Health Resources and Services Administration
Telehealth Resource Center Grant Program Performance Data
OMB Control No. 0915-0361
Revision

A. Justification

Terms of Clearance: None

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration is requesting continued approval of the 0915-0361 information collection request (ICR). This ICR currently expires on June 30, 2019.

The Office for the Advancement of Telehealth (OAT) promotes the use of telehealth technologies for health care delivery, education, and health information services. The Office is part of the Federal Office of Rural Health Policy, located within Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services. HRSA's mission is to assure quality health care for underserved, vulnerable, and special needs populations.

The primary objective of the Telehealth Resource Center Grant Program (TRC Grant Program) is to provide technical assistance and share expertise with health care organizations, health care providers and health care networks interested in implementing telehealth technology. The resource centers serve as focal points for advancing the effective use of telehealth technologies in their respective communities and regions. As of 2017, HRSA awarded grant funds to support twelve ("Regional" TRCs) and two national TRCs. The TRC grant program is authorized under §330I(d)(2) of the Public Health Service Act (42 U.S.C. 254c-14(d)(2), as amended by the Health Care Safety Net Amendments of 2002 (P.L. 107-251).

As required by the Government Performance and Review Act of 1993 (GPRA), all federal agencies must develop strategic plans describing their overall goal and objectives. These annual GPRA plans contain quantifiable measures of each program's progress in meeting its respective goals and objectives.

In order to ensure the best use of public funds and to meet GPRA requirements, the Office for the Advancement of Telehealth along with the TRCs evaluated the existing measures. The goals/purpose of the performance measure set and collecting performance data are:

1) To show how the TRC program is performing using standard, nationally adopted metrics
2) To allow identification of best practices; and
3) To allow OAT to empirically demonstrate and communicate the TRCs' value to Congress and other stakeholders

The collection of TRC grant program performance data is based on HRSA's statutory authority under Sec. 301 of the Public Health Service Act (42 U.S.C. 241).

2. Purpose and Use of Information Collection

The *TRC Performance Indicator Data Collection Tool* was translated into the Performance Improvement Measurement System (PIMS) database. TRCs will continue to complete data entry using the TRC Performance Indicator Data Collection tool annually (every twelve months).

The first standard report is an aggregate report entitled Aggregate TRC Grant Program Performance Indicator report that presents all the TRCs analyzed data. This aggregate report is used by OAT to report on the following: performance and progress of the TRC Grant program to Congress, program monitoring, tracking trends, and assessing progress for quality improvement purposes. Also, OAT uses the reported information to demonstrate the "value-added" that the TRC Grant program offers. The second standard report entitled Individual TRC Grant Program Performance Indicator Report is an individual/TRC level report that allows TRCs to examine their own data for internal project monitoring and quality improvement purposes.

The measures have been revised to ensure more accurate evaluation of the effectiveness of the technical assistance provided by the TRCs. This is an attempt from OAT to align better with the technical assistance tracking tool used by the grantees, and the information is useful to HRSA as we learn trends in questions about telehealth, and can utilize the functions of a cooperative agreement to inform evolving activities of the program to actively meet the needs.

A subset of measures have been replaced to provide more specificity of the: types of organizations requesting service, topics of inquiry, and types of services provided by the TRCs. This information has been previously collected by the TRCs for their own technical assistance management purposes but has not been reported.

There is no change in level of burden since:

- The time to complete the form and number of questions have remained similar.
- The burden we're estimating is just for repackaging and reporting.
- OAT reached out to 5 grantees and they all reported that this is an accurate statement and there is no increase in burden for this electronic submission.

Changes from the current package to this revised package are outlined in Attachment A-Measures Changes.

3. Use of Improved Information Technology and Burden Reduction

The improved information technology capacity of PIMS was maximized in an effort to reduce burden to TRCs. Following is a description of how the functionality of the database was used to reduce burden.

1. ***Data Upload functionality***- The section of PIMS that requires TRCs to capture name, address information, and site type data for all originating sites in their service area can also be submitted by uploading a .csv file to PIMS. The option to submit this data by uploading to PIMS was developed to reduce data entry burden, since some

TRCs already capture this data in their own local data collection systems, this data can be easily uploaded into PIMS instead of being directly key-entered.

2. ***Automated data elements-*** The PIMS database is directly linked to the HPSA finder database so that when TRCs upload originating site level data those sites will be automatically cross-mapped to their respective county and underserved area designations specifically Medically Under-Served Areas and Health Professional Shortage Areas (MUA and HPSA) required data elements.
3. ***Pre-population of existing records-*** PIMS has the capability to store program-level data and originating site level data, so that in subsequent reporting periods TRCs would have the ability to update existing pre-populated records of this data rather than enter new records within each reporting cycle.

4. Efforts to Identify Duplication and Use of Similar Information

The data that TRCs are collecting via PIMS is unique, in that it captures data elements for performance measurement. A review of the TRCs progress report template and their continuation applications was completed, to ensure that efforts were made to identify any areas of possible data collection duplication. PIMS data collection supplements rather than duplicates data being captured in the TRCs progress report template. After close review, it was determined that the performance measurement data elements were not being captured from any other source.

5. Impact on Small Businesses or Other Small Entities

We do not anticipate that any small business will be involved in this data collection effort.

6. Consequences of Collecting the Information Less Frequently

TRCs are expected to complete the PIMS Data Collection tool annually (every twelve months). Annual reporting period allows OAT Project Officers to use the performance data to continuously improve the quality of the TRC grant program. Also, this frequency of data collection is required because OAT is also expected to report to HRSA and Congress around the performance of the program. To collect performance data less frequently would mean that OAT would not be able to regularly report to Congress in a timely manner, nor would OAT Project Officers be able to use this to data to support their grantees in making timely program improvements.

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

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No other special circumstances apply.

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 April 9, 2018. There were no public comments.

Section 8B:

OAT worked in collaboration with 5 currently funded TRCs to develop the revised performance measures. The TRCs input and feedback was solicited in developing the performance measures. TRCs were asked to provide their views on feasibility of data collection of proposed data elements.

Below is a table with the contact information of the TRC participants:

Organization	Contact Person	Phone Number	Email Address
Southwest TRC	Elizabeth Krupinski	520-626-4498	krupinski@radiology.arizona.edu
Northeast TRC	Danielle Louder	207-622-7566	dlouder@mcdph.org
Center for Connected Health Policy	Ray Dizon and Christine Calouro	916-258-1859 and 916-285-1868	rayd@cchpca.org and christinec@cchpca.org
University of Virginia	Kathy Wibberly	855-628-7248	Khw2k@hscmail.mcc.virginia.edu
Pacific Basin TRC	Deborah Peters	808-692-1090	dbpeters@hawaii.edu

9. Explanation of any Payment/Gift to Respondents

There will be no payments or gifts offered to respondents of the TRC Performance Indicator Data Collection Tool. The collection of this data by TRCs will be a required activity for all TRCs that are awarded by OAT.

10. Assurance of Confidentiality Provided to Respondents

The information that will be collected from TRCs does not contain any individual-level identifiable data from the telehealth programs in their service area. There is no legal basis required for a promise of confidentiality other than that offered by the Privacy Act. This data collection activity does not require IRB approval.

11. Justification for Sensitive Questions

The TRC Performance Indicator Data Collection Tool does not contain any questions of a sensitive nature (such as data on sexual behavior, religious beliefs and so on), nor does it require the collection of any sensitive data (such as social security number, race/ethnicity, or personal identifiable information) from telehealth programs.

12. Estimates of Annualized Hour and Cost Burden

The time burden estimates provided in Table 1 were generated from results from the TRC PIMS submission that was conducted in November of 2017 with 5 TRCs. Estimates for how long it would take to complete the entire form were provided and an average of their responses was used to estimate the average time it would take a respondent to complete the form in hours.

Table 2 shows the estimated cost burden associated with the projected respondents time to complete the data collection.

Table 1. Estimated Annualized Burden Hours

Instrument	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours
Telehealth Resource Center Performance Data Collection	14	42	588	0.07	41.16
Total	**14**		**588**		**41.16**

Table 2. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Telehealth Resource Centers	41.16	$20.67*	$850.77
Total	41.16		$850.77

*Based upon the mean average wages from May 2014 National Occupational Employment and Wage Estimates United States. US Department of Labor, Bureau of Labor Statistics. (Statistical Assistants, $19.49/hour). http://bls.gov/oes/current/oes_nat.htm . Accessed 8/30/2012.

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

Capital and maintenance costs include the purchase of equipment, computers, computer software or services, or storage facilities for records, incurred in order to comply with this data collection activity. There are no direct capital costs required for respondents to incur in order to participate in this data collection effort. The data collection would occur throughout the grant term for a maximum of 3 years. The estimated annual costs for TRC respondents are $850.77.

14. Annualized Cost to Federal Government

HRSA's OAT has planned and allocated resources for the efficient and effective management and use of the information to be collected, including the processing of the information in a manner that shall enhance, where appropriate the utility of information to agencies and the public.

HRSA's OAT estimates an annual investment of approximately $50,000 for data system operation and maintenance, data analysis and report preparation. The cost for a GS-13 at 72 hours to monitor the project (approximately $3,602). The total annual cost to the Federal Government is $53,602.

15. Explanation for Program Changes or Adjustments

The current inventory for this information collection request is 41 burden hours. This current request is for an estimated 41 hours.

Plans for Tabulation, Publication, and Project Time Schedule

The primary purpose for collection of TRC grant program performance data is for OAT to report this data to Congress and to use the findings for program improvement. Data will be analyzed in the PIMS database and standard reports will be generated from PIMS for the OAT Project Officer and TRCs to use. Basic data analysis methods will be used to summarize and tabulate the data in the reports, such as frequencies of categorical data elements and means of continuous data elements. It is highly unlikely that these standard reports will be published on the internet or in any other public domains.

Timeline for data collection and analysis

Task/Activity	Timeline
Anticipated OMB approval for data collection	August 2019
Annual submission of performance data to OAT using PIMS for 2018-2019 program year	October 2019
Generation of standard reports from PIMS	November 2019
Annual submission of performance data to OAT using PIMS for 2019-2020 program year	October 2020
Generation of standard reports from PIMS	November 2020

Data collection from the TRC Performance Indicator Data Collection Tool is recurring; therefore, the maximum 3-year clearance is requested.

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

OAT does not seek this exemption.

17. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to this certification.

Attachments:

Attachment A: Measurement Changes

Attachment B: 60-day Federal Register Notice

Attachment C: Instructions

Attachment D: TRC Performance Indicator Data Collection Tool