

SUPPORTING STATEMENT – PART A

Core Competencies for Amputation Rehabilitation – 0702-AAIX

A. JUSTIFICATION

1. Need for the Information Collection

The Department of Defense (DoD) requests a one-year clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 to conduct interviews for a USAMC study titled “Core Competencies for Amputation Rehabilitation”.

Under DoD Contract Number W74V8H-06-C-0001, the RAND project team will conduct interviews and focus groups with military healthcare providers and interviews with amputees to understand the core competencies and associated behaviors needed to rehabilitate amputees who suffered war-related amputations. Interviews will be conducted in a private room at the site where the provider works. Privacy is important to ensure confidentiality and allow the participant to speak freely about the topic. This clearance request covers DoD contractors and civilian rehabilitation center healthcare providers.

Our study supports Recommendation 2 from the Defense Health Board’s report *Sustainment and Advancement of Amputee Care*, specifically the need to define and update core competencies for healthcare providers. Our project also helps our sponsor achieve their goal of developing a plan and strategy for caring for service members who experienced traumatic injuries, which they were mandated to do under the Congressionally approved NDAA for 2009 (section 723, part c(1) is specific to our sponsor EACE and this plan). This data collection is necessary to identify and analyze all facets of rehabilitative services for amputees and their support networks (from time after definitive amputation surgery through outpatient care and treatment(s)). As current CONOPS tempos decrease, corresponding care for the wounded and disabled must evolve from emergent actions to long-term treatment of patients. Currently DoD has developed extensive skill sets coupled through technological, scientific, and health systems breakthroughs that have resulted in high-quality, interdisciplinary rehabilitative care procedures. So as not to lose this perishable skill set the goal for this study will be to document the core competencies of health practitioners who provide rehabilitation to amputees.

2. Use of the Information

Our study supports Recommendation 2 from the Defense Health Board’s report *Sustainment and Advancement of Amputee Care*, specifically the need to define and update core competencies for healthcare providers. To address this recommendation interviewing those who provide (healthcare providers), receive (amputees), and observe (family members of amputees) amputation rehabilitation is necessary to understand facets of amputee care. Interviewees for our study will be healthcare providers and

patients/family members. Healthcare providers consist of uniformed military providers, DoD civilian providers, DoD contractor providers, and civilian rehabilitation center providers. We plan to conduct individual interviews and focus groups with healthcare providers. Patients/family members consist of currently serving amputees, veteran amputees, and family members of amputees. We also plan to conduct interviews with amputees and/or family members of amputees. Understanding all of these perspectives is necessary to identify the core competencies providers need to have when providing amputation rehabilitation. For this OMB review, we are seeking approval to interview and include in focus groups DoD contractors and civilian rehabilitation providers. We plan to conduct all interviews and focus groups in by 2017 either in person or via phone.

We will conduct interviews over the phone only if we are unable to schedule an in-person interview when we visit a specific site due to provider unavailability (i.e., schedule conflict). We prefer to conduct individual interviews so that each participant is the focus of the discussion. We will conduct focus groups if there is a small team of providers available to be interviewed in a group setting who can tell us about their interactions and coordination of the patient's care because we would value that group dynamic. We will also conduct focus groups if we have several providers who are all only available to meet at a specific time and we do not have the capability to conduct individual interviews with each provider due to staffing constraints on our RAND interview team.

We have a recruitment letter, informed consent, and an interview guide that contains the questions we plan to ask during the interview included with the package submission.

3. Use of Information Technology

None of the interviews will be collected electronically. All interviews will be conducted face-to-face or via phone.

4. Non-duplication

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source. General competencies for healthcare providers are available via professional organizations, graduate programs, and peer-reviewed literature. While general information exists, information specific to competencies for amputation rehabilitation does not. Our interviews are designed to gather the necessary data that DoD needs to understand the critical competencies and behaviors that DoD healthcare providers are required to possess to successfully rehabilitate military amputees. In talking with experts in this field, we have not found that the work we plan to do has been previously completed by others.

5. Burden on Small Businesses

This information collection does not impose a significant economic impact on a substantial number of small businesses or entities. Interviewees are healthcare providers

in the DoD and civilian sectors as well as amputees who experienced contingency amputations and their family members.

6. Less Frequent Collection

This section is not applicable because this clearance request is for a single data collection cycle.

7. Paperwork Reduction Act Guidelines

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

8. Consultation and Public Comments

A 60-Day Federal Register Notice for the collection published on Thursday, February, 25, 2016. The 60-Day FRN citation is 81 FRN 9458. No comments were received during the 60-Day Comment Period.

A 30-Day Federal Register Notice for the collection published on Thursday, April 20, 2017. The 30-Day FRN citation is 82 FRN 18615.

No additional consultation apart from soliciting public comments through the 60-Day Federal Register Noticed was conducted for this submission.

9. Gifts or Payments

No gifts, payments, or incentives are provided as a result of this collection. Civilian rehabilitation providers will not need to travel to be interviewed or participate in a focus group. We will travel to sites and try to conduct all interviews and focus groups in person, though as noted above, if there are scheduling conflicts, we will resort to conducting phone interviews.

10. Confidentiality

A Privacy Act Statement is not required for this collection because we are not requesting individuals to furnish personal information for a system of records. A System of Record Notice (SORN) is not required for this collection because records are not retrievable by PII. A PIA is not required because PII is not being collected nor stored electronically. Individuals contacted as part of this data collection will be assured of the confidentiality of their replies under 42 U.S.C. 1306, 20 CFR 401 and 422, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular A-130. We will destroy all recordings and notes within six months from the end of the contract, which will be December 2018.

11. Sensitive Questions

No questions considered sensitive are being asked in this collection.

12. Respondent Burden, and its Labor Costs

a. Exhibit 1 shows the estimated annualized burden for the respondents' time to participate in this data collection. The target of 400 individuals will be interviewed and involved in focus groups for this study. The interview and focus groups contain approximately 20 questions and are estimated to take 1 hour to administer. This estimate is based on previous experience the study administrators have conducted with similar information gathering projects. As indicated below, the annual total burden hours are estimated to be 400 hours.

Exhibit 1. Estimation of Respondent Burden

	Number of Respondents	Number of responses per respondent	Number of Total Annual Responses	Response Time	Respondent Burden Hours
EACE Interview protocol for DoD contractor providers (interview)	200	1	200	1 hour	200 hours
EACE Interview protocol for civilian rehabilitation providers (Focus Group Guide)	200	1	200	1 hour	200 hours
Total	400	1	400	1 hour	400 hours

b. Exhibit 2 shows the survey participants' cost burden associated with their time to complete a survey. The annual total cost burden is estimated to be \$47,600.

Exhibit 2. Labor Cost of Respondent Burden

	Number of Respondents	Response Time per Response	Respondent Hourly Wage*	Labor Burden per Response	Total Labor Burden
EACE Interview protocol for DoD contractor providers (interview)	200	1 hour	\$119.00	\$119.00	\$23,800
EACE Interview protocol for civilian rehabilitation providers (Focus Group Guide)	200	1 hour	\$119.00	\$119.00	\$23,800
Total	400	1 hour	\$119.00	\$119.00	\$47,600

* The Respondent hourly wage was determined by using information from “Occupational Employment and Wages, May 2015” (<http://www.bls.gov/oes/current/oes291067.htm>).

13. Respondent Costs Other Than Burden Hour Costs

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal Government

Labor Cost to the Federal Government			
	EACE Interview protocol for DoD contractor providers (interview)	EACE Interview protocol for civilian rehabilitation providers (Focus Group Guide)	Total
Number of Responses	200	200	400
Processing Time Per Response (in hours)	3	3	3
Hourly Wage of Worker(s) Processing Responses	\$50	\$50	\$50
Cost to Process Each Response (Processing Time Per Response multiplied by Hourly Wage of Worker(s) Processing Responses)	\$150	\$150	\$150
Total Cost to Process Responses (Cost to Process	\$30,000	\$30,000	\$60,000

Each Response multiplied by Number of Responses			
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Operational and Maintenance Costs						
Equipment	Printing	Postage	Software Purchases	Licensing Costs	Other	Total
\$150	\$50	\$0	\$100	\$0	\$0	\$300

Total Cost to the Federal Government		
Operational and Maintenance Costs	Labor Cost to the Federal Government	Total Cost (O&M Costs + Labor Cost)
\$300	\$60,000	\$60,300

15. Reasons for Change in Burden

This is a new collection with a new associated burden.

16. Publication of Results

The results will be published in the form of a RAND report. The project was initiated in September 2015. If the interviews and focus groups are administered no-later-than June – August, 2017, this report will be completed by September 2018.

The report will be publicly available and will contain recommendations based on our findings. We will qualitatively analyze the information from interviews and focus groups. This analysis will consist of creating a codebook that differentiates knowledge, skills, abilities, other attributes (collectively referred to as KSAOs) and phases of care when each KSAO is needed. We will examine codes within provider type to look for naturally occurring clusters of KSAOs that can comprise a competency and then we will look for similarities/differences across provider types to identify core competencies for all providers. We have a qualitative analysis lead on our team who has developed this plan and has executed similar qualitative analysis plans in prior projects. We will only report competencies for providers if we have interviewed at least 5 individuals from a specific provider type and we will only present results in the aggregate to ensure confidentiality (i.e., results will be presented by provider type, not by individual interviewee).

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. Exceptions to “Certification for Paperwork Reduction Submissions”

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.