Health Resources and Services Administration

SUPPORTING STATEMENT

HRSA AIDS Education and Training Centers Evaluation Activities

0915-0281 Revision

A.   Justification

1.   <u>Circumstances Making the Collection of Information Necessary</u>

The Health Resources and Services Administration (HRSA) is requesting continued OMB approval to collect information to monitor the activities of the AIDS Education and Training Centers (AETCs) Program. The AETC Evaluation Activities information collection request, which expires on July 31, 2019, is currently used to collect information from grant recipients to provide targeted, multidisciplinary training to the health care professionals who provide clinical and support services under Parts A, B, C, and D of the Ryan White HIV/AIDS Program (RWHAP). The RWHAP, authorized under Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, funds and coordinates with cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people living with HIV (PLWH). See Attachment A for a copy of the 2009 legislation. The Department of Health and Human Services (HHS) HRSA administers funds for the RWHAP.

The HRSA RWHAP supports a comprehensive system of direct health care and support services for over half a million people living with HIV (PLWH)[1]. The HRSA RWHAP makes financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential core medical and support services to persons living with HIV. Funding priorities are determined by stakeholders at local and state levels, resulting in uniquely structured programs that address their jurisdictions' critical gaps and needs. HRSA also works in partnership with RWHAP recipients at state and local levels to use innovative approaches for community engagement, needs assessment, planning processes, policy development, service delivery, clinical quality improvement, and workforce development activities that are needed to support a robust system of HIV care, support and treatment.

The AETC, funded under Part F, is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate state-of-the-science comprehensive care for those living with or affected by HIV. It supports the goals of the National HIV/AIDS Strategy (NHAS) by increasing the number of healthcare teams educated and motivated to care for individuals with HIV, and increasing access to care, thereby reducing HIV-related health disparities. At present, there are 8 regional centers, 5 graduate/health profession programs and 3

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. http://hab.hrsa.gov/data/data-reports. Published November 2017. Accessed July 20, 2018.

national centers. Regional centers and local sites work directly within the community through targeted training and by linking providers with local experts. Graduate/health profession programs support developmental work to expand existing accredited primary care graduate nursing, and physician assistant programs to prepare the next generation of HIV care health professionals. The national centers provide resources, assistance and training to support healthcare professionals and faculty in the AETC network and beyond. They are:

- The Clinician Consultation Center (CCC) operates a Warmline for individual clinician case consultations, a PEPLine for consultations on post-exposure prophylaxis, a PrEPLine for consultations on pre-exposure prophylaxis, a substance abuse warmline, and a Perinatal Hotline for questions about the care of HIV-infected pregnant women as well as indications and interpretations of HIV tests.

- The AETC National Coordinating Resource Center (NCRC) offers a virtual library of online training resources for adaptation by HIV care providers and other healthcare professionals to meet local training needs.

- The AETC National Evaluation Center (NEC) provides leadership in the development, design, testing, and dissemination of effective evaluation models for the AETCs. In particular, the NEC works with individual AETCs to evaluate the effects their education and training programs have on participant behavior and clinical practice with respect to changes in knowledge and skills, clinical practice behavior, and improved patient outcomes.

The AETCs gather data on the training activities they conduct using two data collection instruments. The Event Record (ER) gathers information about each training activity including training programs, individual clinical consultations, group clinical consultations, and technical assistance events. Information on the people trained, the length of training, the content and level of the training and collaborations with other organizations is also collected. AETC staff and trainers complete this form after each event.   The Participant Information Form (PIF) collects information from each of the training participants, including demographics, profession, the types of HIV/AIDS services they provide, and the characteristics of the patient population they serve. The AETCs are then required to report aggregated data on their training activities and trainees to HAB once a year.

HAB is requesting approval to made several modifications to the ER and the PIF. The revised ER has eleven new data elements; however, only seven data elements will require responses from all respondents. The option to respond to the other four data elements will depend on how participants respond to previous questions. There are also four data element deletions. The revised PIF has one new data element that asks whether respondents prescribe anti-retroviral therapy to their patients. There are also two data element deletions. See Attachment B for Table of Changes. These revisions reflect changes in the National AETC program guidance on reporting sources of funding and multi-session events. In addition, HRSA HAB has modified the revised data instruments not only to improve the logical flow of questions within each instrument but also to improve the overall clarity of each of the questions being asked. See Attachment C and D for revised forms.

2.   Purpose and Use of Information Collection

The overall purpose of this data collection is to enable HAB to summarize and report to Congress and other stakeholders AETCs' accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities. These program data collection activities are also necessary to allow the AETCs and HAB to assess the program's performance and improve areas where gaps exist in training HIV professionals as well as to measure whether they are meeting the goals of NHAS.

3.   Use of Improved Information Technology

Data are submitted by the AETCs to HAB in electronic format. The AETCs also work in collaboration with HAB to re-design the data collection forms and protocols based on program needs. To enable the system to work across centers, but with flexibility to accommodate different information systems, centers have the option of choosing among available scanning programs (e.g., Teleforms) for data entry prior to electronic submission to HRSA. In addition, several regional AETCs have developed a web-based platform for administration of the PIF and ER forms.

4.   Efforts to Avoid Duplication

Data that can describe the activities of the AETCs are not available elsewhere. This is the only effort known to characterize the AETC training activities, and without these data, HAB will not be able to monitor AETC education and training efforts.

5.   Involvement of Small Entities

This data collection activity does not significantly impact small entities.

6.   Consequences if Information Collected Less Frequently

Without these annual data, HAB would be unable to report on education and training activities related to the Ryan White CARE Act legislation. These data are needed to provide information on the AETC training activities and participants receiving the trainings.

7.   Consistency With the Guidelines of 5 CFR 1320.59(d)(2)

The data will be collected in a manner consistent with the guidelines in 5 CFR 1320.5(d)(2).

8.   Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on December 18, 2018, (Volume 83, No. 242, pages 64845-64847. See attachment E for the published notice. There were no public comments.

A pilot for the proposed revisions to the PIF and ER was conducted in October 2018. Pilot participants mentioned the burden on the ER that will be required to generate the list of participants using unique identifiers. This data element was retained. Other suggestions on both forms included the change/addition of language for clarification and relevance and the reorganization of questions. Some of these proposed changes were accepted. See attachment F for the list of pilot participants.

9.   Remuneration of Respondents

The proposed collection of information does not involve any remuneration to respondents.

10.   Assurance of Confidentiality

Only summary data will be included in any reports developed from the collection of this information. No individual level data will be seen by any outside party.

The AETCs will develop unique identifiers for individual participants so that they can track repeat attendance and patterns of use. All data sets submitted to HAB will use this identifier and not the individual's name. All reports developed from the data submission will use only aggregate data reports.

11.   Questions of a Sensitive Nature

No questions of a sensitive nature are asked in the forms.

12.   <u>Estimates of Annualized Hour Burden</u>

Respondents: AETC trainees complete the PIF at every training event. Trainers are asked to complete the ER for each training event they conduct. In addition, each regional RWHAP AETC (eight total) and the RWHAP AETC National Coordinating Resource Center will compile these data into a data set and submit to HRSA HAB once a year

Annual burden estimates:

Type of Collection	Number of Respondents	Number of Responses per Respondent	Total Responses	Hours per Respondent	Total Burden Hours	Wage Rate	Total Hour Cost
Participant Information Form (PIF)	61,288	1	61,288	0.05	3064.4	$27.73[2]	$84,975.81
Event Record (ER)	10,522	1	10,522	0.13	1367.9	$27.43	$37,521.50
Total	71,810		71,810		4,432.3		$122,497.31

	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours
Aggregate Data Set	9	1	9	10	90

There are an estimated 61,288 trainees who attend AETC training events every year. During the pilot of the PIF, respondents' estimated burden averaged three minutes (0.05 of an hour) to complete the form. There are an estimated 10,522 trainers who conduct AETC training events every year. During the pilot of the ER, respondents' estimated burden averaged 13 minutes (0.13) to complete the form. Respondents from the regional offices also estimated 10 hours to complete the aggregate data. The total annual burden for this activity is 4,432.20 (PIF, ER and aggregate data) hours.

Planned frequency of information collection: The PIF and ER forms will be completed throughout the year as trainings are conducted. The aggregate data will be compiled and submitted once a year to HRSA HAB.

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[2] The hourly wage rates were taken from the Bureau of Labor Statistics, February 2019 at https://www.bls.gov/news.release/empsit.t19.htm.

13.	Estimates of Annualized Cost Burden to Respondents

There are no capital or start-up costs for this project.

14.	Estimates of Annualized Cost to the Government

The contract task that supports data collection efforts each year is $180,000, as well as the cost for a GS 13 at 25% (approximately $25,000) to monitor the project. The estimated total cost is $205,000.

15.	Change in Burden

The current inventory is for 10,032 burden hours and this request is for 4,432.30 hours, a decrease of approximately 5,599.7 hours. This decrease is mostly due to the significant decrease of estimated trainees attending the training events. In addition, the average burden to complete the PIF and ER are slightly lower due to the changes described previously.

16.	Plans for Analysis and Timetable of Key Activities

The AETCs will report data using the grant year July 1 – June 30. The AETC System will open on July 15 and give AETCs until August 16 to enter their data. REI, HRSA's contractor, will create aggregate datasets. HRSA will produce descriptive annual reports—one for use by HRSA and an AETC specific report for each of the AETCs.

Data Collection Period: July 1st – June 30th	Deadline
AETC System Opens	July 15th
AETC Report Due	August 16th

17.	Exemption of Display of Expiration Date

No exemption is being requested. The expiration date will be displayed.

18.	Certifications

This information collection will comply with the guidelines in 5 CFR 1320.9.