OMB No. 0915-xxxx
Expiration Date:

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

Performance Improvement and Measurement System (PIMS) Database

Small Health Care Provider Quality Improvement Grant 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)	**Selection list**
	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.

Table 3: UNDER & UNINSURED

10	**Number of total people enrolled for public assistance, i.e., Medicare, Medicaid, and SCHIP.**	**Number**
11	**Number of people who pay out-of-pocket for all or part of the services received.**	**Number**
12	**Number of people who use third-party payments to pay for all or part of the services received.**	**Number**
13	**Number of people who receive charity care.**	**Number**

Table Instructions: Underinsured & Uninsured

For your project, please provide the total number of under/uninsured people enrolled in public assistance, pay out-of-pocket, use third-party payments or receive charity care. Please refer to the detailed definitions for underinsured.

Table 4: WORKFORCE/ RECRUITMENT & RETENTION

14	**Type(s) of new Clinical staff recruited to work on the project:**	**Number**
	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	
15	**Type(s) of new Non-Clinical staff recruited to work on the project:**	**Number**
	HIT/CIO	
	Case Manager	
	Medical Biller / Coder	
	Translator	
	Enrollment Specialist	
	Other	
	None	
16	**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. If your grant project funds did not contribute to recruitment or retention of these staff, please type N/A for not applicable.

Table 5: SUSTAINABILITY

17	**Annual project revenue made through the new or expanded services offered through the project.**	**Dollar amount**

Table Instructions: Sustainability:
Please provide the amount of annual revenue the project has made through new and expanded services. If your grant project has not received any additional funding, please type N/A for not applicable.

Table 6: QUALITY

18	**Number of clinical guidelines / benchmarks adopted**	**Number**

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

Table 7: HEALTH PROMOTION/DISEASE MANAGEMENT

19	**Number of health promotion/disease management activities offered to the public through this project.**	**Number**

Table Instructions: Health Promotion and Disease Management
Report the number of health promotion/disease management activities offered to the public through this project. If your grant project did not fund these services, please type N/A for not applicable.

Table 8: CLINICAL MEASURES

1	**Average HbA1c for diabetic patients in the electronic patient registry system (Goal: Average HbA1c of less than 7 percent)**	**Number**
2	**Percent of Patients with blood pressure less than 130/80 mm/Hg (Goal: less than 40 percent of patients with a diagnosis of diabetes mellitus have blood pressure of less than 130/80 mm/Hg.)**	**Number**
3	**Percent of Patients with LDL less than 100 mg/dL (Goal: Greater than 70% of patients with a diagnosis of diabetes mellitus have LDL <100mm/dL.)**	**Number**
4	**Percent of Patients with blood pressure <140/90 mm/Hg (Goal: Greater than 40% of patients with a diagnosis of cardiovascular disease have blood pressure of <140/90 mm/Hg.)**	**Number**
5	**Percent of Patients with LDL <130 mg/dL (Goal: Greater than 70% of patients with a diagnosis of cardiovascular disease have LDL <130mm/dL.)**	**Number**
6	**Percent of Patients who are current smokers (Goal: Less than 12% of patients with a diagnosis of cardiovascular are current smokers.)**	**Number**

Table Instructions: Clinical Measures
Please use your electronic patient registry system to extract clinical data requested. Please refer to the specific definitions for each field below.

Measure 1: On the last workday of each month, search the clinical information system for all patients with a diagnosis of DM who have had an HbA1c in the past 12 months. Add all of these patients' most recent HbA1c values together and divide by the number of such persons.

Measure 2:
The number of diabetic patients in the clinical information system with blood pressure reading less than 130/80 at last reading within the past 12 months, divided by the diabetic patients in the clinical information system with a documented blood pressure in the last 12 months. Multiply by 100 to get percentage.

Measure 3:

The number of diabetic patients in the clinical information system whose most recent fasting LDL was less than 100 (in the last 12 months), divided by the number of patients with a fasting LDL in the past 12 months. Multiply by 100 to get percentage.

Measure 4:
The number of patients with a diagnosis of cardiovascular disease in the clinical information system with blood pressure reading less than 140/90 at last reading within the past 12 months, divided by the patients in the clinical information system with a documented blood pressure in the last 12 months. Multiply by 100 to get percentage.

Measure 5:
The number of patients with a diagnosis of cardiovascular disease in the clinical information system whose most recent fasting LDL was less than 130 (in the last 12 months), divided by the number of patients with a fasting LDL in the past 12 months. Multiply by 100 to get percentage.

Measure 6:
The number of patients with a diagnosis of cardiovascular disease in the registry who are current smokers (documented within the last 12 months), divided by the total number of patients in the registry with smoking status documented within the last 12 months. Multiply by 100 to get percentage.

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.