Change Request

Paul Coverdell Acute National Stroke Registry

(OMB no. 0920-1108, exp. date 09/30/2024)

November 30, 2021

Summary

CDC requests OMB approval for non-substantive changes to the approved Paul Coverdell Acute National Registry information collection, OMB approval number 0920-1108, exp. 09/30/2024. The current data information collection consists of three parts: Pre-Hospital Data Elements, In-Hospital Data Elements, and Hospital Inventory Survey. This request requires minor modifications to approved In-Hospital Data Elements to evaluate and improve program efficacy.

This change request does not require the collection of new or additional primary data, as the primary data are already available to awardees via their electronic health record systems. The request is to have four additional administrative Data Elements reported to CDC, which will improve analytical utility, data quality, and program fidelity. No other changes are proposed to any other part of the OMB approved data collection. The number of In-Hospital Data Elements will increase from 155 to 159.

An overview of the four proposed data elements is provided in Exhibit 1. Details of how the data elements will appear are provided in Exhibit 2. The exhibits are attached.

Attachments

- Exhibits
    1. Overview of Proposed Administrative Coverdell Data Elements
    2. Rationale for Proposed Administrative Coverdell Data Elements

- Coverdell Data Elements Manual, Edition 1
    1. Proposed Administrative Coverdell Data Elements on Pages 13 to 16 and 27 to 30

Background

CDC collects information from funded recipients of the Paul Coverdell Acute National Registry (currently 13 state health departments). Programs submit this information via a CDC web portal. The information is used to monitor, evaluate, and report on funded programs.

Coverdell awardees gather responses from participating hospital providers, who administer and/or record responses in their electronic health record or another format the state approves. The data captures stroke risk factors such as high blood pressure, elevated blood cholesterol, obesity, diabetes, and smoking. Hospital providers collect the data elements at the time the participants are being brought to the hospital and when in-hospital being treated for stroke. The Coverdell program encourages awardees to use electronic health records and to auto-fill fields in

their data files.

Justification

The proposed change is to add four administrative data elements to improve analytical utility, data quality, and program fidelity to the Coverdell Program.

Analytical Utility: Proposed changes involve receiving a "unique patient identifier" consistent with CDC receiving de-identified data. Receipt of a state FIPS code is also proposed to organize data within the data file and to generate individual reports by state health department awardees.

Data Quality: Proposed changes involve receiving a "unique hospital identifier" which is a random 5-digit code that CDC is blinded to by state health departments. This identifier will be used to advance focused technical assistance provision and data quality improvement.

Program Fidelity: Finally, a participant zip code is to be received from awardees to help identify areas where persons are at highest risk for stroke events. This can be demonstrated by participants with disproportionately high prevalence of risk factors for stroke events, like high blood pressure and/or high blood cholesterol, and state-level data of highest need for stroke services. This includes participants disproportionately impacted by stroke outcomes among those who have had a stroke event such as stroke hospitalizations and stroke mortality. This will demonstrate that funds are being directed to priority populations and areas as prescribed in the cooperative agreement.

Implementation Schedule

CDC is submitting this non-substantive change request to OMB to provide implementation guidance to programs for early 2022.

Effect on Burden Estimate

The burden is negligible. These four Data Elements are already in existence in the electronic health record and incumbent funded recipients are familiar with them. The request simply requires slightly expanding the data export to CDC. This does not require collecting any new or additional data. No change in burden is projected and therefore the burden is unchanged.

Type of Respondents	Type of Collection	No. of Respondents	Annual Frequency per Response	Hours per Response	Total Hours
Coverdell Funded Programs	Pre Hospital Data	13	4	30/60	46
	In Hospital Data	13	4	30/60	26
	Hospital Inventory Survey	13	1	8	104
Coverdell Hospital Partners	Hospital Inventory Survey	650	1	30/60	325
	Total	767			501

Exhibit 1. Overview of Proposed Administrative Coverdell Data Elements

Type	Administrative Elements Added	Number of Elements Impacted
Adding four data Elements	STFIPS	4
	Unique Participant ID Number	
	Residence Zip Code	
	Unique Hospital ID Assigned by State	

Exhibit 2. Rationale for Proposed Administrative Coverdell Data Elements

MDE Field Number	Information Collection Phrasing	Rationale
Item IN-0A	State FIPS Code	Enhance Analytical Utility
Item IN-0B	Unique Participant ID Number	Enhance Analytical Utility
Item IN-0C	Zip Code of Residence	Program Fidelity
Item IN-0D	A Hospital ID Number generated by State (State Keeps Key)	Enhance Data Quality