe. Since all health centers submit data, no statistical methods are used to select respondents. The entire universe is included, rather than a sample of health centers because the UDS data reporting activities are part of the programmatic requirements; all health centers are required to submit data to the Bureau of Primary Health Care (BPHC) so that the data can be used to track performance and inform performance improvement efforts.

2. Procedures for the Collection of Information

No statistical methods are needed for sample selection, because the entire universe of health centers is required to submit UDS data. Since the universe is reporting, we are able to calculate the true population parameters, rather than estimating statistics based on a sample.

Data are collected through administrative, financial, and medical records reviews. Data

are not based on survey questionnaires, so interviewers are not applicable to the data collection process. Health centers are given advance notice when the UDS is open for data submission in their Electronic Handbook (EHB). They have 3 months to submit and finalize their data after the data is reviewed.

BPHC has several strategies for assuring data quality. For instance, BPHC provides very specific written reporting instructions in the UDS Manual that is updated annually. BPHC also utilizes a contractor to provide training and technical assistance. The contractor works with Primary Care Associations in all states to provide annual UDS data reporting training. The contractor also runs a consultation helpline which health centers can access if they require assistance with data collection activities. Once data have been submitted, the contractor performs numerous data checks to identify and resolve any data discrepancies. The contractor has numerous staff members who work one-on-one with health centers to support data accuracy. They also conduct sensitivity analyses to determine the impact of any data edits.

3. Methods to Maximize Response Rates and Deal with Nonresponse

All Health Center Program grantees and look alike are required to complete the UDS. Training and technical assistance is available for all health centers to facilitate reporting for the UDS. Since the dataset includes the universe of health centers, the UDS provides accurate and reliable population parameters; there are no issues of reliability since this is not a sample.

The expected response rate is 100%. This is based on several years of experience collecting UDS data. Follow-up procedures for getting all health centers to submit their data include email notifications and telephone calls to health center administrators.

4. Tests of Procedures or Methods to be Undertaken

All UDS tables used for data collection and reporting are approved by OMB before they

are implemented. BPHC pilot tests major changes in data collection before they are proposed. For example, in 2008 a pilot test was conducted before new clinical performance measures were introduced. In 2011, a pilot test was conducted for new data collection and reporting of staff tenure data. The results of pilot tests were described in each applicable supporting statement for the proposed data collections.

For the clinical performance measures, the data collection methods and requirements have not changed since they were implemented in 2008. For each measure, grantees may report on a sample of 70 patients or for all patients within the specified universe (e.g., for the blood pressure control measure, the universe is all patients age 18 to 85 years with a diagnosis of hypertension, seen at least twice during the reporting year). BPHC encourages health centers to report on all patients that meet the identified criteria for each measure using their Electronic Health Records (EHRs). HRSA considers this method to present a relatively low burden to grantees, especially in view of the value of the data for grantee quality improvement. Grantees have been very positive about reporting the clinical measures.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Consultation on data collection was obtained from the organization listed below. Advocates for Human Potential, Inc. is a public health consulting firm that has provided consultation on the proposed UDS. AHP and their subcontractor John Snow, Inc. has worked with HRSA staff in developing and reviewing the UDS instructions and materials and has provided valuable technical and analytical expertise.

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