

# Supporting Statement A

## Rural Health Network Development (RHND)

### OMB Control No. 0906-0010, Revision

**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 (FORHP) is requesting continued 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 (RHND) Program to provide HRSA with information on grant activities funded under this program. *There are slight changes to the measures since last OMB approval. The proposed changes to this package are result of review of previous grantees, literature, and responses from the previous performance measures collected. These proposed changes include:*

- *Network Sustainability: Developing and strengthening network's financial sustainability by establishing revenue sources. This also includes monitoring network components that are necessary for sustainability after grant funding ends*
- *Health Information Technology and Telehealth: aiding the collaborative approach among network members, in which member organizations actively engage in coordinated delivery of health care services.*

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." FORHP's mission is to sustain and improve access to quality health care services for rural communities.

The Rural Health Network Development 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, including traditional and non-traditional healthcare network members, to work together to establish and improve the delivery of healthcare within the targeted community. This grant program provides funding for three years to

support formal 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. The Rural Health Network Development Program PIMS will be the reporting system for the Rural Health Network Development Program grantees. PIMS is a tool that allows FORHP to measure the impact of the grant funding.

## **2. Purpose and Use of Information Collection**

The FORHP is proposing to conduct an annual data collection of user information for the Rural Health Network Development Program. The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the goals of the grant program, network infrastructure and benefits of network collaboration derived by network members, network and program sustainability, community impact, and improved access and quality of healthcare.

FORHP is proposing that data is collected annually to provide quantitative information about the programs, specifically the characteristics of: (a) network infrastructure; (b) sustainability, (c) target population demographics; (d) program activities; (e) community impact; (f) sustainability; (e) quality improvement.

This assessment will provide useful information for the Rural Health Network Development Program and will enable HRSA to assess the success of the program. It will also ensure that awarded programs are effectively using funds to meet the proposed health needs of the community.

The type of information requested in the Rural Health Network Development Program PIMS enables FORHP to assess the following characteristics about its programs:

- The types of organizations that make up the network
- Benefits of network membership realized by the members
- Achieved attributes of the network that would indicate sustainability after this grant funding
- Sustainability
- Program impact, including the number of people with new services and types of new services created through this funding
- Population health management, as indicated by improved clinical quality measures
- Health information technology and telehealth capabilities

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

- Provides uniformly defined data for major FORHP 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.

Without collection of this data, it would be difficult to ascertain the collective impact of this program across all RHND grantees and if this funding has improved the characteristics and outcomes mentioned above. Lack of such data would also hamper future efforts to create resources and funding opportunities to address gaps and healthcare needs presented in the data.

### **3. Use of Improved Information Technology and Burden Reduction**

This activity is fully (100 percent) 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 utilized routinely by the grantee, 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, FORHP and HRSA to measure effective use of grant dollars and progress toward strategic goals and objectives in a timely manner. 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 Notice published in the Federal Register on November 19, 2020, vol. 85, No. 224, pages 73728-73729). There were no public comments.

### **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 six or less participating grantee organizations in 2020. The following grantees were consulted:

Micheline White  
Project Director  
Mendonoma Health Alliance  
707-412-3176  
[micheline@mendonomahealth.org](mailto:micheline@mendonomahealth.org)

Stacie Freudenberg  
Project Director  
Bright Future Foundation for Eagle County  
970-763-7203  
[stacie@mybrightfuture.org](mailto:stacie@mybrightfuture.org)

David Gross  
Project Director  
St. Claire Healthcare  
606-783-6468  
[David.gross@st-claire.org](mailto:David.gross@st-claire.org)

## **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
Project Director	RHND PIMS	44	1	6	264
<b>Total</b>		44			<b>264</b>

**12B.**

**Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	264	\$55.37	\$14,617.68
<b>Total</b>	<b>264</b>		<b>\$14,617.68</b>

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

**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 \$1,230. Staff at FORHP monitor the contracts and provide guidance to grantee project staff at a cost of \$1,068.96 per year (25.5 hours per year at \$41.92 per hour at a GS-12, salary level). The total annualized cost to the government for this project is \$2,298.96.

**15. Explanation for Program Changes or Adjustments**

The reduction in burden estimate is a result of an anticipated decrease in the number of respondents. The proposed changes to this package are result of review of previous grantees, literature, and responses from the previous performance measures collected. These proposed changes include:

- Network Sustainability: Developing and strengthening network's financial sustainability by establishing revenue sources. This also includes monitoring network components that are necessary for sustainability after grant funding ends
- Health Information Technology and Telehealth: aiding the collaborative approach among network members, in which member organizations actively engage in coordinated delivery of health care services

**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 FORHP Annual Report produced internally for the agency and may also be included in presentations used for rural stakeholders. The FORHP Annual Report is produced in February, reporting the prior fiscal year's activities

**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