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Colorado Primary Care Office Comments Regarding:

Information Collection Request Title: Shortage Designation Management System OMB No. 0906-0029—Revision

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The Colorado Primary Care Office in the Colorado Department of Public Health and Environment is the designated Primary Care Office for the state of Colorado and, in that capacity, is responsible for the District's HPSA and MUA/MUP designation

process. As a "Likely Respondent" as defined in the cited Federal Register Notice (FRN), the Primary Care Office (PCO) within the Colorado Department of Public Health and Environment (CDPHE) is providing comments in response to the *Information Collection Request Title: Shortage Designation Management System OMB No. 0906-0029—Revision.*

The FRN outlines four areas of inquiry on which the Health Resources and Services Administration (HRSA) is requesting comments: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden. This comment will focus on points (2), (3), and (4).

2. The accuracy of the estimated burden

The FRN includes average burden hour estimates for two key steps in the shortage designation process: "Designations Planning and Preparation" and preparation of an "SDMS Application." The Colorado PCO believes the estimate of eight hours for Designations Planning and Preparation and Preparation of an SDMS Application significantly underestimates the actual time required for typical applications. This section will focus on those hourly estimates.

Prior to addressing the issue of quantifying the burden of hours per response, it should be noted that the "Number of Responses per Respondent" estimated for the "SDMS Application" phase of the designations process only accounts only for the main two destination types and assumes minimum possible burden. The value 83 (i.e., each state would submit an average of 83 HPSA applications per year), assumes a three-year renewal cycle. However, the RFN states that "HPSAs are statutorily required to be annually reviewed and revised as necessary after initial designation to reflect current data." With that in mind, all 17,885 geographic and population applications must be reviewed and, assuming at least one baseline data change in a year that impacts all designations, this means that states could be required to update an average of 249 applications each year.

These calculations do not appear to take into account the fact that the new methods for AutoHPSA reviews changed with the creation of the AutoHPSA Portal within SDMS. This update requires that PCOs request, validate and maintain data

required for these facility designations and provide assistance to the Points of Contact for these organizations. Nor does it account for state correctional facility, state mental health institute, or other facility designations that are also maintained by PCOs.

Solely on the basis of the "Number of Responses per Respondent" (i.e., without revising the hourly burden estimates), the PCO proposes that the "Total Burden Hours" should be significantly higher than what was reported in the FRN.

The SDMS application formula is calculated at 113 SDMS applications per state per year multiplied by 54 states and territories multiplied by four hours which results in a total estimate of 24,408 hours rather than the 17,928 estimate by the FRN.

Concerning the values used for the hours burden estimates in the FRN, the PCO believes the estimate for "Designations Planning and Preparation" to be significantly lower than the actual hours burden experienced by HPSA designation staff in Colorado. Given that each state approaches the designation process differently, Colorado's estimates may not be representative of all other 53 "likely respondents." Due to the need for efficiency in the process of surveying providers and the involvement of state-wide stakeholders by discipline, Colorado updates the data for all providers of a given discipline at a single point in time rather than on a county-by-county or HPSA-by-HPSA basis. This includes (according to data currently in the State Designation and Management System (SDMS)) 1,020 psychiatrists, 4,197 dentists, and 7,944 primary care physicians. Though the majority of these providers in Colorado are in inactive practice status, surveying is still required to establish this fact and it further highlights the necessity for manual updating of the baseline provider data supplied in SDMS.

To achieve accurate baseline data, particularly: tour hours by location, verification of relevant services, use of sliding-scale fee based on income and family size, percentage of Medicaid patients seen, etc. the PCO relies on multiple discrete datasets, which are used to inform the Colorado Health Systems Directory (CHSD). Datasets include:

- Colorado Department of Regulatory Affairs:
    - Clinician licensure data
    - Publicly available licensure data by licensing board
    - Division of Insurance provider data
    - Division of Insurance facility data
- Colorado Department of Health Care Policy and Financing (Medicaid):

    - Medicaid claims data
- Colorado Department of Public Health and Environment:
    - Death records
    - Health facilities data
- Colorado Department of Labor and Employment:
    - Wage data
- Center for Improving Value in Health Care:
    - All-Payer Claims Data
- The Centers for Medicare & Medicaid Services:
    - Physician Compare National Downloadable File
- National Plan and Provider Enumeration System:
    - National Provider Identifier (NPI) data
- Direct surveys of individual healthcare practitioners and facilities.

To provide some context for the PCO's estimates, below is a rough summary of the process required to get these data into a usable format:

1. CHSD planning;
2. CHSD development;
3. CHSD testing;
4. Engage agency-owners of data sources informing CHSD;
5. Determine appropriate method to acquire data, varying by source;
6. Ensure extraction of complete and appropriate data;
7. Assess validity and reliability of data;
8. Clean and standardize data files to prepare for CHSD;
9. Maintain, update CHSD;
10. Test CHSD updates;
11. Identify stakeholders by each discipline type;
12. Draft survey;
13. Conduct stakeholder engagement;
14. Finalize survey based on stakeholder feedback;
15. Identify providers to survey using data from CHSD;
16. Pilot surveys (if changes are made);
17. Survey providers (may require 3 - 4 waves);
18. Data entry;
19. Create a clean provider data file with required data elements;
20. Update provider records.

Steps 1 - 10 are an on-going process requiring a significant amount of time, and are necessary to ensure the utility and accuracy of all data. Common challenges

that all states face in ensuring data accuracy include: the absence of common unique provider identifiers (e.g., NPI, license number, etc.) for matching, misspelled names, incorrect/varying and/or multiple addresses (including addresses in multiple states), duplicates, missing/incomplete data points, misclassification of providers, inconsistently formatted data, etc. The development and utilization of CHSD is Colorado's solution to many of these challenges. In addition to providing the data to answer many research questions, the provider and location data from these steps is essential to ensure efficiency and adequate response rates for the survey process outlined in the subsequent steps.

Steps 11 - 20 take months – as opposed to hours - to complete. This process begins with stakeholder engagement and (Step 11) requires maintenance of relationships with the current stakeholders in addition to identification and relationship building with new stakeholder groups. Step 14 requires drafting of cover letters, incorporating feedback into surveys and providing final drafts to stakeholders. Step 17 is the mailing of physical surveys. The Colorado PCO tested other means of collecting this information, including electronic surveys, and found this to be the method yielding the highest response from health care providers. This step may be repeated 3 - 4 times, each time will include a wait time associated with printing as well as assistance to survey respondents. Other states may be able to minimize this burden by mandating that providers complete survey data upon license renewal, but this is an uncommon advantage among states.

The Colorado PCO therefore estimates the conservative hourly burden of collecting and maintaining provider data to be between 400 and 640 hours for each HPSA discipline (primary medical, mental health, and dental).

In summary, **the PCO estimates the *average* hourly burden for the provider data portion of the Designations Planning and Preparation phase of the designation process to be 510 hours – or 12.75 weeks - per discipline**.

With regards to the SDMS application phase of the designation process for which the FRN estimates a burden of four hours, the PCO believes this is a liberal estimate for the amount of time required to complete an application through SDMS. However, due to the fact that the time allotted for "Designation Planning and Preparation" does not cover the time required for collection and maintenance of provider data, it should be noted that the other aspects of planning, including research, correspondence with interested parties, and coordination with HRSA, are not accounted for in either value.

Moreover, HRSA defines the burden as "the time expended by persons to generate, maintain, retain, disclose or provide the information requested." In addition to the time burden, there is a monetary burden associated with person-time, technology, and purchased services associated with each step described in the process.

3. Ways to enhance the quality, utility, and clarity of the information to be collected?

The PCO recognizes HRSA's critical interest in ensuring the integrity of the data used for HPSA designations and therefore the impetus behind HRSA's decision to utilize NPI data as the base provider data in SDMS for all states. However, NPI data is substantially incorrect for locating practice of clinicians and must be validated and supplemented by auxiliary data collection to ensure accurate provider information. Colorado PCO has completed extensive testing on base NPI provider data and demonstrated that in excess of 60% of address data is inaccurate.

In the shared recognition that there is no singular dataset that can provide the specificity of information required for accurate HPSA designations and that any such dataset (i.e., NPI) will need to be considerably refined prior to use, the PCO proposes that HRSA conduct the following steps to enhance the quality, utility, and clarity of the information to be collected:

- Increase funding to PCOs to enable offices to hire dedicated HPSA staff and purchase the technologies needed to automate.
- Collaborate with PCOs to facilitate the enactment of state-level legislation/regulations that mandate the collection of data needed for shortage designations.

4. Use of automated collection techniques or other forms of information technology to minimize collection burden.

The Colorado PCO developed the Colorado Health Systems Directory (CHSD) in order to systematically integrate, standardize and correct clinician data from a variety of sources. This tool maximizes the accuracy and relevance of information about clinicians, facilities and health plans. Use of the CHSD also increases the efficiency and effectiveness of primary data collection through direct surveys. However, these systems are only as good as the data entered into them and maintained over time. Therefore, the only available data solution outside of

mandated data collection upon licensure, updated regularly, is survey data collection.