Supporting Statement A

Rural Health Care Coordination Program
Performance Improvement Measurement System

OMB No. 0906-0024, Reinstatement w/Changes

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 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 Care Coordination Program to provide HRSA with information on grant activities under this program.

This Information Collection Request (ICR) was discontinued in January 2020. The Federal Office of Rural Health Policy (FORHP) is requesting a reinstatement with changes as it was decided to re-compete this pilot program. There are slight changes to the measures since the last OMB approval.

The proposed changes to this package includes the addition of key elements based on previous successful award recipients and peer-reviewed literature. See page 6 of this supporting statement. These key elements include:

1) *Collaboration: Utilizing a collaborative approach to coordinate and deliver health care services through a consortium in which member organizations actively engage in integrated coordinated, patient-centered delivery of health care services;*
2) *Leadership and Workforce: Developing and strengthening a highly skilled care coordination workforce to respond to vulnerable populations' unmet needs within the rural communities;*
3) *Improved Outcomes: Expanding access and improving care, quality, and delivery, and health outcomes through evidence-based models and/or promising practices tailored to meet the local populations' needs;*
4) *Sustainability: Developing and strengthening care coordination program's financial sustainability by establishing effective revenue sources such as expanded service reimbursement, resource sharing, and/or contributions from partners at the community, county, regional and state levels.*

The Rural Health Care Coordination (Care Coordination) program is authorized under Section 330A(e) of the Public Health Service (PHS) Act (42 U.S.C. 254(e)), as amended, to "improve access and quality of care through the application of care coordination strategies with the focus areas of collaboration, leadership and workforce, improved outcomes, and sustainability in rural communities." This authority permits the Federal Office of Rural Health Policy to support rural health consortiums/networks aiming to achieve the overall goals of improving access, delivery, and quality of care through the application of care coordination strategies in rural communities.

2. Purpose and Use of Information Collection

The FORHP is proposing to conduct an annual data collection of user information for the Rural Health Care Coordination 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 and improving access to quality, coordinated health care services in rural communities. These measures cover the principal topic areas of interest to the FORHP including: (a) access to care; (b) population demographics; (c) staffing; (d) sustainability; (e) health information technology; (f) quality improvement; (g) care coordination; and (h) clinical measures. Several measures will be used for the Care Coordination Program. All measures will speak to FORHP's progress toward meeting the goals set.

This assessment will provide useful information on the Care Coordination program and will enable HRSA to assess the success of the grant funding. It will also ensure that funded organizations have demonstrated adequate outreach and service delivery activities in their communities and that federal funds are being effectively used to support and sustain health care services.

The type of information requested in the Care Coordination Program enables FORHP to assess the following characteristics:

- The number of individuals benefitting from the services provided by the grantees,
- Health care service delivery system changes
- Population health outcomes
- The degree of sustainability by each grantee
- The types of care coordination activities accomplished by each grantee
- Progress on clinical measures related to key chronic conditions

The database is capable of identifying and responding to the needs of the Rural Health Care Coordination 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 Care Coordination 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 electronic. Data will be collected through and maintained in a database in the HRSA Electronic Handbook (EHB). The EHB is a website that the Care Coordination grantees will use to submit their data for this funding. 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.

4. Efforts to Identify Duplication and Use of Similar Information

There is limited other data sources available that tracks the characteristics of rural entities who are doing care coordination and service delivery activities. During the process of creating the measures, FORHP did conduct research on care coordination in rural communities more largely, to create the measures.

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 annually during their three-year budget period. This information is needed by the program, FORHP 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 November 30, 2020, vol. 85, No. 230; pp. 76585-76586. 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 2021. The following grantees were consulted:

Beth Geiger-Williams
Director of Administrative Services
PeaceHealth
E-mail: BWilliamsGieger@peacehealth.org
Telephone: 360-378-1705

Katrina Keough
Project Director
Upper Peninsula Health Care Solutions
E-mail: KKeough@uphcs.org
Telephone: 906-227-5698

Mary McLaughlin
Executive Director
Glen Falls PHN
E-mail: mmclaughlin@ahihealth.org
Telephone: 518-480-0111, ext. 413

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 form 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

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Rural Health Care Coordination Grant Program Measures	10	1	10	3.5	35
Total	10		10		35

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 their current data collection system.

12B.

Estimated Annualized Burden Costs

Type of Respondent	**Total Burden Hours**	**Hourly Wage Rate**	**Total Respondent Costs**
Project Director	35	$55.37	$1,937. 95
Total	35		$1,937.95

Source of hourly wage rate: https://www.bls.gov/oes/current/oes119111.htm

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

The only associated cost to respondents is their time to provide the requested information

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, which include the electronic handbook and data collection systems cost. Staff at FORHP monitor the contracts and provide guidance to grantee project staff at a cost of $3,541.68 per year (72 hours per year at $49.19 per hour at a GS-13 Salary level). The total annualized cost to the government for this project is $36,541.68.

15. Explanation for Program Changes or Adjustments

This ICR was discontinued in January 2020. The Federal Office of Rural Health Policy (FORHP) is requesting a reinstatement with changes as it was decided to re-compete this pilot program. This request for 35 burden hours is an increase from the previously approved 28 burden hours due to an estimated two (2) additional respondents.

The proposed Rural Health Care Coordination Program draft measures for information collection reflect changes to the Clinical Measures section, which was previously in section eight and now currently in section six. The Clinical Measures Section now expands previous project focus from three chronic diseases (i.e. Type 2 diabetes, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease) to an inclusive list of clinical measures in order to reflect a patient's overall health and well-being as well as the organization's overall improved outcomes for the project. Proposed revisions also include measures to examine key elements cited for a successful rural care coordination program (1) Collaboration, (2) Leadership and Workforce, (3) Improved Outcomes and (4) Sustainability.

1) *Collaboration: Utilizing a collaborative approach to coordinate and deliver health care services through a consortium in which member organizations actively engage in integrated coordinated, patient-centered delivery of health care services;*
2) *Leadership and Workforce: Developing and strengthening a highly skilled care coordination workforce to respond to vulnerable populations' unmet needs within the rural communities;*
3) *Improved Outcomes: Expanding access and improving care, quality, and delivery, and health outcomes through evidence-based model and/or promising practices tailored to meet the local populations' needs;*
4) *Sustainability: Developing and strengthening care coordination program's financial sustainability by establishing effective revenue sources such as expanded service reimbursement, resource sharing, and/or contributions from partners at the community, county, regional and state levels.*

Further, an increased number of sophisticated applicants leveraging increasingly intricate reporting methodologies for quality data collection, utilization and analysis has resulted in an estimate of burden hours more in line with the realities of the health care landscape. In addition, the total number of responses has increased to 10 since the previous Notice of Award. This is due to a new Rural Health Care Coordination Program grant cycle with an increased number of awardees and therefore, an increased number of respondents.

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 the 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

This information collection activity will comply with the requirements in 5 CFR 1320.9