

# Supporting Statement A

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

OMB Control No. 0915-0387

### Extension

**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 extend the current OMB approved performance measures form which collects information on grantee activities for the Small Health Care Provider Quality Improvement Program (Rural Quality Program) electronically through the HRSA Electronic Handbook (EHB). These measures last received OMB review and approval under OMB Number 0915-0387 and have a current expiration date of November 30, 2021.

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, Title III, Public Health Service Act, Section 330A(g) (42 U.S.C. 254c(g)), as amended; P.L. 115-245), 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.

Executive Order 12862 directs agencies that "provide significant services directly to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services."

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

The FORHP is proposing to conduct an annual data collection of user information for the Small Health Care Provider Quality Improvement Program (Rural Quality 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.

FORHP is proposing that data is collected annually to provide quantitative information about the programs, specifically: (a) access to care; (b) population demographics; (c) staffing; (d) consortium/network; (e) sustainability; and (f) project specific domains. All measures will speak to FORHP's progress toward meeting the goals set.

This assessment will provide useful information for the Rural Quality 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.

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**

This is the only data set that collects this level of information from the Rural Quality Program awardees.

## **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 February 24, 2021, vol. 86, No. 35; pp. 11305-06. 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 participating grantee organizations in 2020. The following grantees were consulted:

Amanda Harris  
Project Director  
Mayers Memorial Hospital District  
530-336-7548  
[aharris@mayersmemorial.com](mailto:aharris@mayersmemorial.com)

Wendy Smith  
Project Director  
Granville Vance Public Health  
252-492-7151  
[wsmith@gvdhd.org](mailto:wsmith@gvdhd.org)

Whitney Zerr  
Project Director  
Hoxie Medical Clinic  
785-675-3018  
[wzerr@schcmed.com](mailto:wzerr@schcmed.com)

**9. Explanation of any Payment/Gift to Respondents**

Respondents will not receive any payments or gifts.

**10. Assurance of Confidentiality Provided to Respondents**

Data will be kept private to the extent allowed by law. 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**

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Quality Program PIMS Measures	32	1	32	8	256
Total	32		32		256

**12B.**

**Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	256	\$55.37	\$14,174.72
Total	256		\$14,174.72

*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 \$1,273.98. Staff at FORHP monitor the contracts and provide guidance to grantee project staff at a cost of \$1,273.98 per year (25.5 hours per year at \$49.96 per hour at a GS-13, Step 4 salary level).

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

The estimated burden for this extension request is 256 hours, a decrease from the current burden inventory of 704 hours. This decrease is a result of a revised burden estimate from the current Rural Quality Program cohort grant recipients.

**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.