Formative Research to Identify Common and Unique Barriers to the Exchange of Hospitalization and Emergency Department Data

OMB Control No. 0920-1154

Supporting Statement Part A –

Justification

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Part A. Justification

Goal of the study: The goal of this information collection request is to conduct a formative needs assessment to understand the knowledge gaps and perceived barriers to the utilization and accessibility of hospitalization and emergency department visits data for the CDC Environmental Public Health Tracking (EPHT) recipient programs.

Intended use of the resulting data: The information collected under this GenIC will inform the development of resources that can provide technical solutions for more efficient and timely data exchange.

Methods to be used to collect: The methods used to collect the information will include a printed and/or electronic survey (whichever the participants choose to complete).

Subpopulation to be studied: Respondents will include up to 26 state and city principal investigators or principal managers, who are recipients of CDC's Environmental Public Health Tracking cooperative agreement (CDC-RFA-EH14-1403 and CDC-RFA-EH14-1405).

How data will be analyzed: Data will be analyzed using descriptive statistics.

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests approval of a new GenIC titled, "Formative Research to Identify Common and Unique Barriers to the Exchange of Hospital Inpatient and Emergency Department Data" under OMB Control No. 0920-1154 (Expiration Date: 01/31/2020).

Tracking is the ongoing collection, integration, analysis, and dissemination of health, exposure, and hazard data to drive public health actions that protect the population from harm resulting from exposure to environmental contaminants. The CDC Environmental Public Health Tracking Program (Tracking Program) integrates these data from various sources, including state and local health departments (SLHD), into the CDC Environmental Public Health Tracking Network

(Tracking Network). The focus of the Tracking Network is to deliver information and data to protect the nation from health issues arising from or directly related to environmental factors.

Some of the information collected by the Tracking Program from their funded grantees (CDC-RFA-EH14-1403 and CDC-RFA-EH14-1405) include statewide hospital and emergency department visits data, herein referred to as hospitalization data. These data can play a critical role in environmental public health surveillance, strategic planning, and public health action. Hospitalization data are a major source of health outcomes data for the Tracking Network, and are essential for filling the "environmental health data gap (1)" in order to document potential links between environmental hazards and illness and disease.

The National Association of Health Data Organizations (NAHDO) has been a Tracking Program partner since 2007 with activities directed to facilitating access to, and use of, hospitalization data sources for measuring health outcomes. NAHDO has implemented activities related to facilitating Tracking Program recipients' access to statewide hospitalization data. Moreover, the quality of hospitalization data affects its usefulness and is one of the prerequisites for effective utilization of the hospitalization data. Improving the timeliness and validity of existing data sources will improve the Tracking Networks' capacity to produce standardized and actionable data and measures. Using NAHDO's State Health Data Organizations (HDO) profiles (an inventory of agency governance, laws, policies, and data scope), the Tracking Program was able to gain a baseline understanding of state hospitalization data ecosystems and inform Tracking Network program planning and implementation. As the Tracking Network evolves, the need to improve the timeliness and specificity of hospitalization data will continue to increase, along with the challenges and as such, CDC has partnered with NAHDO to explore options and opportunities for improvement.

A.2. Purpose and Use of the Information Collection

A key CDC Tracking Program strategy is to integrate hospitalization data and other Tracking Program data in order to produce actionable information. Data integration of multiple data

sources intersects issues related to data accessibility, statistical methods, and advancing technology, as well as the workforce's capacity to address these multiple dimensions. As the Tracking Program seeks to improve the timeliness and enhance hospitalization data extracts, it is important to understand how the data acquisition process is working across states. In order to identify gaps or limitations in data access and utility, CDC plans to sponsor a data collection that will lead to an assessment and understanding of the current status of the Tracking Program hospitalization data ecosystem and agency capacities. The purpose of this formative needs assessment (Attachment A1) is to gather information on practices and barriers to health outcomes data collection and use in the Tracking Program. Information from this formative needs assessment will inform CDC on the current status of the Tracking Program's hospitalization data ecosystem and agency capacities. The information collected will allow CDC to better understand knowledge gaps and perceived barriers to improving the quality of administrative data in the Tracking Network. CDC will then be able to develop resources that can provide technical solutions for more efficient and timely data exchange. The CDC Tracking Program and NAHDO developed a survey questionnaire organized into six categories, including: data source, acquired data attributes, data from bordering states, data quality and validation, and partnership with data agency/organization. The survey results will help the Tracking program to understand the knowledge gaps and perceived barriers to the utilization and accessibility of hospitalization data for the CDC EPHT recipient programs. The collected information will be used to inform the ongoing data call process including routine data validation and data sharing practices, and can improve standardized guidance and evaluation activities to support recipients in submitting hospitalization data to the Tracking Program.

A.3. Use of Improved Information Technology and Burden Reduction

The draft survey questionnaire was sent to three volunteer states (Connecticut, Massachusetts, and Michigan) for pilot testing. Feedback provided by the testers included information related to survey content, need for clarification in terminology and wording, survey structure, and

response time. The survey questions were designed to collect the minimum information necessary for the purposes of this formative research.

A pre-notice will be sent by email one week before the survey opens to announce that the survey will be sent in 1 week and to request each recipient program to identify the PI/PM most knowledgeable about hospitalization data in their program (Attachment B1). The pre-notice will explain why we are conducting the survey and how to respond. A Word version of the survey will be emailed to respondents so they can begin to gather information. One week after the pre-notice, a survey invitation will be emailed to respondents (Attachment B2), along with a link to an electronic version of the survey that respondents can use instead of the paper version (whichever the participants choose to complete). Those respondents who have not responded within one week and 2 weeks from the date the survey invitation was sent, will receive a reminder email (Attachment B3). A survey closing note will be sent to all program investigators (PIs)/program managers (PMs) three weeks after the initial survey invitation (Attachment B4).

A.4. Efforts to Identify Duplication and Use of Similar Information

The Tracking Program maintains the metadata for recently submitted hospitalization and emergency department visits data. Informal needs assessment data from recipients has been collected by reviewing metadata; seeking information from PIs/PMs; recipient webinars, and recipient meetings; and by compiling a summary of the validation reports received by the CDC. However, information about accessibility to hospital data for Tracking recipients is still lacking.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

This is a request for a one-time data collection. There are no technical or legal obstacles to reducing burden. Data collected will be used to assess barriers to appropriate and timely submission to improve quality of data. Without this information, data gaps and barriers will not be identified.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

The *Federal Register* notice was published for this generic information collection on July 18, 2016, Vol. 81, No. 137, pp. 46680. No public comments were received.

NAHDO will conduct all data collection related to the proposed project. The following NAHDO staff were consulted for development of this request:

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National Association of Health Data Organizations
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A.9. Explanation of Any Payment or Gift to Respondents

No incentives will be provided for participation in this survey.

A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR) reviewed this submission and determined that the Privacy Act does not apply. Personally identifiable information (PII) will not be transmitted to CDC.

The survey instrument requires respondents to provide information about their organization (name of organization, position, state or city representing, number of years of experience, and business email address). This information is kept secure within NAHDO and is only used to track which participants have completed the survey. CDC will only receive a summary of results. The NAHDO staff will verify that any individually identifiable information has been removed from information transmitted to or shared with the CDC. Data that is collected will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

This project was reviewed by NCEH/ATSDR's human subjects contact and determined to not meet the definition of research under 45 CFR §46.102(l). IRB review is not required (Attachment C).

There are no planned sensitive questions.

A.12. Estimates of Annualized Burden Hours and Costs

A. The annualized response burden is estimated at 113 hours.

Table A.12.A Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden Per Response (minutes)	Total Response Burden (Hours)
State and local health departments	Pre-notice	26	1	15	2
	CDC Tracking Hospitalization Data Needs Assessment Tool	26	1	255	111
Total					**113**

B. Annualized costs to respondents were calculated using the mean hourly wage rate for epidemiologists from the United States Department of Labor, Bureau of Labor Statistics May 2017 Occupational Employment Statistics (https://www.bls.gov/oes/2017/may/oes191041.htm).

Table A.12.B. Annualized Cost to Respondents

Type of Respondent	**Form Name**	**Total Burden Hours**	**Hourly Wage Rate**	**Total Respondent Cost**
State and local health departments	Pre-notice	2	$36.65	$73.30
	CDC Tracking Hospitalization Data Needs Assessment	111	$36.65	$4068.15

	Tool			
Total				$4141.45

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

There are no other costs to respondents or record keepers.

A.14. Annualized Cost to the Federal Government

The average annualized cost to the Federal Government is $125,000, which includes the cost of the cooperative agreement with NAHDO.

A.15. Explanation for Program Changes or Adjustments

This is a new generic information collection.

A.16. Plans for Tabulation and Publication and Project Time Schedule

Data collection will begin immediately after CDC receives PRA clearance to conduct the survey. Below is the estimated project schedule timeline:

Project Time Schedule	
Activity	**Time Schedule**
Email pre-notice	Immediately after OMB approval
Email survey invitation	1 month after OMB approval
Email survey reminder to respondents who have not participated	6 months after OMB approval
Analyze data and prepare summary report	

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

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

References

Team. EHTP. America's environmental health gap: Why the country needs a nationwide health tracking network. 2000.

List of Attachments

Attachment A1 – Survey Instrument (Word)

Attachment A2 – Survey Instrument (screenshots)

Attachment B1 – Pre-notice

Attachment B2 – Survey invitation email

Attachment B3 – Reminder email

Attachment B4 – Survey closing email

Attachment C – NCEH/ATSDR Research Determination Form