

**Office of Rural Health Policy: Rural Health
Community-Based Grant Programs
Performance Improvement and Measurement System (PIMS) Database**

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Delta States Rural Development Network Grant Program

Table 1: ACCESS TO CARE

Instructions:

Information collected in this table provides an aggregate count of the number of people served through program. Please refer to the detailed definitions and guidelines in answering the following measures. Please indicate a numerical figure if applicable, N/A if not applicable and DK if unknown.

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 target population

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

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.)
- Denotes the number of people served in your target population

Number of Indirect Encounters

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

Number of Direct Duplicated Encounters

- Denotes the total number of activities done through the program.

Type(s) of services provided through program funding

- Please check the box that applies to your program

Table 1: ACCESS TO CARE

1	Number of counties served	Number
2	Number of people in the target population	Number
3	Number of people served through direct services	Number
4		Number
5	Number of people served through indirect services	Number (automatically calculated by the system)
6	Type(s) of services provided through Delta grant funding. (Check all that apply)	Selection list
	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	

Table 2: POPULATION DEMOGRAPHICS

Instructions: Please provide the total number of people served by race, ethnicity, and age. The total for each of the following questions should be equal to the total of the number of direct unduplicated encounters provided in the previous section (Access to Care section). Please indicate a numerical figure. There should not be a N/A (not applicable) response since all measures are applicable.

Number of people served 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.)

7	Number of people served through the program by ethnicity:	Number
	Hispanic or Latino	
	Not Hispanic or Latino	
	Unknown	
8	Number of people served by race:	Number
	American Indian/Alaska Native	
	Asian	
	Black or African American	
	Native Hawaiian/Other Pacific Islander	
	White	
	More than one race	
	Unknown	
9	Number of people served by age group	Number
	Children (0-12)	
	Adolescents(13-17)	
	Adults (18-64)	
	Elderly (65 and over)	
	Unknown	

Table 3: UNDER & UNINSURED

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 people served through direct services 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 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 do not receive health services free of charge

If your grant program was not funded to provide these services, please type N/A for not applicable.

Table 3: UNINSURED

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

Table 4: STAFFING**Instructions:**

Please provide the number of clinical and non-clinical staff recruited on the program. Provide the number of staff that are shared between two or more Network partners. Please indicate a numerical figure. There should not be a N/A (not applicable) response since all questions are applicable.

Table 4: Staffing

15	Type(s) of new Clinical staff recruited to work on the program during the current grant year:	Number
	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(s)	
	None	Selection list
16	Type(s) of new Non-Clinical staff recruited to work on the program:	Number
	HIT/CIO	
	Case Manager	
	Medical Biller / Coder	
	Translator	
	Enrollment Specialist	

	Other	
	None	
17	Number of staff positions shared between two or more Network partners.	Number

Table 5: NETWORK

Instructions:

Please identify the types of formal member organizations in the consortium or network by non-profit and for-profit status for your program. Please indicate a number for each category. Please provide the total number of member organizations in the consortium or network.

18	Type(s) of member organizations in the consortium/network. (Check all that apply)	Selection list
Non-profit Organization	AHEC	
	Community College	
	Community Health Center	
	Critical Access Hospital	
	Faith-Based Organization	
	For-profit organization	
	Health Department	
	Hospital	
	Private Practice	
	Rural Health Clinic	
	School District	
	Social Services Organization	
	University	
	Other	
	TOTAL for Non-Profit Organization	Number (automatically calculated by the system)
For-profit Organization	Community College	
	Community Health Center	
	Critical Access Hospital	
	Faith-Based Organization	
	Health Department	
	Hospital	
	Migrant Health Center	
	Non-profit Organization	
	Private Practice	
	Rural Health Clinic	
	School District	
Social Services Organization		

	University	
	Other	
	TOTAL for For-Profit Organization	Number (automatically calculated by the system)
19	Total Number of Member Organizations in the Consortium/Network	Number
20	Total Number of New Members in the Consortium/Network (for current report year)	Number

Table 6: SUSTAINABILITY

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**. If the total amount of annual revenue made is zero (0), please put zero in the appropriate section. Do not leave any sections blank.
- 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 participation in a network/consortium. If the total amount of savings incurred is zero (0), please put zero in the appropriate section. Do not leave any sections blank.
- Select the type(s) of sources of funding for sustainability. Please check all that apply.
- Please indicate if you have a sustainability plan, and select your sustainability activities. Please check all that apply.
- 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.

For programs that are in Year 3 of grant funding, please indicate the following:

- Please indicate if your current network/consortium will sustain after the grant period is over
- Please indicate if **any** of your program’s activities will sustain after the grant period.

21	Annual program award	Dollar amount
22	Annual program revenue	Dollar amount
23	Additional funding secured to assist in sustaining the project	Dollar amount
24	Estimated amount of cost savings due to participation in network/consortium	Dollar amount
25	Sources of Sustainability	Selection list

	Program Revenue	
	In-kind Contributions	
	Member fees	
	Fundraising	
	Contractual Services	
	Other grants	
	Other – specify type	
	None	
26	Has a sustainability plan been developed using sources of funding besides grants?	Y/N
27	Sustainability Activities: (check all that apply)	Selection list
	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	
28	Did you use the HRSA Economic Impact Analysis tool	Y/N
29	If yes, what was ratio for Economic Impact vs. HRSA Program Funding	Number
30	Will the network/consortium sustain	Y/N
31	Will the program’s activities be sustained after the grant period	Y/N

Table 7: QUALITY IMPROVEMENT

Instructions:

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

33	Number of quality improvement clinical guidelines / benchmarks adopted by network/consortium	Number
34	Number of network/consortium members using shared standardized quality improvement benchmarks	Number

Table 9: PHARMACY

Instructions:

Report the overall annual dollars saved by joint purchasing of drugs through your network/consortium. Report the number of people receiving prescription drug assistance and the

annual average amount of dollars saved per patient through prescription drug assistance. If your grant program did not fund these services, please type N/A for not applicable.

35	Average amount of dollars saved per patient through prescription drug assistance annually	Dollar Amount
36	Number of people receiving prescription drug assistance annually	Number

Table 10: HEALTH PROMOTION/DISEASE MANAGEMENT

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.

37	Number of health promotion/disease management activities offered to the public through this program.	Number
38	Number of people referred to health care provider/s as a result of health promotion activities.	Number

Table 11: MENTAL/BEHAVIORAL HEALTH

Instructions: Report the number of people receiving mental and/or behavioral health services through your program and the number of network members integrating primary and mental health services. If your grant program did not fund these services, please type N/A for not applicable.

Table 11: MENTAL/BEHAVIORAL HEALTH

39	Number of people receiving mental and/or behavioral health services in target area as a result of Delta States Program grant funding	Number
40	Number of network members integrating primary and mental health services.	Number

Table 12: ORAL HEALTH

Instructions:

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 program did not fund these services, please type N/A for not applicable.

41	Number of people receiving dental/oral health services in target area.	Number
42	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	
43	Number of network members integrating primary and dental / oral health services.	Number

Table 14: CLINICAL MEASURES

Instructions:

Please refer to the specific instructions for each field below. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.

Measure 1:

Numerator: Patients from the denominator that have the most recent blood pressure less than 140/190 mm Hg, within the last 12 months.

Denominator: All patients 18-85 years of age seen at least once during the last 12 months with a diagnosis of hypertension within 6 months after measurement start date.

Measure 2

Numerator: Number of adult patients in the target population that have been screened for depression.

Denominator: All patients \geq 18 years of age in the target population.

Measure 3:

Numerator: Number of patients 18-75 years of age whose most recent hemoglobin A1c level during the measurement year is less than 8.0%

Denominator: Number of patients 18-75 years of age during measurement year with a diagnosis of type 1 or type 2 diabetes.

Measure 4:

Numerator: Number of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure less than 140/90 mm/Hg

Denominator: All patients 18-75 years of age during measurement year with a diagnosis of type 1 or 2 diabetes.

Measure 5:

Numerator: Patients in the denominator with Body Mass Index (BMI) percentile documentation, counseling for nutrition, counseling for physical activity during the measurement year

Denominator: All patients 2-17 years of age

Measure 6:

Numerator: Patients in denominator with (1) Body Mass Index (BMI) charted and (2) follow-up plan documented if patient is overweight and underweight

Denominator: All patients age 18 years or older

Measure 7:

Numerator: Number of children who have received four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB); one chickenpox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

Denominator: Number of children who turn two years of age during the measurement year.

Measure 8:

Numerator: Number of adolescents who have received a second MMR, completion of three hepatitis B (HepB) and Varicella (VZV).

Denominator: Number of adolescents who are 13 years of age during measurement year.

		Numerator	Denominator	Percent
1	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	Number	Number	Automatically calculated by system
2	Percent of adult patients in the target population who have been screened for depression	Number	Number	Automatically calculated by system
3	Percent of adult patients, 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c less than 8.0%	Number	Number	Automatically calculated by system
4	Percent of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure less than 140/90 mm/Hg	Number	Number	Automatically calculated by system

5	Percent of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of Body Mass Index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year	Number	Number	Automaticall y calculated by system
6	Percent of patients aged 18 years and older with a calculated Body Mass Index (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 is documented	Number	Number	Automaticall y calculated by system
7	Percent of children by 2 years of age with appropriate immunizations (please see types of immunizations as listed in the instructions)	Number	Number	Automaticall y calculated by system
8	Percent of adolescents 13 years of age with appropriate immunizations documented according to age group	Number	Number	Automaticall y calculated by system