

SUPPORTING STATEMENT

PART A

The AHRQ Data Inventory

Version: October 2, 2008

Agency for Healthcare Research and Quality (AHRQ)

A. Justification..... 3

- 1. Circumstances that make the collection of information necessary.....3
- 2. Purpose and use of information.....
- 3. Use of Improved Information Technology.....
- 4. Efforts to Identify Duplication.....
- 5. Involvement of Small Entities.....
- 6. Consequences if Information Collected Less Frequently.....
- 7. Special Circumstances.....
- 8. Consultation outside the Agency.....
- 9. Payments/Gifts to Respondents.....
- 10. Assurance of Confidentiality.....
- 11. Questions of a Sensitive Nature.....
- 12. Estimates of Annualized Burden Hours and Costs.....
- 13. Estimates of Annualized Respondent Capital and Maintenance Costs.....
- 14. Estimates of Annualized Cost to the Government.....
- 15. Changes in Hour Burden.....
- 16. Time Schedule, Publication and Analysis Plans.....
- 17. Exemption for Display of Expiration Date.....

A. Justification

1. Circumstances that Make the Collection of Information Necessary

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see Attachment A), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and
2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

AHRQ carries out a variety of data collection and other activities to accomplish its mission of scientific research. In this project, AHRQ is particularly interested in determining the availability of regularly collected administrative and other data collection initiatives about outpatient health service utilization. AHRQ's initial focus is on those data sets that would inform healthcare providers, policymakers, and consumers about outpatient health service utilization and episodes of care. This project focuses on an in-depth scan of existing state data collection initiatives to identify similarities across data projects and areas for collaboration and coordination across initiatives, evaluate the value and utility of data collection projects, and suggest possible strategies to improve synergy across projects in order to better inform health policymakers, clinicians and consumers.

This project is important for several reasons. First, many data collection initiatives exist or are in the planning stages, but there is limited collaboration and synthesis among initiatives. With limited resources and common goals, it is imperative to understand the issues in developing data collection initiatives, redundancies in such initiatives and gaps in available information. Second, with the increasing costs of health care, it has become more important than ever to use health services efficiently, yet care and information about care is often collected and delivered in isolation without coordination across sites

or providers of care. Data collection initiatives, tools and resources need further development and coordinated standardization in order to effectively inform policymakers, clinicians and consumers about the value of health care.

Health care data are being collected by many different organizations at the State, regional, and national levels for various purposes. These purposes include clinical care management, billing, rate setting, State purchasing decisionmaking, provider oversight, public reporting, quality assessment, and value and efficiency monitoring. Examples of health care data collection initiatives include AHRQ's State and regional health information technology demonstration projects; regional and community Health Information Exchanges (HIE); Nationwide Health Information Network (NHIN); and the household respondent data from the Medical Expenditure Panel Survey (MEPS).

The last decade witnessed a rapid growth of statewide health care data collection programs in the United States. Most States established programs to assemble data that hospitals abstract from all inpatient discharges. These programs are maintained by State governments, hospital associations, and private data organizations, in response to a State mandate or as a voluntary effort. Statewide collection programs expanded in the 1990s to include outpatient data, initially focusing on ambulatory surgery, and more recently, expanding to include hospital emergency departments. These databases facilitate analyses of health care quality, use, cost, access, markets, and organizations. AHRQ is interested in better understanding current State initiatives and how AHRQ can facilitate communication on what States are doing at the State, regional, and local levels. As healthcare costs escalate and concerns about quality become more pressing, the need for health care data has increased. Policymakers, administrators, State legislators, and researchers require comprehensive data resources to evaluate quality, cost, and access to care.

AHRQ has contracted Econometrica, Inc., a research and policy consulting firm, to assist in developing an Inventory of existing data collection initiatives and conducting additional data collection through interviews of datasets representatives. These interviews will collect information not readily available in the public domain and will provide information to AHRQ and other stakeholders about outpatient health service utilization and episodes of care.

2. Purpose and Use of Information

The primary purpose of this information collection is to comprehensively document outpatient health care data collection initiatives in the 50 States, the District of Columbia, and other geographic units. The information being collected about the data sets is not readily available in the public domain. This is a one-time data collection activity to provide AHRQ with information about the extent of available data sets on outpatient health service utilization and episodes of care. The collected information will be summarized and provided to AHRQ. In-depth information about the dataset inventory will provide guidance to AHRQ on the potential synergy across such initiatives and suggest how the information can inform Federal, State and local health care policymakers, clinicians, and consumers.

3. Use of Improved Information Technology

All data sets and respondents were identified through an extensive search of Web-based information about outpatient and ambulatory patient care data sets. The initial respondent contact will be an e-mail message from AHRQ to data set managers/administrators informing them about the project. This initial contact will be followed by an e-mail distribution of the questionnaire along with a cover letter. Respondents will have the option to complete and return the questionnaire electronically.

4. Efforts to Identify Duplication

Based upon the knowledge and experience of AHRQ's staff, a comprehensive inventory of health care data collection initiatives on outpatient health service utilization or episodes of care does not exist. No inventory dedicated to outpatient health services has been compiled in a single source and made available to the health care field. Examples of databases that have been compiled include *Data Sources on Older American 2006*, *Catalog of Data Bases with Information on American Indians, Alaska Natives, and Other Native Americans*, and "Assessment of Major Federal Data Sets for Analyses of Hispanic and Asian Pacific Islanders Subgroups and Native Americans." These database inventories were developed to provide information on the health and well-being of selected population groups. The inventory developed for this project will provide information on the health and well-being of the entire Nation's civilian population.

5. Involvement of Small Entities

There will be no impact on small businesses. The respondents are representatives of governmental or similar organizations.

6. Consequences if Information Collected Less Frequently

This is a one-time collection.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on for 60 days (see Attachment B).

8.b. Outside Consultations

Consultations were held with Econometrica, Inc., a research and policy consulting firm. AHRQ's initial focus for the project is on regularly-collected data that would broadly inform the agency of outpatient health service utilization or episodes of care. Econometrica, Inc. suggested that the inventory be designed to be capable of housing more comprehensive information for future needs. Information on outpatient care could

be further classified into three settings, including emergency rooms, specialty clinics, and physicians. Within each setting, data sets would be stratified by type of funding sources, such as Federal or State level.

There are no unresolved issues.

9. Payments/Gifts to Respondents

There is no payment or gift to respondents.

10. Assurance of Confidentiality

AHRQ will keep responses private to the extent permitted by law. Individuals and organizations will be assured of the ~~confidentiality~~ privacy of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose.

Individuals and organizations contacted will be further assured of the ~~confidentiality~~ privacy of their replies under 42 U.S.C. 1306, and 20 CFR 401 and 4225 U.S.C.552a (Privacy Act of 1974). In instances where respondent identity is needed, the information collection will fully comply with all respects of the Privacy Act.

Information that can directly identify the respondent, such as name and/or social security number will not be collected.

11. Questions of a Sensitive Nature

This information collection does not include sensitive questions.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annual burden hours for the respondent's time to participate in this project. A maximum of 80 respondents will complete the survey questionnaire (see Attachment C). The maximum amount of time to complete the questionnaire by telephone will be 45 minutes. Thus, if all 80 respondents choose to complete the survey by telephone, the maximum direct respondent burden will total 60 hours.

Exhibit 2 show the estimated cost burden based on the respondent's time to participate in this project. The total cost burden is about \$2,993.

Exhibit 1. Estimated annualized burden hours

Form Name	Number of Respondents	Number of Responses per Respondent	Hours per Response	Total Burden Hours
Inventory Survey	80	1	45/60	60
Total	80	na	na	60

Exhibit 2. Estimated annualized cost burden

Form Name	Number of Respondents	Total Burden Hours	Average Hourly Wage Rate*	Total Cost Burden
Inventory Survey	80	60	\$49.89 \$19.29	\$2,993 \$1,157.40
Total	80	60	na	\$2,993 \$1,157.40

*Based upon the mean of [general and operations managers \(11-1021\) average wages](#), National Compensation Survey: Occupational wages in the United States 2007, U.S. Department of Labor, Bureau of Labor Statistics.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

The estimated cost consists primarily of salaries of the Contractor’s research team to develop and complete the project. There is no mailing list compilation, printing, or purchase of equipment. Since this is a one-time small information collection activity, annualized cost was not calculated.

Exhibit 3. Estimated cost

Cost Component	Total Cost
Project Development	\$11,000.00
Data Collection and Analysis	72,500.00
Preparation of Report	12,000.00
Project Management	20,000.00
Overhead	21,000.00
Total	\$136,500.00

15. Changes in Hour Burden

This is a new collection of information.

16. Time Schedule, Publication and Analysis Plans

There are no plans to publish the information collected from respondents. At the project's conclusion, two reports will be given to AHRQ for its use: One report to document the development of the Inventory, and a second report to summarize information collected from respondents. These reports will document the details of the methodology used for identifying data collection initiatives and their associated organizations.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

Attachments:

Attachment A: AHRQ's Authorizing Legislation

Attachment B: 60 Day Federal Register Notice

Attachment C: Data Collection Instrument: "AHRQ Inventory Survey"