

# **Supporting Statement**

## **Customer Relations Management (CRM) Tool**

### **A. Justification**

#### **1. Circumstances Making the Collection of Information Necessary**

The Office of National Coordinator for Health Information Technology (ONC) is requesting an extension without change to a previously approved collection.

In 2009, the American Recovery and Reinvestment Act (ARRA) was established which provides statues that include provisions in Title XIII of Division A, and Title IV of Division B as the Health Information Technology for Economic and Clinical Health Act of 2009. The act authorizes investments in advancing the appropriate use of health information technology to improve quality of care in the United States. Previous programs under this statue include the Regional Extension Center (REC), the State Health Information Exchange (HIE) program, and the Beacon Community Program.

The Workforce, Advanced Interoperable Health Information Exchange and the Community Health Peer Learning programs were developed with reallocated funds under the authority of the American Recovery and Reinvestment Act of 2009 (Recovery Act), Division A, Title XIII - Health Information Technology, Subtitle C—Public Health Service Act (PHSA), Title XXX, Subtitle B. Each program is subject to a program evaluation to report the effectiveness and impact of the program activities.

#### **2. Purpose and Use of Information Collection**

The ultimate measure of each program’s effectiveness will be measured by the achievement of the program’s goals and milestones.

##### Workforce

The purpose of the Workforce Training program is to provide assistance to institutions of higher education, or consortia thereof, to establish or expand medical health informatics education programs to promote the rapid and effective utilization and development of health information technologies. The Workforce Training to Educate Health Care Professionals in Health Information Technology (WTPHIT) program will establish up 7 cooperative agreements to build on previous training programs. The Patient Protection and Affordable Care Act (ACA) establishes new programs that require the use of health information technology to improve and coordinate care, develop and sustain data infrastructure necessary for multi-payer value-based payment, and integrate clinical and claims data to enable data analytics for informed decision making and streamlined reporting. As a result of the new requirements, the updated health IT instructional training materials in addition to previous components are to include; (1)Population Health (2)Care Coordination (3)New care delivery

and payment models and (4) Value-based and Patient-centered care. The program will then use the updated materials to train a total of 6,000 incumbent health care professionals.

#### Community Health Peer Learning Program (CHP)

The Community Health Peer Learning Program builds upon health care delivery and practice transformation programs that have been introduced since the ACA. The purpose of CHP is to address health challenges at the population level through a community-based collaborative approach. ONC will select one organization to manage up to 10 communities in developing learning guides and community action plans. Subject matter expert communities that have found success in using health IT to manage population health will develop learning guides to serve as resources to the participating communities. Participating communities will then develop community action plans that address a population health management issue within their community.

#### Advanced Interoperability Health Information Exchange

The Advanced Interoperable Health Information Exchange program extends beyond the previous State Health Information Exchange Program (State HIE Program) to increase the adoption and use of interoperable health IT tools and services to support the interoperable exchange of health information. Up to 12 states, territories, or state designated entities (SDE) will work to enable nationwide health information exchange across the care continuum and improve care coordination and transitions of care. The goals of the grantees include; (1) expanding the adoption of health information exchange technology, tools, services, and policies that enable interoperable exchange; (2) facilitating and enabling send, receive, find, and use capabilities to access health information from external sources to incorporate into the care provider's clinical and non-clinical workflows and interactions with patients; and (3) increasing the integration of health information in interoperable health IT to support care processes and decision-making (e.g. filtering, subscription, alerting) that will improve health and health care (e.g. population management, patient engagement, care coordination, and data analytics).

The data collected using the CRM will be used by ONC to continue evaluating program performance. Some of the required reporting may include key activities, tracking milestone progress and expenditures.

The CRM Tool will assist ONC in monitoring and assessing program performance, and satisfy quarterly reporting that will assist in conducting quality control reports. Information from the CRM Tool will also be used to update operation plans, cooperative agreements between ONC and the awardees that are selected to implement the program, and coordination between ONC-funded programs.

### **3. Use of Improved Information Technology and Burden Reduction**

All documents for the information collection will be submitted electronically using the Salesforce Customer Relationship Management (CRM) tool. ONC staff will analyze the data electronically and communicate with the practices using email. Additionally, data collected will help satisfy ONC quarterly reports.

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

The programs were created through ARRA so the information that will be collected has never been collected before by the federal government.

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

No impact on small business.

**6. Consequences of Collecting the Information Less Frequent Collection**

The CRM Tool allows for ONC programs to use the tool as a data repository for performance measures and data collection required for ONC quarterly reporting requirements, audit reports, and other ad hoc reporting requirements. The tool allows ONC programs to generate reports based on data collected over a specific time period and use the information to satisfy the various reporting requirements.

There are no legal obstacles to reduce the burden.

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

No special circumstances are required for use of the CRM Tool. Data collection via the CRM tool complies with federal statues and regulations.

**8. Comments in Response to the Federal Register Notice/Outside Consultation**

The 60-day FRN was published in the Federal Register on March 22, 2017 Vol. no.82, Issue 54 pg. 14734-14735. There were no comments received.

**9. Explanation of any Payment/Gift to Respondents**

Not applicable.

**10. Assurance of Confidentiality Provided to Respondents**

No personal health information will be collected. All grant information will be kept confidential pursuant to application laws/regulations. Log into the CRM tool requires a username and password. For password and username resets, Grantees must contact internal ONC/OPRO staff.

**11. Justification for Sensitive Questions**

No sensitive information will be collected.

**12. Estimates of Annualized Burden Hours (Total Hours & Wages)**

To satisfy reporting requirements, each program is required to report on program milestone achievements, summary of key activities, operations plan updates, and draw down of monetary funds. They will be required to: develop program goals and objectives, activities both to internal audiences and external stakeholders, document explicit activity parameters and assumptions about program direction and priorities, report on milestones and metrics used for tracking performance throughout the duration of the project period, risk mitigation, implementation goals for each of the awardees.

Given the amount of time, however, it is estimated that it will take approximately 2,195 hours to complete the report. These will consist of quarterly reporting for three staff members, including a project lead, CRM coordinator and administrative assistant.

**12A. Estimated Annualized Burden Hours**

Estimated Annualized Burden Table

<b>Forms</b>	<b>Type of Respondent</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Average Burden hours per Response</b>	<b>Total Burden Hours</b>
CRM Tool	Workforce	7	125	1.5	1,313
CRM Tool	Advanced Interoperable HIE Program	24	24	1.5	864
CRM Tool	CHP/Academy Health	1	12	1.5	18
<b>Total</b>		<b>32</b>	<b>161</b>	<b>4.5</b>	<b>2,195</b>

**12B. Cost estimates for a single respondent that has to complete the preliminary application.**

Type of respondent	Total Burden Hours	Hourly Wage Rate	Total respondent cost
Advanced HIE	864	\$35.00	\$30,240

Program			
Workforce Program	1,313	\$35.00	\$45,955
Community Health Peer Learning Program	18	\$35.00	630
Total	2,195		\$76,825

Salaries were approximated from the Bureau of Labor Statistics website (<https://www.bls.gov/oes/current/oes193099.htm.htm>)

**13. Estimates of other Total Annual Cost Burden to Respondents or Record keepers/Capital Costs**

There are no additional recordkeeping/capital costs

**14. Annualized Cost to Federal Government**

This is the cost to government to review the program.

Federal Employee	CRM Tools	Hours per report	Total Hours	Hourly Wage Rate (GS 12 step 1)	Total Costs to Federal Government
Project Officers (8)	60	3	1440	\$30	\$43,200

Salaries are based on a 12 Grade/Step 1 in Washington DC area.

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

There was an adjustment to the burden hours from the previous approval. The CRM is one tool that is used to collect data for multiple programs. The reporting requirements were adjusted resulting in decreased burden hours for this tool from 3600 to 2195.

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

Data collection will begin as soon as clearance is received and will be completed in quarterly and monthly, contingent upon individual grant program term and conditions.

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

Not applicable.

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

There are no exceptions to the certification.