

**Health Resources and Services Administration**  
**SUPPORTING STATEMENT**  
**HIV Quality Measures Module**

**OMB Control No. 0906-0022**

**A. Justification**

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA) is requesting continued OMB approval to collect information for the Ryan White HIV/AIDS Program's (RWHAP) HIV Quality Measures (HIVQM) Module. The RWHAP HIVQM Module, which expires on December 31, 2022, is a voluntary data system that allows grant recipients funded under RWHAP Parts A, B, C, and D to monitor their performance in providing quality HIV services. The RWHAP legislation, title XXVI of the Public Health Service Act, 42 U.S.C. 300ff-11, et seq., is administered by HRSA's HIV/AIDS Bureau (HAB). HRSA HAB awards funding to recipients in areas of the greatest need to respond effectively to the changing HIV epidemic, with an emphasis on providing life-saving and life-extending medical care, treatment, and support services for people with HIV in the United States. See Attachment A for a copy of the 2009 legislation. The RWHAP supports a comprehensive system of direct health care and support services for over half a million people with HIV.<sup>1</sup> 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 with HIV.

RWHAP recipients must follow legislative requirements such as the establishment of clinical quality management programs to assess their HIV services according to the most recent Department of Health and Human Services Clinical Treatment guidelines and to develop strategies to improve access to quality HIV services.<sup>2</sup> HRSA HAB also developed the HIV performance measures portfolio that focuses on critical areas of HIV care and treatment and supports the collection, analysis, and reporting of data regarding patient care, health outcomes, and patient satisfaction. The performance measure portfolio focuses on:

- 1) Identifying core performance measures that are most critical to the care and treatment of people with HIV,

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<sup>1</sup> HRSA. Ryan White HIV/AIDS Program Report 2020. <http://hab.hrsa.gov/data/data-reports>. Published December 2021. Accessed March 25, 2022.

<sup>2</sup> See Sections 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act.

- 2) Combining performance measures to address people of all ages with HIV,
- 3) Promoting relevant performance measures used in other federal programs,
- 4) Archiving performance measures that are no longer consistent with Department of Health and Human Services Clinical Treatment guidelines or applicable to the general population.<sup>3</sup>

The HRSA HAB performance measures include several priority performance measures categories: 1) core, 2) all ages, 3) adolescent/adult, 4) HIV infected children, 5) HIV exposed children, 6) medical case management, 7) oral health, 8) AIDS drug assistance program and 9) systems-level.<sup>4</sup> Recipients can enter their performance measures data into the RWHAP HIVQM Module and generate reports to assess their efforts and trend performance measure data over time and analyze them for disparities in care. Recipients can also compare performance measures against other recipients who also entered data into the RWHAP HIVQM Module.

## 2. Purpose and Use of Information Collection

HAB created the RWHAP HIVQM Module to be the online tool to facilitate recipients in meeting the clinical quality management program requirement. The use of the module is voluntary for RWHAP recipients and subrecipients, but strongly encouraged.

The RWHAP HIVQM Module provides recipients an easy-to-use and structured platform to continually monitor their performance in serving their clients, particularly in access to care and the provision of quality HIV services. The main purpose of the module is to help recipients set goals and monitor performance measures and their quality improvement projects. HRSA anticipates that the RWHAP HIVQM Module will better support clinical quality management, performance measurement, service delivery, and client monitoring at both the recipient and client levels. The module also provides HRSA with a better assessment of the quality of the services provided by RWHAP and monitors improvements in the HAB performance measures over time.

## 3. Use of Improved Information Technology and Burden Reduction

The RWHAP HIVQM Module is housed in the Electronic Handbooks (EHBs), an existing website for recipients to enter other data required for RWHAP-funded agencies, such as the Ryan White Services Report (RSR). Users must obtain or learn this technology for other RWHAP purposes beyond the use of the RWHAP HIVQM Module. In addition, some information, particularly the provider information, is pre-populated using data from the organization's RSR. Data entered is saved for the next data collection so that users can easily update or change their data. See Attachment B for the RWHAP HIVQM Module Draft Manual.

## 4. Efforts to Identify Duplication and Use of Similar Information

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<sup>3</sup> [Performance Measure Portfolio | HIV/AIDS Bureau \(hrsa.gov\)](#). Accessed July 27, 2022.

<sup>4</sup> Ibid.

The RWHAP HIVQM Module is an optional tool that recipients may choose to enter their performance measure data into and generate reports to assess their performance.

Recipients report on some clinical data elements electronically through the required RSR, OMB control #0915-0323, and the AIDS Drugs Assistance Program Data Report (ADR), OMB control #0915-0345, annually; however, this information provides recipients and HAB only a snapshot of the quality of HIV services provided.

Per the RWHAP legislative requirement to establish clinical quality management programs, recipients may also be already collecting this data for this purpose.

#### 5. Impact on Small Businesses or Other Small Entities

This information collection includes small entities; however, this activity does not impose a significant impact on such entities. To minimize the burden of small entities, entering performance measure data and using the RWHAP HIVQM Module is entirely voluntary, and the information being requested has been held to the absolute minimum required for the intended use of the data.

#### 6. Consequences of Collecting the Information Less Frequently

The RWHAP HIVQM Module is a voluntary data collection. However, for organizations to appropriately assess their performance measures, HAB recommends that they collect their data quarterly, at a minimum.

#### 7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The data will be collected in a manner fully consistent with the guidelines in 5 CFR 1320.5.

#### 8. Comments in Response to the Federal Register Notice/Outside Consultation

##### Section 8A:

The 60-Day Federal Register Notice was published in the *Federal Register* on June 8, 2022 ( 87 FR 34887). There were no public comments received.

The 30-Day Federal Register Notice was published in the *Federal Register* on September 22, 2022 ( 87 FR 57912). There were no public comments received.

##### Section 8B:

A pilot for the submission of performance measures data into the RWHAP HIVQM Module was

conducted in July 2022. Five of nine RWHAP HIVQM Module users responded. All respondents agreed that the instructions in the RWHAP HIVQM Manual and in the RWHAP HIVQM Module were clear; however, users requested more information on how to generate reports. One respondent expressed frustration with manually entering data. Another respondent suggested the ability to enter recipient data or roll up all her subrecipient reports into one recipient report. A third respondent suggested having goals for each performance measure that could provide respondents a roadmap for future expectations.

In referencing the RWHAP HIVQM Module reports, one respondent wanted the reports to display the number of programs being compared; another suggested that the reports did not pull correct data for the specified reporting period; and a third respondent suggested that HRSA HAB generate an annual report of the RWHAP HIVQM Module data.

The names, titles, organizations, telephone numbers, and e-mail addresses of those consulted are provided below:

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9. Explanation of any Payment/Gift to Respondents

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

10. Assurance of Confidentiality Provided to Respondents

The HIVQM Module does not require any information that could identify individual clients. Aggregate data on the number of clients who received services is collected, but client names or other personally identifiable information is not collected.

11. Justification for Sensitive Questions

No questions of a sensitive nature are asked in the RWHAP HIVQM Module.

12. Estimates of Annualized Hour and Cost Burden

12A.

The Module is a voluntary data collection and is open for 2,063 recipients and subrecipients four times a year: March, June, September, and December. During the pilot of the RWHAP HIVQM Module, respondents' estimated burden averaged 13 minutes to submit their data. The total burden hours is 1,788 hours.

**Estimated Annualized Burden Hours**

Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
HIVQM Module	2,063	4	13/60	1,788

12B.

The hourly wage rates were taken from the Bureau of Labor Statistics, [Sector 62 - Health Care and Social Assistance - May 2021 OEWS Industry-Specific Occupational Employment and Wage Estimates \(bls.gov\)](#) which were released on March 31, 2022. Hourly wage rates were used for the occupational titles: general and operations managers (\$47.10). The total respondent cost

is \$84,214.80.

**Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Data Managers	1,788	\$47.10	\$84,214.80
Total			\$84,214.80

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

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

14. Annualized Cost to Federal Government

HRSA has maintained a contract to provide technical assistance, distribute the OMB-approved HRSA Ryan White HIV/AIDS Program HIV Quality Measures forms, and perform data entry and analysis. The contract task that supports the measures relating to this program total approximately \$120,000. In addition, government personnel requires 10% time of 1 FTE at a GS-13 level (\$106,823) to review and prepare award notices, which total approximately \$10,680. This brings the estimated total annualized cost to approximately \$130,680.

15. Explanation for Program Changes or Adjustments

The current inventory is for 6 hours (360 minutes) per submission which included data collection, data cleaning, and submission of data into the RWHAP HIVQM Module. This request is for 13 minutes, a decrease of 347 minutes. Pilot respondents agreed that entering the data into the RWHAP HIVQM Module takes minimal time since data is already collected in other reports. Additionally, the new features of the RWHAP HIVQM Module improve data uploading. Data collection and data cleaning time were also excluded from this current burden since data already exists for other purposes.

16. Plans for Tabulation, Publication and Project Time Schedule

The information collected will not be published, tabulated, or manipulated by HRSA HAB or any other entity. The purpose of this data collection is to give RWHAP recipients and subrecipients the ability to calculate their performance measures by entering a denominator that represents the number of patients who should receive specific care or service and a numerator that represents the number of patients who actually received the care or service during a 12-month period. Recipients and subrecipients can then create their own reports for the purposes of evaluating their program and/or comparing their data with other organizations regionally and nationally.

The RWHAP HIVQM Module will be available to RWHAP recipients and subrecipients to enter annual data four times a year. Below is the schedule specifying the annual period.

<b>HIVQM Module Opens</b>	<b>HIVQM Module Closes</b>	<b>Measurement Year/ Period</b>
March 1 <sup>st</sup>	March 31st	January 1 <sup>st</sup> – December 31 <sup>st</sup>
June 1 <sup>st</sup>	June 30th	April 1 <sup>st</sup> – Mar 31 <sup>st</sup>
September 1 <sup>st</sup>	September 30 <sup>th</sup>	July 1 <sup>st</sup> – June 30 <sup>th</sup>
December 1 <sup>st</sup>	December 31 <sup>st</sup>	Oct 1 <sup>st</sup> – Sept 30 <sup>th</sup>

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

The expiration date will be displayed appropriately.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This information collection fully complies with the guidelines in the Paperwork Reduction Act. The necessary certifications are included in the package.