Supporting Statement A

Evidence - Based Telehealth Network Program Measures

OMB Control No. 0906-XXXX-NEW

Terms of Clearance: None

A.   Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) is requesting Office of Management and Budget (OMB) approval for performance and clinical measure forms which collect information on grantee activities for the Evidence- Based Telehealth Network Programs. The performance measures allow grantee to report on individual goals and justify their budget; enables the Office for the Advancement of Telehealth (OAT) to collect uniform, consistent data to monitor the program; and informs the report to Congress on the impact of the Telehealth Network Program from OAT. The clinical measures will allow OAT to collect information on mental health and substance abuse clinical priorities from individual sites within the grantees network. Collecting data on these common measures and clinical survey tools will provide the evidence base to examine best practices and features that are most effective in the delivery of needed services to rural areas . This will be the first time these measures will receive OMB review and approval.

These programs will provide funding to support projects that use telehealth networks to increase access to telehealth services in rural and frontier communities. The developed measures support OAT objective to contribute to the evidence base for assessing the effectiveness of telehealth care services for patients, providers, and payers. Grants awarded under these programs will work to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and (c) expand and improve the quality of health information available to health care providers, patients and their families for decision-making.

Referring to grants administered in accordance with statute (ii) Section 711(b) of the Social Security Act (42 U.S.C. 912(b)) as amended, award recipients will use the Performance Improvement Measurement System (PIMS) electronic reporting system, built into the Electronic Handbook (EHB) web-based portal, to submit information to HRSA. The annual collection of this data will ensure awarded projects adequately fulfill the authorized goals for the Telehealth Network Programs.

2. __Purpose and Use of Information Collection__

FORHP is proposing to conduct data collection of user information for their Evidence Based Telehealth Programs. The measures will enable HRSA and FORHP to aggregate data and capture awardee-level information that will illustrate the effect and scope of federal funding. Monthly collected data will provide quantitative information about the programs, specifically the characteristics of improving access to needed behavioral health services and improving health outcomes. The measures cover the principal topic areas of interest to FORHP including: (a) population demographics; (b) access to health care; (c) cost savings and cost-effectiveness; and (d) clinical outcomes.

These assessments will provide valuable information from the Evidence-Based Tele Behavioral Health Network Program (EB THNP) enabling HRSA to assess the success of the program. Collecting performance measures will ensure that funded projects have demonstrated a need for services in their communities and utilize those federal funds effectively to provide services to meet those needs.

The type of information requested in the Telehealth Network Program enables FORHP to assess the following characteristics about its OAT programs:

- Demographics for the Telehealth Network Program user population
- The types of settings telehealth services are provided at through the program
- The types of telehealth services funded through the program
- Access to telehealth services funded through the program
- The impact of cost effectiveness/ cost savings on the population served
- The degree to which funding has affected patient care access amongst the population served

Reports from the database are capable of identifying and guiding FORHP's response to the needs of the grantee recipient and OAT programing. The database:

- Provides uniformly defined data for major FORHP grant programs
- Yields evidence based information that may lack in sufficient national and state data
- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions

In addition, the Behavioral Telehealth Evidence Collection (B- TEC) Tool will capture de-identified patient level data on uniformed data elements on a periodic basis. Analysis of this data will allow FORHP in partnership with the Rural Telehealth Research Center to identify approaches to enhance the evidence base for telehealth in rural communities.

Without collection of this data, it would be difficult to ascertain the collective impact of these programs across all Telehealth Network Program grantees and determine how funding has improved the characteristics and outcomes mentioned above.

Lack of such data would also impede future efforts to create resources and funding opportunities that are able to address the gaps and healthcare needs presented in the data findings.

3. <u>Use of Improved Information Technology and Burden Reduction</u>

The OAT PIMS tool is 100% electronic within HRSA's Electronic Handbook. The system design provides pre-formatted and interactive data entry that helps assure standardized data across the Telehealth Network Grant Programs and greatly simplifies the data entry process. The grantee will provide sites and services information and the system will only generate forms based on this data. The B-TEC Tool will capture the evidence based clinical measures data elements in electronic worksheets. The worksheets will collect specific information about each service provided. Automated calculations in the worksheets and the use of drop down menus simplifies selections. Instructions are included with each data collection tool. The time burden is minimal since there is no data entry element for program staff due to the electronic transmission from grantee systems to the PIMS; additionally, there is less chance of error in translating data and analysis of the data.

4. <u>Efforts to Identify Duplication and Use of Similar Information</u>

There is no other data source available which tracks the characteristics of Federal funding in the rural counties participating in the Telehealth Network Programs. The information is not intended to reflect all telehealth activity nationwide; it reflects only the activity of the telehealth programs funded by HRSA's OAT.

5. <u>Impact on Small Businesses or Other Small Entities</u>

The data collection activities will not have a significant impact on small entities.

6. <u>Consequences of Collecting the Information Less Frequently</u>

Respondents will respond to this data collection on a monthly basis. This information is needed by the program, FORHP and HRSA in order to measure effective use of grant dollars, identify approaches that can be used to enhance the evidence base for telehealth use in rural communities, and to report on progress toward strategic goals and objectives. There are no legal obstacles to reduce the burden.

7. <u>Special Circumstances Relating to the Guidelines of 5 CFR 1320.5</u>

This project is consistent with the guidelines in 5 CFR 1320.5.

8. <u>Comments in Response to the Federal Register Notice/Outside Consultation</u>

Section 8A:

A 60-day Federal Register Notice was published in the Federal Register on 04/08/2019, vol. 84, No. 67; p. 13936 (see attachment A). No comments were received.

Section 8B:

In order to create a final set of performance measures that are useful for all program grantees, a set of measures was vetted to grantee organizations in 2019. The following awardees were consulted:

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

Respondents will not receive any payments or gifts.

10. **Respondents**

The data system does not involve the reporting of information about identifiable individuals; therefore, the Privacy Act is not applicable to this activity. The proposed performance measures will be used only in aggregate data for program activities.

11. **Justification for Sensitive Questions**

There are no sensitive questions.

12. **Estimates of Annualized Hour and Cost Burden**

12A. **Estimated Annualized Burden Hours**

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Project Director	Evidence Based Telehealth Network Program Report	14	12	11	1,848
Project Director	Telehealth Performance Measurement Report	14	1	5	70
Total		14			1,918

These estimates were determined by consultations with six (6) current grantees from the program. These grantees were sent a draft of the questions that pertain to their program. They were asked to estimate how much time it would take to respond to the questions.

It should also be noted that the burden is expected to vary across the grantees. This variation is tied primarily to the type of program activities specific to the grantee's project and current data collection system.

12B. **Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	1,918	$50.99*	**$195,598
Total	1,918		**$195,598

* https://www.bls.gov/oes/current/oes113011.htm
** amount reflects respondent cost plus fringe benefits and overhead

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

Other than their time, there is no cost to respondents.

14. **Annualized Cost to Federal Government**

Staff at FORHP monitor the grants and provide guidance to grantee project staff at a cost of $1,984.32 per year (72 hours per year at $27.56 per hour at a GS-09 Step 1 salary level).

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

Not Applicable. This is a new activity under HRSA's generic clearance.

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

There are plans for at least two publications- one describing the effect of telehealth on the provision of mental/behavioral health services in rural communities and one describing the effect of telehealth on the provision of substance use disorder treatment services in rural communities. Data may be used on an aggregate program level to document the effect and success of program. This information might be used in the FORHP Annual Report produced internally for the agency. The FORHP Annual Report is produced in February and reports the prior fiscal year's activities.

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

The expiration date will be displayed.

18. **<u>Exceptions to Certification for Paperwork Reduction Act Submissions</u>**

There are no exceptions to the certification.