Supporting Statement A

Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP) Measures

OMB Control No. 0906-XXXX

Terms of Clearance: None.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration's (HRSA) Office for the Advancement of Telehealth (OAT) is requesting Office of Management and Budget (OMB) approval for performance and clinical measure forms which collect information on grantee activities for the Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP).

OAT seeks approval for new collection of measures for the BHI EB-TNP. This program involves cooperative agreements administered in accordance with section 330I of the Public Health Service Act (42 U.S.C. 254c-14), as amended. The data is required to ensure the statutory requirements are being met and to inform reports to Congress, every five years. The purpose of this program is to integrate behavioral health services into primary care settings using telehealth technology through telehealth networks and evaluate the effectiveness of such integration. This program will work to help assess the effectiveness of evidence-based practices with the use of telehealth for patients, providers, and payers.

The Data Collection Platform as a Service (DCPaaS) electronic reporting system, built into HRSA's Electronic Handbook (EHB) web-based portal, is used by award recipients to submit information to HRSA. This annual data collection specifically ensures awarded projects adequately fulfill the authorized goals for the BHI EB-TNP.

2. Purpose and Use of Information Collection

OAT is proposing to conduct data collection of grantee information for the BHI EP-TNP. This program provides funding to support evidence-based projects that use telehealth technologies through telehealth networks in rural and underserved areas to (1) improve access to integrated behavioral health services in primary care settings; and (2) expand and improve the quality of health information available to health care providers by evaluating the effectiveness of integrating telebehavioral health services into primary care settings and establishing an evidence-based model that can assist health care providers.

HRSA's goals for the program are to improve access to needed services, reduce rural practitioner isolation, improve health system productivity and efficiency, and improve patient outcomes. The measures enable HRSA and OAT to capture data that illustrate the impact and scope of federal funding along with assessing these efforts. Annually collected data will provide quantitative information about the funded programs, specifically the characteristics of improving access to needed health services and improving health outcomes. The measures cover the principal topic areas of interest to OAT, including: (a) clinical specialties; (b) access to health care; (c) total encounters; and (d) patient travel miles saved.

These assessments will provide valuable information from the BHI EB-TNP, enabling HRSA to assess the success of the program. Collecting performance measures will ensure that funded recipients have demonstrated a need for services in their communities and utilize those federal funds effectively to provide services to meet those needs. The measures will help to identify the following indicators:

- Demographics for the BHI EB-TNP user population
- The types of settings where telehealth services are provided
- The types of telehealth services that are funded through the program
- Access to telehealth services funded through the program

Reports from the database are capable of identifying and guiding OAT's response to the needs of the grantee recipients and OAT programming. Without collection of this data, it would be difficult to ascertain the collective impact of these programs across all BHI EB-TNP grantees and determine of how funding has improved the characteristics and outcomes mentioned above. Lack of such data would also impede future efforts to create resources and funding opportunities that are able to address the gaps and healthcare needs presented in the data findings.

3. Use of Improved Information Technology and Burden Reduction

BHI EB-TNP utilizes electronic collection, through DCPaaS electronic reporting system, built into HRSA's EHB web-based portal, is used by award recipients to submit information to HRSA. This annual data collection specifically ensures awarded projects adequately fulfill the authorized goals for the BHI EB-TNP. This new request for approval will allow for information and measures collected from grantees in the DCPaaS to be aligned more closely with the Notice of Funding Opportunity and assists in clarifying program measures and impact. The OAT DCPaaS tool is 100 percent electronic within HRSA's EHB. The system design provides pre-formatted and interactive data entry that helps assure standardized data across Telehealth Network Programs and greatly simplifies the data entry process. The new BHI EB-TNP builds upon the current standardization and allows for easier integration. The grantee provides sites and service information, and the system only requires submission of data that is available to the grant recipient.

Instructions are included with each data collection tool. The time burden is minimal since there is no written data entry element for program staff due to the electronic transmission from grantee systems to the DCPaaS; additionally, there is less chance of error in translating data and analysis of the data.

4. Efforts to Identify Duplication and Use of Similar Information

There is no other data source available that tracks the activities of grantees participating in the BHI EB-TNP. The information is not intended to reflect all telehealth activity nationwide; it reflects only the activity of the BHI EB-TNP grantees funded by HRSA's OAT.

5. Impact on Small Businesses or Other Small Entities

Every effort has been made to ensure the data requested is data that is currently being collected by the grantees or can be easily incorporated into normal project procedures. Data being requested is useful in determining whether grantee goals and objectives are being met. The data collection activities will not have a significant impact on small entities.

6. Consequences of Collecting the Information Less Frequently

Respondents will respond to this data collection on an annual basis. This information is needed by OAT and HRSA to measure effective use of grant dollars and identify approaches that can be used to report on progress toward strategic goals and objectives. Without collection of this data and at this frequency, it would be difficult to ascertain the collective impact of the BHI EB-TNP and determine how funding has helped to improve health outcomes. Collecting the data less frequently may impact the evaluation and may increase burden for respondents, requiring grantees to submit larger amounts of data at one point in time.

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

HRSA has not identified any special circumstances relating to 5 CFR 1320.5.

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

Section 8A:

ICR Federal Register Notice: *Behavioral Health Integration Evidence Based Telehealth Network Program Outcome Measures, OMB No. 0906-XXXX-New*. The FRN was published in the *Federal Register* on October 28, 2024 (Volume 89, No. 208, pages 85545-85546). There were no public comments in response to the FRN.

Section 8B:

OAT consulted and shared the reporting instructions, and measures for the monitoring system, with current grantees providing telemedicine services to their communities. Their expertise was crucial in identifying key performance measures/indicators to be used to evaluate and monitor the progress of the program, specifically for rural clinical settings in high poverty areas. The representatives provided advice/input during 2024.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

Information is not retrieved from the DCPaaS tool by an individual's name or by a personal identifier; therefore, the Privacy Act is not applicable to this activity. The proposed performance measures will be used only in aggregate data for program activities.

11. Justification for Sensitive Questions

There are no questions of a sensitive nature collected through the OAT DCPaaS. No patient or client-level identifying data will be reported. Identification of the grantees as recipients of telemedicine funds is a matter of public record, as these recipients receive funds directly from HRSA.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

The average annual total burden hours of 135 are displayed in the table below. The number of respondents is based off the number of current grantees. The estimate is based on trials regarding the amount of time it would take to review and complete data entry. Data is collected annually.

Form	Number of Respondents	Responses per Respondent	Total Responses	Hour Burden per Response	Total Burden Hours
BHI EB-TNP Outcome Measurement Report	27	1	27	5	135

12B.

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Management Specialists	135	$94.78*	$ 12,795
Total			$ 12,795

*https://www.bls.gov/oes/current/oes_nat.htm

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

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

14. Annualized Cost to Federal Government

The contract task that supports this collection is for approximately $331,409 per year.

Staff at OAT monitor the grants and provide guidance to grantee project staff at a cost of one 40 percent FTEs at $72,109.44 per year (832 hours per year at $86.67 per hour at a GS-13 Step 1 salary level, multiplied by 1.5 to adjust for overhead costs).

The total cost to the federal government is $403,518.44 per year.

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

Grantees will be submitting their data, that corresponds to the GPRA measures, on an annual basis in this new collection. Historically, grantees have provided data on a variety of service and outcome measures related to access, travel miles saved, diabetes, and other chronic disease conditions. As such, a HRSA contractor will publish an instruction manual for the DCPaaS tool, and they will provide grantees with technical assistance support as they complete and submit their OAT data reporting requirements. After the end of each Budget Period, the HRSA contractor will also publish the latest data findings, at an aggregate level, on actual results regarding the number of telehealth encounters, types of settings, types of specialties, patient travel miles saved, and the number of originating sites that were served, as a result of the grant dollar support. The first data summary report is expected to publish by the end of February 2026 and will present tables and charts of the data collected. OAT will work with the HRSA contractor to release the data in various machine-readable formats. The findings will be published in a report to Congress that is required every five years.

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

The OMB number and Expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.