Supporting Statement A

Telehealth Resource Center (TRC) Performance Measurement Tool
OMB Control No. 0915-0361
Revision

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration is requesting continued approval and revision of the 0915-0361 information collection request (ICR). This ICR currently expires on July 31, 2025. The measures associated with this ICR are not changing, but the electronic data collection tool has been modernized. The previous data collection tool, the Performance Improvement Measurement System (PIMS) was decommissioned in summer of 2024. The PIMS system was replaced with a Salesforce solution called the Data Collection Platform (DCP), which uses the same measures but has improved the user experience by prepopulating previous submissions to reduce the burden.

The Office for the Advancement of Telehealth (OAT) promotes the use of telehealth technologies for health care delivery, education, and health information services. The Office is located within Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services.

The primary objective of the Telehealth Resource Center Grant Program (TRC Grant Program) is to provide technical assistance and share expertise with health care organizations, health care providers and health care networks interested in implementing telehealth technology. The resource centers serve as focal points for advancing the effective use of telehealth technologies in their respective communities and regions. As of 2017, HRSA awarded grant funds to support twelve ("Regional" TRCs) and two national TRCs. The TRC grant program is authorized under §330I(d)(2) of the Public Health Service Act (42 U.S.C. 254c-14(d)(2), as amended by the Health Care Safety Net Amendments of 2002 (P.L. 107-251).

As required by the Government Performance and Review Act of 1993 (GPRA), all federal agencies must develop strategic plans describing their overall goal and objectives. These annual GPRA plans contain quantifiable measures of each program's progress in meeting its respective goals and objectives.

To ensure the best use of public funds and to meet GPRA requirements, the Office for the Advancement of Telehealth along with the TRCs evaluated the existing measures.

The purpose of the performance measure set are:

1) To show how the TRC program is performing using standard, nationally adopted metrics
2) To allow identification of best practices; and
3) To allow OAT to empirically demonstrate and communicate the TRCs' value to Congress and other stakeholders

The collection of TRC grant program performance data is based on HRSA's statutory authority under Sec. 301 of the Public Health Service Act (42 U.S.C. 241).

2. Purpose and Use of Information Collection

OAT is proposing to conduct data collection of grantee information for the Regional and National Telehealth Resource Center Grant Programs, collectively known as the TRCs. The collection will take place using the Data Collection Platform (DCP), a module of HRSA's Electronic Handbook and will occur annually (every twelve months). This program provides funding for recipients to provide expert and customized telehealth technical assistance across the country. These telehealth resource centers provide training and support, disseminate information and research findings, promote effective collaboration, and foster the use of telehealth technologies to provide health care information and education for health care providers who serve rural areas, frontier communities, and medically underserved areas, and medically underserved populations. These centers share expertise through individual consultations, training, webinars, conference presentations, and a significant web presence.

The data collection will involve the inputting of recipient tracked technical assistance occurrences using four forms within the system to collect the data. The four forms collect information on the following topics: 1) Service utilization by state and organization requesting service; 2) TRC Technical Assistance Communication Method of Inquiry and Response; 3) Topic of Inquiry; and 4) Types of Services Provided by the TRC. The data collected on the forms are de-identified and aggregated. The first standard report is an aggregate report entitled Aggregate TRC Grant Program Performance Indicator report that presents all the TRCs analyzed data. This aggregate report is used by OAT to report on the following: performance and progress of the TRC Grant program to Congress, program monitoring, tracking trends, and assessing quality improvement purposes. Also, OAT uses the reported information to demonstrate the "value-added" that the TRC Grant program offers. The second standard report entitled Individual TRC Grant Program Performance Indicator Report is an individual/TRC level report that allows TRCs to examine their own data for internal project monitoring and quality improvement purposes.

The measures enable HRSA and OAT to capture data that illustrate the impact and scope of federal funding while assessing these efforts and allowing timely responses to changes in technical assistance need. Without collecting this data, it would be difficult to ascertain the collective impact of these programs and determine how the funding impacts the implementation of telehealth technologies. 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

The TRCs utilize electronic collection through the Data Collection Platform (DCP) electronic reporting system, built into HRSA 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 TRC program. This new request for approval will allow for information and measures collected from grantees in the DCP to be aligned more closely with the Notice of Funding Opportunity and assists in clarifying program measures and impact. The OAT DCP tool is 100 percent electronic within HRSA's EHB. The system design provides preformatted and interactive data entry that helps assure standardized data across the TRCs and greatly simplifies the data entry process.

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 DCP; 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 TRC program. The information is not intended to reflect all telehealth technical assistance nationwide; it reflects only the activity of the TRC grantees funded by HRSA's OAT.

5. Impact on Small Businesses or Other Small Entities

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

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 collecting this data and at this frequency, it would be difficult to ascertain the collective impact of the TRC Program and determine how funding has helped to improve health outcomes. Collecting the data less frequently may impact on 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

This request is consistent with the general information collection guidelines of 5 CFR

1320.5(d)(2). No special circumstances apply.

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

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on May 15, 2025, vol. 90, No. 93; pp. 20677-79. There were no public comments on the 60-day Federal Register Notice.

A 30-day Federal Register Notice was published in the *Federal Register* on July 18, 2025, vol. 90, No. 136; pp. 33962-63. There is one public comment received so far that is outside the scope of the information collection. The comment is logged on reginfo.gov as a public comment.

Section 8B:

OAT worked in collaboration with 5 currently funded TRCs to develop the revised performance measures. The TRCs input and feedback was solicited in developing the performance measures. TRCs were asked to provide their views on the feasibility of data collection of proposed data elements.

Organization	Contact Person	Phone Number	Email Address
Southwest TRC	Elizabeth Krupinski	520-626-4498	krupinski@radiology.arizona.edu
Northeast TRC	Danielle Louder	207-622-7566	dlouder@mcdph.org
Center for Connected Health Policy	Mei Kwong	916-993-6179	meik@cchpca.org
University of Virginia	Kathy Wibberly	855-628-7248	Khw2k@hscmail.mcc.virginia.edu
Pacific Basin TRC	Christina Higa	808-956-7224	christina@uhtasi.org

9. Explanation of any Payment/Gift to Respondents

Respondents did not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

The information that will be collected from TRCs does not contain any individual-level identifiable data from the telehealth programs in their service area. Data will remain private to the extent required by law.

11. Justification for Sensitive Questions

The TRC Data Collection Tool does not contain any questions of a sensitive nature or require the collection of any sensitive data (such as social security number, race/ethnicity, or personal identifiable information) from telehealth programs.

12. Estimates of Annualized Hour and Cost Burden

The time burden estimates provided in Table 1 were generated from results from the

TRC DCP submission that was conducted in October of 2024 with 5 TRCs. Estimates for how long it would take to complete the entire form were provided and an average of their responses were used to estimate the average time it would take a respondent to complete the form in hours. As there are no changes to the measures, we did not find any compelling reason to update this estimate.

12A. Estimated Annualized Burden Hours

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours*
TRC Performance Measurement Tool	14	42	588	0.07	41
Total	14	42	588	0.07	41

* Total Burden Hours are rounded to the nearest whole number.

12B.

Estimated Annualized Burden Costs

Type of Respondent	**Total Burden Hours**	**Hourly Wage Rate**	**Total Respondent Costs**
Telehealth Resource Centers	41.16	$42.00*	$1,728.72
Total	41.16		$1,728.72

*Based upon the mean average wages from May 2024 National Occupational Employment and Wage Estimates United States. US Department of Labor, Bureau of Labor Statistics. (**Data Entry and Information Processing Workers (43-9020)**, $21.00/hour). http://bls.gov/oes/current/oes_nat.htm . Accessed 7/18/2025.

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

HRSA's OAT has planned and allocated resources for efficient and effective management and use of the information to be collected, including the processing of

the information in a manner that shall enhance, where appropriate the utility of information to agencies and the public.

HRSA's OAT estimates an annual investment of approximately $58,333 for data system operation and maintenance, data analysis and report preparation. The cost for a GS-13, Step 1in DC locality at 72 hours to monitor the project is $6,240.24 (hourly wage of $57.78 adjusted by 1.5 to account for overhead costs). The total annual cost to the Federal Government is $62,573.24.

15. Explanation for Program Changes or Adjustments

This collection does not entail any additional burden. The revision package reflects no changes in previously approved measures though does reflect a change in collection tools. The previously collection was decommissioned and replaced by the Data Collection Platform, a more user friendly solution.

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

The primary purpose for collecting TRC grant program performance data is for OAT to report this data to Congress and to use the findings for program improvement. Data will be analyzed in the DCP database and standard reports will be generated from DCP for the OAT Project Officer and TRCs to use. Grantees will be submitting their data, that corresponds to the GPRA measures, on an annual basis in this collection. Additionally, the data will be included in aggregate, and published in the OAT Budget Justifications, our required Report to Congress, and as a yearly report produced by the National Consortium of Telehealth Resource Centers. The report can be found at: https://telehealthresourcecenter.org/resources/reports/nctrc-annual-report-2024/.

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.