Health Resources and Services Administration
Bureau of Primary Health Care
Health Center Controlled Networks Progress Reports

Supporting Statement

Term of Clearance: None

A.   Justification

1.   <u>Circumstances of Information Collection</u>

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) is requesting that the Office of Management and Budget (OMB) extend approval to electronically collect progress reports from the Health Center Controlled Network (HCCNs) Grantees. Two forms are being used to electronically collect progress reports and work plans from the network grantees of the grant funding initiative. This information collection is authorized by section 330(c)(1)(C) and 330(c)(1)(B) of the Public Health Service (PHS) Act, as amended, (42 U.S.C. 254(b), as amended). BPHC is making no changes to the forms or instructions but is adjusting the number of anticipated respondents in the burden estimate.

A key priority for BPHC is to provide grants to HCCNs to support and advance the adoption, implementation, and meaningful use of Health Information Technology (HIT) to improve the quality of care provided by existing Health Center Program grantees. HCCNs will support participating health centers through their participation in the current and future stages of meaningful use included in the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Incentive Program. The CMS EHR Incentive Program provides incentive payments to the eligible health care providers as they adopt, implement, upgrade and demonstrate meaningful use of certified EHR technology. Stage 1 sets the baseline for electronic data capture and information sharing. Also, Stage 1 meaningful use criteria focus heavily on establishing the functionalities in certified EHR technology that will allow for continuous quality improvement and ease of information exchange. The goals for Stage 2 meaningful use criteria expand upon Stage 1 criteria to encourage the use of HIT for continuous quality improvement at the point of care and the exchange of the information in the most structured format possible. It is expected that Stage 3 will focus on the promoting improvements in quality, safety, and efficiency leading to improved health outcomes.

2.   <u>**Purpose and Use of Information Collection**</u>

There are two forms. Both are designed to collect aggregate performance data from grantees funded. The Work Plan Update and Annual Progress Report forms have three parts: 1) Adoption and Implementation of HIT (including EHR); 2) Attainment of Meaningful Use Requirements; and 3) Quality improvement measures (e.g., Healthy People 2020 clinical quality measures, PCMH recognition status).

Grantees submit one progress report each fiscal year of their grant award. The information collected from the progress report forms serve multiple purposes. The data are needed to enhance the quality and efficiency of primary and preventive care through the effective use of HIT. The information is used to inform new technical assistance needs and evaluate the performance and outcome of the funding initiative. The progress reports also enhance HRSA's ability to respond to Departmental inquiries regarding the program in a timely and accurate manner. Information is also used in the preparation of reports to Congress and other external agencies.

In addition to meeting the goal of accountability to Congress, patients, and the general public, information collected from the progress reports are critical for HRSA grantees and individual providers to assess the status of existing EHR systems and health outcomes for patients. The partnership between HRSA, grantees, providers, and patients provides a unique opportunity to ensure that all parties share in the benefits of accurate information, lessons learned, major accomplishments, barriers encountered, and technical assistance to promote improved care and efficiency.

3.   <u>**Use of Improved Information Technology and Burden Reduction**</u>

The progress reports are designed to collect unduplicated, aggregate-level data about network services and the patients they serve for better planning and funding allocation for HCCN programs. **100** percent of respondents report electronically, and this in turn reduces burden on the HCCN programs. By collecting the progress reports electronically, it will significantly enhance HRSA's ability to monitor and measure grantee performance; analyze and assess outcomes attributable to HCCN funding; review processes and take action to improve program operations; and identify successes and problems for policy and program development.

Grantees electronically submit their accumulative report in **December** of each fiscal year. Grantees are required to submit information pertaining to planned and conducted activities. They report on their updates, accomplishments, software and HIPAA compliance, and evaluation of performance outcome measures, sustainability plans, and contingency plans. All grantees use the same form to complete their progress reports.

The progress reports are submitted electronically to the appropriate Project Officer and contain multiple questions and worksheets to collect specific information about each funding opportunity. Grantees submit their progress reports through HRSA's already established Electronic Hand Book (EHB)[1]. BPHC staff conduct training and provide technical assistance for use of the EHB web based system as well as conduct training with grantees on the progress report and the instructional documents which explain the progress report. Project Officers provide technical assistance when requested by grantees.

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[1] The EHB allows business processes such as grants management to be broken down into discrete role-based handbooks. The EHB contains electronic forms which can be used in real-time.

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4. Efforts to Identify Duplication and Use of Similar Information

These data are required to evaluate or monitor the HCCN program, and are not available elsewhere. The progress reports are necessary to monitor the program's progress towards the objectives which the funding initiatives are designed to achieve.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in the study.

6. Consequences of Collecting the Information Less Frequently

Grants are awarded to grantees, and through those grantees, contracts are given to service providers on an annual basis. Without annual reporting on the use of grant funds, HRSA would not be able to carry out its responsibility to oversee compliance with the intent of congressional appropriations in a timely manner. Because EHR is expanding, annual reporting with progress reports is necessary to determine whether the administration of the funds are having the desired positive performance outcome on HCCNs market places.

If the information is not collected at all, HRSA will not know or be able to report the following:
- whether program funds are being spent for their intended purposes,
- what types of and how many individuals are receiving services with EHRs, and
- whether funded services are achieving planned patient- and service-level outcomes.

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

The data will be collected in a manner fully consistent with the guidelines in 5 CFR 1320.6

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 July 22, 2015, Vol. 80, No. 140, pp. 43445-43446)**.** There were no public comments.

9. Explanation of any Payment/Gift to Respondents

Respondents were not offered and will not receive payment and/or a gift.

10. Assurance of Confidentiality Provided to Respondents

The progress reports do not require any information that could identify individual clients. Names and personal identifiers are not included in the aggregate data report. All reports and tabulated data that are released to the general public are summaries of information across providers, which protect individual providers from being identified.

11. Justification for Sensitive Questions

There are no questions of a sensitive nature collected in the progress reports. No patient or client-level

identifying data are reported. Identification of the grantees as recipients of HCCN funding is a matter of public record, as these agencies receive funds directly from HRSA. Only aggregate data summarizing HCCN'S Progress Reports will be included in reports published by HRSA.

12.   Estimates of Annualized Hour and Cost Burden

The estimate of average annualized hour burden for respondents is shown in Table 1.

12 A. Estimated Annualized Burden Hours

Instrument	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours
Work Plan	43	1	43	10.9	468.7
Annual Progress Report	43	1	43	44.5	1,913.5
Total	86		43	-	2,382.2

12 B. Estimates of Annualized Cost Burden to Respondents

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Manager[2]	2,382.2	$49.01	$116,751.62
Total	2,382.2	49.01	$116,751.62

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

There are no capital or start-up costs for respondents related to this effort.

14.   Annualized Cost to Federal Government

The annualized cost to the Federal Government is approximately $406,667.00 including the following: the data system operation and maintenance; ongoing support for grantee questions about the content and format of the report and the Web application system; data analysis; and report preparation.

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[2] Wages for the Project Manager are based upon 2014 Bureau of Labor Statistics data for the average hourly wages of a Project Manager http://www.bls.gov/ooh/management/training-and-development-managers.htm

15. **Explanation for Program Changes or Adjustments**

This is an extension. No changes have been made to the forms, but the burden has been adjusted to reflect the number of anticipated respondents.

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

The HCCNs will submit their progress reports to be uploaded annually to HRSA's EHB. HRSA staff or a contractor will provide support for the Web application system in the form of maintenance, updates, and technical assistance to grantees as they complete and submit their Progress Reports.

After each data submission and after the built-in quality assurance checks have been completed, the Web application manager will be able to supply a complete dataset in SQL, SPSS, SAS, or spreadsheet format for analysis. HRSA will analyze these data for inclusion in annual Management Assessment Items (MAIs) reports, The Office of Management and Budget's Program Assessment Rating Tool annual reports and Congressional data calls. Full-year data, which includes data from the annual component, is expected to be ready for analysis in December of each reporting year (4 weeks after Report submission).

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

The expiration date will be displayed.

18. **Exception to Certification for Paperwork Reduction Act Submissions**

This information collection fully complies with 5 CFR 1329.9.

List of Attachments

Attachment A Annual Progress Report Template
Attachment B Annual Progress Report Instructional Aid
Attachment C Work Plan Template
Attachment D Work Plan Instructional Aid