

Supporting Statement A

Rural Health Network Development Planning Program Measures

OMB Control No. 0915-XXXX

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA)'s Federal 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 Network Development Planning Program ("Network Planning") to provide HRSA with information on grant activities funded under this program. These measures last received OMB review and approval under OMB Number 0915-0319 and have a current expiration date of August 31, 2014.

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 Network Planning Program is authorized by Section 330A(f) of the Public Health Service Act, 42 U.S.C. 254c f), as amended by section 201, P.L. 107-251 of the Health Care Safety Net Amendments of 2002. This program brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past under a formal relationship, to work together to establish and improve local capacity and coordination of care. This grant program supports one year of planning with the primary goal in helping networks create a foundation for their infrastructure and focusing member efforts to address important regional or local community health needs. The Network Planning PIMS is the reporting system for the Network Planning Program grantees. PIMS is a tool that allows ORHP to measure the impact of the grant funding.

2. Purpose and Use of Information Collection

The ORHP conducts an annual data collection of user information for the Network Planning Program. The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the needs of planning and developing an integrated healthcare network.

Data is collected annually and provides quantitative information about the programs, specifically the characteristics of: a) network infrastructure, b) network collaboration, c) sustainability, and d) network assessment.

This assessment will provide useful information on the Network Planning Program and will enable HRSA to assess the success of the program. It will also ensure that funded organizations have demonstrated a need for services in their communities and those federal funds are being effectively used to provide services to meet those needs.

The type of information requested in the Network Planning PIMS enables ORHP to assess the following characteristics about its programs:

- The types of organizations that make up the network
- The degree to which network members collaborate
- The types of sustainability efforts initiated to maintain network infrastructure
- The degree to which the network assesses its performance

The database is capable of identifying and responding to the needs of the Network Planning Program community. The database:

- Provides uniformly defined data for major ORHP grant programs.
- Yields information on network characteristics in an area that lacks sufficient national and state data.
- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions.

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

There is no other data source available that tracks the characteristics of a network that is in its initial planning and development phase.

5. Impact on Small Businesses or Other Small Entities

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

6. Consequences of Collecting the Information Less Frequently

Respondents will respond to this data collection on an annual basis. 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.

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

Section 8A:

A 60-day Federal Register Notice was published in the Federal Register on December 5, 2013, vol. 78, No. 234; pp. 73200-01.

No public comments were received.

Section 8B:

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

Sherrie Williams, LCSW
School Based TeleHealth Specialist
Georgia Partnership for TeleHealth, Inc.
Phone: 866-754-4325

Lois Barnhart
Program Associate
Kreider Services
Phone: 815-288-6691

Linda DeNorcey
 Executive Director
 Guam Community Health Centers
 Phone: 671-635-4422

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 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
Network Planning Grantee key personnel (Project Director)	Rural Health Network Development Planning Program Performance Improvement and Measurement System Measures	21	1	1	21
Total		21	1	1	21

These estimates were determined by consultations with three (3) current grantees from the program. These grantees were sent a draft of the questions that pertain to their program. They were asked to estimate how much time it would take to answer the questions.

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
Project Director	21	42.59*	894.39
Total	21	\$42.59*	\$894.39

The estimated annualized burden cost is based on the US Department of Labor, Bureau of Labor Statistics (* <http://www.bls.gov/oes/current/oes113011.htm>) hourly median wage for Medical and Health Services Managers.

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 \$3,515.76 per year (72 hours per year at \$48.83 per hour at a GS-13, Step 5 salary level). The total annualized cost to the government for this project is \$36,515.76.

15. Explanation for Program Changes or Adjustments

This is a new information collection.

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

There are no plans to publish the data. 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.