

Supporting Statement A

OMB Control No. 0915-0319

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 of a new activity to collect information on grantee activities and performance measures electronically through the Performance Improvement and Measurement System (PIMS). This activity will collect information for five rural health community-based grant programs to provide HRSA with information on grant activities funded under these programs, 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." The mission of the Office of Rural Health Policy (ORHP) is to sustain and improve access to quality health care services for rural communities.

In 1991, the Health Care Services Outreach Grants were first appropriated under the authority of section 301 of the Public Health Service Act. In 1996, the Health Centers Consolidation Act of 1996 added the section 330A Rural Health Care Services Grant Program. Appropriations under this section were amended and reauthorized again in 2002.

The five rural health, community-based grant programs created under this authority are: (a) the Rural Health Outreach Grant Program (Outreach), (b) the Rural Health Network Development Program (Network), (c) the Delta States Rural Development Network Grant Program (Delta), (d) the Small Health Care Provider Quality Improvement Grant Program (Quality) and (e) the Network Development Planning Grant Program (Network Planning).

These community based grants provide funds for activities covering a wide range of subject areas representing areas of need in their communities. Each grant is somewhat unique in the strategies and measures proposed; however, all of the grants are predicated upon a defined underserved population and a commitment to providing quality care. In their grant applications, grantees may propose a variety of activities and strategies for funding.

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

The Rural Health Care Services Outreach Grant Program authority provides funding to support rural health care providers with providing access to quality health care. Funding for grantees includes projects pertaining to electronic health systems and tracking specific health indicators using nationally accepted performance measures.

A brief description of each program follows:

Rural Health Care Services Outreach Grant Program: The Office of Rural Health Policy's Rural Health Care Services Outreach Program [Outreach] is a 3-year program that supports projects that demonstrate effective models of outreach and service delivery through collaboration, adoption of an evidence-based or promising practice model, demonstration of health outcomes, replicability and sustainability. Proposed projects will have an outcomes-oriented approach that will enhance and sustain the delivery of effective health care in rural communities by tracking specific health indicators that will demonstrate the impact of their project at the end of their grant period. They will be based on evidence-based or promising practice models in order to avoid "reinventing the wheel" and demonstrate health status improvement in rural communities. Proposed Outreach projects can take the framework of an evidence-based or promising practice model and tailor it to their community's need and organization.

Rural Health Network Development Program: The goal of the RHND Program is to assist rural health care providers in acclimating to the evolving health care environment by addressing relevant topics of the health care environment as identified by the rural community. ORHP was pleased to implement a new approach for the program this fiscal year to develop a program that will demonstrate outcomes, and position networks to be successful in the current healthcare landscape. Grantees awarded under this three year program are mature, rural integrated health care networks that have combined the functions of the entities participating in the network in order to: achieve efficiencies; expand access to, coordinate, and improve the quality of essential health care services; and strengthen the rural health care system as a whole. Through collaboration and combined functions of the network members to meet these charges, networks can maximize rural health resources and health care services which can be modeled in other communities, both rural and urban.

Delta States Rural Development Network Grant Program: The Delta States Rural Development Network Grant Program supports projects that demonstrate evidence based and/or promising approaches around cardiovascular disease, diabetes, or obesity in order to improve health status in rural communities throughout the Delta Region. Key features of programs are collaboration, adoption of an evidence-based approach, demonstration of health outcomes, program replicability and sustainability.

Small Health Care Provider Quality Improvement Grant Program: The purpose of the Small Health Care Provider Quality Improvement Grant (Rural Quality) Program is to provide support to rural primary care providers for implementation of quality improvement activities. The goal of the program is to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting. Additional objectives of the program

include: improved health outcomes for patients; enhanced chronic disease management; and better engagement of patients and their caregivers. Organizations participating in the program are required to utilize an evidence-based quality improvement model, perform tests of change focused on improvement, and use health information technology (HIT) to collect and report data. HIT may include an electronic patient registry (EPR) or an electronic health record (EHR), and is a critical component for improving quality and patient outcomes. With HIT it is possible to generate timely and meaningful data, which helps providers track and plan care.

Rural Health Network Development Planning Grant Program: The purpose of the Network Planning program is to assist in the development of an integrated healthcare network, if the network participants do not have a history of collaborative efforts. The program can help to promote the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. 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

2. Purpose and Use of Information Collection

The ORHP conducts an annual data collection of user information for the five programs under the Rural Health Care Services Outreach Grant Program authority. The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the needs and intent of the grant programs.

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 patients served and encounters, (b) the demographics of patients served, (c) the types of services provided (primary care, mental or behavioral health, oral health, telehealth or telemedicine, etc.), (d) 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, (h) quality care efforts (use of clinical guidelines and benchmarks), and (i) clinical measures. 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 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.

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

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 March 10, 2014, vol. 79, No. 46; pp. 13311-12.

One comment was received requesting a copy of the data collection plans and draft instruments that are referenced in 60-day Federal Register Notice for Rural Health Care Services Outreach Grant Program (Outreach); Rural Health Network Development Grant Program (Network Development); Small Healthcare Provider Quality Grant Program (Quality); and Rural Health Network Development Planning Grant Program (Network Planning). HRSA provided the draft instruments on March 12, 2014 via email.

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:

Program	Grantee Name / Contact
Delta States Rural Development Network Grant Program	Donna H. Newton, M.S., C.E.P. Executive Director – Program Director The Health Enrichment Network Growing Up Fit Together Phone: 318-335-2112 Donna.newton@growingupfit.org
Small Health Care Provider Quality Improvement Grant Program	Matt Falb Program Coordinator Holmes County General Health District Phone: 330-674-5035 mfalb@holmeshealth.org Eric Medina Quality Improvement Coordinator Tulare Community Health Clinic Phone: 559-631-4022 emedina@tchci.com
Rural Health Network Development Planning Grant Program	Lori Moots-Clair Administrator, Knox County Health Department, Missouri Phone: 660-397-3396 mootsl@lpha.mopublic.org
Rural Health Network Development Program	Kim Zill, MS Network Director Arizona Rural Women’s Health Network Phone: 602-288-7544 kimberlyz@aachc.org Susan Kaderle

	<p>Network Director MI- Connect, Integrating Health Services in Michigan Phone: 989.569.6001 skaderle@alconahc.org</p>
Rural Health Care Services Outreach Program	<p>Betsy Wheeler Consultant La Red Health Center, Inc. Phone: 302-744-9267 betsy@managetool.com</p> <p>Tarra C. Johnson Staff Chautauqua Opportunities, Inc. Phone: 716-366-8176 Ext: 307 tcjohnson@chautopp.org</p> <p>Sandi Rowland Project Director Allegany Health Right, Inc. Phone: 301-777-7749 Ext: 7 sandi@allhealthright.org</p>

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

Grant Program	Number of Respondents	Number of Responses per respondent	Total Responses	Average burden per response	Total Hour Burden
Rural Health Care Services Outreach Grant Program	71	1	71	2	142

Rural Health Network Development	20	1	20	4	80
Delta States Rural Development Network Grant Program	12	1	12	6	72
Small Health Care Provider Quality Improvement Grant Program	30	1	30	7.25	217.5
Network Development Planning Grant Program	21	1	21	3	63
Total	154	154	574.5

These estimates were determined by consultations with nine (9) current grantees from the programs. 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 and programs. This variation is tied primarily to the type of program activities specific to the grantee's project and current data collection system.

12B.

Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. **The cost to the federal government for contracting out or paying outside parties for information collection activities should not be included here. Instead this cost should be included in Item 14.** The Department of Labor website can be used to determine appropriate wage rates for respondents (<http://www.bls.gov/bls/blswage.htm>).

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	574.5	\$45.88	\$26,358.06
Total	574.5	\$45.88	\$26,358.06

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

The burden has changed from the burden shown in the current inventory due to a number of reasons. There are minor changes in these data collection forms specifically around the instructions. Since the last approval, ORHP has received feedback from grantees during the grant cycles requesting revising the instructions on the data collection forms which we have incorporated in this submission. In addition, ORHP makes varying number of awards each grant cycle for the programs included in this package. Also, one of the programs (Rural Health Workforce Development Program) included in the previous OMB approval package was a one-time program that ended in 2013 and is not included in this submission.

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.