

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

**Performance Improvement and Measurement System (PIMS) Database**

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**Small Health Care Provider Quality Improvement Grant Program**

**Table 1: ACCESS TO CARE**

*Table Instructions:*

Information collected in this table provides an aggregate count of the number of people served through the program. Please refer to the detailed definitions and guidelines in answering the following measures. Please indicate a numerical figure or DK for unknown, if applicable.

*Number of counties served*

Denotes the total number of counties served through the program. Please include entire, as well as partial counties served through the grant program. If your program is serving only a fraction of a county, please count that as one (1) county.

*Number of people in the target population*

Denotes the number of people in your target population (not necessarily the number of people who used your services). For example, if a grantee organization's target population is females in county A, then the grantee organization reports the number of women that reside in county A.

*Total Number of Direct Unduplicated Encounters*

Denotes the number of unique individuals in the target population who have received documented services provided directly to the patient (patient visits, health screenings etc.). Provide the registry size for total number of people served, the registry size for diabetes mellitus, and the registry size for cardiovascular disease

*Total Number of Direct Duplicated Encounters*

Calculated automatically by the system

*Total Number of Indirect Encounters*

Denotes the number of people reached through mass communication methods, such as mailings, posters, flyers, brochures, etc.

Type(s) of services provided through grant funding  
 Please check all boxes that apply to your program

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

1	<b>Number of counties served</b>	<b>Number</b>
2	<b>Number of people in the target population.</b>	<b>Number</b>
	<b>Total number of direct unduplicated encounters served (Registry size).</b>	
3	<b>a. Number of DM Patients</b> <b>b. Number of CVD Patients</b>	<b>Number</b>
4	<b>Total number of direct duplicated encounters.</b>	<b>Number</b>
5	<b>Total number of indirect encounters.</b>	
6	<b>Type(s) of services provided through grant funding. (Check all that apply)</b>	<b>Selection list</b>
	Cardiovascular Disease (CVD)	
	Case Management	
	Diabetes / Obesity Management	
	Elderly/Geriatric Care	
	Emergency Medical Services (EMS)	
	Health Education	
	Health Literacy/translation services	
	Health Promotion/Disease Prevention	
	Maternal and Child Health/Women's Health	
	Mental/Behavioral Health	
	Nutrition	
	Oral Health	
	Pharmacy	
	Primary Care	
	Substance abuse treatment	
	Telehealth/telemedicine	
	Transportation	
	Workforce	
	Other	<b>Grantee will specify</b>

**Table 2: POPULATION DEMOGRAPHICS**

*Table Instructions:*

Please provide the total number of people within the target population (or service area) served by race, ethnicity, and age. The target population may or may not be the total population residing within the service area. For example, if the program focuses its mission on serving a particular population such as women, migrant and seasonal farmworkers, children, etc., then this target population may be a subset of the total population within the service area.

The total for each of the following questions should equal to the total of the number of direct unduplicated encounters (“registry”) provided in the previous section. If the total number in the target population that are Hispanic or Latino is zero (0), please put zero in the appropriate section. Do not leave any sections blank. There should not be a N/A (not applicable) response since all measures are applicable.

Number of people served through program by ethnicity (Hispanic or Latino/Not Hispanic or Latino)

- Hispanic or Latino origin includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other Hispanic, Latino or Spanish origin (i.e. Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard etc.)

6	<b>Number of people served by ethnicity:</b>	<b>Number</b>
	Hispanic or Latino	
	Not Hispanic or Latino	
	Unknown	
7	<b>Number of people served by race:</b>	<b>Number</b>
	American Indian or Alaska Native	
	Asian	
	Black or African American	
	Native Hawaiian or Other Pacific Islander	
	White	
	More than one race	
	Unknown	
8	<b>Number of people served, by age group:</b>	<b>Number</b>
	Children (0-12)	
	Adolescents (13-17)	
	Adults (18-64)	
	Elderly (64 and over)	
	Unknown	

**Table 3: UNINSURED**

*Table Instructions:*

Please respond to the following questions based on these guidelines:

Number of uninsured people receiving preventive and /or primary care

- Uninsured is defined as those without health insurance and those who have coverage under the Indian Health Service only
- The response should be based of the total number of direct unduplicated encounters provided on ‘Access to Care’ section

Number of total people enrolled in public assistance (i.e. Medicare, Medicaid, SCHIP or any State-sponsored insurance)

- Denotes the number of people who are uninsured but are enrolled in any of these public assistance insurance programs

Number of people who use private third-party payments to pay for the services received

- Denotes number of people who use private third-party payers such as employer-sponsored or private non-group insurance to pay for health services

Number of people who pay out-of-pocket for the services received

- Denotes the number of people who are uninsured, not enrolled in any public assistance (i.e. Medicare, Medicaid, SCHIP or State-sponsored insurance), not enrolled in private third party insurance (i.e. employer-sponsored insurance or private non-group insurance) and does not receive health services free of charge

Please indicate a numerical figure or DK for unknown, if applicable. If your grant program was not funded to provide these services, please type N/A for not applicable.

9	<b>Number of uninsured people receiving preventive and/or primary care</b>	<b>Number</b>
10	<b>Number of total people enrolled for public assistance, i.e., Medicare, Medicaid, SCHIP, or any State-sponsored insurance</b>	<b>Number</b>
11	<b>Number of people who use private third-party payments to pay for services received</b>	<b>Number</b>
12	<b>Number of people who pay out-of-pocket for services received</b>	<b>Number</b>
13	<b>Number of people who receive health care services free of charge</b>	<b>Number</b>

**Table 4: STAFFING**

*Table Instructions:*

Please provide the number of clinical and non-clinical staff recruited to work on the program. Please indicate a numerical figure. There should not be a N/A (not applicable) response since all questions are applicable.

14	<b>Number of new Clinical staff recruited to work on the program:</b>	<b>Number</b>
	Dental Hygienist	
	Dentist	

	Health Educator / Promotoras	
	Licensed Clinical Social Worker	
	Nurse	
	Pharmacist	
	Physician Assistant	
	Physician, General	
	Physician, Specialty	
	Psychologist	
	Technicians (medical, pharmacy, laboratory, etc)	
	Therapist (Behavioral, PT, OT, Speech, etc)	
	Other – Specify Type:	
	None	Selection list
15	<b>Number of new Non-Clinical staff recruited to work on the program:</b>	<b>Number</b>
	Case Manager	
	Enrollment Specialist	
	Medical Biller / Coder	
	HIT/CIO	
	Translator	
	Other – Specify Type:	
	None	Selection list
16	<b>How many clinical and non-clinical staff received continuing education or training?</b>	<b>Number</b>

**Table 5: SUSTAINABILITY**

*Table Instructions:*

- Please provide the annual program award based on box 12a of your Notice of Grant Award (NGA).
- Please provide the amount of annual revenue the program has made through **the services offered through the program**
- Please provide the amount of additional funding secured to sustain the program. If the total amount of additional funding secured is zero (0), please put zero in the appropriate section. Do not leave any sections blank.
- Please provide the estimated amount of savings incurred due to implementation of quality improvement programs.
- Select the type(s) of sources of funding for sustainability.
- Please indicate if you have a sustainability plan and select your sustainability activities.
- Please indicate if **any** of your program’s activities will sustain your program’s activities will sustain after the grant period.
- Please indicate if you used HRSA’s Economic Impact Analysis Tool (website TBD). If so, please provide the ratio for Economic Impact vs. HRSA Program Funding.

17	<b>Revenue</b>	
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	Annual Program Award	<b>Dollar amount</b>
	Annual program revenue	<b>Dollar amount</b>
	Additional funding secured to assist in sustaining the program	<b>Dollar amount</b>
	Estimated amount of cost-savings due to implementation of quality improvement programs.	<b>Dollar amount</b>
18	<b>Sources of Sustainability:</b> (Check all that apply)	<b>Selection List</b>
	Program revenue	
	In-Kind Contributions	
	Member Fees	
	Fundraising	
	Contractual Services	
	Other Grant Funding	
	Other – Specify Type	
	None	
	Has a sustainability plan been developed using sources of funding besides grants?	<b>Y/N</b>
19	<b>Sustainability Activities (check all that apply)</b>	<b>Selection List</b>
	Local, State and Federal Policy Changes	
	Media Campaigns	
	Consolidation of activities, services and purchases	
	Communication Plan Development	
	Economic Impact Analysis	
	Return on Investment Analysis	
	Marketing Plan Development	
	Community Engagement Activities	
	Business Plan Development	
	SWOT Analysis	
	Other – Specify activity	
20	<b>Did you use the HRSA Economic Impact Analysis Tool?</b>	<b>Y/N</b>
21	<b>If yes, what was the ratio for Economic Impact vs. HRSA</b>	<b>Number</b>

	<b>Program Funding</b>	
22	<b>Will the program's activities be sustained after the grant period?</b>	<b>Y/N</b>

**Table 6: HEALTH INFORMATION TECHNOLOGY**

*Table Instructions: Health Information Technology (HIT)*

Please select all types of technology implemented, expanded or strengthened through this program. If your grant program did not fund these services, please select none.

2 3	<b>Type(s) of technology implemented, expanded or strengthened through this program:</b> (Check all that apply)	<b>Selection list</b>
	Computerized laboratory functions	
	Computerized pharmacy functions	
	Electronic clinical applications	
	Electronic medical records	
	Health Information Exchange	
	Patient/Disease Registry	
	Telehealth/Telemedicine	
	None	
	Other	

**Table 7: QUALITY IMPROVEMENT**

*Table Instructions:*

Report the number of quality improvement clinical guidelines/benchmarks adopted. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.

Report the number of health care providers using the electronic patient registry and indicate if your organization uses an electronic medical record/electronic health record with the registry.

24	<b>Number of quality improvement clinical guidelines / benchmarks adopted</b>	<b>Number</b>
25	<b>Number of health care providers using the electronic patient registry</b>	<b>Number</b>
26	<b>Do you currently use an EMR/EHR with the electronic patient registry?</b>	<b>Y/N</b>

**Table 8: HEALTH PROMOTION/DISEASE MANAGEMENT**

*Table Instructions:*

Number of health promotion/disease management activities offered to the public through this program



- Report the number of health promotion/disease management activities offered to the public through this program. Some examples include: health screenings, health education, immunizations, etc.

Number of people referred to health care provider/s

- Report the number of people that were referred to a health care provider. The response to this question should be based on the number reported in the previous question (Number of health promotion/disease management activities offered to the public through this program). Therefore, the number reported here should not be more than the number reported in the previous question.

Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.

27	<b>Number of health promotion/disease management activities offered to the public through this program.</b>	<b>Number</b>
28	<b>Number of people referred to health care provider/s</b>	<b>Number</b>

**Table 9: CLINICAL MEASURES**

*Table Instructions:*

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

**Measure 1:**

*Numerator:* All patients from the denominator whose most recent hemoglobin A1c level was less than 8.0%, within the last 12 months.

*Denominator:* Number of patients 18-75 years of age with a diagnosis of type 1 or type 2 diabetes who have received care for diabetes in the last 2 years.

**Measure 2:**

*Numerator:* All patients from the denominator whose most recent blood pressure was less than 140/90 mmHg within the last 12 months.

*Denominator:* Number of patients 18-75 years of age with a diagnosis of type 1 or type 2 diabetes who have received care for diabetes in the last 2 years.

**Measure 3:**

*Numerator:* All patients from the denominator whose most recent fasting LDL was less than 100 mg/dL within the last 12 months.

*Denominator:* Number of patients 18-75 years of age with a diagnosis of type 1 or type 2 diabetes who have received care for diabetes in the last 2 years.

**Measure 4:**

*Numerator:* Patients from the denominator with BMI outside parameters and follow-up plan is documented in patient chart.

*Denominator:* Patients age 18 years and older, with diabetes (type 1 or type 2) who received care for diabetes in the last 2 years with a calculated BMI in the past 6 months or during the current visit.

**Measure 5:**

*Numerator:* Patients from the denominator that have the most recent blood pressure less than 140/90 mm Hg, within the last 12 months.

*Denominator:* All patients 18 years of age and older seen at least once during the last 12 months with a diagnosis of hypertension within 6 months after measurement start date.

**Measure 6:**

*Numerator:* Patients from the denominator with the most recent LDL less than 100 mg/dL, within the last 12 months.

*Denominator:* Number of patients age 18 years and older who have a diagnosis of coronary artery disease seen at least twice during the last 12 months.

**Measure 7:**

*Numerator:* Patients in the denominator who have been queried about tobacco use in the past 2 years.

*Denominator:* Number of patients age 18 years and older seen at least twice during the last 12 months.

**Measure 8**

*Numerator:* Patients in the denominator who received cessation intervention for tobacco use.

*Denominator:* All patients aged 18 years and older with diagnosed tobacco use.

**Measure 9**

*Numerator:* Patients from the denominator with BMI outside parameters and follow-up plan is documented in patient chart.

*Denominator:* Patients age 18 years and older with a diagnosis of cardiovascular disease who have a calculated BMI in the past 6 months or during the current visit.

		<b>Numerator</b>	<b>Denominator</b>	<b>Percent</b>
1	<b>Percent of adult patients, 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c less than 8.0%</b>			
2	<b>Percent of adult patients, 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure less than 140/90 mmHg</b>			
3	<b>Percent of adult patients, 18- 75 years of age with diabetes (type 1 or type 2) who had LDL less than 100 mg/dL</b>			
4	<b>Percentage of patients aged 18 years and older with diabetes (type 1 or type 2) with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.</b>			

5	<b>Percentage of adult patients, 18-85 years of age, who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year</b>			
6	<b>Percent of adult patients with coronary artery disease who had LDL less than 100 mg/dL</b>			
7	<b>Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months</b>			
8	<b>Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months who received cessation intervention</b>			
9	<b>Percentage of patients aged 18 years and older with cardiovascular disease with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented</b>			