

**DATE:** April 20, 2020  
**TO:** Elizabeth Ashley, OMB Desk Officer  
**FROM:** Lisa Wright-Solomon, HRSA Information Collection Clearance Officer

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**Request:** The Health Resources and Services Administration (HRSA) Bureau of Health Workforce requests approval for non-substantive changes to the National Health Service Corps (NHSC) Loan Repayment Programs (OMB #0915-0127, expires 03/31/2023) and the NHSC Scholarship Program (OMB #0915-0146, expires 07/31/2020).

**Purpose:** The purpose of this request is to make a survey available to NHSC participants and sites to collect relevant data related to COVID-19 (SARS-CoV-2) impact. This memo explains the survey and supporting rationale.

The **NHSC Participant COVID-19 Questions** are four questions that capture the impact that COVID-19 (SARS-CoV-2) had on program participants. One question will capture specific impacts the COVID-19 (SARS-CoV-2) had on the participant's site(s). Depending on the answer(s) provided, additional questions will be asked to determine the programmatic impact the COVID-19 (SARS-CoV-2) had on the participant's obligation.

The **NHSC Sites COVID-19 Questions** are four questions that capture the impact that COVID-19 (SARS-CoV-2) had on program sites. One question will capture specific impacts the COVID-19 (SARS-CoV-2) had on the sites. Depending on the answer(s) provided, an additional question will be asked to determine the programmatic impact the COVID-19 (SARS-CoV-2) had on the sites. Another question will capture, if the site received any other federal funding to respond to the COVID-19 (SARS-CoV-2). Depending on the answer(s) provided, an additional question will be asked to determine how the additional funding was used.

This information will be used to fulfill the statutory requirement of the NHSC to collect data on the number of patients seen and the number of patient visits recorded. The information will be critical to understanding the impact of COVID-19 on the obligation of participants and the care provided at sites in underserved areas. These questions will be included in the standardized electronic data collection forms system to ensure sufficient quality of the data received.

**Time Sensitivity:** The survey data collection questions must be completed in a timely manner to fulfill NHSC requirements. The survey data collection questions must be completed in a timely manner to fulfill NHSC requirements. To collect data on this survey by late-May, approval of these surveys are needed by May 16, 2020. Incorporating these changes expediently is essential to the quality and completeness of data about COVID-19 impact.

**Burden:** The changes included herein do not substantially change the estimated reporting burden about patients with these indications.

## **PROPOSED SURVEY QUESTIONS FOR NHSC PARTICIPANTS AND SITES:**

### **NHSC Participant COVID-19 Questions**

1. Which of the following did you experience at your NHSC site(s) during the COVID-19 pandemic?  
*Please select ALL that apply.*

- Missed work at my NHSC site(s)
- Became unemployed
- Administered COVID-19 testing
- Provided more acute/urgent care visits, as opposed to well visits
- Provided more care via telehealth for primary care visits
- Provided fewer patient visits overall (including all visit types)
- Worked longer hours
- Changed delivery of behavioral health services
- Faced a lack of personnel or resources (e.g., hospital beds) to meet patient demand
- Had limited access to personal protective equipment (PPE)
- Was not provided with emergency policies/protocols in sufficient time
- Other: please specify \_\_\_\_\_
- Did not experience any changes at my NHSC site(s) during the COVID-19 pandemic  
*[DISALLOW IF ANOTHER OPTION SELECTED]*

2. [ASK IF Q1=CHANGED DELIVERY OF BEHAVIORAL HEALTH SERVICES] How did the delivery of behavioral health services change at your NHSC site during the COVID-19 pandemic?  
*Please select ALL that apply.*

- Provided more substance use disorder services through telehealth
- Delayed scheduling visits with new patients for substance use disorder services
- Delayed scheduling routine follow-up visits with patients for substance use disorder services

- Delayed toxicology testing for patients who are prescribed buprenorphine
- Limited ability to provide mental health visits, **excluding** substance use disorder treatment (e.g., took time away from conducting visits, or limited ability to schedule visits)
- Limited ability to provide substance use disorder services
- Limited ability to provide opioid use disorder services, **excluding** medication-assisted treatment (i.e., buprenorphine, methadone, or naltrexone)
- Limited ability to provide medication-assisted treatment
- Changed buprenorphine prescribing practices (e.g., prescribed larger or smaller supply)
- Other: please specify \_\_\_\_\_

3. [ASK IF Q1=MISSED WORK AT MY NHSC SITE(S)] Why were you unable to provide services at your NHSC sites(s) during the COVID-19 pandemic?  
Please select **ALL** that apply.

- Had to self-isolate or self-quarantine
- Volunteered to be away from NHSC-approved site(s) to provide care to patients at a temporary/emergency location
- Required to provide care outside of an NHSC-approved health care facility
- Travel restrictions or guidance prevented return to the site
- The NHSC site(s) where I work closed
- The NHSC site(s) where I work laid off staff or reduced staff hours
- Needed to care for children or other family members
- Other: please specify \_\_\_\_\_

4. [ASK IF Q1=MISSED WORK AT MY NHSC SITE(S)] Did you experience any of the following as a result of missing work at your NHSC site(s)?  
Please select **ALL** that apply.

- Requested a suspension of loan repayment obligations
- Used allotted personal days
- Received approval to shift regular clinical service to telehealth/telemedicine
- Received approval to increase the maximum number of hours of care I can provide in an approved alternative setting
- Was unable to verify service or complete employment verifications due to absence of site Point of Contact
- I did not experience any of the above [DISALLOW IF ANOTHER OPTION SELECTED]
- Don't know [DISALLOW IF ANOTHER OPTION SELECTED]

**NHSC Site COVID-19 Questions**

1. Which of the following did your NHSC site experience during the COVID-19 pandemic?  
Please select **ALL** that apply.

- Staff missed work due to self-isolation or quarantine
- Site closed
- Site reduced number of staff or staff hours
- Administered COVID-19 testing
- Provided more acute/urgent care visits, as opposed to well visits
- Provided fewer patient visits overall (including all visit types)
- Temporarily eliminated clinical service hours and permitted only administrative work
- Provided more care via telehealth for primary care visits
- Changed delivery of behavioral health services
- Lack of capacity (e.g., hospital beds or staff resources) to meet patient demand
- Limited availability of personal protective equipment (PPE)
- Lack of emergency policies/protocols in place
- Additional time spent on reporting requirements for COVID-19
- Other: please specify \_\_\_\_\_
- Did not experience any changes during the COVID-19 pandemic [DISALLOW IF ANOTHER OPTION SELECTED]

2. [ASK IF Q1 = CHANGED DELIVERY OF BEHAVIORAL HEALTH SERVICES] How did the delivery of behavioral health services change during the COVID-19 pandemic?  
Please select **ALL** that apply.

- Provided more substance use disorder services through telehealth
- Delayed scheduling visits with new patients for substance use disorder services
- Delayed scheduling routine follow-up visits with patients for substance use disorder services
- Delayed toxicology testing for patients who are prescribed buprenorphine
- Limited ability to provide mental health visits, **excluding** substance use disorder treatment (e.g., took time away from conducting these visits, or limited ability to schedule these visits)
- Limited ability to provide substance use disorder services
- Limited ability to provide opioid use disorder services, **excluding** medication-assisted treatment (i.e., buprenorphine, methadone, or naltrexone)
- Limited ability to provide medication-assisted treatment
- Other: please specify \_\_\_\_\_

3. Did you receive additional funding from HRSA or other federal agencies (e.g., Centers for Medicare & Medicaid Services) in spring 2020 to help your site respond to the COVID-19 pandemic?

- Yes

- No
- Don't know

4. [ASK IF Q3=YES] How did you use the additional funding?  
*Please select **ALL** that apply.*

- Increased testing for COVID-19
- Acquired personal protective equipment (PPE)
- Acquired medical supplies other than PPE
- Improved telehealth capabilities
- Provided safety education for staff
- Provided overtime pay for staff
- Other: please specify \_\_\_\_\_
- Don't know

**Attachments:**

1. NHSC Participant COVID-19 Questions, same as the question listed in this document.
2. NHSC Site COVID-19 Questions, same as the question listed in this document.