Office of Rural Health Policy: Rural Health Community-Based Grant Programs

Performance Improvement and Measurement System (PIMS) Database

Rural Health Network Development Program

Table 1: ACCESS TO CARE

1	**Total number of people (unduplicated encounters) served.**	**Number**
2	**Total number of encounters.**	**Number**
3	**Number of people in the target population.**	**Number**
4	**Number of people in the target population with access to new/expanded programs/services.**	**Number**
5	**Number of new and/or expanded services provided.**	**Number**
6	**Type(s) of new and/or expanded services provided.** (Check all that apply)	**Number**
	Primary Care	
	Mental / Behavioral Health	
	Oral Health	
	Telehealth / Telemedicine	
	Health Literacy / translation services	
	Pharmacy	
	Case Management	
	Diabetes / Obesity Management	
	Substance Abuse Treatment	
	Health Promotion / Disease Prevention	
	Health Education	
	Transportation	
	Nutrition	
	Other	

Table Instructions: Access to Care

Information collected in this table provides an aggregate count of the number of people served (unduplicated encounters) and the total number of encounters the program is providing. Please refer to the detailed definitions for encounters.

Provide the total number of people served (unduplicated encounters); the total number of encounters, and the total number of people in the target population as defined by your project and the number of people in the target population that has access to new or expanded services and/or programs. Please provide the total number of new and/or expanded services provided and then select the type(s) of services. Please check all that apply.

If your grant project was not funded to specifically provide these services, please do not select them, even is your organization offers those services.

Table 2: POPULATION DEMOGRAPHICS

7	**Number of people served by ethnicity:**	**Number**
	Hispanic or Latino	
	Not Hispanic or Latino	
8	**Number of people served by race:**	**Number**
	Black or African American	
	Asian	
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	White	
	More than one race	
	Unknown	
9	**Number of people served by age group that received services:**	**Number**
	Children (0-12)	
	Teens (13-17)	
	Adults (18-64)	
	Elderly (64 and over)	

Table Instructions: Population Demographics
Please provide the total number of people served by race, ethnicity, and age. If your grant project was not funded to provide direct services, please type N/A for not applicable.

Rural Health Network Development Program

Table 3: NETWORK

10	**Number of member organizations in the consortium / network.**	**Number**
11	**Type(s) of member organizations in the consortium / network.** (Check all that apply)	**Selection list**
	Hospital	
	Critical Access Hospital	
	Rural Health Clinic	
	Free Clinic	
	Private Practice	
	Community Health Center	
	Migrant Health Center	
	Health Department	
	AHEC	
	University	
	School District	
	Social Services Organization	
	Non-profit organization	
	Faith-based organization	
	For-profit business	
	Other	

Table Instructions: Networks

Please provide the number of organizations in the consortium or network for your project and the type(s) of member organizations; check all that apply. Please refer to the detailed definitions for consortium/networks, as defined in program guidance.

Table 4: UNDER & UNINSURED

12	**Number of under/uninsured people receiving preventive and/or primary care.**	**Number**
13	**Number of under/uninsured who now have a medical home.**	**Number**
14	**Number of total people enrolled for public assistance, i.e., Medicare, Medicaid, and SCHIP.**	**Number**
15	**Number of people who pay out-of-pocket for all or part of the services received.**	**Number**
16	**Number of people who use third-party payments to pay for all or part of the services received.**	**Number**
17	**Number of people who receive charity care.**	**Number**

Table Instructions: Underinsured & Uninsured

This table indicates the number of underinsured and uninsured users receiving preventative and primary care in the program. For your project, please provide the total number of under/uninsured people receiving preventive and/or primary care, who now have a medical home, are enrolled in public assistance, pay out-of-pocket, use third-party payments or receive charity

care. If your grant project was not funded to provide direct services, please type N/A for not applicable. Please refer to the detailed definitions for underinsured and medical homes.

Table 5: WORKFORCE/ RECRUITMENT & RETENTION

18	**Type(s) of new Clinical staff recruited to work on the project:**	**Selection list**
	General Physician	
	Specialty Physician	
	Physician Assistant	
	Dentist	
	Dental Hygienist	
	Psychologist	
	Pharmacist	
	Nurse	
	Health Educator / Promotoras	
	Licensed Clinical Social Worker	
	Therapist (Behavioral, PT, OT, Speech, etc)	
	Technicians (medical, pharmacy, laboratory, etc)	
	Other	
	None	
19	**Type(s) of new Non-Clinical staff recruited to work on the project:**	**Selection list**
	HIT/CIO	
	Case Manager	
	Medical Biller / Coder	
	Translator	
	Enrollment Specialist	
	Other	
	None	
20	**Number of staff positions shared between two or more Network partners.**	**Number**
21	**Number of people trained.**	**Number**

Table Instructions: Workforce/ Recruitment and Retention
Please provide the number of clinical and non-clinical staff recruited and trained on the project and the number of staff that are shared between two or more Network partners. If your grant project funds did not contribute to recruitment or retention of these staff, please type N/A for not applicable.

Table 6: SUSTAINABILITY

22	**Annual project revenue made through the new or expanded services**	**Dollar Amount**

	offered through the project.	
23	**Additional amount of funding secured to assist in sustaining the project.**	**Dollar Amount**
24	**Estimated amount of cost-savings due to participation in the network.**	**Dollar Amount**
25	**Has a sustainability plan been developed using sources of funding besides grants?**	**Y/N**
26	**Type(s) of sources of funding for sustainability:** (Check all that apply)	**Selection list**
	Program revenue	
	In-kind	
	Member fees	
	Other grants	
	Other	
	None	

Table Instructions: Sustainability:
Please provide the amount of annual revenue the project has made through new and expanded services, the amount of additional funding secured to sustain the project and any estimated cost-savings the project has had as a result of your participation in the network. Please identify if a sustainability plan has been developed using funding sources other than grants and then select the type(s) of sources for that funding. Please check all that apply. If your grant project has not received any additional funding, please type N/A for not applicable.

Table 7: HEALTH INFORMATION TECHNOLOGY

27	**Type(s) of technology implemented, expanded or strengthened through this project:** (Check all that apply)	**Selection list**
	Telehealth	
	Telemedicine	
	Electronic medical records	
	Electronic clinical applications	
	Computerized pharmacy functions	
	Computerized laboratory functions	
	Other	
	None	

Table Instructions: Health Information Technology (HIT)
Please select the types of technology implemented, expanded or strengthened through this project. If your grant project did not fund this, please select none.

Table 8: MENTAL/BEHAVIORAL HEALTH

28	**Number of people receiving mental and/or behavioral health services in target area.**	**Number**
29	**Number of network members integrating primary and mental health services.**	**Number**

Table Instructions: Mental/Behavioral Health
Report the number of people receiving mental and/or behavioral health services in target area and the number of network members integrating primary and mental health services. If your grant project did not fund these services, please type N/A for not applicable.

Table 9: ORAL HEALTH

30	**Number of people receiving dental / oral health services in target area.**	**Number**
31	**Type(s) of dental / oral health services provided.** (Check all that apply)	**Selection list**
	Screenings / Exams	
	Sealants	
	Varnish	
	Oral Prophylaxis	
	Restorative	
	Extractions	
	Other	
	Not Applicable	
32	**Number of network members integrating primary and dental / oral health services.**	**Number**

Table Instructions: Oral Health
Report the number of people receiving dental/oral health services in target area, select the appropriate types of services and provide the number of network members integrating oral health services. Please check all that apply. If your grant project did not funded these services, please type N/A for not applicable.

Table 10: QUALITY

33	**Number of clinical guidelines / benchmarks adopted**	**Number**
34	**Number of network members using shared standardized benchmarks**	**Number**

Table Instructions: Quality
Report the number of clinical guidelines/benchmarks adopted and the number of network members using shared standardized benchmarks. If your grant project did not fund this, please type N/A for not applicable.

Table 11: PHARMACY

35	Annual number of people receiving prescription drug assistance	Number
36	Annual dollars saved by joint purchasing of drugs of the project members.	Dollar Amount
37	Annual average amount of dollars saved per patient through joint purchasing of drugs.	Dollar Amount

Table Instructions: Pharmacy

Report the number of people receiving prescription drug assistance, the overall annual dollars saved by joint purchasing of drugs of the project members, and the annual average amount of dollars saved per patient through joint purchasing of drugs. If your grant project did not fund these services, please type N/A for not applicable.

Table 12: HEALTH PROMOTION/DISEASE MANAGEMENT

38	Number of health promotion/disease management activities offered to the public through this project.	Number
39	Number of health screenings conducted.	Number

Table Instructions: Health Promotion and Disease Management

Report the number of health promotion/disease management activities offered to the public through this project and the number of health screenings conducted. If your grant project did not fund these services, please type N/A for not applicable.

Definition of Key Terms for Rural Health Community-Based Grant Programs

Charity Care: any services provided free of cost or reimbursement

Consortium/Network: Comprised of at least 3 separately owned organizations that are working together towards the project's goals and objectives. Specifically respond only for the formal member organizations, for the purposes of your grant project.

Medical Home: provides patients with continuous access to services.

Target Population: The population identified by the grant project to receive services.

Total Encounters: The number of documented services provided to all individuals.

Total Non Duplicated Encounters: The number of unique individual users who have received documented services.

Underinsured: A person who has health insurance but face significant cost sharing or limits on benefits that may affect its usefulness in accessing or paying for needed health services and/or who may lack continuous access to health insurance coverage.