

Request for Approval of A Non-Substantive Change to the  
National Electronic Health Records Survey

OMB No. 0920-1015  
(Expiration: 07/13/2020)

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## **A1. Circumstances making the collection of information necessary**

This request is for a nonsubstantive change to an approved data collection - the National Electronic Health Records Survey (NEHRS) (OMB No. 0920-1015 Exp. Date 7/13/2020). On July 13, 2017, OMB approved the NEHRS annual data collection. The approved supporting statement included permission to submit non-substantive change packages, as needed, for form modifications occurring throughout the 2017-2019 study period. Some questions change on a periodic basis to collect new and/or updated information as needed. The modifications captured in this change request were developed subsequent to the submission of the currently approved package.

The National Center for Health Statistics (NCHS) is modifying the content for the currently approved NEHRS to obtain data about the constantly evolving health information exchange (HIE), particularly with respect to sending, receiving, and integrating patient health information. Changes to the content for 2018 are presented in **Attachment A**, highlighted below, and described in more detail in section A2. A clean copy of the proposed 2018 NEHRS instrument is captured in Attachment B. Overall, the changes do not alter the currently approved average response times and total burden hours for the NEHRS.

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

Several minimal modifications in the questions are proposed for the 2018 NEHRS data collection instrument; they are summarized in **Attachment A**.

The new questions on the 2018 NEHRS are designed to update the currently approved NEHRS, including expanding content to measure health information exchange, but also provide information in the context of the meaningful use rule promulgated in Medicare and Medicaid Programs; Electronic Health Record Incentive Program — Stage 2, 42 CFR §§ 412-413-495 (2012). The suite of meaningful use rules are designed to guide the creation of a private and secure 21<sup>st</sup> century electronic health information system. Meaningful use is being implemented in three stages. Stage 1 established a baseline in 2011, while Stage 2 and Stage 3 (2014 and 2018, respectively) add additional requirements and new reports. The NEHRS survey instrument will continue to evolve as the requirements for functionality evolve.

NCHS also proposes to modify the currently approved NEHRS by deleting several questions relating to computerized capabilities, as these topics were no longer a priority for the Office of the National Coordinator for Health Information Technology (ONC), sponsor of NEHRS. Meanwhile, other items were modified in order to capture data on the sending, receiving, and integrating of patient health information within health information exchanges. Overall, the changes do not alter the currently approved average response times and total burden hours for the NEHRS.

NEHRS samples 10,302 physicians annually. In 2018, the NEHRS sample will receive the updated NEHRS questionnaire (**Attachment B**). In turn, updates were made to the Computer-Assisted Telephone Interviewing (CATI) script (**Attachment C**) to reflect the updated

Cybersecurity language and survey instrument; whereas the NEHRS advanced letters (**Attachment D**) were updated to reflect the updated Cybersecurity language.

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

Initially, NEHRS used mail and phone follow-up as the only modes of data collection. The 2015 NEHRS used a web modality to determine the impact of electronic data collection via the web on physicians responding to the NEHRS. The 2017 NEHRS continues the use of a web modality in data collection. Similar to 2015 and 2017 NEHRS, the 2018 NEHRS will be administered via a sequential mixed mode design of web and mail recruitment. Recruitment will start with email invitations to a web-based survey, and will then be followed by three mailings and phone follow-up for non-responses.

## 12. Estimates of Annualized Burden Hours and Costs

### A. Burden Hours

This submission requests OMB approval for minimum changes to the approved 2017 NEHRS form (OMB No. 0920-1015, Exp. Date 07/13/2020). Previously, the 2017 NEHRS and NEHRS Supplement had been approved for data collection. That is, in 2017 the sample (10,302) received the 2017 NEHRS questionnaire in the third quarter of 2017 and the same sampled physicians will receive the NEHRS supplemental questionnaires in the first quarter of 2018. While NEHRS will be administered each year of the approval period (2017-2019) to 10,302 physicians, current plans are to administer the 2017 NEHRS Supplements in the first quarter of 2018 and the 2018 NEHRS in the second quarter of 2018, overlapping part of the 2017 NEHRS Supplement data collection. The annualized burden for the 2018 NEHRS and 2017 NEHRS Supplement remain the same as previously approved as shown in the burden table below (6,295 total burden hours).

The table represents an estimate for one year of data collection over the approval period (2017-2019). The estimated annualized burden hours were based on previous years' response experience in administering the NEHRS and National Ambulatory Medical Care Survey (NAMCS) Physician Workflow mail supplement, i.e., the response rate is assumed to be 50 percent.

Table of Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (Hours)	Total Burden (Hours)
Office-based physicians	NEHRS	10,302	1	30/60	5,151
Office-based physicians	NEHRS Supp Quest-hie	858	1	20/60	286
	NEHRS Supp Quest-nonhie	859	1	20/60	286
	NEHRS Supp Quest-nonresp	1,717	1	20/60	572
<b>Total</b>					6,295

Note: “Supp” is acronym for “supplemental”; “hie” is for “health information exchange”; “nonresp” is for “nonrespondent”.

**B. Burden Cost**

The average cost to providers for each of the three data collection cycles is estimated to be \$622,135. The hourly wage estimates for completing the forms mentioned above in the burden hours table are based on information from the Bureau of Labor Statistics web site (<http://www.bls.gov>). Specifically, NCHS used the "May 2016 National Occupational Employment and Wage Estimates" for (1) health care practitioners and technical occupations, and (2) office administrative and support administrative support occupations. Data were gathered on mean hourly wage in 2016 for physicians and other professionals involved in managing a private office based practice (e.g., nurses, receptionists, etc.). The total cost estimate for office-based physicians includes estimates for completing NEHRS. The average hourly wage for these respondents is weighted based on who typically completes the form. For example, to better approximate costs, the estimate of \$98.83 (office-based physicians) was an average based on the hourly salary of family and general practitioners, general internists, obstetricians and gynecologists, general pediatricians, psychiatrists, surgeons, and a catch-all category “Physicians and Surgeons, All Other.” The following table shows the total annual respondent cost.

Table of Annualized Respondent Cost

Type of Respondent	Response Burden (in hours)	Average Hourly Wage	Total Cost
Office-based physicians, mail survey	6,295	\$98.83	\$622,135
<b>Total</b>			\$622,135

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

There is no change to the burden times for the 2018 NEHRS or the 2017 NEHRS supplemental survey.

**Attachments**

- Att A - Changes to 2018 NEHRS
- Att B - 2018 NEHRS Questionnaire
- Att C - 2018 NEHRS CATI Script
- Att D - 2018 NEHRS Letters