

DATE: September 27, 2016

TO: Patrick Wells, OMB Desk Officer
Stephanie Mok, OMB Desk Officer

FROM: Lisa Wright-Solomon, HRSA Information Collection Clearance Officer

Request: The Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau requests changes to the Discretionary Grant Information System Collection (OMB #0915-0298, expires 06/30/2019).

Purpose: These clarifications are critical to align DGIS performance measures with existing benchmarks and national data sources, as well as to ensure full understanding of requirements by those programs required to report these performance measures.

Time Sensitivity: DGIS data collection is annual, and the development of the reporting system must be completed in a timely manner in order to allow for up to date reporting of 2017 performance measures.

Burden: The revisions included herein do not change the estimated reporting burden. One measure has been added, while two others have been removed and efforts have been made to clarify reporting requirements and align with existing reporting to minimize reporting burden to the extent possible.

PROPOSED EDITS FOR DISCRETIONARY GRANT PERFORMANCE MEASURES:

- a. **Table 1: Activity Data Collection Form for Selected Measures – Correction**
The description above the table has been corrected to reflect accurate field names.
Rationale: Previously, description and instructions were not consistent with column names.
- b. **Performance Measure CB 2 -- Correction**
A field has been added for ‘developmental screening’.
Rationale: This was erroneously left off in the original package approved by OMB on 6/10/2016. The Technical Assistance form has fields that are consistent with all performance measures, and the developmental screening measure should be reflected in the table.
- c. **Performance Measure CB 3 -- Correction**
A field has been added for reporting the list of tools used to analyze data for grant impact.
Rationale: This was erroneously left off in the original package approved by OMB on 6/10/2016.
- d. **Performance Measure CB 4 – Revision**
Tiers 3 and 4 have been removed.
Rationale: Tier 3 and 4 were determined to not be necessary for reporting purposes for this measure, and therefore have been removed.
- e. **Performance Measure CB 7 – Addition**

The goal of this additional measure is to ensure state capacity for accessing electronic health data on a timely basis for programming and/ or reporting.

Rationale: The State Systems Development Initiative (SSDI) did not have any existing measures, and their work in supporting Title V MCH programs. The addition of this form captures important information about the timeliness and availability of data.

f. **Performance Measure WMH 2 – Clarification**

Tier 4 was edited to ‘% of pregnant women who receive prenatal care beginning in the first trimester’ with additional detail related to reporting of numerator and denominator added.

Rationale: Tier 4 has been edited to more directly measure program impact by measuring the portion of women who received timely prenatal care out of the total number of women enrolled prenatally, prior to their second trimester of pregnancy, rather than out of all women who were pregnant in the reporting year. This level of specificity is important to ensuring that data tells an accurate story, measures program impact, and can be meaningfully aggregated.

g. **Performance Measure WMH 2 – Clarification**

Tier 4 was edited to ‘% of women with a postpartum visit between 4 to 6 weeks after delivery’ with additional detail related to reporting of numerator and denominator added.

Rationale: Tier 4 has been edited to be consistent with Healthy Start Benchmarks and other national data sources, as well as to reflect the recommendations of the American College of Obstetricians and Gynecologists (ACOG), as ACOG Committee on Obstetric Practice. Guidelines for Perinatal Care (7th Edition, p. 207) state that 4 to 6 weeks after delivery, women should have a postpartum visit with her doctor. Consistency with Healthy Start Benchmarks minimizes the burden on grantees while maximizing consistent data collection opportunities, while consistency with national data sources ensure that the information collected can be used for evaluation and benchmarking purposes.

h. **Performance Measure WMH 3 – Clarification**

Tier 4 was edited to ‘% of women with a well woman/ preventative visit in the past year’ with additional detail related to reporting of numerator, denominator, and definition of each added.

Rationale: Tier 4 has been edited to be consistent with Healthy Start Benchmarks and other national data sources, as well as to reflect best practices. Consistency with Healthy Start Benchmarks minimizes the burden on grantees while maximizing consistent data collection opportunities, while consistency with national data sources ensures that the activity being measured is consistent with known best practices, therefore contributes to health and wellness, and that the information collected can be used for evaluation and benchmarking purposes.

i. **Performance Measure WMH 4 – Clarification and Revision**

Tier 4 was previously three parts, 1. % of women screened for depression using a validated tool, 2. % of women who screened positive for depression who received a referral for services, and 3. % of women who received services. Tier 4 has been revised to remove the third part. Further, Tier 4 has been edited to include additional detail related to reporting of numerator, denominator, and definition of each, all of which is consistent with related Healthy Start Benchmark.

Rationale: Part 3 of Tier 4 was removed because these items were determined to be beyond the control of most reporting grantees with many complicating factors existing in many communities (i.e. lack of mental health professionals that accept certain insurances). Consistency with Healthy Start Benchmarks minimizes the burden on grantees while maximizing consistent data collection opportunities. Revisions to the numerator and denominator reflect best practices recommended by ACOG.

- j. **Performance Measure PIH 1 – Clarification**
The numerator, denominator, and definition in Tier 4 have been clarified and benchmark data sources have been updated with additional detail.
Rationale: The numerator, denominator and definition have been edited to be consistent with Healthy Start Benchmark and national data sources, as well as to reflect safe sleep recommendations of the American Association of Pediatrics (AAP). Consistency with Healthy Start Benchmarks minimizes the burden on grantees while maximizing consistent data collection opportunities across programs, further consistency with national data sources ensures that the information reflects known best practices for safe sleep to minimize risk of sudden unexpected infant death syndrome according to the AAP, and that data collected can be used for evaluation and benchmarking purposes. Updated benchmark data sources further inform the data collection process and provide reporting grantees valuable benchmarking information.
- k. **Performance Measure PIH 2 – Clarification**
The numerator, denominator, and definition in Tier 4 have been clarified and benchmark data sources have been updated with additional detail.
Rationale: The numerator, denominator and definition have been edited to be consistent with Healthy Start Benchmark and national data sources. Consistency with Healthy Start Benchmarks minimizes the burden on those grantees while maximizing consistent data collection opportunities across programs, further consistency with national data sources ensures that the information collected can be used for evaluation and benchmarking purposes. Updated benchmark data sources further inform the data collection process and provide reporting grantees valuable benchmarking information.
- l. **Performance Measure CH 1 – Clarification**
The numerator, denominator, and definition in Tier 4 have been clarified updated with additional detail.
Rationale: The numerator, denominator and definition have been edited to be consistent with Healthy Start Benchmark and national data sources. Consistency with Healthy Start Benchmarks minimizes the burden on those grantees while maximizing consistent data collection opportunities across programs, further, consistency with national data sources ensures that the information collected can be used for evaluation and benchmarking purposes.
- m. **Performance Measure CH 1 – Data Collection Form**
A data collection form, reflecting the data to be collected in Tiers 3 and 4 has been added.
Rationale: No appropriate data collection form for this Performance Measure was included in the initial submission, so one has now been added which includes the relevant categories from Tier 3 and 4 of the measure. No change in information to be collected has been made.
- n. **Performance Measure AH 3 – Correction**
Tier 2 has been edited to state the following: ‘Through what processes/ mechanisms are you addressing major depressive disorder?’ Tier 3 has been corrected to reflect that data will be collected using Activity Collection form 1.
Rationale: Previously Tier 2 erroneously referenced injury prevention, rather than major depressive disorder. This correction reflects the original intent. Previously, Tier 3 did not reflect where the data was being collected, thereby not specifying the form that reported data should take. Collecting data using Activity Collection Form 1 is consistent with collection of other Performance Measures.
- o. **Performance Measures LC 1, LC 2, LC 3 – Data Form Correction**
Column headings in data collection form for three Life Course measures (LC 1, LC 2, LC 3).

Rationale: Column headings have been edited to be consistent with the Activity Data Collection form used by the majority of other performance measures and the Technical Assistance data collection form in Performance Measure CB 2. This consistency allows information to be linked directly and aggregated and minimizes the burden of reporting the same or similar information in different ways across forms.

p. **Performance Measure LC 1 – Clarification**

Additional detail was added in Tier 4 regarding timeframe for health insurance assessment (as of the last assessment) and what is defined as ‘insurance’ for the purposes of reporting this performance measure.

Rationale: Numerator, denominator, and definition have been edited to be consistent with Healthy Start benchmark as well as national data sources. Consistency with Healthy Start Benchmarks minimizes the burden on grantees while maximizing consistent data collection opportunities across programs, further, consistency with national data sources ensures that the information collected can be used for evaluation and benchmarking purposes. Updated benchmark data sources further inform the data collection process and provide reporting grantees valuable benchmarking information.

q. **Performance Measure LC 2 – Correction**

Tier 2 has been edited to reflect the following list of checkbox options: Technical Assistance, Training, Product Development, Research/ Peer-reviewed publications, Outreach/ Information Dissemination/ Education, Tracking/ Surveillance, Screening/ Assessment, Referral/ care coordination, Direct Service, Quality improvement initiatives.

Rationale: Previously, the list of check box options shown in Tier 2 erroneously did not match the corresponding data collection form (LC 2 Data Collection Form). This revision aligns Tier 2 and the data collection form. This correction reflects the original intent of the performance measure.

r. **Performance Measures EMSC 01 – Clarification**

This measure was revised to reflect NEMSIS compliant version 3.x or higher data, updated from NEMSIS compliant version 3.x data.

Rationale: This change allows the performance measure to remain relevant in the event that higher versions of NEMSIS are used, ensuring that information and data collection remains relevant in coming years.

s. **Performance Measures EMSC 02 – Clarification**

This measure was revised to reflect that Pediatric Emergency Care Coordinator (PECC) may be part of the agency or serve multiple agencies.

Rationale: Continued feedback from the field reflected that this more accurately captures the PECC position and capturing this information provides better program data.

t. **Performance Measures EMSC 03 – Clarification**

This measure was revised to reflect that a process or plan for EMS providers to physically demonstrate the correct use of pediatric specific equipment is appropriate.

Rationale: In the event that the process has not been implemented, a plan is appropriate as well. Measure revised to reflect the reality of implementation for EMSC programs.

u. **Performance Measure HS 04 – Deletion**

Performance Measure Healthy Start 04, regarding early elective delivery, has been deleted.

Rationale: This was removed as a Healthy Start benchmark because it was determined that while Healthy Start programs could provide education about potential risks of early elective delivery, the

program is not generally able to impact these choices and is not well positioned to make medical determinations of this sort. For the same reasons, it has been removed as a performance measure.

v. **Performance Measures HS 01 through HS 09 – Clarification/ Alignment**

Each Healthy Start specific measure's numerator, denominator, definition and benchmark has been edited to provide additional detail on reporting, and to align with Healthy Start benchmarks. Benchmark data sources have been updated where appropriate as well. The numbering of measures (HS1, HS2, etc.) has also been updated, because of the removal of one Performance Measure.

Rationale: Consistency with Healthy Start Benchmarks minimizes the burden on grantees and at the same time maximizing consistent data collection opportunities, while consistency with national data sources ensures that the information collected can be used for evaluation and benchmarking purposes. Updated benchmark data sources further inform the data collection process and provide reporting grantees valuable benchmarking information.

w. **Additional Data Element: Healthy Start Site Form -- Correction**

A form capturing the Healthy Start sites has been added.

Rationale: This was erroneously left off in the original package approved by OMB on 6/10/2016; this form existed in the previously approved package, and continues to be valuable for Healthy Start.

Attachments:

All edits are reflected in RED in the attached documents:

1. Final_Change Memo_Attachment B: Detail Sheets
2. Final_Change Memo_Attachment D: Additional Data Elements