

US Department of Health and Human Services Centers for Disease Control and Prevention National Center for Health Statistics (NCHS)	Validation of Enhanced Algorithms to Identify Opioid Use and Co-Occurring Disorders in National Hospital Care Survey (NHCS)
<p><b>Notice of Estimated Burden</b> – CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0212).</p> <p><b>Assurance of Confidentiality</b> – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.</p>	

#### \*CONTINUED PARTICIPATION TELEPHONE CALL

Thank you for taking the time to speak with me today. I'm calling on behalf of the CDC's National Center for Health Statistics (NCHS). First, I would like to thank you for your hospital's participation in the National Hospital Care Survey. The data collected in the survey is being used to help address the current opioid epidemic in the United States. We have developed an enhanced method of identifying opioid-involved hospital encounters and opioid-related overdoses utilizing all the clinical data collected in the National Hospital Care Survey. We are in the process of validating these newly developed methods by conducting a validation study from a sample of participating hospitals. We are asking for your hospital's assistance with validating the newly developed methodology.

This one-time study does not affect your participation in the National Hospital Care Survey. The validation involves an NCHS designated agent gaining access to your hospital's Electronic Health Record (EHR) system so they can complete a short questionnaire on the data present in the EHR for 100 previously submitted hospital encounters. This questionnaire allows us to validate the newly developed methodology for identifying opioid-involved hospital visits. If the validation of the data cannot occur on hospital grounds, remote access is an option. After receiving direct data access, we do not require further assistance from hospital staff with data abstraction. Data access is required for 3 days for the abstractor to validate the sampled encounters. Your participation in the validation study is completely voluntary. Your assistance is vital to success and implementation of the enhanced methodology, which will enable us to provide better opioid-involved encounter data to hospitals. If at any point you think there is someone else we should talk to, in addition to you, please let me know.

Is someone else we should talk to?

*Fill in if someone else and end interview with current respondent. If not, proceed to consent and question 1:*

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

[INTERVIEWER – read consent out loud to respondent]:

Attachment B - PCORFT Telephone Script

Before we begin, I must read a brief consent statement to you.

The NCHS Ethics Review Board has approved this one-time study. We take your privacy very seriously. We are required to keep your survey data confidential. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. Data collection for this project is authorized by Section 306 of the Public Health Service Act. The information you provide will be used for research purposes only and will be held in strict confidence in accordance with Section 308(d) of the Public Health Service Act [42 U.S. Code 242m(d)] and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529)). The data will be safeguarded according to federal mandates requiring data security procedures such as data encryption and secure data networks. Your participation is voluntary. You may stop your participation at any time. There are no penalties for nonparticipation.

1. I'd liked to verify the information I have:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Next I have a few questions about the hospital:

2. We would appreciate your assistance with this additional data collection for the National Hospital Care Survey. Who is the hospital official, if not you, who is in the position to agree to participation in the validation study for the hospital? *If not the current respondent, capture the contact information for the official, thank the official for their time and end the interview.*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

3. Can we count on your hospital's participation in the validation study of the enhanced opioid-algorithm?

- Yes → Skip to 4.  
 Need more information → Schedule a date and time to call back within 3 days and enter below → Thank respondent for their time and repeat the date and time of the next scheduled contact.

\_\_\_\_\_

**Day**                      **Month**                      **Year**                      **Time: am | pm**

- No, hospital official declines to participate.

3a. What is the reason your hospital does not want to participate? *Do not read these responses out loud; instead; check the option that best captures the hospital executive's reason for refusal. Thank the official for their time and end interview.*

- Confidentiality concerns  
 The hospital's financial situation does not permit it to dedicate time to this effort  
 The hospital has too many other priorities at this time

Attachment B - PCORFT Telephone Script

- COVID-19
- Other – specify \_\_\_\_\_

4. Can you give me the name and title of the person, if not you, who would be the appropriate person to contact to discuss logistics for data access to the hospital's EHR system? The best person might be the Director of Quality Control/Assurance, HIM Director, Research Director or someone else. Who would you suggest, and may I have his/her name and title?

- Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- E-mail: \_\_\_\_\_

*If not the current respondent then end the interviewer and call the person collected in question 4.*

5. Would your hospital be willing to allow NCHS' designated agent to obtain password access to your hospital's EHR system and load the charting software onto desktop computers at their headquarters? (We can provide you with a copy of the Data Security Plan which complies with all relevant laws, regulations, and policies governing the security of data and protection of confidentiality.)

- Yes → Skip to 6.
- Unsure

5a. Who would be the best person to contact to get this information?

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

6. What system requirements are there to access the hospital remotely?

- Any token (i.e., RSA SecurID)
- IP restrictions
- Other – Specify \_\_\_\_\_
- Citrix

6a. Which version of Citrix is required? \_\_\_\_\_

7. What date, time and location are best for abstraction?

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
**Day**      **Month**      **Year**      **Time: am | pm**

**Location:** \_\_\_\_\_

*Thank official for their time and end interview.*