

Supporting Statement A

Small Health Care Provider Quality Improvement Program Performance Improvement Measurement System Measures

OMB Control No. 0915-0387

Revision

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA)'s Federal Office of Rural Health Policy (FORHP) is requesting OMB approval on revisions to OMB approved performance measures which collect information on grantee activities for the Small Health Care Provider Quality Improvement Program (Rural Quality) electronically through the HRSA Electronic Handbook (EHB). These measures are currently approved under OMB Control Number 0915-0387 and have a current expiration date of August 31, 2020.

In its authorizing language (SEC. 711. [42 U.S.C. 912]), Congress charged FORHP 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.”

These performance measures support FORHP's charge to improve health in rural communities through providing a means to 1) quantify impact of grant funding; 2) inform performance tracking of grant funded projects and; 3) inform program improvement in order to support project goals. Using the Performance Improvement Measurement System (PIMS) electronic reporting system, built into the EHB web-based portal used by award recipients to submit information to HRSA, the annual collection of this data specifically ensures awarded projects are able to adequately fulfill the authorized goals for the Rural Quality Grant Program.

As such, the Rural Quality Program, 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, is mandated for the provision of grant funding to support 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 and includes objectives to; improve health outcomes for patients; enhance chronic disease management; and improve engagement of patients and their caregivers.

The proposed revisions to this information collection request are outlined in an attachment to this supporting statement.

2. Purpose and Use of Information Collection

The data collection for FORHP's Rural Quality Program is conducted with the purpose to provide HRSA's FORHP with information on the effectiveness of grant funding and used by FORHP to determine how well quality improvement activities are being implemented in a primary care setting.

Collected annually, the type of data collected provides quantitative information about the program's awarded project characteristics including measurement of (a) access to care; (b) population demographics; (c) consortium/network; (d) sustainability, (f) quality improvement implementation strategies, (g) clinical outcomes and; (h) utilization.

This information enables HRSA FORHP to best assess the success of the program and addresses specifically the needed assessment criteria including:

- The demographic characteristics of the population served through the program
- The types of sustainability efforts initiated to maintain improvements once grant funding has ended
- The types of quality improvement activities and services utilized strengthened or expanded through the program
- Population health management, as indicated by improved clinical quality measures
- The types of partnerships, networks and/or consortiums supportive of successful outcomes leveraged within program

The data collection is capable of identifying and responding to the needs of the Rural Quality Program community. The data:

- Provides uniformly defined data for major FORHP grant programs
- Yields information on rural quality improvement initiatives in the primary care setting which lacks sufficient national and state data
- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions

Without collection of this data, it would be difficult to ascertain the collective impact of this program across all Rural Quality grantees and determination of how funding has improved the characteristics and outcomes mentioned above.

Lack of such data would also impede future efforts to create resources and funding opportunities that are able to address the gaps and healthcare needs presented in the data.

3. Use of Improved Information Technology and Burden Reduction

This activity is fully electronic. Data are collected and maintained in a database in the HRSA Electronic Handbook (EHB). The EHB is a website that all HRSA grantees, including those for the Rural Quality program, are required to use when applying electronically for grants using OMB approved Standard Forms. Grantees can email or call EHB staff for help with the website. As this database is fully electronic, 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 EHB; additionally, there is less chance of error in translating data and analysis of the data.

The HRSA EHB is capable of identifying and responding to the needs of the grantees that receive Rural Quality Program funding. The EHB:

- Provides uniformly defined data for major FORHP grant programs.
- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions.

4. Efforts to Identify Duplication and Use of Similar Information

There are no other existing data sources that track rural quality improvement efforts in the primary health care setting.

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 respond to this data collection on an annual basis. This information is needed by the program, FORHP and HRSA in order to measure effective use of grant dollars and 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 request fully complies with the regulation 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 January 9, 2018, vol. 83, No. 6; page 1038. No public comments were received.

Section 8B:

In order to ensure the proposed revision to the Rural Quality Program's performance measures are useful for all program award recipients, the set of measures was vetted with the following grantees:

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Theresa Knowles, FNP-C
Vice President of Quality Improvement
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No major problems were identified that could not be resolved during consultation.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

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 are used only in aggregate data for program activities.

11. Justification for Sensitive Questions

Race and ethnicity is the only sensitive information collected for the Rural Quality measures. HHS requires that race and ethnicity be collected on all HHS data collection instruments. Information for this section is collected in a way in which patient identity remains anonymous.

The collection of this information aids in informing the programmatic population demographics in order to appropriately identify and maintain culturally sensitive and competent approaches to services and activities are conducted through Rural Quality program implementation.

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 Quality Program Grantee key personnel (Project Director)	Small Health Care Provider Quality Improvement Program Performance Improvement and Measurement System Measures	32	1	22	704
Total		32	1	22	704

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* <i>per respondent</i>
Project Director	22	\$105.16	\$2313.52*

Hourly Wage Rate based on the United States Department of Labor, Bureau of Labor Statistics: <https://www.bls.gov/oes/2016/may/oes119111.htm>

This amount includes the total respondent costs of 32 Rural Quality grantees and doubles the \$52.58 hourly wage rate to account for fringe benefits and overhead costs.

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

Other than their time, there is no cost to respondents

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 \$6,554.25. These estimated costs reflect the anticipated time and effort spent by HRSA contractors on the development and maintenance-related tasks associated with the functionality of the PIMS reporting system

FORHP staff provide guidance to grantee project staff at a cost of \$3,100.80 per year (2 hours per report, 64 hours per year at \$48.45 per hour at a [GS-13, Step 3 salary level](#)).

15. Explanation for Program Changes or Adjustments

The current burden inventory for this information collection request is 256 hours with this revision requesting 704 hours. The latest competitive cohort of grantees proved to be more sophisticated applicants than prior grantees who determined the previous estimate of burden hours. This latest cohort understand the intricate reporting methodologies for data collection, utilization, and analysis associated with this program. The estimate of burden hours for this information collection request reflects an increase in burden hours because of these grantee's proficiency and thus the new estimate is a more accurate depiction of the burden associated with

the 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 HRSA Annual Performance Report produced for the agency and may also be included in presentations used for rural stakeholders.

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

The OMB number and Expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification