

**Supporting Statement for the
Rural Health Community-Based Grant Programs
Data Collection Tool**

OMB Control No. 0915-0354

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA)'s Office of Rural Health Policy (ORHP) is requesting OMB approval to collect information on grantee activities and performance measures electronically through the Performance Improvement and Measurement System (PIMS). This activity will collect information for the Rural Health Information Technology Network Development Program (RHITND) to provide HRSA with information on grant activities funded under this program, as well as information to meet requirements under the Government Performance and Results Act of 1993 (GPRA).

In its authorizing language (SEC. 711. [42 U.S.C. 912]), Congress charged ORHP with "administering grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas". ORHP's mission is to sustain and improve access to quality health care services for rural communities.

The RHITND Program is authorized under the Public Health Service Act, Section 330A(f) (42 U.S.C. 254c) as amended by Section 201, Public Law 107-251 of the Health Care Safety Net Amendments of 2002. The intent of RHITND is to support the adoption and use of electronic health records (EHR) in coordination with the ongoing HHS activities related to the Health Information Technology for Economic and Clinical Health (HITECH) Act (Public Law 111-5). This legislation provides the Department of Health and Human Services (HHS) with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health information technology (HIT), including EHR.

HIT plays a significant role in the advancement of HHS' priority policies to improve health care delivery. Some of these priorities include: improving health care quality, safety, and efficiency; reducing disparities; engaging patients and families in managing their health; enhancing care coordination; improving population and public health; and ensuring adequate

privacy and security of health information. The purpose of the program is to improve health care and support the adoption of HIT in rural America by providing targeted HIT support to rural health networks.

For this program, performance measures were drafted to provide data useful to the program and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). These measures cover the principal topic areas of interest to the Office of Rural Health Policy, including: (a) access to care; (b) the underinsured and uninsured; (c) workforce recruitment and retention; (d) sustainability; (e) health information technology; (f) network development; and (g) health related clinical measures. Several measures will be used for this program. These measures will speak to the Office's progress toward meeting the goals set.

This request for approval is for information to be collected from the recipients of this grant program. Grantees will provide information from their electronic records only on those activities for which their project received funds.

2. Purpose and Use of Information Collection

The measures presented in this document cover key topics of interest to HRSA's ORHP and will provide quantitative information about the grant program performance. The measures include: (a) the number of people served, (b) the demographics of patients served, (c) the rural network characteristics (number and type of member organizations), (e) workforce and recruitment efforts (number and type of new staff hired and people trained), (f) sustainability efforts (project revenue, planning, and additional sources of funding), (g) types of health information technology implementation and expansion, and (h) number of members that have achieved HIT Meaningful Use Stage 1 criteria. Grantees report on measures applicable to their awarded project; all measures will speak to the goals and objectives set forth in the HRSA and ORHP strategic plans.

The PIMS database will be capable of identifying and responding to the needs of the rural health community-based programs. This activity will:

- Provide standardized performance measure data sets for the RHITND grant program
- Yield information on encounters and organizational characteristics for the RHITND grant program
- Facilitate the submission of data by the grantees and reports generated by ORHP, through use of standard formats, definitions, and electronic transmission

The information will provide performance measures in a table format and will be completed by all ORHP grantees. The standard report will provide data on program users, encounters and user demographic information. In addition, the report will provide aggregated data by program and data across programs.

Grantees will only provide information on the performance measures that are applicable to the activities funded through the grant program for which they are reporting.

3. Use of Improved Information Technology and Burden Reduction

This activity is fully electronic. Data will be collected through and maintained in a database in HRSA's Electronic Handbook (EHB). The EHB is a website that all HRSA grantees, including those for the program covered in this approval request, are required to use when applying electronically for grants using OMB approved Standard Forms. The EHB has a helpdesk feature that includes a toll-free number and e-mail address for any technical questions from grantees. As this database is fully electronic and grantees submit the data electronically via a HRSA managed website, burden is reduced for the grantee and program staff. The time burden is minimal, since there is no data entry element for program staff due to the electronic transmission from grantee systems to the PIMS; additionally, there is less chance of error in translating data and analysis of the data.

4. Efforts to Identify Duplication and Use of Similar Information

These data will be collected for the purposes of this program and are not available elsewhere.

5. Impact on Small Businesses or Other Small Entities

Every effort has been made to ensure the data requested are the minimum necessary to answer basic questions useful in determining whether grantee awarded goals and objectives are being met. Data requested are currently being collected by the projects or can be easily incorporated into normal project procedures. The data collection activities will not have a significant impact on small entities.

6. Consequences of Collecting the Information Less Frequently

Data in response to these performance measures will be collected on an annual basis. Grant dollars for these programs are awarded annually. This information is needed by the program, ORHP and HRSA in order to measure effective use of grant dollars to report on progress toward strategic goals and objectives. There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This project is consistent with the guidelines in 5 CFR 1320.5(d)(2).

8. Comments in Response to the Federal Register Notice/Outside Consultation

A 60-day Federal Register Notice was published in the *Federal Register* on March 7, 2013, vol. 78, No. 45; pp. 14804. There were no public comments.

In order to create a final set of performance measures that are useful for all program grantees, a large set of measures was vetted to nine or less participating grantee organizations in 2013. The following is a list of grantees that were consulted:

Grantee Organization	Grantee Name / Contact
Alaska Native Tribal Health Consortium Alaska	Charmaine Ramos Director of RASU RHIT Network Alaska 907-729-2679
Upper Midlands Rural Health Network South Carolina	Tambra Medley, Director 803-635-0217
Greeley County Health Services - Western Kansas Frontier Information Network Kansas	Chrysanne Grund 785-821-1104
Project Infocare Network Missouri	Karrie Ingram Network Director 417-328-6251
South Central South Dakota Access Network South Dakota	Amber Thede Project Director 605-842-7177

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive payment or gifts and will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

The data system does not involve the reporting of information about identifiable individuals; therefore, the Privacy Act is not applicable to this activity. The proposed performance measures will be used only in aggregate data form for program activities.

11. Justification for Sensitive Questions

There are no sensitive questions.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Rural Health Information Technology Network Development (RHITND) grantees (i.e. project directors, health practitioners, technical workers etc.)	PIMS	41	1	5.68	232.88
Total					232.88

These estimates were determined by consultations with five (5) current grantees from the program. These grantees were sent a draft of the questions that pertain to their program. They were asked to estimate 1) how much time it would take and 2) how much it would cost to report program activities.

It should also be noted that the burden is expected to vary across the grantees. This variation is tied primarily to the type of program activities specific to the grantee's project and current data collection system.

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Rural Health Information Technology	5.58	\$25.78	\$143.85

Network Development (RHITND) grantees (i.e. project directors, health practitioners, technical workers etc.)			
Total			\$143.85

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

There is no capital or start-up cost component for this collection.

14. Annualized Cost to Federal Government

Annual data collection for this program is expected to be carried out at a cost to the Federal Government of \$33,000. Staff at ORHP monitor the contracts and provide guidance to grantee project staff at a cost of \$3,071.52 per year (72 hours per year at \$42.66 per hour at a GS-13 salary level). The total annualized cost to the government for this project is \$36,071.52.

15. Explanation for Program Changes or Adjustments

The purpose of the Rural Health Information Technology Network Development (RHITND) program is to improve health care and support the adoption of HIT in rural America by providing targeted HIT support to rural health networks. Through this program, adoption of Meaningful Use standards will be assessed. Since there were changes in HIT Meaningful Use criteria, additional questions were added on this form to reflect those changes which increased the burden hours by 78 hours. However, there are no changes to the RHITND Program.

16. Plans for Tabulation, Publication, and Project Time Schedule

There are no plans to publish the data. This information will be collected to comply with GPRA and PART requirements. The data may be used on an aggregate program level to document the impact and success of program. This information might be used in the ORHP Annual Report produced internally for the agency. The ORHP Annual Report is produced in February, reporting the prior fiscal year's activities.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.